



# Registration Package 2025 Summer Art Program

July 14<sup>th</sup>-25<sup>th</sup> 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 14<sup>th</sup>. 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 14<sup>th</sup>, 2025

**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 <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

## **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 \_\_\_\_\_

**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 \_\_\_\_\_

## 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

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) <hr style="border-top: 1px dashed black;"/>	
<b>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.</b>	
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)