



Registration Package 2020-2021

IMPORTANT INFORMATION:

Registration Fee: \$75.00

To register for a five day spot (M-F) you must pay the registration/materials fee and the tuition for the month of September 2020 at the time of registration to secure your spot. These fees are non-refundable.

Before application can be accepted, all paperwork must be completed and the *Authorization of Consent to Healthcare* form must be notarized. Please have this done at your bank.

Include a \$75.00 (non-refundable) check made payable to
Hendersonville Presbyterian Church
(HPC)

Please note on the memo line: "Registration 2020."

Thank you ☺

Creative Beginnings Christian Preschool

**Creative Beginnings Christian Preschool
Hendersonville Presbyterian Church
Hendersonville, NC 28792
cbcpforkids@gmail.com
828-692-3211**

Registration Information 2020-2021

Registration/Materials Fee
(non-refundable)
\$75.00

(Paid at the time of registration to secure your child's placement)

Classes Offered:

Classes for Two, Three, and Four-Year-Olds are offered as follows:

2-day program: Tuesday, Thursday

3-day program: Monday, Wednesday, Friday

5-day program: Monday-Friday

Bilingual Transitional Kindergarten is offered only as a

5-day program: Monday-Friday

To be eligible for the 2's class, a child must be 20 months on, or before Aug. 31, 2020. For Transitional Kindergarten, a child must be 5-years-old on, or before Dec. 31, 2020.

Tuition Fees

2 days per week: \$160.00 per month

3 days per week: \$190.00 per month

5 days per week: \$270.00 per month

Bilingual Transitional Kindergarten: \$280.00 per month

Classes will begin on Monday, August 31, 2020.

All checks should be made payable to "Hendersonville Presbyterian Church" or "HPC".

Tuition is due the first day of each month. A late fee is charged if it is not received by the 5th business day of the month.

Please write separate checks for Registration and Tuition payable to "HPC."

The medical consent form **must be notarized before registration will be accepted.** This is your responsibility prior to enrollment.

Updated **immunization records** must be submitted before a child will be allowed to attend class. They may be **faxed** to **(828) 692-6872.**

**Creative Beginnings Christian Preschool
Hendersonville Presbyterian Church
Hendersonville, NC
Registration Form 2020-2021**

Child's Name		Name Preference	
Days to Attend (check one): <input type="checkbox"/> MTWTF <input type="checkbox"/> MWF <input type="checkbox"/> T/Th Class: <input type="checkbox"/> 2's <input type="checkbox"/> 3's <input type="checkbox"/> 4's <input type="checkbox"/> Trans.Kindergarten			
Date of Birth		Present Age	
Home (Mailing) Street Address		City	State Zip
Email Address			
Primary Phone ()		Cell Phone(s) () M () D	
Father's Name		Occupation	
Where Employed		Phone	
Mother's Name		Occupation	
Where Employed		Phone	
Church Affiliation		Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
People in Home <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparents <input type="checkbox"/> Other (explain)			
Two Local Emergency Contacts Other than Parents		Phone	
1.		Phone	
2.		Phone	
Child's Physician		Phone	
Physician's Address		Hospital	
Signature of Parent or Legal Guardian			Date

Please read the following questions carefully. Your answers will help us know what to change or to work on. Our program needs your help to be successful.

1. What experiences do you expect your child to gain from Creative Beginnings?
2. What do you do at home to comfort your child?
3. Does your child have any fears that we should be aware of?
4. Does your child have any problems that we should be aware of?
5. Are you potty training your child yet? Yes No
If yes, please describe so we may be consistent with what you are doing.
6. Any other comments that you feel might help us in making your child's experience at Creative Beginnings the very best preschool for your family!

Parent's Signature _____ Date _____

**Creative Beginnings Christian Preschool
Hendersonville Presbyterian Church
Hendersonville, NC
HEALTH RECORD**

Child's Name	Date of Birth
Parent's Name	Phone ()
1. Has your child had any serious illnesses or operations? If yes, please explain.	
2. Does your child have any physical handicaps that we should be aware of or that would limit physical activity?	
3. Does your child have any allergies? If yes, please list. You may or may not be required to submit an additional form from your doctor depending on the severity of the allergy.	
4. Does your child have any history of convulsions or heart trouble?	
5. Check the following illness(es) that your child has had. <input type="checkbox"/> Chickenpox <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Red Measles <input type="checkbox"/> Rheumatic Fever	
6. Check recurring problems that your child may have. <input type="checkbox"/> Bronchitis <input type="checkbox"/> Asthma <input type="checkbox"/> Ear Infections <input type="checkbox"/> Croup <input type="checkbox"/> Strep Throat <input type="checkbox"/> Other (explain below)	
7. Please attach a copy of your child's immunization record. We also recommend that your child have the Hib vaccine. Please ask your doctor about this.	
8. Please list any other medical information that you feel we need to know about your child.	

Special Needs

Given the size and scope of Creative Beginnings Christian Preschool, the school is unable to accommodate certain special needs of children and their behavioral problems. The preschool will make every effort to provide appropriate referrals to help parents/guardians in these situations.

If the child's problems are so significant that the child is disruptive to the learning or welfare of other children, the parent/guardian will be asked to seek a more appropriate learning environment for the child. Please inform the director of any special needs or problems your child has in the space provided below.

I have read and agree to the above statement.

Signature

Date

Authorization for Release

If my child is to be picked up by any other person than myself, I will notify the Director or Teacher by phone or note ahead of time. A photo ID will be required.

Signature of Parent or Legal Guardian

Date

Other People Authorized To Pick Up My Child

Name _____ Address _____

Parent's Signature _____ Date _____

Name _____ Address _____

Parent's Signature _____ Date _____

Name _____ Address _____

Parent's Signature _____ Date _____

**Hendersonville Presbyterian Church
Creative Beginnings Christian Preschool**
699 North Grove Street
Hendersonville, North Carolina 28792
(828) 692-3211

PERMISSION and MEDICAL RELEASE APPLICATION

DATE: From _____ To _____

I. General information and Permission to Participate

Name _____ Date of Birth _____
Street Address _____ Phone (Home) _____
City/State/Zip _____ Phone (Work/Cell) _____
Parent(s) or Legal Guardian Name(s) _____
Emergency Contact/Phone # _____

II. Medical Information

Family Physician: _____ Phone # _____

Applicant has **NO** medical conditions that I am aware of at this time. _____
(Signature)

Applicant has the following medical conditions: (Circle all that apply) **Asthma** **Headaches**

Bees: (Epipen must be available) **Does Applicant know how to use the Epipen?** _____

***Diabetes:** (pertinent info) _____

Food Allergies or Sensitivities _____

Is the food allergy severe enough to require emergency care? _____

Other _____

Creative Beginnings Christian Preschool only administers medications for life threatening allergies. No other medication will be administered without special consent by the Director and a special allergy form must be requested and completed by the parent or guardian.

Medications are NOT to be shared with anyone. Medications MUST be kept in a safe place, accessible only to Applicant and Caregivers.

III. Insurance Information (A copy of both sides of insurance card is helpful)

Health Insurance Company: _____

Company Address & Phone #: _____

Policy # _____ Group _____ Prior Approval Needed: Yes _____ No _____

Other Pertinent Information _____

IV. Informed Consent

In the event Applicant needs minor medical care from a supervising adult or more significant care from a qualified health care provider, including hospitalization and/or surgery, the parent/self/legal guardian is asked to sign the "Informed Consent" below. In the event of a medical emergency, every attempt will be made to contact the parent/guardian or emergency contact; however, the first priority is care of the Applicant.

I, _____, am the parent/self/legal guardian of _____, whose date of birth is ___/___/_____. I authorize the supervising adult(s) of Hendersonville Presbyterian Church and Creative Beginnings Christian Preschool, in whose care the applicant is entrusted, to provide for health care as follows: (a) to transport to a health care facility and to allow the employees of the health care facility to care for my child; (b) to consent to and authorize any care deemed necessary, including administration of anesthesia, radiographic studies, or surgery. **At no time can medical personnel withhold or withdraw life-sustaining procedures.**

This consent shall be effective for one year from the date of execution.

Parent/ Self /Legal Guardian Signature _____ Date _____

Release Approval for Media

I, the undersigned, do hereby consent and agree that Hendersonville Presbyterian Church, Creative Beginnings Christian Preschool, its staff, volunteers, agents or contractors may take photographs, videotape, or digital recordings of Applicant engaged in activities sponsored by the church/preschool and to use these in any and all media, now or hereafter known, and exclusively for church and preschool purposes.

Parent/Self/ Legal Guardian Signature _____ Date _____

STATE OF NORTH CAROLINA
COUNTY OF _____

On the _____ day of _____, 20____, personally appeared before me the said named, _____, to me known and known to me to be the person described in and who executed the foregoing instrument and she (or he) acknowledged the she (or he) executed to same and being duly sworn by me, made oath the statements in the foregoing instrument are true.

My commission expires _____, 20_____.

Notary Public

(OFFICIAL SEAL)

Parent Handbook Policy Update 10/29/18

School Hours, Drop Off, Closings, and Delays

Our school hours are from 8:30-11:45 a.m. **All Creative Beginnings families should enter and exit the Creative Beginnings Door at drop-off.** Children of the 2's and 3's class will be picked up at their classroom door. Children of the 4's, and transitional kindergarten class will have car line pick-up at the Portico, near the Fellowship Hall. Our door will open at 8:25 a.m. (no earlier). Prior to 8:25 is a time for prayer and preparation for the teachers to gather materials for your child's classroom for daily activities. **It is imperative, except for emergencies or medical appointments, to have your child in class no later than 8:45 a.m. It is our preference that he/she arrives in the class at 8:30.** It is difficult for children and teachers to regroup after interruptions. Please let the Director know that you will be running late so that she can arrange entrance to the classroom. Pick-up is between 11:45am till 12:00pm. *(a late fee will be charged after 12:00pm, \$1/minute)*

After Christmas, all **four year-olds** and **kindergartners** will walk down the hall alone to his/her class and hang up his/her backpack. Parents are to watch until the child is safely in class. This is a necessary skill to be self-assured and ready for kindergarten.

Under no circumstances should a child be left if a member of our staff is not present.

Closings

In case of snow or severe weather, **CBCP will follow Henderson County Schools Inclement Weather Closings or Delays.**

Closed: When county schools are closed, or have a 3 hr delay, we will be **CLOSED.**

For a 1-hr delay: School hours are from **9:30am – 11:45am** with regular pick-up time from **11:45am-12:00pm** *(a late fee will be charged after 12:00pm, \$1/minute)*

For a 2-hr delay: School hours are from **10:30am-12:00pm** with pick-up time from **12:00pm – 12:15pm** *(a late fee will be charged after 12:15pm, \$1/minute)*

****If the county schools have already started their day in the morning and a closing is called, we will also be closing****

Please sign up with WLOS School Closings **Text Alerts** at:

<http://wlos.com/mobile/features/text-alerts/#textalerts>.

Go to **“Private Schools”** and choose **“Creative Beginnings Christian Preschool”**.

If you see the WLOS scroll at the bottom of your screen make sure it says:

Creative Beginnings Christian Preschool!

There are other schools that begin with the words Creative Beginnings.

With the text alert you will definitely know it is your child's school and you don't have to watch TV.

In the event that school is closed for more than **five** days, due to inclement weather, it will be at the discretion of the Board of Directors as to if, how and when a make-up time will be offered.

Creative Beginnings follows the traditional Henderson County School schedule **in regard to weather closings only. We will be open on most Henderson County teacher workdays.** We will be **closed** two days each October to allow teachers to attend a special continuing education training and retreat. *(Please see Student Calendar in Parent Handbook for all closings and special events.)*

In the event of an emergency closing, parents will be contacted by phone. If the parent cannot be contacted, the person(s) on your emergency contacts will be called immediately. *(It is mandatory that a child has 2 emergency contacts besides their primary caregivers.)*