

Office Use Only
Check _____
Date _____
Amt. _____
Dt. of Enrol. _____
Rm # _____



## Enrollment Application — 2020–2021 School Year

**CCDC PROGRAMS** — Please select the program to which you are applying for the 2020–2021 school year. Your child must meet the age requirement for the program by August 31, 2020.

Infant/Toddler Program	Twos Program	Threes Program	Fours Program	Fives Program
<input type="checkbox"/> <b>Daycare</b> <small>Child MUST be 6 months of age by August 31 to enroll</small>  <input type="checkbox"/> <b>MMO MWF</b> <input type="checkbox"/> <b>MMO TTH</b> <small>Child MUST be 18–24 months of age by August 31 to enroll</small>	<input type="checkbox"/> <b>Preschool T/TH</b>  <input type="checkbox"/> <b>Preschool MWF</b>  <input type="checkbox"/> <b>Preschool 5-Days</b>  <input type="checkbox"/> <b>Daycare Full-Day</b>	<input type="checkbox"/> <b>Preschool T/TH</b>  <input type="checkbox"/> <b>Preschool MWF</b>  <input type="checkbox"/> <b>Preschool T–F</b>  <input type="checkbox"/> <b>Preschool 5-Days</b>  <input type="checkbox"/> <b>Daycare Full-Day</b>	<input type="checkbox"/> <b>Preschool T–F</b>  <input type="checkbox"/> <b>Preschool 5-Days</b>  <input type="checkbox"/> <b>Daycare Full-Day</b>	<input type="checkbox"/> <b>Transitional K</b> <small>Half Day, 10 Months</small> <input type="checkbox"/> <b>Transitional K</b> <small>Daycare, Full Day</small> <input type="checkbox"/> <b>Kindergarten</b> <small>Half Day, 10 Months</small> <input type="checkbox"/> <b>Kindergarten</b> <small>Daycare, Full Day</small>

### GENERAL INFORMATION

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

### FAMILY INFORMATION

Child's Legal Guardian: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____	Emergency Contact Name & Phone <i>(other than parents)</i> _____
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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 siblings enrolled at CCDC:	
Name:	Age:
Name:	Age:
Name:	Age:

<b>It is important for us to have your CURRENT EMAIL address and MOBILE PHONE numbers on file. These are the contacts we will use for your Business Office billing and for EMERGENCY notifications. Please keep the CCDC office updated with any changes!</b>	
<b>Primary Email Address</b> _____	
<b>Mom's Mobile Phone</b> _____	<b>Dad's Mobile Phone</b> _____

## 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? Nebulizer? <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:	
<b>TOILET HABITS – Children entering the 3s program <u>MUST</u> be toilet-trained</b>	
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 the traits that best describe 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: 3s 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 to help us better understand your child and assess if our program meets your child's emotional/social, academic, and physical needs.

Yes Has your child been professionally assessed for learning differences, behavior problems, or any psychological conditions, such as anxiety? If yes, please explain: \_\_\_\_\_

No

Yes Has your child been professionally assessed for accelerated learning or advanced intellectual capacities?  
 No If yes, please explain: \_\_\_\_\_

Yes May we have permission to consult with appropriate professional resources concerning the above challenges or assessments?  
 No Please include copies of the assessment with this application.

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes Has your child been expelled or had serious disciplinary difficulty in school or at another daycare center?  
 No If yes, please explain: \_\_\_\_\_

Yes Has your child been withdrawn from any other school or daycare for any reason?  
 No If yes, please explain: \_\_\_\_\_

## CCDC POLICIES AND PROCEDURES

The policies and procedures of the Calvary Child Development Center are detailed in the **CCDC Parent Handbook** and the **CCDC Financial Information** booklet. Please check each box below to denote that you have read, understood, and will abide by all CCDC policies and procedures.

- I have received and read the **CCDC Parent Handbook**.       I have received and read the **CCDC Financial Information** booklet.

### DISCIPLINE & BEHAVIOR MANAGEMENT

- I HAVE READ AND UNDERSTAND the CCDC discipline and behavior management procedures in the Parent Handbook.

### DIRECTOR DISCRETION REGARDING CONTINUED ENROLLMENT

- I HAVE READ AND UNDERSTAND the **Director Discretion Regarding Continued Enrollment** policy in the Parent Handbook.

### SAFETY, SECURITY & KEY FOB PROCEDURES

- I HAVE READ AND UNDERSTAND the safety and security procedures, including key fob entry, in the Parent Handbook and acknowledge my responsibilities concerning those procedures.

### PHOTO RELEASE POLICY

- I HAVE READ AND UNDERSTAND the photography policy in the Parent Handbook and by enrolling hereby grant permission for my child to be photographed. I understand that to deny permission requires separate written notice within 10 days of enrollment.

### NUT FREE FACILITY

- I HAVE READ AND UNDERSTAND that the CCDC is a **NUT FREE** school. No tree nuts, peanuts, or foods containing nuts are allowed.

### SMOKE & TOBACCO FREE FACILITY

- I HAVE READ AND UNDERSTAND that the Calvary campus is a smoke, tobacco, and vape-free environment.

### PLAYGROUND POLICY

- STATE LAW REQUIREMENT — Due to the size and construction of our campus buildings and the locations of our playgrounds, parental consent is required for your child to walk or play outside fenced areas. This consent authorization is valid from 8/24/20–9/1/21.

### BITE POLICY

- I HAVE READ AND UNDERSTAND the CCDC biting management procedures in the Parent Handbook and acknowledge my responsibilities concerning this policy.

### SAFE SLEEP POLICY

- I HAVE READ AND UNDERSTAND the CCDC safe sleeping procedures in the Parent Handbook.

### REQUIRED MEDICAL FORMS

- I HAVE READ AND UNDERSTAND that **all required medical forms must be submitted** and completed to CCDC by the first day of academic school year. Children without required medical forms will be **excluded** from the Center.

### 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

*This agreement is part of the application process. Signing it does NOT guarantee admission or continued enrollment in the program.*

1. The Enrollment Fee is to be **paid at the time of application for enrollment**. Your child’s application will not be processed unless this fee has been paid. The Enrollment Fee is **NOT credited toward tuition** and is **non-refundable**. Please make checks payable to Calvary Child Development Center.
  - \$ 275 1<sup>st</sup> child in family
  - \$ 225 2<sup>nd</sup> child in family
  - \$ 75 3<sup>rd</sup> child in family
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 [www.calvarycdc.com/onlinepay](http://www.calvarycdc.com/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.** Preschool tuition is quoted on a **per month** payment schedule. Daycare tuition is quoted on a **per week** payment schedule.
  - Should you need to withdraw your student for any reason during the school year, **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.
  - 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 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, vacation, weather, closures, 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 tuitions and fees stated in the **CCDC Financial Information** booklet without regard to absence. There will be a \$35 late fee applied to accounts 30 days past due. Accounts with an outstanding balance 45 days past due are considered delinquent.
  - PRESCHOOL PROGRAM:** I understand that Preschool is a traditional school–year program and that tuition totals are referenced in terms of **10 monthly payments** which are **DUE on the 1st day of each month, August through May.**
  - DAYCARE PROGRAM:** I understand that Daycare is a full-year, program and that annual tuition totals are referenced in terms of **weekly payments** which are **due every Friday, August through August.**
  - TK & Kindergarten PROGRAMS:** We require a non-refundable, non-transferable **Reservation Deposit DUE** by June 1, 2020. Please refer to the **CCDC Financial Information** booklet for deposit information.

**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 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.

I, the undersigning parent or guardian of \_\_\_\_\_ (Child’s full name), do hereby state that I have read and understand the **CCDC Parent Handbook** and the **CCDC Financial Information** booklet, including the policies, procedures, regulations, and guidelines therein and will abide by them. I have checked and initialed the boxes.

PARENT’S NAME <i>Print Clearly</i> _____	DATE OF CHILD’S ENROLLMENT <i>(First Date of Attendance)</i> _____
SIGNATURE OF PARENT (or Legal Guardian) _____	DATE _____
ACCEPTED BY — Signature of Director _____	DATE _____