



Registration Package

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 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** and an **updated copy of immunizations attached to the application. Personal and religious exemptions are not accepted.**

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

Please note on the memo line: **"Fall Registration."**

Thank you ☺

Creative Beginnings Christian Preschool

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

Registration Information

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

Pre-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.

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 4-5-yrs-old on, or before Aug. 31.

Tuition Fees

2 days per week: \$1,665/year, \$555/quarter, \$185.00/month

3 days per week: \$1,935/year, \$645/quarter, \$215.00/month

5 days per week: \$2,655/year, \$885/quarter, \$295.00/month

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 a **separate** check for Registration and Tuition payable to "HPC."

The medical consent 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.

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 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 # _____

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 _____

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

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 begins at **8:15am and ends at 8:40am**. It is imperative, except for emergencies or medical appointments, to have your child in class no later than 8:40 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 the playground gate. Children must stay with their parents and are not to play on the playground at this time.
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.
4. At the beginning of the year, children will be dropped off by a parent at the playground doors. This will help to minimize the separation anxiety seen early in the year. The 3's and 4's classes will drop off at the first playground door. The 2's and Pre K will drop off at the last playground door. A teacher will then walk the children to their classrooms.
5. Once the children are accustomed to being in school we will allow parents to drop off at the classroom doors. You will be notified by your child's teacher when we make this transition.

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.

CBCP is required by the local health department to contact them immediately if we are aware of confirmed Covid-19 cases among staff or children. They will provide guidance on when the infected person can return to the facility and if the facility needs to close. Decisions about closures due to infectious illnesses at CBCP may be dependent on status of outbreak in community, number of infected within the program, staffing availability, and NC governor orders that mandate the entire state. Monthly tuition will not be refunded in the case of these events. If the preschool is not able to reopen due to NC governor orders that mandate the entire state, monthly tuition will be waived thereafter, until such orders are lifted. It will be at the discretion of the Board of Directors as to if, how, and when a make-up time will be offered.

Late Pickup

A late fee will be charged at the rate of **\$5 per 5-minute increments after 12:00 pm**. 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” according to the **requirements listed on** <https://www.cdc.gov/coronavirsu/2019-ncov/community/schools-childcare/guidance-for-childcare.html> .

I pledge to follow the CDC guidelines if my child or a family member has a known or suspected case of Covid-19 and that my child/ren will be exempt from the program until:

- **At least 24 hours of no fever, without using fever-reducing medications.**
- **AND at least 10 days after symptoms started,**
- **AND symptoms improving –note: consult the Henderson County Health Department for local requirements** <https://www.cdc.gov/coronavirsu/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

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.

Signature

Date

General Release and Waiver Agreement
Hendersonville Presbyterian Church
Creative Beginnings Christian Preschool

WHEREAS, Hendersonville Presbyterian Church (hereinafter "HPC") is a nonprofit corporation organized and existing pursuant to the laws of the state of North Carolina.

WHEREAS, HPC administers "Creative Beginnings Christian Preschool" (hereinafter "CBCP") in which children aged 20 months to 5 years (each a "Student"), participate in half-day educational activities on weekdays during the school calendar year.

WHEREAS, CBCP is administered on the premises of and utilizing the equipment of HPC.

NOW, THEREFORE, in consideration for a Student's participation in the programs of HPC (including but not limited to CBCP), the undersigned, for himself, herself, and on behalf of a Student for which undersigned is legal guardian or parent, (hereinafter "Signer") and any personal representatives, heirs, and next of kin hereby acknowledges, agrees, and represents that he or she hereby agrees to the terms and conditions of this General Release and Waiver Agreement ("Agreement"), as follow:

1. **Release.** Signer hereby releases, waives, discharges and covenants not to sue HPC, CBCP, and any directors, officers, owners, managers, members, shareholders, employees, agents, and volunteers of the same (hereinafter collectively the "Released Parties") from all liability to Signer or Student, his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of Student, whether caused by the negligence of the Released Parties or otherwise, while Student is participating in CBCP.
2. **Indemnification and Hold Harmless.** Signer hereby agrees to indemnify and save and hold harmless the Released Parties and each of them from any loss, liability, damage, or cost they may incur due to the presence of Student in, upon, or about HPC premises or in any way observing or using any HPC facilities or equipment or participating in CBCP, whether caused by the negligence of the Released Parties or otherwise.
3. **Assumption of Risk.** Signer hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to negligence of Released Parties or otherwise while in, about, or upon HPC premises and/or while using HPC equipment thereon, or participating in any program affiliated with HPC.
4. **Severability.** Signer further expressly agrees that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
5. **Permission to Participate.** Signer acknowledges that there are inherent risks to participation in CBCP, including, but not limited to the spread of communicable disease that could result in accidental and possibly serious injury. Signer will be notified immediately if a medical or health problem or injury of Student occurs during CBCP. Furthermore, Signer agrees that Student is in

good physical condition at the time of enrollment and participation in CBCP, and that Signer shall remove Student from CBCP upon any change to the health or physical wellness of Student.

6. **Authorization for Medical Care.** The individual in charge of CBCP (or designee of the same) shall designate medical personnel ("Medical Personnel") to provide medical oversight of CBCP. Signer gives permission to the Medical Personnel (a) to provide routine health care, and (b) to provide or to arrange necessary medically related transportation for Student. In an emergency, Signer gives permission to the Medical Personnel to secure medical transportation to a local hospital for Student.

7. **Communicable Diseases.** In light of the rapid development and spread of the novel virus COVID-19 and the resulting pandemic, Signer understands and agrees that, as additional consideration for Student to attend or participate in CBCP on the property of HPC, it is necessary for HPC to take reasonable and unanticipated additional steps to protect the safety of all participants in the program. Signer understands and acknowledges that naturally occurring disease processes (including, but not limited to, the currently widespread novel virus COVID-19) can occur in all environments in which HPC's activities take place. Signer acknowledges that, while HPC may take reasonable measures to avoid contact, transmittal, and exposure of the virus between individuals (including between students, teachers, volunteers, and third parties), that it is ultimately Signer's responsibility to ensure that Signer takes appropriate actions to safeguard Student. Signer understands and agrees that, by participating and/or by allowing Student to participate in CBCP, Signer is accepting and assuming all risk that Student may be exposed and become ill because of a communicable disease (including but not limited to novel virus COVID-19) and that it is an inherent risk of attending CBCP. Signer, on behalf of himself, herself, Student, and all respective heirs, successors, and assigns, hereby voluntarily releases, forever discharges, and covenants not to sue Released Parties for any claims that may arise out of or relate in any way to Student's exposure to any communicable disease (including but not limited to novel virus COVID-19), which include, but are not limited to, claims of negligence against any of the Released Parties. Finally, Signer further agrees that, in the event HPC believes that Student may have been exposed to COVID-19 or any other communicable disease, HPC may, in its sole discretion, require Student be removed from the CBCP community, and not to return until such time as relevant medical providers have deemed Student non-contagious to other students. Signer shall be contacted should such action be deemed necessary.

8. **Applicability.** By signature hereto, Signer represents and warrants that he or she has the legal authority to sign this Agreement on behalf of himself/herself or on behalf of a minor person for whom Signer is legal guardian. The terms and conditions of this Agreement, including the authorizations, releases, waivers, and indemnification, shall always apply that Student is enrolled in CBCP. Should the legal authority of Signer change, such that Signer's authority to sign on behalf of Student is no longer valid, it shall be the sole responsibility of Signer or substitute guardian or parent to contact HPC to amend the signatures on this Agreement. Any Agreement which is legally authorized at the time of signing shall apply with regard to any Student until and unless it is amended or terminated.

* * * * *

BY SIGNING THIS AGREEMENT ON BEHALF OF A MINOR CHILD OR WARD, SIGNER UNDERSTANDS THAT HE OR SHE IS BINDING BOTH HIMSELF OR HERSELF AND THE MINOR CHILD OR WARD AS SET OUT ABOVE, AND THAT THIS AGREEMENT IS FULLY INTEGRATED AND SUPERSEDES ANY ORAL OR WRITTEN EXPRESSIONS BETWEEN SIGNER AND HPC WITH REGARD TO PARTICIPATION IN HPC PROGRAMS.

BY SIGNING BELOW, SIGNER AVERS THAT HE OR SHE HAS CAREFULLY READ THIS AGREEMENT, FULLY UNDERSTAND ITS CONTENTS, AND VOLUNTARILY SIGNS THIS AGREEMENT. SIGNER UNDERSTANDS THAT THIS AGREEMENT IS A BINDING LEGAL DOCUMENT AND THAT IT WAIVES CERTAIN LEGAL RIGHTS ON BEHALF OF SIGNER AND/OR SIGNER'S MINOR CHILD OR WARD. SIGNER FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THIS AGREEMENT HAVE BEEN MADE.

SIGNER:

Signature _____

Printed Name _____

Relationship to Student _____

Signing Date _____

Student Information

Student Full Legal Name: _____

Name of Parents/Guardians: _____

Address: _____

Name/Phone of Emergency Contact: _____

List of Student Allergies or Medical Conditions: _____

Is the Student covered by an insurance plan? Yes No (If YES, complete below)

Plan Name: _____

Group Number: _____

Name of Policy Holder/Relation to Student: _____