



# CITY KIDS PRESCHOOL

A PLACE TO LEARN, GROW AND BELONG

**OFFICE USE ONLY**

Date Received \_\_\_\_\_

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

Check #: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Class: \_\_\_\_\_

## STUDENT APPLICATION FOR 2018-2019

Returning Student

New Student

- Birth Certificate
- Immunization Card
- Physical Form 701

### Section 1: STUDENT INFORMATION

Last Name		First Name		Middle Name
Primary Address	Parents, Father, Mother, Guardian- <i>Circle one</i>			Gender
City	State	Zip		<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Secondary Address <small>(if different from above)</small>	Father, Mother, Guardian- <i>Circle one</i>			Age
City	State	Zip		Child lives with:
				Father/Mother/ Stepfather/Stepmother/ Guardian

### Section 2: PARENT/GUARDIAN 1 INFORMATION

Last Name		First Name		Relationship
Home Phone	Cell Phone	Work Phone	Drivers Lic #	
Marital Status	Employer/Occupation		Email	

### PARENT/GUARDIAN 2 INFORMATION

Last Name		First Name		Relationship
Home Phone	Cell Phone	Work Phone	Drivers Lic #	
Marital Status	Employer/Occupation		Email	

### Section 3: CHURCH INFORMATION

Church Name		City	Pastor's Name
Are you a member?	How often do you attend?	Briefly state your religious beliefs:	
	<input type="checkbox"/> Regular <input type="checkbox"/> Often <input type="checkbox"/> Seldom		

### ADDITIONAL INFORMATION

Please briefly state your reason for choosing City Kids Preschool:

\_\_\_\_\_

What are your talents in helping around City Kids Preschool:

\_\_\_\_\_

How did you hear about City Kids Preschool?

Website  Friend  Radio  Preschool  Church  CKP Family, please give name \_\_\_\_\_

#### NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

City Christian School (the "School") admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. The School does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, financial aid programs, and athletic and other school-administered programs.



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## POLICIES AND PROCEDURES AGREEMENT

Listed below are the agreement statements and release statements for parents/guardians whose students attend City Kids Preschool. Please carefully consider each one and signify your agreement to them by signing and dating this form.

1. We hereby agree to accept all regulations and policies at City Kids Preschool on the applicant's behalf.
2. We understand the administration has full responsibility for placing our child in the proper class, as determined by the testing program and/or the student's class performance.
3. We agree to pay our financial obligations to City Kids Preschool on or before the due date. Tuition is due on the first of each month and is considered late after the fifth of each month. If not paid on time, we will pay the late-payment charge of \$20.00 each month. NOTE: A family whose account is in arrears at the end of the month may have their student removed from the class until the account is made current.

**CHARGES:** We understand that all registration fees are non-refundable.

Please Initial Each Line

Registration fee (non-refundable).....\$80/100	_____
Late payment charge.....\$20	_____
Returned check charge.....\$35	_____
Schedule change charge.....\$20	_____
Overtime charge.....\$2 per minute	_____

4. We understand that if parents cannot be reached in the case of an emergency, or if a life-threatening emergency exists, we authorize school personnel to seek or provide transportation, and to consent to emergency treatment as necessary in the opinion of a paramedic, licensed physician, or dentist.
5. We hereby agree to authorize City Kids Preschool personnel to employ discipline with wisdom for our child as described in our Parent Handbook.
6. We understand that City Kids Preschool reserves the right to dismiss any student who does not respect its spiritual standards or cooperate fully in the educational process. Students may also be dismissed should the parents and the school administration reach an impasse regarding any of the school's policies, procedures, and philosophy or discipline measures.
7. We understand that closing time is 5:45 p.m. Children left beyond that time will be assessed a late fee of \$2.00 for every minute thereof after 5:45 p.m. Must be paid the following morning at drop off.
8. We understand that unless precluded by a current court order on file in the school office, either one and/or both parents will be notified of school activities and for student releases.
9. With proper written notification City Kids Preschool fee schedule and individual registration agreements are subject to change based on the needs of the students and the center.

ARTICLE OF AGREEMENT WITH SCHOOL POLICIES AND PROCEDURES: By signing this application, I/we agree to abide by all City Kids Preschool policies and procedures as listed in the City Kids Preschool Parent/Student Handbook, particularly as they pertain to admissions, ongoing enrollment, discipline and financial responsibility. (Two parent signatures are required except in cases where only one parent has sole custody of the student.)

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

City Kids Preschool admits students of any race, national or ethnic origins to the rights, privileges, programs, and activities generally accorded or made available to students at the school. We do not discriminate on the basis, of race, color, national or ethnic origin in administration of our educational policies, admission policies, athletic or any other school-administered programs.



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## PERMISSION TO PARTICIPATE IN CITY KIDS PRESCHOOL ACTIVITIES AND TO RECEIVE EMERGENCY MEDICAL CARE

I hereby grant permission for my child to use all of the play equipment, anticipate in all of the activities of the City Kids Preschool.

I hereby grant permission for my child to be included in developmental evaluations and occasional observations by the Ventura Unified School District Preschool Specialist. I understand that I will be contacted for a conference if there are concerns regarding any suspected developmental lags for which my child may need further outside evaluation.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. This may include, but is not limited to the following:

- Call 911 for emergency treatment.
- Attempt to contact a parent or guardian.
- Attempt to contact a child's physician.
- Attempt to contact any of the persons listed on the emergency information for you completed for us.
- If it becomes necessary to have a child transported by paramedics to an emergency hospital before parents arrive, a staff member will accompany the child.
- City Kids Preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment or outdated information, which the parent has not updated appropriately.
- City Kids Preschool will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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## CHILD'S PREADMISSION DEVELOPMENTAL HISTORY

Name \_\_\_\_\_ Date Completed \_\_\_\_\_

### Abilities and Skills:

Please indicate in the space provided the age at which your child:

Crept on hands and knees \_\_\_\_\_ Sat alone \_\_\_\_\_

Walked alone \_\_\_\_\_ Named simple objects \_\_\_\_\_

Repeated short sentences \_\_\_\_\_ Slept through the night \_\_\_\_\_

Began toilet training \_\_\_\_\_

Please indicate in the space provided whether or not your child:

Is toilet trained?  Yes  No      Is able to dress himself?  Yes  No

Is right or left handed? \_\_\_\_\_

### Daily Routines:

#### Sleep Habits:

What time does your child get up? \_\_\_\_\_ Go to bed? \_\_\_\_\_

Does your child sleep during the day? \_\_\_\_\_ When? \_\_\_\_\_ How long? \_\_\_\_\_

Does he/she sleep well? \_\_\_\_\_

#### Eating Habits:

What time does your child usually eat breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Dinner? \_\_\_\_\_

List dietary restrictions here: \_\_\_\_\_

Any food dislikes? \_\_\_\_\_ Eating problems? \_\_\_\_\_

#### Toilet Habits:

Are your child's bowel movements regular?  Yes  No      Usual time? \_\_\_\_\_

Word used for bowel movement? \_\_\_\_\_ For urination? \_\_\_\_\_



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Behavior Habits: Please indicate in the space provided whether or not the child has any of the following behavioral habits:

- |                      |                      |                     |
|----------------------|----------------------|---------------------|
| _____ Nail Biting    | _____ Hitting        | _____ Taking Things |
| _____ Finger Sucking | _____ Kicking        | _____ Sleepwalking  |
| _____ Bed Wetting    | _____ Whining        | _____ Other: _____  |
| _____ Tantrums       | _____ Going Barefoot |                     |
| _____ Biting         | _____ Lying          |                     |

## Play Habits:

What are your child's favorite:

Indoor Activities? \_\_\_\_\_

Outdoor Activities? \_\_\_\_\_

Does your child enjoy outdoor play?  Yes  No      Does your child play with water?  Yes  No

Has your child had group play experiences?  Yes  No

What are the ages and sexes of the children with whom your child plays most? \_\_\_\_\_

\_\_\_\_\_

In what type of play are they often engage, and how does your child get along with others? \_\_\_\_\_

\_\_\_\_\_

## Discipline:

What method(s) of discipline are used to control your child's behavior? (How do you correct your child?)

\_\_\_\_\_

\_\_\_\_\_

How does your child respond? \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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## CHILD'S PREADMISSION FAMILY AND SOCIAL HISTORY

Name \_\_\_\_\_ Date Completed \_\_\_\_\_

Nickname \_\_\_\_\_

### Mother or Guardian

Is mother deceased?  Yes  No

Full name and maiden name \_\_\_\_\_ Date of birth \_\_\_\_\_

Birth place \_\_\_\_\_ Occupation \_\_\_\_\_

Place of employment/Education \_\_\_\_\_

Hrs of employment/Class schedule \_\_\_\_\_ Business Phone \_\_\_\_\_

### Father or Guardian

Is father deceased?  Yes  No

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Birth place \_\_\_\_\_ Occupation \_\_\_\_\_

Place of employment/Education \_\_\_\_\_

Hrs of employment/Class schedule \_\_\_\_\_ Business Phone \_\_\_\_\_

### Marital Status of Parents

Married:  Yes  No How long? \_\_\_\_\_ Separated:  Yes  No How long? \_\_\_\_\_

Divorced:  Yes  No How long? \_\_\_\_\_ Remarried:  Yes  No How long? \_\_\_\_\_

Step father:  Yes  No How long? \_\_\_\_\_ Step Mother:  Yes  No How long? \_\_\_\_\_

### Custody/Visiting Arrangements:

List any custody concerns \_\_\_\_\_

*Copies of court orders for custody must be on file in the school office.*

### Siblings of Child (List even if not living, and give date of death)

Name \_\_\_\_\_ DOB \_\_\_\_\_ School Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ School Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ School Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ School Grade \_\_\_\_\_



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List members of your present household not listed above (other relatives, roommates. Etc.) and include relationship and age: \_\_\_\_\_  
\_\_\_\_\_

If both parents or guardians are away from home during the morning, please state what arrangement will be made for child's care when he/she is not here at school: \_\_\_\_\_  
\_\_\_\_\_

Does child have room alone?  Yes  No If not, with whom? \_\_\_\_\_

Who has cared for your child other than his parents? (Please state whether adults or teenagers)  
\_\_\_\_\_

Please tell us about your child's favorite:

Play activities \_\_\_\_\_ Books and stories \_\_\_\_\_

Game or toy \_\_\_\_\_ TV program \_\_\_\_\_

Has your child attended any other early childhood weekday program?  Yes  No

Name of early childhood center: \_\_\_\_\_

Has your child participated in any other group experiences or lessons?  Yes  No

If so, which? \_\_\_\_\_

## Religious Background

Are parents or guardians affiliated with a church in this community?  Yes  No

If so, which? \_\_\_\_\_

Does your child attend Sunday School?  Yes  No How often? \_\_\_\_\_

Please list other church programs child attends \_\_\_\_\_

How often do parents/guardians attend church? \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# CITY KIDS PRESCHOOL

## A PLACE TO LEARN, GROW AND BELONG DISCIPLINE POLICY

Our discipline focuses on offering an encouraging and stimulating environment stressing positive ways to guide children toward moral responsibility and care for one another.

We do this by:

1. Using gentle words and a calm voice level.
2. Teaching the children the value of making right choices, using the Bible as our authority in a gentle and loving way.
3. Guiding children in positive self-directing behavior. We will do this by:
  - Giving children a balance of freedom and limitations appropriate to the child's level of maturity
  - Encouraging the child's level of maturity
  - Encouraging the children in their positive behavior
  - Clearly stating expectations
  - Giving the reason why
  - Helping children consistently follow through
4. Dealing with negative behavior with discussion, time-out, redirection, logical consequences, and isolation (in the school office) as a last resort.
5. Showing and teaching the children how to talk to others about a problem, while guiding them to a solution.

According to the licensing department and the philosophy of our school, children will never be isolated out of sight of an adult and corporal punishment is not an option.

The parent will be called to pick up the child from the preschool for that day, if it is determined that the child is unable to cope with the classroom environment. This would be deemed necessary after repeated incidents of hitting, kicking, biting, inappropriate language, or other behavior detrimental to the child, or his/her class.

Just as the parent would be called if the child were not feeling well physically, which is done for the child's benefit as well as the benefit of others, so we will call a parent for a child who is not feeling well emotionally.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## SUSPENSION AND DISENROLLMENT POLICY

City Christian Preschool reserves the right to suspend or disenroll your child at any time. If your child's tuition falls delinquent more than 30 days, suspension will occur. In addition, failure to provide the school with the required paperwork or failure to see that your child's immunizations are current will be reasons for suspension until corrections are complete. Disenrollment will occur any time we are unable to reasonably provide for a child's needs, or in the event that providing for the child's needs prevents us from providing the required care for other children. Children who are consistently hurtful towards themselves or others (i.e. consistent biting, hitting, kicking, inappropriate language, etc.) are subject to disenrollment. In addition, when a parent is disruptive of the program or fails to follow the policies and procedures of the school, the child will be subject to disenrollment. City Kids Preschool will not fundamentally alter the nature of its program or facility.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_





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## CITY KIDS PRESCHOOL PHOTO RELEASE

I give City Kids Preschool (CKP) permission to use a picture of my child for possible inclusion on the CKP and City Christian School (CCS) website and in written publications. In addition, I grant to CKP and its employees, agents, successors, licensees, and assignees, the right and license to use the likeness of my child in photographs; to crop such photographs at CKP's discretion; and to incorporate such photographs into CKP's and CCS's publications at their discretion; and to use such photographs or any portion thereof in any manner, including posting on the CKP or CCS website or inclusion with the article on an electronic storage medium such as a CD-ROM, a DVD, or other electronic format. I agree to hold CKP and CCS and its employees, agents, successors, licensees, and assignees harmless against any liability, loss or damage resulting from the use of my child's likeness, and I hereby release and discharge any claims whatsoever in connection with such use of my child's likeness in the above projects. I understand that my child's name will not appear in connection with any photographs containing his or her likeness that may be used. I am signing this release freely and voluntarily, and I am not relying on any inducements, promises, or representations made by CKP, CCS, its employees, or its agents.

### PERSONAL/APPROVAL/CONSENT OR PARENT OR GUARDIAN

Yes, I give my consent     No, I do not give my consent

Name of minor child (print): \_\_\_\_\_

Name of parent/guardian (print): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## CONSENT FOR SUNSCREEN APPLICATION

I, \_\_\_\_\_, the parent/guardian of, \_\_\_\_\_, give City Kids Preschool staff permission to apply sunscreen when necessary. The first morning application will be done at home. The City Kids staff has my permission to use the sunscreen provided by me and labeled with my child's name.

Name of parent/guardian (print): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## ACKNOWLEDGEMENT

I, as the parent, guardian or designated representative of \_\_\_\_\_  
have received and read the following documents at the time of my child's admission to City Kids  
Preschool:

Parent's Rights	LIC995
Personal Rights: (Child Day Care Facilities)	LIC613A
Admission Agreement	
Financial Agreement	
Parent Policy Handbook	

I understand that the licensing agency has the right to interview children or staff and to inspect and audit the facility or children's records without prior consent. The licensing agency has the right to observe the physical condition of any child(ren), including conditions which would indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Facility Representative Signature \_\_\_\_\_ Date \_\_\_\_\_



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## ITEMS YOUR CHILD WILL NEED TO START SCHOOL

ALL Students Must Have:

1. Backpack with a change of clothes (shorts/pants, a shirt, socks, underwear, and shoes) in a large Ziploc bag.
2. Nap bedding – a crib size fitted sheet and a small blanket. All items must fit in your child's nap box. Please do not send bulky items, such as pillows. These items will go home weekly to wash.
3. Baby wipes.
4. One box of tissues.
5. One container of Lysol or Clorox disinfecting wipes.
6. A bottle of sunscreen (label with child's name).
7. A lunch with healthy choices ready to be eaten right out of the lunch box (we can not heat food).
8. FOR NON-POTTY TRAINED STUDENTS: Pull Up's and baby wipes.