



Registration Package 2024 Summer Art Program

July 15th-26th Monday-Friday

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 and materials fee of \$75 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/>)
- 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. (*Currently enrolled families please only complete the first 2 pages*)

Tuition of \$250 will be due the first day of class, Monday July 15th. Please include a separate check or a separate payment online. If you find that you will not be attending after you have registered, please contact the director at 828-692-3211 so that we may offer the spot to those on the waiting list.

Thank you ☺
Creative Beginnings Christian Preschool

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

Summer Art Program

This is a 2-week program offered in July, Monday through Friday **8:45am -11:45am** designed to spend time exploring the arts with our preschoolers. We will learn about music, poetry, drawing, sculpting, and painting. Each child will tap into their own creativity while learning about the great works of art from history. At the end of our program, we have an art show for the kids to show you all their creative efforts.

We will be spending our day exploring with paints, clay, and glue and with great creativity we often have great big messes. Please dress your child in clothing that can get messy and may get stained.

It is summer and the sun can be quite bright on the playground. Please apply any sunscreen at home as we cannot apply it at school.

We paint, run, and play in the dirt so please dress your child in close-toed shoes. **No open-toed shoes or flip flops** are allowed at school.

Registration/Materials Fee (**non-refundable**) \$75.00
Paid at the time of registration to secure your child's placement.

Tuition \$250

Paid on the first day of class Monday July 15th, 2024

All checks should be made payable to "Hendersonville Presbyterian Church" or "HPC" with CBCP in the memo line.

Classes Offered:

Class for 2-3 Years: limited to 12 children daily/2 teachers

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

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

Creative Beginnings Christian Preschool
Hendersonville Presbyterian Church
Summer Art Registration Form

Child's Name		Name Preference		
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"/> Siblings <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	

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 _____

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.	

**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)