



Enrollment Application

SELECT YOUR PREFERENCE BELOW. Place a check next to the correct age level. And select number of days carefully. <small>For your child to be accepted into our program, they must be of age by August 31.</small>				
Infant/Toddler Dept.	Two's Dept.	Three's Dept.	Four's Dept.	Five's Dept.
<input type="checkbox"/> Daycare <input type="checkbox"/> T/TH MMO <small>(15-23 months)</small> **Child MUST be 6 months of age by August 31st to qualify for enrollment!	<input type="checkbox"/> T/TH Preschool <input type="checkbox"/> MWF Preschool <input type="checkbox"/> 5 Day Preschool <input type="checkbox"/> Full Day Daycare	<input type="checkbox"/> T/TH Preschool <input type="checkbox"/> MWF Preschool <input type="checkbox"/> T-F Day Preschool <input type="checkbox"/> 5 Day Preschool <input type="checkbox"/> Full Day Daycare	<input type="checkbox"/> T-F Day Preschool <input type="checkbox"/> 5 Day Preschool <input type="checkbox"/> Full Day Daycare	<input type="checkbox"/> TK <input type="checkbox"/> Kindergarten

GENERAL INFORMATION

Child's Name (Last)	(First)	(M.I.)
Birth Date or Due Date	Child's Preferred Name	
Address	City	State (Zip)

FAMILY INFORMATION

Child's Legal Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other	Emergency Contact
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Father/Guardian's Name	Home Phone #:	Cell Phone #:
Father's Address	City	State (Zip)
Father's Employer	Work Phone #:	
Father's Email Address		

Mother's/Guardian's Name	Home Phone #:	Cell Phone #:
Mother's Address	City	State (Zip)
Mother's Employer	Work Phone #:	
Mother's Email Address		

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other	Which parent should we contact first if child needs to go home early due to illness? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other
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Please list names and ages of any siblings involved at CCDCC:	
Name:	Age:
Name:	Age:
Name:	Age:

<input type="checkbox"/> Check **It is important for us to have valid email address and cell phone number on file. In the event of an emergency, we may use this email and/or phone number to contact you. Please update as needed.	
**Best Email Address _____	
**Mom's Cell Number _____	**Dad's Cell Phone _____

EMERGENCY CARE INFORMATION

Known Allergies:	
Doctor's Name:	Office Phone:
Address:	
Dentist or Parent's Dentist:	Office Phone:
Address:	
Does your child have any health issues that are important for teachers to know? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain below:	
Does your child take any prescription medication on a regular basis? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain below:	

HOSPITAL PREFERENCE

<input type="checkbox"/> Atrium Health (Uptown) (704-335-2000)	<input type="checkbox"/> Atrium Health (Pineville) (704-667-1000)	<input type="checkbox"/> Levine Children's Hospital (704-381-2000)	<input type="checkbox"/> Novant Health (Uptown) (704-384-4000)	<input type="checkbox"/> Novant Health (Matthews) (704-384-6500)
Insurance Carrier:			Policy #:	

GENERAL INFORMATION

Present School:	Present Teacher/Room number:
Name of church where family worships regularly:	
***Toilet Habits – Children entering the 3s program <i>MUST</i> be toilet-trained	
Can your child be relied upon to indicate his/her bathroom wishes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have frequent toilet accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Appetite: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	How many hours of sleep does your child get at night? _____

From the list below, please check three personality traits that you would say best describes your child's personality					
<input type="checkbox"/> Spirited	<input type="checkbox"/> Stubborn	<input type="checkbox"/> Lively	<input type="checkbox"/> Calm	<input type="checkbox"/> Shy	<input type="checkbox"/> Impetuous
<input type="checkbox"/> Dramatic	<input type="checkbox"/> Assertive	<input type="checkbox"/> Willful	<input type="checkbox"/> Diligent	<input type="checkbox"/> Fragile	<input type="checkbox"/> Confident
<input type="checkbox"/> Compliant	<input type="checkbox"/> Intense	<input type="checkbox"/> Jovial	<input type="checkbox"/> Independent	<input type="checkbox"/> Cautious	<input type="checkbox"/> Congenial
<input type="checkbox"/> Observant	<input type="checkbox"/> Easy Going	<input type="checkbox"/> Talkative	<input type="checkbox"/> Perfectionist	<input type="checkbox"/> Impulsive	

INTELLIGENCE & PSYCHOLOGICAL ASSESSMENTS – Threes PRESCHOOL through KINDERGARTEN Applicants ONLY	
Although Calvary Child Development Center does not require testing as part of our admission process, we encourage parents to share any previous assessments with this application as this helps to better understand your child. This information is kept confidential and is used to assess whether our program meets your child's emotional/social, academic and physical needs.	
<input type="checkbox"/> Yes	Has your child been Professionally Assessed for learning differences, behavior problems or any other psychological conditions? (anxiety, etc).
<input type="checkbox"/> No	If yes, please explain:
<input type="checkbox"/> Yes	Has your child been professionally assessed for accelerated learning, or advanced intellectual capacities?
<input type="checkbox"/> No	If yes, please explain:
<input type="checkbox"/> Yes	May we have permission to consult with appropriate professional resources concerning the above challenges or assessments?
<input type="checkbox"/> No	(Please include copies of the assessment with this application).
Name: _____	Email: _____ Phone #: _____
<input type="checkbox"/> Yes	Has your child been expelled from, or had other serious disciplinary difficulty in school or at another daycare center?
<input type="checkbox"/> No	If yes, please explain:
<input type="checkbox"/> Yes	Has your child been withdrawn from any other school or daycare for any reason?
<input type="checkbox"/> No	If yes, please explain:

POLICIES AND PROCEDURES

Please check and initial each box to denote that you have read and understood the CDC Policies and Procedures. Then fill in the SIGN and DATE box at the bottom. Parents/guardians will detach the policies attached to this application and CCDC will keep this original signed & dated copy in your child's folder.

DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY
<input type="checkbox"/> I HAVE READ AND UNDERSTAND the facilities Discipline and Behavior Management Policy, which is on Page 13 of the Parent Handbook.
DIRECTOR DISCRETION REGARDING CONTINUED ENROLLMENT
<input type="checkbox"/> I HAVE READ AND UNDERSTAND the Director Discretion Regarding Continued Enrollment procedure on Page 22 of the Parent Handbook.
KEY FOB PROCEDURE
<input type="checkbox"/> I HAVE READ AND UNDERSTAND the Security procedures on Page 10 of the Parent Handbook and acknowledge my responsibilities concerning those procedures.
PHOTO RELEASE POLICY
<input type="checkbox"/> I HAVE READ AND UNDERSTAND the Photo Release Policy on Page 15 of the Parent Handbook and I select <input type="checkbox"/> Yes or <input type="checkbox"/> No for consent. If neither box is selected, we will consider it a "Yes" answer and your child will be photographed.
NUT FREE FACILITY
<input type="checkbox"/> I HAVE READ AND UNDERSTAND the facilities Nut Free Policy on Page 14 of the Parent Handbook and understand that Calvary CDC is a <u>NUT FREE</u> School.
SMOKE & TOBACCO FREE FACILITY
<input type="checkbox"/> I HAVE READ AND UNDERSTAND that Calvary's campus is a smoke & tobacco free environment on Page 19 of the Parent Handbook.
PLAYGROUND POLICY
<input type="checkbox"/> STATE LAW REQUIRES that parents must approve of their child walking or playing outside fenced areas. Some preschools and daycare centers have doors that open directly to fenced playgrounds. However, owing to the size and original construction of our building and the location of our playgrounds, parent consent is required. By checking this box, you are consenting to allowing your child to walk or play outside the fenced area. This authorization is valid from 8/24/20—9/1/21
BITE POLICY
<input type="checkbox"/> I HAVE READ AND UNDERSTAND the facilities Bite Policy on Page 13 of the Parent Handbook and acknowledge my responsibilities concerning this policy.
REQUIRED MEDICAL FORMS
<input type="checkbox"/> I HAVE READ AND UNDERSTAND that the required medical forms given to me must be submitted and completed to CCDC no later than August 17, 2019. The state of North Carolina requires that we have a current Children's Medical Report and Immunization History on file within 30 days of enrollment. Children without required medical forms will be <u>excluded</u> from the Center.
DIRECTORS DISCRETION REGARDING CONTINUED ENROLLMENT
<input type="checkbox"/> I HAVE READ AND UNDERSTAND Calvary CDC's Directors Discretion Regarding Continued Enrollment located on the last page of the Financial Handbook and on page 22 of the Parent Handbook.

NOTICE of Student Nondiscriminatory Policy

Calvary Child Development Center 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. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs.

CONTRACT OF ENROLLMENT

2020—2021 SCHOOL YEAR

To be completed upon enrollment. Signing this agreement does not guarantee admission or continued enrollment in the program.

1. The Enrollment Fee of \$275 is to be **paid at time of enrollment**. The Enrollment Fee is to be paid at the time of enrollment. This fee is **NOT credited toward tuition** and is **NOT refundable**.
2. We offer a secure online payment system. Upon enrollment, you will receive an email containing a link to your personal account via the **primary email address** on file in our billing system. This email will include a **username** and **password** for access to your new account. You may make one-time payments and/or set up recurring payments using your credit card or your bank account information. See **Calvarycdc/onlinepay**.
3. Students are expected to be enrolled for the entire school year. **Daycare** students are enrolled from August to August. **Preschool** students are enrolled from August through May. **You will be responsible for the entire tuition for the enrollment period**. For your convenience, preschool tuition is quoted on a **per month**. Daycare tuition is quoted on a **per week**-payment schedule.
 - a. Should you need to withdraw your student for any reason during the school year, a **written notice to the Business Office is required at least 30 days prior to the withdrawal date**. You are responsible for tuition and fees for **30 days beyond the date the Business Office receives notification**, regardless of the child's last day in attendance.
 - b. If you choose to withdraw your child during the school year and plan to re-enroll him/her at a later date within the same year, there will be a **\$250 re-enrollment fee**. We do not guarantee or hold space for re-enrollment.
4. A student will not be permitted to enter or continue in our program if any tuition, fees, or other charges are delinquent as determined by the Business Office.
5. Sick Days/Holidays/Inclement Weather Days/Unexpected Closures: Tuition for our preschool and daycare programs is **based on annual enrollment, NOT the number of days the Center is open** or the days a student attends each week or month. No reductions or credits are given for days missed for any reason, including but not limited to absence, illness, holidays, weather, or emergencies.
6. CCDC is not financially responsible for damages to or loss of any personal property.
7. All charges shall be due and payable in accordance with the terms of this agreement without regard to absence.

(DAYCARE ONLY) I will pay my annual fee in weekly payments beginning on August 24, 2020 (in person or online payment: Acceptable)

I will pay my annual fee in 12 monthly payments (August through August) beginning August 1, 2020. Subsequent payments will be due on the first day of each month thereafter. You may choose to make monthly Daycare tuition payments either in person at the Center or via our **Secure Online Payment**. ***REMEMBER that 4 times a year you must pay a 5th week in the month. If choosing to pay using our online system, we prefer that payments are made weekly instead of monthly to avoid confusion for the five-week months.**

I will pay my annual fee in 10 monthly payments (August through May) beginning August 1, 2020. Subsequent payments will be due on the first day of each month thereafter. You may choose to make monthly Daycare tuition payments either in person at the Center or via our **Secure Online Payment**. ***REMEMBER that there will be 3 times during the academic school year that you must pay a 5th week for that month. If choosing to pay using our online system, we prefer that payments are made weekly instead of monthly to avoid confusion for the five-week months.**

We require a non-refundable, non-transferable Reservation Deposit DUE by June 1, 2019 from students enrolling in Daycare TK or Kindergarten: **Transitional Kindergarten \$630** or **Kindergarten \$650**. This fee payment will become two of your weekly tuition payments in August for the school year. If we do not receive your Reservation Deposit by June 1, 2019, the spot will become available for the next applicant on our list.

- Transitional Kindergarten \$630
 Kindergarten \$650

Financial Obligation:

Enrollment Fee: _____ TK/K Deposit Fee: _____ Annual Tuition \$: _____
NON-REFUNDABLE APPLIED TO TUITION TOTAL

I agree that:

- A. The selected payment plan and associated terms of payment as indicated have been fully disclosed.
- B. Failure to fulfill the attached agreement or make payments when due will constitute default. Any fees incurred by the school in the collection of amounts due will be the responsibility of the parents or guardian responsible for submitting this Contract of Enrollment.
- C. I, the undersigning parent or guardian of _____ (Child's full name), do hereby state that I have read understand the policies, laws, and regulations and have checked and initialed the boxes.

PRINT PARENT'S NAME Clearly

DATE OF CHILD'S ENROLLMENT (First Day of Attendance)

SIGNATURE OF PARENT (or Legal Guardian)

DATE

ACCEPTED BY—Signature of Director

DATE

ENROLLMENT FEE MUST ACCOMPANY APPLICATION

Please make checks payable to: Calvary Child Development Center (CCDC)

In order for this application to be complete, all fields must be filled in, and you must sign, date, and initial where indicated on all pages. Please turn in this application to the CCDC Business office as per directions of the CCDC director or registrar.