

Christian Education Center 2020-2021 Holiday Care Registration Form

Child's Name _____ Date of Birth ___/___/___

2020-2021 Registration Fees Please initial your choices:

2020-2021 Holiday Registration Options	Fee	Initials
Thanksgiving & Christmas/Winter Break	\$10.00	
Thanksgiving Break ONLY	\$10.00	
Christmas/Winter Break ONLY	\$10.00	
Spring Break 2021	\$10.00	
SUPER SAVER- Register for all 3 Care Packages	\$25.00	

2020 Thanksgiving & Christmas/Winter Holiday Care Tuition Rates

Thanksgiving Break Dates of Care: Monday 11/23/2020 & Tuesday 11/24/2020

Christmas/Winter Break Dates of Care: Monday 12/21/2020, Tuesday 12/22/2020, Monday 12/28/2020, Tuesday 12/29/2020, Wednesday 12/30/2020, Monday 1/4/2021 & Tuesday 1/5/2021.

2020 Attendance Options	Fees	Initials
Thanksgiving & Christmas/Winter Break	\$540.00	
Thanksgiving Break ONLY	\$120.00	
Christmas/Winter Break ONLY	\$420.00	

2021 Spring Break Tuition Rates

Spring Break Dates of Care: Monday 3/15/21, Tuesday 3/16/21, Wednesday 3/17/21, Thursday 3/18/21 & Friday 3/19/21.

2021 Attendance Options	Fees	Initials
Spring Break Schedule	\$300.00	

Daily Drop In Rates

Daily Drop In	Fees	Initials
Dates:	\$75.00	

Parent Signature _____ Date _____

Christian Education Center 2020-2021 Emergency Form

Child's Full Name _____

Name child is called: _____ Birthday ____/____/____

Home 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: _____

Insurance Phone: _____ Employer Name: _____

Policy #: _____ Group #: _____

When arriving at school/camp, 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.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Parent/Guardian Signature

Date

Christian Education Center 2020-2021 Permission and Release Form

Please read and initial the following:

_____ Our Parent Handbook may be accessed via website at www.cc-christianeducation.org. If you prefer a hard copy, you may request one from the administrative office. I acknowledge that I have read and understand the handbook.

_____ I acknowledge that I have read and understand The Climbing Tree Good Health Policy.

_____ 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.

_____ Information Release: I hereby authorize The Christian Education Center to release our address and phone number for classroom purposes only.

_____ Photographic Permission: I authorize The Christian Education Center to photograph or videotape my child in school activities for classroom viewing, parent education events, local publicity or school websites.

_____ Water Activities: I authorize my child to participate in water activities such as sprinkler play and inflatable water slides.

_____ Special Events: I authorize my child to participate in special events at The Climbing Tree which include but not limited to petting zoo, Kona Ice, age appropriate movies, magic shows, and educational visits from approved age appropriate vendors.

_____ Food Items: I authorize The Climbing Tree to provide special food treats to my child throughout the school year. These items would be handed out in the classroom for birthdays, holiday parties and special events. Examples are: cupcakes, cookies, fruit, candies, cheese, crackers, juices, pretzels and chips.

_____ I will provide and authorize the application of sunscreen for my child.

_____ I will provide and authorize the application of bug repellent for my child.

_____ I will provide and authorize the application of topical ointment/lotion if needed.

Parent Signature

Date

Children's Education Center
Christ Church United Methodist

Background Authorization Form

Completion of this document authorizes The Children's Education Center of Christ Church United Methodist to process a State of Texas Background Check to provide access to the Watch Me Grow System/key fobs for your child's classroom. Please complete all fields. **Please print.**

Guardian 1

Last Name: _____ First Name: _____ Middle Name: _____

Sex: Male ___ Female ___ Social Security: _____ DOB: _____

Race: W, B, A, I, O Ethnicity: _____ (Hispanic/Non-Hispanic)

Place of Birth (State or Other Country): _____ Citizenship: _____

Driver's License: State: _____ Number: _____ Expiration Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Signature

Date

Guardian 2

Last Name: _____ First Name: _____ Middle Name: _____

Sex: Male ___ Female ___ Social Security: _____ DOB: _____

Race: W, B, A, I, O Ethnicity: _____ (Hispanic/Non-Hispanic)

Place of Birth (State or Other Country): _____ Citizenship: _____

Driver's License: State: _____ Number: _____ Expiration Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Signature

Date