

# Eagle's Nest Preschool and Childcare Enrollment Information

Please indicate which room you would like to enroll your child in:

\_\_\_\_\_ Infant Room                      \_\_\_\_\_ Toddler Room  
\_\_\_\_\_ Preschool 3 Room              \_\_\_\_\_ Preschool 4 Room  
\_\_\_\_\_ School Age Room



Today's Date: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Child's address: \_\_\_\_\_

Birth date (month, day, year): \_\_\_\_\_

Expected date of enrollment: \_\_\_\_\_ Drop off and Pick up Time: \_\_\_\_\_

## Family Data:

Type of household (circle one)      1 parent      2 parent

Marital status (circle one)    Single      Married      Separated      Divorced      Widowed

**Mother or Guardian's Name:** \_\_\_\_\_ \*PIN # \_\_\_\_\_

Home address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work Email: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

**Father or Guardian's Name:** \_\_\_\_\_ PIN # may be the same as mom's \_\_\_\_\_

Home address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work Email: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

**Other than the guardian, who resides in the home with the child?** (name, age, relationship)

\_\_\_\_\_

**Primary language spoken in home:** \_\_\_\_\_

**Church affiliation:** \_\_\_\_\_

**Is there any additional information we should know about your family situation?**

\_\_\_\_\_

**\*PIN # will release the door to enter Eagle's Nest. It will also indicate on the director's computer that the child is in attendance and who is dropping off and picking up the child. Select a 4 digit number for each person on this form.**

**To protect your child:** If someone other than the person listed on your sign in sheet will be picking up your child, the parent must call the center to change the child's pick-up person. You must give the teacher your password. We will need the full name and address of the new pick-up person because we will ask for identification.

**My password** (one word): \_\_\_\_\_ **Hint:** \_\_\_\_\_

**Health History, Emergency Contacts and Medical Sources**

Child's Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

**Child's Health History**

General Health (circle one)    Good                  Fair                  Poor

Does your child have any special conditions (allergies, asthma, medication, eczema, etc)?

Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency contacts and can remove the child from the center** (please list 4 different contacts)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**People, who are allowed to pick up your child at the center** (other than the emergency contacts)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Name of Physician:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Name of Dentist:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Is there anyone who cannot pick up your child for any reason?**

1. \_\_\_\_\_

2. \_\_\_\_\_

I hereby grant permission for the director or staff to take to obtain emergency medical care if warranted.

**Signature of parent or Guardian:** \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Names:

Child's Name:

Age/Room:

Date of enrollment/renewal:

Enrollment Fee paid: Cash \_\_\_\_\_ Check # \_\_\_\_\_

**Eagle's Nest will bill you monthly (on the 1st).** You can either choose to pay the full amount on the 1st day of the month **or** pay half of the bill on the 1<sup>st</sup> and the remaining amount on the 15<sup>th</sup>. You will always be paying in advance. **Personal payments may be dropped off at the CCS main office, placed in the E.N. Director's box (in the hallway, next to the director's office), or be given to an Eagle's Nest teacher.** The CCS business manager will create the invoices for monthly charges on a pre-billed status around the 20<sup>th</sup> of the preceding month. The manager will send a monthly statement of your account at the beginning of each month. The charges cover most of the expenses. Scheduling children and staff at a center is a complicated process. Therefore, it is important that your payment is received and that you schedule your child's hours carefully. **If your balance falls 2 weeks behind your child may not attend until we receive payment or other arrangements have been made.** Checks deposited for E.N. payments and returned to CCS due to insufficient funds, stop payment on checks issued or due to closed account will result in a \$30.00 return check fee. This amount is subject to change as banking fees change.

Write checks to CCS and in the Memo write Eagle's Nest.

**\*Everyone pays their contracted weekly child care tuition whether their child is absent or in attendance. You cannot exchange your contracted days for other non-contracted days. However, if other days are needed, you may request a drop in day and pay the additional fee, if space is available. These contracts help maintain staff and expenses.**

**There is an enrollment fee of \$50 .00 per child for Eagle's Nest Preschool and Childcare.** This is a non-refundable fee to secure your child's space. **When your space is available, we will hold your spot for one month for new enrolling families. If extended time is needed prior to start of attendance, you will be billed 50% of your weekly charges to extend the holding period.**

**School Age Kids** (K-12 years) school year

<b>After School</b>	<b>\$6.50</b> (2.5 hours or less)
<b>Full day</b>	<b>\$26.00</b>
<b>Half day</b>	<b>\$13.50</b> (4.5 or less)
<b>Summer</b>	<i>Rates will be determined in April.</i>

<b><u>Preschool</u></b>	<b>Weekly rate</b>	<b>\$153.00</b>
	<b>Daily rate</b>	<b>\$45.00</b>
<b><u>Toddler</u></b>	<b>Weekly rate</b>	<b>\$163.00</b>
	<b>Daily rate</b>	<b>\$46.00</b>
<b><u>Infant</u></b>	<b>Weekly rate</b>	<b>\$173.00</b>
	<b>Daily rate</b>	<b>\$51.00</b>

My child's projected scheduled days and hours of attendance are: (Please schedule by the quarter hour.) Monday: _____ to _____ Tuesday: _____ to _____ Wednesday: _____ to _____ Thursday: _____ to _____ Friday: _____ to _____
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<b><u>Half Day Preschool (8:00-11:00 AM)</u></b>	<b>Sept. 2018-May 2019 (School days only)</b>
2 days (T, TH)	\$100/ month (Only an option for Pre-K 3 Children)
3 days (M, W, F)	\$142/ month
4 days (M-TH)	\$200/month
5 days (M-F)	\$242/ month (Preferred/Recommended for all Pre-K 4 Children)

**\*Parents may customize their Half-day Preschooler's drop off and pick up time by adding \$1.75/half hour. All Half-day Pre-K 3 children must be picked up by 12:30 and all Half day Pre-K 4 children must be picked up by 1:30.**

**My School age child will attend on (circle if attending)**

Non-school days      Snow days      Early dismissals      Late Starts

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**The School Age Room** E.N. will be open on non-school days, early dismissals, late starts, and snow days (listen for E.N. weather cancellations). If parents want their child to attend extra days or extra hours, such as: non-school days, snow days, early dismissals, and late starts, you need to sign up by registering in advance on your contract sheet. This will help us know who will be in attendance. For example, if you contract for non-school special days, we will bill you extra charges for that day. We will subtract your normal \$6.50 from the \$26.00/daily charge to equal \$19.50. As stated above, everyone pays for their weekly contract whether absent or in attendance whether there is school or no school. If you do not circle the special days on your contract and want to “drop in,” please call first to ask if we have available space.

**School Age kid’s contracts** will run September through the last day of school. Summer contracts will run June through August. Summer and September contracts will be sent out in April.

**Part-time enrollment:** Eagle’s Nest reserves the right to ask you to change your enrollment days in order to fit together with another child’s part-time enrollment. This helps us make spaces for all our part time children that attend.

**Drop in rates (for CCS families only):** If you have children attending CCS and have children at home: infant, toddler, preschool (age 3 & 4), Kindergarten, and school age children up to age 12; your child is welcome to attend Eagle’s Nest (if space is available). Add \$3.00 per day to the rates above for the drop in charge. Pay the charges at the time of drop off. Please call Eagle’s Nest to schedule the day and time. If you need to cancel, call us 24 hours before the attendance date. Otherwise, you will be charged.

**Parent orientation and permission form**

I, \_\_\_\_\_, have been instructed and notified of the Eagle’s Nest polices, enrollment forms, and have been given a tour of the facility. \_\_\_\_\_ (initial)

Eagle’s Nest is making an effort to promote the positive activities, and work of our children. Publications may include yearbook, newsletters, daycare center/CCS events, brochures, CCS website, local newspapers, local news media, CCS Facebook page, etc. ***I give permission to the Eagle’s Nest staff to photograph my child for the yearbook, newsletters, Eagle’s Nest/CCS events, brochures, Eagle’s Nest and/ or CCS websites, local newspapers, local news media, Eagle’s Nest and/or CCS Facebook pages, etc.*** \_\_\_\_\_ (initial)

I give permission for the Eagle’s Nest health consultant to review my child’s records concerning health issues and to review immunization records when needed. \_\_\_\_\_ (initial)

I give permission to the Eagle’s Nest staff to administer the following products according to manufacturers’ instruction or as instructed by a health professional. (A check by the item indicates permission):

- Sunscreen product (parent supplied) \_\_\_\_\_ Insect Repellant (parent supplied) \_\_\_\_\_
- Benadryl itch relief (parent supplied) \_\_\_\_\_ Hand or body lotion (parent supplied) \_\_\_\_\_
- Chapped lip remedies (parent supplied) \_\_\_\_\_ Band-Aids (school) \_\_\_\_\_ Triple antibiotic ointment (school) \_\_\_\_\_
- Diaper ointment (parent supplied) \_\_\_\_\_ Teething ointment (parent supplied) \_\_\_\_\_

**I hereby give consent for my child to receive medical care if I cannot be reached and an urgent health problem arises at Eagle’s Nest/Community Christian School. I understand that this information will be shared with personnel who have a need to know in order to help provide a safe environment for my child.**

Parent signature \_\_\_\_\_

## **Parent Christian Commitment Form**

1. It is understood that we are enrolling our child in Community Christian School primarily because of our earnest desire for our child to receive a Christ-centered education.
2. It is understood that our child will be educated in a manner consistent with beliefs and objectives of Community Christian School.
3. It is understood that we will support the school in its efforts to provide education that is distinctively Christian and to uphold and maintain the fundamental unity of the school.
4. It is understood that the personal conduct of all students must conform to the standards of the school.
5. We fully accept the tuition schedule as noted and pledge to pay our financial obligation to CCS.
6. We agree to authorize Community Christian School to discipline our child as seems wise and expedient.
7. We give permission for our child to take part in all school activities and absolve the school from liability to me or my child because of injury to my child during school.
8. Being responsible to God for our children, we pledge and agree to aid Community Christian School in its endeavors and objectives, and to personally create a Christian home environment, to the best of our ability.
9. I will be caring, helpful and respectful to parents and teachers.
10. Parents and children must demonstrate a Christian life style which is consistent with the Statement of Faith which was signed at the time of enrollment and which reflects the Statement of Belief of the school.

### **Statement of Faith**

1. We believe in the Scripture of the Old and New Covenants as verbally inspired by God, and inerrant in the original writings, and that they are the supreme and final authority in faith and life. (II Timothy 3:16-17)
2. We believe in one God, eternally existing in three Persons: Father, Son and Holy Spirit. (John 10:30)
3. We believe that Jesus Christ was begotten by the Holy Spirit, born of the Virgin Mary, and is true God and true man. (Luke 1:35; Isaiah 7:14)
4. We believe that man was created in the image of God, that he sinned, and thereby incurred not only physical death but also that spiritual death, which is separation from God; and that all human beings are born with a sinful nature, and become sinners in thought, word, and deed. (Romans 3:23-24; Romans 5:12)
5. We believe that the Lord Jesus died for our sins, according to the Scriptures, as a substitutionary sacrifice; and that all who believe in Him are justified on the grounds of His shed blood. (1 Corinthians 15:3; John 3:16-19)
6. We believe in the resurrection of the crucified body of our Lord, in His ascension into Heaven, and His present life there for us as High Priest and Advocate. (Hebrews 5:9-10; John 20:10-18)
7. We believe that our Lord and Savior Jesus Christ will personally return and set up His Kingdom wherein He will rule and reign in righteousness.
8. We believe that all who receive, by faith, the Lord Jesus Christ are born again of the Holy Spirit, and thereby become children of God. (I John 3:1)
9. We believe in the bodily resurrection of the just and the unjust, and blessedness of the saved, and the retribution of the lost. (John 5:28-29)

#### **We believe in:**

1. The Deity, Virgin Birth, Vicarious Death, Physical Resurrection, Ascension, and personal return in Glory of the Lord Jesus.
2. The Person, Deity and Work of the Holy Spirit.
3. The person of Satan.
4. The Great Scriptural Doctrines of Sin, Salvation by Grace, Redemption, Justification of Faith, Prayer, Physical Resurrection, the Reward of Believers and Retribution of Unbelievers.

We believe that the Word of God requires Christian parents to make every effort to train their children to love and respect the Lord Jesus Christ. For this reason, the instruction of children in school, as well as in the home, must be in keeping with the teachings of the Word of God. We believe we must educate the children so that they will serve as effective Christians in society.

Please check one: Agree \_\_\_\_\_ Disagree \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Personal Growth.** (Infant and toddlers need to fill this out.) Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's favorite and least favorite activities to do or to play with:

Favorite: \_\_\_\_\_

Least favorite: \_\_\_\_\_

What makes your child:

Upset- \_\_\_\_\_

Calm- \_\_\_\_\_

What does your child do to get his/her own way?

\_\_\_\_\_

How do you comfort your child?

\_\_\_\_\_

\_\_\_\_\_

How do you discipline your child?

\_\_\_\_\_

\_\_\_\_\_

How does your child show his or her feelings?

\_\_\_\_\_

\_\_\_\_\_

Is your child frightened by: animals, rough children, loud noises, the dark, storms, etc?

\_\_\_\_\_

\_\_\_\_\_

### **Sleeping Habits**

Do you have a scheduled nap/ bedtime routine?

\_\_\_\_\_

\_\_\_\_\_

### **Eating Habits**

Likes, dislikes, and eating problems: \_\_\_\_\_

\_\_\_\_\_

### **Infants**

Times of feedings \_\_\_\_\_

### **Toileting**

Any habits or concerns

\_\_\_\_\_

Is there any **additional information** which you wish to share so we can meet your child's needs more effectively?

\_\_\_\_\_

\_\_\_\_\_







**HEALTH CARE SUMMARY**  
**MUST BE COMPLETED BY HEALTH CARE SOURCE**

Date of Enrollment: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent(s) or Guardian: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ How long have you been seeing this child? \_\_\_\_\_

How frequently do you see this child if he/she is not ill? \_\_\_\_\_

Does this child have any allergies (including allergies to medications)? \_\_\_\_\_

\_\_\_\_\_

Is a modified diet necessary? \_\_\_\_\_

Is any condition present that might result in an emergency? \_\_\_\_\_

\_\_\_\_\_

What is the status of the child's... Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Please list below the important health problems:

<u>Important Health Problems</u>	<u>Followed by you</u>	<u>Followed by other</u>	<u>Requires Special</u>
		<u>Med Source (Name)</u>	<u>attention at center</u>

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information helpful to the child care program: \_\_\_\_\_

\_\_\_\_\_

Signature of health source: \_\_\_\_\_

Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_



**Eagle's Nest Supplies Checklist**  
**\*Please put your child's name on ALL items\***  
You may keep this page.

**Infants**

- A pack of disposable diapers, diaper wipes, and ointments.
- Jars of baby food (fruits for breakfast and vegetables for lunch). Please bring enough food for each day/week.
- Ready-made bottles of breast milk or formula for each day.
- Ready-made sippy cups of whole milk or 100% juice. Enough cups for each day.
- Pacifiers, if used.
- One receiving blanket for nap time.
- 2 complete changes of clothes.
- A picture of your child and family.

**Toddler**

- A pack of disposable diapers, wipes in a box, and ointments.
- Two complete changes of clothes.
- Blanket and small pillow (pillow is optional) - must fit in your cubby.
- A picture of your child and family (optional)
- Cold Lunch in a cooler with ice packs on non-school days.

**Preschool**

See Preschool School Supply List on the back. ☺

- Cold Lunch in a cooler with ice packs on non-school days.

**School Age**

- Extra snacks if needed☺.
- Cold Lunch in a cooler with ice packs on non-school days.

**All ROOMS:**

- \*Please put your child's name on all the items that you bring to Eagle's Nest! First and last names need to be written on bottles/cups/food you bring in. You may put only their first name on pacifiers.**
- \*Please bring home your blankets each week to be laundered.**
- \*Please bring sunscreen/bug spray for the summer.**



# School Supply List for Half and Full Day Preschool

(3-5 years old)

- \_\_\_\_\_ Backpack (full size)
- \_\_\_\_\_ Adult size paint shirt (oversized T-shirt preferred)
- \_\_\_\_\_ 2 boxes of snacks (such as crackers, fruit snacks, pretzels etc.) for snack cupboard
- \_\_\_\_\_ Large Pencil box (11 ½ x 7 ½ x 3)
- \_\_\_\_\_ 1 box of 8 count **Classic** markers
- \_\_\_\_\_ 1 box of 8 **Classic** colored crayons (*Jumbo size for 3 year olds*)
- \_\_\_\_\_ 3 Highlighters-any color (Preschool 4 only)
- \_\_\_\_\_ **Crayola 8 Count** Water Colors
- \_\_\_\_\_ 4 .24 oz Ember's glue sticks
- \_\_\_\_\_ Folder
- \_\_\_\_\_ 1 box of tissues
- \_\_\_\_\_ 1 box of 5 oz. Dixie cups
- \_\_\_\_\_ 1 package of napkins
- \_\_\_\_\_ 1 change of clothes in a gallon Ziploc bag for (half day preschool)
- \_\_\_\_\_ 2 changes of clothes in a gallon Ziploc bag (full day preschool)
- \_\_\_\_\_ 1 small pillow and blanket for rest time (full day preschool)

Please put your child's name on ALL items listed – including each crayon and marker.