



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

Registration Information

Summer Art Program: July 6 – July 29, 2021

Registration/Materials Fee

(non-refundable)

\$40.00

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

Classes Offered:

Class for 2-3 Years: limited to 10 children daily/2 teachers

Class for 4-6 Years: limited to 14 children daily/2 teachers

2-day program: Tuesday, Thursday

To be eligible for the 2 year old class, a child must 2 years old on, or before August 31.

Classes will begin on Tuesday July 6, 2021.

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

Registration/Material fee of \$40 is due at time of registration.

\$200 Tuition is due on July 6, the first day of summer school.

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
Summer Art Registration Form July 2021**

| | | | |
|--|--|---|--------------|
| Child's Name | | Name Preference | |
| Days to Attend (check one): <input type="checkbox"/> T/Th Class: <input type="checkbox"/> 2-3 <input type="checkbox"/> 4-6 | | | |
| 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. | |

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)

