

CATHEDRAL PRESCHOOL & DAY CARE

Registration & Enrollment Packet 2010-2011

LICENSED PRESCHOOL AND DAY CARE

BEFORE AND AFTER SCHOOL CARE

SUMMER CARE

cathedral
Experience God.

2350 Eastex Freeway
Beaumont, Texas 77703
(409) 892-5423

CATHEDRAL PRESCHOOL & DAY CARE

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Beaumont, TX 77703
(409)892-5423

Michelle Clausell
PreSchool Director

Denise Coleman
Office Manager

WELCOME TO CATHEDRAL PRESCHOOL & DAY CARE!

We are very excited and pleased that you are considering our Preschool & Day Care for your child. We are a Christian Center that is concerned about the well-being of each child. We are very proud of our teachers and assistant teachers; several of them have been in our center for many years.

You and your family are welcome to visit our center at any time (preschool hours are 8:00 a.m.- 3:00 p.m.). Children nap between the hours of 12:00-2:00 p.m. If you have any questions or concerns, please call the office. We will gladly answer any questions you may have.

Cathedral Preschool & Day Care offers the following classes:

1. 3 Year Old and 4 Year Old (Age by September 1st) Preschool held Monday through Friday, 8:00 a.m. – 3:00 p.m.
2. Day Care hours are: 7:00 a.m. – 7:50a.m. and 3:00 p.m.- 6:00 p.m.

The Registration Fee includes supplies, curriculum, and fees to register. Registration fees are nonrefundable. To secure a place for your preschooler, the registration fee plus all forms must be turned into the office. Please do not mail them.

Sincerely,

Michelle Clausell
Director

2010-2011 Tuition Schedule

Preschool K3 Registration	\$185
Preschool K4 Registration	\$225
Preschool and Daycare K3/K4 Tuition (7am—6pm) Fall and Spring Semesters	\$4,720
Before and After School Care Daycare Registration for K5-6th Students Only)	\$165
Before and After School Care Daycare Tuition for K5-6th Grade Students Only	\$1,285
Summer Registration	\$30
Summer Tuition (Payment made in Preschool Office June 1, July 1 and August 1. August payment will be prorated.)	\$472

In order to schedule and plan for the 2010-2011 school year, we are asking our parents to enroll their children starting March 18, 2010. Registration fee includes book fee and is non-refundable.

All tuition is paid over a 10 month period from July 2010 through April 2011. Families will be required to sign up with for direct debit from a bank account (\$38.00) or invoice (\$75.00) unless they pay annually. Annual payments are due by July 15, 2010.

After School Care and Holiday Care is available through the Pre-School office.

A spot in after school care is not guaranteed by simply enrolling your child in Elementary school. You must sign up with Denise in the pre-school. Aftercare is paid through F.A.C.T.S. a tuition management company.

All accounts must be current with the accounting office before a child may be registered for 2010-2011.

CATHEDRAL PRESCHOOL & DAYCARE

Forms To Complete

New Student	Returning Student	
_____	_____	Registration Form
_____	_____	Parental Agreement Signed
_____	_____	Statement of Faith Signed
_____	_____	Parental Cooperation Agreement Signed
_____	_____	Medical History Form Signed
_____	_____	Medical Form (signed by physician)
_____	_____	Emergency Form Completed & Signed
_____	_____	Injury Report Signed
_____	_____	Electronic Student Information Release Signed
_____	_____	Transportation and Discipline Agreement Signed
_____	_____	Teacher's Information Card Completed
_____	_____	Preschool Office signed off / information card
_____	_____	Copies of Driver's licenses for all designated Pick-ups (including parents)
_____	_____	Official Copy of Birth Certificate
_____	_____	Copy of Immunization Records
_____	_____	Financial Release Form From Debbie Crain (to be signed at the mandatory parent meeting)

Registration is not complete until a Financial Contract is completed in a mandatory scheduled parent meeting. Contact Denise in the Day Care office to schedule your appointment.

CATHEDRAL CHRISTIAN PRESCHOOL & DAYCARE

Date: _____
_____ New Student _____ Returning Student
_____ Preschool _____ After School Care _____ Summer Program

Day Care Hours Needed: _____ Start Date: _____ Drop Date: _____

Please print – to be filled out by an adult only:
School Year: 2010 - 2011 Class: _____ 2 _____ 3 _____ 4-Year Old

Student Information

First Name Middle Name Last Name Suffix
Goes by: _____ Male _____ Female Birth date: ____/____/____
Child Lives with: _____ Email Address: _____ Month Day Year
Child's Permanent Residence: _____
Street Address or P.O. Box Number Apt. No.
City/State/Zip Code: _____ Home Phone: () _____
____ Caucasian-American ____ Hispanic ____ African-American ____ Asian/Pacific ____ American Indian ____ Other
Church Affiliation: _____ Name of Pastor: _____

Father Information: _____ Married _____ Separated _____ Divorced _____ Single Email _____

Title First Middle Last Suffix
Work #: _____ Ext: _____ Pager/Cellular: _____
Occupation (Title): _____ Employer: _____

Work Address: _____
Street/P.O. Box City/State Zip Code
Home Address: _____
Street/P.O. Box City/State Zip Code

Mother Information: _____ Married _____ Separated _____ Divorced _____ Single

Title First Middle Last Suffix
Work #: _____ Ext: _____ Pager/Cellular: _____
Occupation (Title): _____ Employer: _____

Work Address: _____
Street/P.O. Box City/State Zip Code
Home Address: _____
Street/P.O. Box City/State Zip Code

CATHEDRAL CHRISTIAN SCHOOL PARENTAL AGREEMENT

RECEIPT OF PARENT-STUDENT HANDBOOK(S)

I have read and agreed with the Parent Manual for Preschool and Day Care.

MATURITY

According to state law children must be the age of the class (3 or 4 years old) in which they are enrolling on or before September 1 in order to be placed in this class. Children must be fully potty trained and can independently attend to their own bathroom needs. Pull-ups and pacifiers are not allowed.

TUITION PAYMENT

Payments made after the 10th of the month in which it is due will be assessed a thirty dollar (\$30) late fee. Registration fees are non-refundable. All accounts must be paid in full in order to attend. Accounts 30 days past due will result in possible dismissal of your student.

DISCIPLINE

I understand that sending my child(ren) to Cathedral Christian School is a privilege and not a right. One of the goals of Cathedral Christian School is to train Christian youth in the highest principles of Christian leadership, self-discipline, individual responsibility, personal integrity, and good citizenship.

I also believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or agent of the school to make and enforce classroom regulations and school policies in a manner consistent with Christian principles on discipline as set forth in the Scriptures.

I agree to follow the Matthew 18 Principle and always go to the person directly involved to work out any problems that I may encounter. As the father/mother (legal guardian). I will work closely with the teacher in the correction and discipline of my child.

HEALTH SCREENINGS

I give permission for my child to participate in screenings for vision and hearing.

OBSERVATION/EVALUATION CONSENT

I hereby give permission for counseling, observation and instruction to be provided for my child by personnel designated and approved through Cathedral Christian School administrators (such as volunteers, health department employees, intern teachers, and nurse). Permission is also granted for the administration to test in order to facilitate educational placement and determine appropriate study programs according to individual student needs.

LIABILITY

I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent there of because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury of my child. Should legal action for any reason be taken against Cathedral Christian School or any employee or agent thereof on my child's behalf and the school or its agent not be found at fault. I agree to pay any attorney fees, court fees, damages, or other cost that Cathedral Christian School or its agent should incur to defend itself against such action.

NONDISCRIMINATION POLICY

Cathedral Christian School admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities made available to students at the school. It does not discriminate on the basis of the race, color, national, and ethnic origin in administration of its education policies, admissions policies, and other school administered programs.

AFFIRMATION:

I hereby affirm that all of the information contained in this application is true and accurate to the best of my knowledge. I understand that providing any false information would be sufficient reason for the rejection of this application.

SIGNATURE _____ DATE _____
(Parent or Guardian Signature)

STATEMENT OF FAITH

The staff of Cathedral Christian School adheres to the following Statement of Faith.

1. We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (II Timothy3:15; II Peter 1:21).
2. We believe there is only one God, eternally existent in three persons – Father, Son and Holy Spirit. (Genesis 1:1; Matthew 28:19; John 10:30).
3. We believe in the deity of Christ (John 10:33), His virgin birth (Isaiah 7:14; Matthew 1:23; Luke 1:35), His sinless life (Hebrews 4:15; 7:26), His miracles (John 2:11), His vicarious and atoning death (I Corinthians 15:3; Ephesians 1:7; Hebrews 2:9), His resurrection (John 11:25; I Corinthians 15:4), His ascension to the right hand of the Father (Mark 16:19), His personal return in power and glory (Acts 1:11; Revelation 19:11).
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone we are saved (John 3:16-19; 5:24; Romans 3:23; 5:8-9; Ephesians 2:9-10; Titus 3:5).
5. We believe in the resurrection of both the saved and the lost, they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation (John 5:28-29).
6. We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9; I Corinthians 12:12-13; Galatians 3:26-28).
7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (Romans 8:13-14; I Corinthians 3:16; 6:19-20; Ephesians 4:30; 5:18).

I realize the Statement of Faith is the foundation of all teaching my child will receive.

The Parental Agreement Statement will be in effect for as long as my child(ren) attend Cathedral Christian School, whether it be in the day care or any school program.

I understand that should my marital status change, it is my responsibility to have a corrected Parental Agreement Statement signed and updated and delivered to Cathedral Christian School.

I realize that Cathedral Christian School is an extension of me, the parent, and I pledge my prayerful support to the school administration and faculty. I will make every effort to work with the school personnel to insure the best possible learning experience for my child.

I have read and do understand the above information and request that my child be accepted to attend Cathedral Christian School.

Signature _____
(Parent or Guardian)

Date _____

PARENTAL COOPERATION AGREEMENT

We, the parents of _____, have read the Student Handbook and we will attend meetings and will fulfill our responsibility by attending each session, unless it is impossible to do so. Our child's teacher will be notified if that is the case. We agree to abide by the policies and purpose of the school and will pray for the school and its staff each day.

(Parent or Guardian Signature)

Date

FINANCIAL AGREEMENT & COMPLETION CONFIRMATION

To be signed at the mandatory parent meeting.

The financial agreement by the parents is very important to the financial stability of the school. You are giving your guarantee that you will financially support the enrollment space guaranteed for your child. Please understand the following:

1. All tuitions are due monthly in advance.
2. There are no refunds for absences, withdrawal or termination.
3. The registration fee (book fee included) is not refundable.
4. This fee is due at the time of registration.
5. The registration fee is paid annually.

I _____ parent of _____ have
(Parent) (Child)
completed my Financial Form with the Finance Department.

I _____ have completed the Financial form
(Finance Office)
for the above family.

Financial Office, please identify which tuition the Parents are financially responsible for:

Preschool _____

ASC _____

Summer _____

**MEDICAL ENROLLMENT RECORD
(MUST BE COMPLETED AND SIGNED BY A PHYSICIAN)**

CHILD'S NAME: _____

A HEALTH EXAMINATION OR MEDICAL STATEMENT FROM A DOCTOR FOR EACH CHILD ENROLLED IN CATHEDRAL CHRISTIAN SCHOOL.

EXAMINATION:

I HAVE EXAMINED _____ AND FIND HIM/HER TO BE FREE OF INFECTIONS AND CONTAGIOUS DISEASES, DISABLING CONDITIONS, PHYSICAL OR MENTAL, AFFECTING THE CHILD'S PARTICIPATION IN GROUP ACTIVITIES.

SIGNATURE OF EXAMINING PHYSICIAN

DATE

CERTIFICATE OF IMMUNIZATIONS

THIS CERTIFIES THAT _____
LAST NAME FIRST M.I. SEX DATE OF BIRTH

IMMUNIZATIONS:
MUST MEET THE DEPARTMENT OF HEALTH STANDARDS FOR YOUR CHILD'S AGE

	OPV	DTP DTP/DT/Td	HibCV	MMR	TB / DATE TAKEN & RESULTS	VARICELLA	HEP A	HEP B	PCV
2-3 MONTHS				***	***	***	***		
4-5 MONTHS			***	***	***	***	***		
6-12MONTHS	***	***		***	***		***		
6-17MONTHS			***	***	***	***	***	***	
15MTH-4YRS	***	***		***		***	***	***	
18MTH-4YRS			***			***			***
4 - 6 YEARS						***			

IMMUNIZATIONS WERE GIVEN BY OR AT: _____

**CATHEDRAL CHRISTIAN SCHOOL
STUDENT EMERGENCY AUTHORIZATION**

Teacher: _____ Age: _____ Date of Admission: _____
Student Legal Name: _____ Date of Birth: _____
Mother's Name: _____ Father's Name: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ ext: _____ Work Phone: _____ ext: _____
Child lives with: _____ Phone: _____

In order to protect your child in case of accident or sudden illness, the following information is needed. Please list the name of persons (relatives or friends) who has authorization to be called in an emergency & to pick up your child or would know where to reach you:

Name: _____ phone: _____

Name: _____ phone: _____

Name: _____ phone: _____

Please notify office immediately of any changes in above information.

Family physician: _____ phone: _____

Physician's address: _____

Dentist : _____ phone: _____

Orthodontist: _____ phone: _____

Hospital preference: _____ phone: _____

Insurance name: _____ policy number: _____

Insurance phone: (____) _____

Authorization For Emergency Medical Treatment

In case of an emergency, do we have permission to take your child to a qualified medical doctor, dentist, or hospital, if necessary? _____ Yes _____ No

The undersigned, as the parent(s)/legal guardian(s) of, _____
Full Name of Student

do hereby consent to any and all medical treatments which may be deemed advisable by our or any qualified doctor selected by the agents of Cathedral Preschool & Day Care. The intention, hereof, is to grant authority to administer and to perform all the necessary emergency examinations, treatments and diagnostic procedures which may now, or during the course of the patient's care, be deemed advisable or necessary by a qualified medical doctor in cases where the parent(s) cannot be reached immediately. I also agree to accept responsibility for the cost of the above medical services.

Date

Father/Mother/Legal Guardian Signature

Date

Father/Mother/Legal Guardian Signature

CATHEDRAL PRE SCHOOL & DAY CARE
INJURY REPORT

In Minimum Standards Chapter 2300, Section C, it states:

“Staff must immediately notify the parents or other persons authorized by the parents when the child is injured.”

Because of this Minimum Standard from the State of Texas, we must call you every time your child falls down, gets a cut, scrape, bite, bump, etc. no matter how minor the injury is. An injury report will be sent home for any injury.

Please check on of the following:

_____ Yes, I want to be called every time my child has an injury. (minor or otherwise)

_____ Please just send home an injury report with my child at the end of their day.

Please be assured, we will always call you if your child is not feeling well or we are concerned about any injury. In the event that your child becomes sick or is hurt, please make sure that we have a current phone number and address where you can be reached.

Student's Full Name

Parent's Signature

Date

Cathedral Christian School
Beaumont, Texas
Release of Electronic Student Information

Please print the following information in ink:

Student Name Printed _____

Parent or Guardian Name Printed _____

Grade Level _____

Dear Parent(s) or Legal Guardian:

This letter provides written permission for Cathedral Christian School to release information electronically regarding your child.

This information is strictly for the use of Cathedral Christian School and will not be given out or sold for any reason. Pictures will only be used in the following manner:

1. Only the names (first, last, or both), no other personal information, will be used to represent the child by the school. at no time will CCS use the child's name for any purpose without the specific written consent of the child's parent(s) or guardian via this form.
2. No video image produced by any employee or volunteer with Cathedral Christian School may be broadcast at anytime without the permission of the parent(s) or guardian via this form. Broadcasting means any television, internet, or any image produced to be displayed for the public to view.
3. Work performed or special interest information (Honor Roll lists, awards, special study projects produced, or grades/performance reviews) directly associated with CCS may be released electronically. CCS reserves the right to publish this information with permission by the parent(s) or guardian via this form. The parent(s) or guardian may consider a reserved option to have this information removed from public view, in part or whole.
4. Renaissance Web (RenWeb) is the new student information/communication system implemented by the school. CCS reserves the right to publish/release student pictures with parent's written permission via this form. An example of use may be a teacher posting a picture of a class field trip on his/her *RenWeb* newsletter.

Cathedral Christian School will acknowledge any written request to end or amend this agreement at any time. This request must be in writing, dated, and contain a reference to this form (Release of Elec. Stud. Info.). Such request must be signed by parent(s) or guardian and given to Cathedral Christian School directly.

At no time will any information be released to any person or entity not directly affiliated with CCS without the specific consent of the parent(s) or guardian as outlined below.

Please complete the following, sign, and return to Cathedral Day Care as soon as possible.

Please check below, stating your preference for each designated item.

First name Yes ___ No ___

Last name Yes ___ No ___

Still photo or computer generated still photo Yes ___ No ___

Computer or film video image Yes ___ No ___

Special interest information Yes ___ No ___

i.e. awards, extra-curricular activity, etc.

Grades Yes ___ No ___

Student Directory Yes ___ No ___

RenWeb Yes ___ No ___

My signature below indicates that the information I have selected, above, is authorized. I have read and understand this agreement and, at any time, may make a written request to terminate for any reason.

Parent Signature _____ Date _____

TRANSPORTATION AGREEMENT

I give *Cathedral Preschool & Day Care* permission to transport my child for planned school activities and field trips away from school property. I further agree to hold the school and its agents harmless for any liability to my child because of any claims on behalf of my child against the school or its agents because of any injury or alleged injury to my child where negligence is not shown. If legal action should, for any reason, be taken against *Cathedral Christian School* or its agents or employees, on behalf of my child, and the school or its agents not be found at fault, I agree to pay any attorney fees, court costs, damages, or other costs *Cathedral Christian School* may incur to defend itself against such action.

This Transportation Agreement will be effective for as long as my child(ren) attend *Cathedral Christian School*.

Date

Father/Mother/Legal Guardian Signature

DISCIPLINE AGREEMENT

Since Cathedral Preschool & Day Care is working with me as a partner in the training of my children and since I believe that discipline is a very important part of their training as well as the entire school, I give permission for my child(ren's) teacher and/or Director of the preschool to make and enforce classroom rules in a manner consistent with Christian principles as set forth in the Scriptures and in the manner outlined in the Parent Handbook.

I agree to follow the Matthew 18 Principle and always go to the person directly involved to work out any problems that I may encounter. As the father/mother (legal guardian), I will work closely with the teacher in the correction and disciplining of my child.

I hereby acknowledge that I have read the preceding agreements and the Emergency Medical Treatment Authorization and have agreed to comply with each of their requirements as stated.

Date

Father/Mother/Legal Guardian Signature

Date

Father/Mother/Legal Guardian Signature

