



## Registration Package 2024-2025 School Year

### IMPORTANT INFORMATION:

To complete your child's application for registration, please use this check list to make sure all the following are completed **before** returning the packet to the director or the Church office.

- Registration Fee of \$100 to secure your child's spot.  
These fees are non-refundable (check made payable to HPC with CBCP in the memo line or online at <https://www.hendersonvillepc.org/preschool/>) If tuition for the entire year is paid in full at the time of registration, there will be no registration fee.
- Up to date Immunization record. Personal & religious exemptions are not accepted.
- Have permission and medical release notarized **BEFORE** signing.
- Completed all forms within the packet.

Thank you ☺  
**Creative Beginnings Christian Preschool**

**Creative Beginnings Christian Preschool  
Hendersonville Presbyterian Church  
Hendersonville, NC 28792  
cbcpcforkids@gmail.com  
828-692-3211  
8:15-11:45 M-F**

Registration/Materials Fee (non-refundable) \$100.00  
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

**Pre-Kindergarten is offered as a**

5-day program: Monday-Friday

Or

3-day program: Monday, Wednesday, Friday

To be eligible for the 2's class, a child must be 20 months old.

To be eligible for the 3's class, a child must be 3 yrs-old on, or before Aug. 31.

To be eligible for the 4's class, a child must be 4 yrs-old on, or before Aug. 31.

For Pre- Kindergarten, a child must be 4 yrs-old on, or before Aug. 31. Or 5-yrs old by Dec 31st

**Tuition Fees**

2 days per week: \$2,115/year, \$235.00/month

3 days per week: \$2,430/year, \$270.00/month

5 days per week: \$3,105/year, \$345.00/month

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

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

The permission and medical release form **must be notarized** before registration will be accepted.

Updated immunization records must be submitted **before** a child will be allowed to attend class. This is your responsibility prior to enrollment.

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

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"/> Pre-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"/> Siblings <input type="checkbox"/> Other (explain)			
Two <b>Local</b> 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. We are in partnership with you and your child, and 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 medical or behavioral problems that we should be aware of?
  
  
  
  
  
  
  
  
  
  
5. Is your child potty trained?  Yes     No  
Are you potty training your child?     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)	
<b>7. <u>Please attach a copy of your child's immunization record.</u> We also recommend that your child have the Hib vaccine. Please ask your doctor about this.</b>	
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.

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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 MUST BE NOTARIZED**

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 # \_\_\_\_\_

My child has **NO** medical conditions that I am aware of at this time. \_\_\_\_\_  
(Signature)

My child has the following medical conditions: (Circle all that apply) Asthma Headaches

**Bees:** (Epipen must be available) **Does child 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**

**STOP! THIS MUST BE SIGNED IN FRONT OF A NOTARY**

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 \_\_\_\_\_

**V. 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 \_\_\_\_\_

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 only in our inhouse communication platform and within the artwork displayed at the preschool.

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)

## School Hours

Our school hours are from **8:15-11:45 AM**. CBCP will be following all CDC guidelines at drop-off. Our drop-off time is at **8:15am and ends at 8:40am**. It is imperative, except for emergencies or medical appointments, to have your child in class at 8:15 a.m. 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. Doors will close at 8:40am. **If the child arrives after 8:40, he/she is to wait outside with a parent until the doors re-open at 9.** This is to minimize the disruption to circle time for the students already in class.

## Drop-off Procedure *Revised August 18, 2022*

1. All families will park their cars and enter at the main preschool door.
2. Children will be screened for health issues at drop-off.
3. If the child/ren is showing any symptoms of illness, he/she will not be able to participate.

CBCP will follow CDC and NC state guidelines regarding quarantine and returning to school after illness.

**No deductions are allowed for illness, vacations, quarantines, or closures mandated by the health department or the NC governor. Full payment is expected for each month of the school year. No deductions are made for holidays or snow days. It is at the discretion of the Board of Directors as to if, how and when makeup days will be scheduled.**

## Late Pickup

A late fee will be charged at the rate of **\$5 per 5-minute increments after 12:00 pm**. This will be payable in cash directly to your child's teacher. We encourage you to call if you are going to be late and arrange a back-up person to pick up your child. The back-up person's name must be on the *Authorization to Release Form*. You are to notify your back-up person in plenty of time. Late charges are still applied if your back-up person arrives past 12:00 pm.

## Pledge between Parents and Creative Beginnings Christian Preschool (CBCP)

As a parent or caregiver of a child/children of CBCP: \_\_\_\_\_

**Name of child**

I understand it is not possible to care for toddlers and preschoolers from a distance and that the preschool cannot prevent all illnesses. I have read and agree to all the General Preparedness and Planning\_CBCP has implemented to reduce the risk of infection and illness.

I pledge to follow the General Preparedness and Planning for Families\_guidelines to do my part to reduce and prevent the risk of infection and illness.

I pledge to do health checks on my child/ren **before** bringing them to preschool. I agree that CBCP has the right to exempt my child/ren from preschool if he/she is displaying any symptoms of infection or illness at the time of drop-off or during the school day.

I understand that if my child/ren displays **any** symptoms of infection or illness during the day after arrival, my child/ren and other siblings attending CBCP will need to be picked up immediately.

I pledge to communicate with the preschool if my child/ren has an infectious illness that could possibly result in the spread of infection and illness at the preschool.

I pledge to keep my child/ren home if they have displayed any of these symptoms in the past 24 hrs **without** administering "symptom-reducing" medications and will follow the guidelines for "returning to class".

I understand decisions about closures due to infectious illnesses at CBCP may be dependent on status of outbreak in community, number of infected persons within the program, staffing availability, and NC governor orders that mandate the entire state. I understand the financial policies of the preschool and that monthly tuition will not be refunded in the case of these events.

I pledge to share this information with other caretakers in our family that will be involved in our child's education at CBCP.

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Signature

Date