



Christ Church Preschool  
6363 Research Forest Dr.  
The Woodlands, TX 77381

**Emergency Form 2020-2021 School Year**

Child's Full Name \_\_\_\_\_  
Last
First
Middle

Name child is called \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of 9/1/20) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

In the event I cannot be reached for a medical emergency, I hereby authorize Christ Church to transport, and to obtain treatment from:

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Memorial Hermann Hospital-The Woodlands (281-364-2300) unless medical personnel specify another hospital, or \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Phone \_\_\_\_\_ Parent's Employer \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

When arriving at school, a child must be left in the care of a staff member. A child will be released only to parents or to an adult designated in writing by the parent. A staff member must be aware of a child's departure. Please list persons who have your permission to pick up your child, and who could be contacted in case of an emergency if parents cannot be reached. Please be certain those listed are willing and available to pick up your child in case of illness or emergency. **Three local names are required!**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

**CHRIST CHURCH PRESCHOOL**

6363 Research Forest Drive, The Woodlands, TX 77381

**Introduce Us To Your Child  
2020-2021 School Year**

This information is for the CONFIDENTIAL USE of the teachers who will be working with your child. The more completely you answer the questions, the better they will be able to understand your child.

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_/Zip \_\_\_\_\_

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

**Child lives with:**

Mom and Dad \_\_\_\_\_ Mom and Stepdad \_\_\_\_\_ Dad and Stepmom \_\_\_\_\_ Grandparents \_\_\_\_\_  
Mom only \_\_\_\_\_ Dad only \_\_\_\_\_ Other \_\_\_\_\_

Mother's Name \_\_\_\_\_ Profession \_\_\_\_\_  
Employer \_\_\_\_\_  
Travel? \_\_\_\_\_ How Frequently? \_\_\_\_\_

Father's name \_\_\_\_\_ Profession \_\_\_\_\_  
Employer \_\_\_\_\_  
Travel? \_\_\_\_\_ How Frequently? \_\_\_\_\_

**PARENTAL INFORMATION**

Married (How long?) \_\_\_\_\_ Widowed (How long?) \_\_\_\_\_  
Separated (How long?) \_\_\_\_\_ Divorced (How long?) \_\_\_\_\_  
Step father (How long?) \_\_\_\_\_ Step mother (How long?) \_\_\_\_\_

**IF CHILD IS ADOPTED (optional)**

Age at adoption? \_\_\_\_\_ Does the child know that he/she is adopted? \_\_\_\_\_  
Comments: \_\_\_\_\_

**FAMILY RELATIONS**

Brothers and Sisters of Child:

Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_  
Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_  
Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_

Other member(s) of household and relationship. (Please include full-time caregivers and length of service.)

If parents are away from home during the day, please state arrangements for child's care when he/she is not at school:

#### HEALTH HISTORY

Has your child had the following?

German Measles:  Yes  No Date \_\_\_/\_\_\_/\_\_\_

Mumps:  Yes  No Date \_\_\_/\_\_\_/\_\_\_

Chicken Pox:  Yes  No Date \_\_\_/\_\_\_/\_\_\_

Measles:  Yes  No Date \_\_\_/\_\_\_/\_\_\_

Does your child require any medication for on-going illness or condition? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

#### FOOD ALLERGIES

Does your child have ANY food allergies?  Yes  No

Is your child under a doctor's supervision for food allergies?  Yes  No

If yes, please give specific information and details about allergies:

**Does your child require a prescription epinephrine pen?  Yes  No**

**(If yes, please provide us a picture of your child to be posted in classroom)**

#### INSECT BITE ALLERGIES

Is your child allergic to insect bites?  Yes  No

What specific insects cause a reaction? \_\_\_\_\_

**Does your child require a prescription epinephrine pen for reactions to insect bites?**

**Yes  No (If yes, please provide us with a picture of your child to be posted in the classroom)**

#### MEDICATION ALLERGIES

Is your child allergic to any medications?  Yes  No

If yes, please list medications for emergency personnel to be aware of

Does your child have any respiratory related problems?  Yes  No

If yes, please explain: \_\_\_\_\_

#### SPECIAL NEEDS

Has your child been diagnosed with any special needs or developmental delays?  Yes  No

If yes, please explain \_\_\_\_\_

Add additional paper if necessary.

Screening

Speech, Vision, Hearing and Language

Christ Church Preschool strongly advocates early intervention for speech, vision, hearing and language development concerns. Please answer the following regardless of your child's age.

Has your child had a previous vision test? \_\_\_ yes \_\_\_ no Any vision appliance? \_\_\_\_\_

Has your child had a previous hearing test? \_\_\_ yes \_\_\_ no Any hearing appliance? \_\_\_\_\_

Does your child have a dental appliance? \_\_\_yes \_\_\_ no

Does your child have a history of ear problems (infections, tubes, etc.)

\_\_\_\_\_

If you have concerns about speech, vision, or language please explain:

\_\_\_\_\_

Is your child receiving on-going care from a specialist? \_\_\_\_\_ No \_\_\_\_\_ Yes,  
Please provide details:

\_\_\_\_\_

The Special Senses and Communications Disorder Act of 1983 requires all children who are 4 years old by September 1<sup>st</sup> to have vision and hearing screenings. If your Pediatrician screens your child at their 4-year-old well checkup, please furnish CCP with a copy of the screening. If not, CCP will offer screenings in the fall for a nominal fee.

If applicable, please attach an affidavit stating objection to screening of children for visual and hearing handicaps or if your religious beliefs forbid screening. V.T.C.A Health and Safety Code, 36.005(b), 37002 (b)

Parent or Guardian Signature

Date \_\_\_\_\_



Christ Church Preschool  
**Medical Release and Immunizations**  
2020-2021

6363 Research Forest Drive, The Woodlands, TX 77381  
Office Number 936-273-9400 Fax Number 1-866-345-3577

Our policies **require** that the following information be on file for each child before attending school, and that parents provide written notification of any immunizations updates. Updated **immunization records** as well as your **physician's signature** are required for each new school year. Please attach your child's immunization record to this form or have it faxed to our office at 1-866-345-3577.

*Your child's completed forms must be on file by the first day of school or your child will not be able to attend.*

Please ask your physician to complete the following questions.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
Has been examined by a licensed physician and is able to participate in a weekday school program.

Are there any restrictions from normal activities? \_\_\_yes \_\_\_no

If yes, please explain: \_\_\_\_\_

State standards and school policy require the examination date be current within the last 12 months.

Date of last Examination \_\_\_/\_\_\_/\_\_\_ Age as of Sept. 1, 2020 \_\_\_\_\_

Physician's signature or stamp \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Physician's Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Physician's Address \_\_\_\_\_



Christ Church United Methodist Preschool  
Permission and Release Form  
2020-2021

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

Office use only (class) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Home Phone \_\_\_\_\_

Please read and initial each of the following consents:

Christ Church Preschool Parent Handbook

Our Parent Handbook may be accessed via the website [www.cc-christianeducation.org](http://www.cc-christianeducation.org). If you prefer a hard copy, you may request one from the preschool office. I acknowledge that I have read and understand the handbook.

Initials \_\_\_\_\_

Photographic Permission

I authorize Christ Church Preschool to photograph or videotape my child in school activities for classroom viewing, parent education events, local publicity or the church / school website.

Initials \_\_\_\_\_

Liability Release

I hereby release Christ Church United Methodist, all officers, directors, and staff from any liability in the event of an accident or injury occurring on the premises.

Initials \_\_\_\_\_

Informational Release

I hereby authorize Christ Church Preschool to release our address, phone number(s), and email for school/classroom purposes only.

Initials \_\_\_\_\_

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

Printed Name \_\_\_\_\_



**Vision and Hearing Screening Requirements**

**WHO MUST BE SCREENED**

4-years-old by September 1st

**WHEN SCREENING MUST BE DONE**

Within 120 days of admission

The Vision and Hearing Screening Program, Texas Health and Safety Code requires that all children (turning 4 by September 1<sup>st</sup>) who are enrolled for the first time in any public, private, parochial, or denominational school or in a Department of Family and Protective Services licensed child-care center must be screened or have a professional examination for possible vision and hearing problems within 120 days of admission.

The Vision and Hearing Screening will be offered at CCP in November (for a fee), or may be done by your child's pediatrician.

**The following data must be recorded:**

**CHILD'S NAME, TYPE OF SCREENING, DATE, SCREENER, AND SCREENING RESULTS. Vision and Hearing screening results must be included in the child's official records at CCP. You may use the form below, or a form provided by the screener.**

**PRESCHOOL VISION AND HEARING SCREENING FORM (4's & 5's)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Screening Date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_

**VISION (Without Correction)**

Visual Acuity:

Both eyes 20/_____	Pass_____	Fail_____
Right eye 20/_____	Pass_____	Fail_____
Left eye 20/_____	Pass_____	Fail_____

Needs Follow-up:\_\_\_\_\_

Comments: \_\_\_\_\_

**HEARING (P = Pass or F = Fail)**

Audiometric Screening:    500 Hz    **1000 Hz**    2000 Hz    **4000 Hz**    8000 Hz

Right:	---	---	---	---	---
Left:	---	---	---	---	---

Needs Follow-up:\_\_\_\_\_

Comments: \_\_\_\_\_

Screener: \_\_\_\_\_

Signature: \_\_\_\_\_

Christ Church Preschool  
Parent Agreement  
2020-2021

**Financial**

- Enrollment: A **non-refundable** enrollment fee is required at time of enrollment. This fee is \$300.00 for Preschool children & toddlers/2 days \$285 Members of CCUM will receive a \$50.00 discount on enrollment fee.
- Monthly tuition: Tuition is to be paid monthly on the first of the month. Tuition is considered late after the 5<sup>th</sup> of the month and a \$50.00 fee will be applied to all tuition not yet received. Please make checks payable to Christ Church Preschool or CCP. Receipts are available upon request. **Please do not put checks in children's backpacks or folders.** Deliver checks to staff in car line (on the first two days tuition is due), place checks in the tuition box outside the Preschool Office or mail them to:

Christ Church Preschool  
6363 Research Forest  
The Woodlands, TX 77381

**NECESSARY FORMS**

- ENROLLMENT FORM (must be signed by parent)
- PARENT AGREEMENT (must be signed by parent)
- EMERGENCY FORM (must be signed by parent)
- PERMISSION & RELEASE (must be signed by parent)
- INTRODUCE US TO YOUR CHILD (must be signed by parent)
- MEDICAL RELEASE & IMMUNIZATIONS (must be signed by physician)
- VISION & HEARING SCREENING RESULTS 4's & 5's (must be signed by physician)

**LUNCH/SNACK**

- Parents are asked to send a morning snack and lunch for their child (ren) each day. (Friday is morning snack only.) The snack and lunch should be packed separately. The lunch and snack should be in a lunch box or lunch sack and be properly labeled with the child's name. Lunch should be fully prepared with easy-to-serve finger foods and a drink. Please do not send anything that needs to be heated up.

**WITHDRAWAL**

- Withdrawal is defined as permanent removal from any of the programs. Please keep in mind that the enrollment fee is non-refundable. We require **written notice 30 days prior to withdrawal or to change an enrollment status (i.e. full time to part time or vice versa)**. Withdrawal without written notice forfeits eligibility for any applicable refunds. If a family withdraws with less than 30-day notice, tuition for the following month is still charged. We make every effort to fill the child's spot, and if successful, that month's tuition is refunded on a prorated basis.

I HAVE READ AND UNDERSTAND THIS PARENT AGREEMENT

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