REGISTRATION FOR SUMMER 2018

COASTLINE CHRISTIAN PRESCHOOL 2721 DELAWARE STREET

HUNTINGTON BEACH CA 92648 714 536-1740 LICENSE 300607148

[CCSOFFUMCHB@VERIZON.NET](mailto:CCSOFFUMCHB@VERIZON.NET)

Name of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Sex: Male\_\_\_\_\_\_\_\_\_\_Female\_\_\_\_\_\_\_\_\_\_

Potty Trained\_\_\_\_\_\_\_\_\_\_Not Potty Trained\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother’s Work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s Work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

My child will be attending the following program:

DAYS (choose one): HOURS (choose one):

Monday, Wednesday, Friday \_\_\_\_ 7:00 -12:00 \_\_\_\_\_\_\_

Tuesday, Thursday \_\_\_\_ 7:00 – 1:00 \_\_\_\_\_\_\_

Monday through Friday \_\_\_\_ 7:00 – 2:30 \_\_\_\_\_\_\_

Other Choice \_\_\_\_\_\_\_\_\_\_\_\_ 7:00 – 6:00 \_\_\_\_\_\_\_

\_\_\_\_\_\_\_Please initial here if your preschool child has a sibling enrolled in our program.

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Parents provides lunch or buys “pizza” lunch (available on Thursdays and Fridays)

Returning this form by the registration due date does not guarantee the days and hours you are requesting for your child. Classes are filled on a first come first serve basis.

Registration fees: currently enrolled $ 40.00 non-refundable. $75.00 Summer Only

**SUMMER Admission Agreement:**

My Child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Will attend the Coastline Christian School program:

Day: M T W Th F

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2721 Delaware St.

Huntington Beach, CA 92648

**Tuition:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Understand that the monthly tuition of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is due on the first of each month.

Upon enrollment, a non-refundable registration fee of $125.00 will be charged. Summer continuing $40.00. Summer only $75.00. Registration fees are NON-REFUNDABLE.

A non-refundable annual materials fee of $40.00 will be due upon enrollment.

A late fee of $35.00 will be charged if tuition is received after the 10th of the month and an additional $25.00 a week thereafter.

A service charge of $35.00 will be added to tuition charges for each returned check.

A late fee of $3.00 per minute will be added to your child’s tuition when he or she has not been picked up by the time the school closes. (6 PM)

*All fees and completed applications must be received to secure a spot for your child.*

Should the monthly tuition payments and other fees in this agreement not be paid as agreed herein, child care services may be terminated.

CCS reserves the right to modify any condition of this agreement with 30 days written notice of the parent or guardian.

* \_\_\_\_\_\_\_\_\_\_\_\_\_ **(initial)**

**Child Pick-up**

I understand that incidences of pick up beyond contracted hours may result in termination of services. If my child is not picked up within a reasonable amount of time and no effort has been made to contact CCS after one (1) hour, my child will be placed in the care of the Huntington Beach Police Department.

I understand that only the parents or other adult (18 years or older) designated on the student information card may transport my child to and from CCS and sign him or her in and out.

* \_\_\_\_\_\_\_\_\_\_\_\_\_**(initial)**

**Permission for Photography:**

On occasion, students will be photographed for the purpose of interpreting the school’s program and to record information regarding the development of children. The photography of students will require the permission of the parents. For these occasions we must have your permission.

\_ Photography for preschool and district publications, including the district website.

- Videotaping of regular activities.

* \_\_\_\_\_\_\_\_\_\_\_\_\_**(Initial)**

**Terminating Services:**

CCs requires written notice at least two weeks prior to your child’s last day of attendance. Failure to provide the advance notice will result in additional weekly tuition obligations for the notice period.

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Initial)**

**Authorizations:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize my child to use and/or staff to administer the following products at CCS. Please check off the authorized item(s).

CCS resting mat\_\_\_\_\_\_\_\_\_\_ Children’s lotion\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ Chap stick\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sunscreen Special form required\_\_\_\_\_\_

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Initial)**

**Department of Social Services’ Rights:**

I understand that the Department of Social Services, the licensing agency of CCS, has the authority to observe the physical condition, interview my child, and inspect my child’s records without prior consent.

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Initial)**

**Parent Handbook:**

I acknowledge receipt of the CCS preschool parent handbook containing policies and procedures, and I agree to abide by these policies and procedures while my child is enrolled in the program. In addition, I agree to abide by any new policies when I am given written notice of them.

CCS reserves the right to terminate services at any time if the handbook policies and admission agreement policies are not adhered to

\*All medication must be in original container with child’s name a prescription label. Parent must fill out IMP forms prior to any administration of medications. I.e. Albuterol, Epi-Pen

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

Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please initial the following: SUMMER CON’T

\_\_\_\_\_ I understand and accept that tuition will be 10 monthly payments in the amount of $\_\_\_\_\_\_\_ beginning on August 1 (for the school year) and ending the following May 1. I understand that all payments are due on the 1st of each month and $35.00 late fee will be charged after the 10th. A non-refundable registration fee of $125.00 is due with this completed form. Fall. Summer only $75.00. non-refundable registration fees \_\_\_\_\_\_\_\_ July and August\_\_\_\_\_\_\_\_\_\_\_ currently enrolled students $40.00 summer. non-refundable registration fee

\_\_\_\_\_ I understand and accept that tuition for “year round” will be 12 monthly payments, (the above plus) June/July. All monthly payments due on the first of each month.

\_\_\_\_\_ I understand and accept that (at least half of) September’s tuition is NON\_REFUNDABLE after August 1 If a 30 day written notice is not provided.

\_\_\_\_\_ I understand and accept that if I wish to withdraw my child from Coastline Christian School, I must notify the school office by giving 30 day written notice. (Books, fines, tuition, etc. must all be taken care of prior to withdraw.

\_\_\_\_\_ I hereby give consent for pictures or digital photos to be taken on the school premises or on field trips for my child.

\_\_\_\_\_ Does the child live with both birth parents? Circle one: Yes No If No, please explain\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ Are there any court orders in effect that Coastline Christian School needs to be aware of?

Circle One: Yes No. Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ I have received a copy of the Coastline School Handbook. I agree to read the handbook and to abide by its policies. I acknowledge that Coastline Christian School reserves the right to amend or change its policies and procedures throughout the school year without notice.

\_\_\_\_\_ State law requires that you sign your child in and out every day. Violations and fines can be up to $150.00 per signature. I understand that I must sign my child in and out Circle one: Yes No

Does your child have any allergies? Circle one: Yes No If yes, what kind? And what kind of reaction does he/she get? Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Does your child have any form of asthma? Circle one: Yes No. If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGISTRATION FOR FALL 2018-2019

COASTLINE CHRISTIAN PRESCHOOL 2721 DELAWARE STREET

HUNTINGTON BEACH CA 92648 714 536-1740 LICENSE 300607148

[CCSOFFUMCHB@VERIZON.NET](mailto:CCSOFFUMCHB@VERIZON.NET)

Name of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Sex: Male\_\_\_\_\_\_\_\_\_\_Female\_\_\_\_\_\_\_\_\_\_

Potty Trained\_\_\_\_\_\_\_\_\_\_Not Potty Trained\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother’s Work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s Work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

My child will be attending the following program:

DAYS (choose one): HOURS (choose one):

Monday, Wednesday, Friday \_\_\_\_ 7:00 -12:00 \_\_\_\_\_\_\_

Tuesday, Thursday \_\_\_\_ 7:00 – 1:00 \_\_\_\_\_\_\_

Monday through Friday \_\_\_\_ 7:00 – 2:30 \_\_\_\_\_\_\_

Other Choice \_\_\_\_\_\_\_\_\_\_\_\_ 7:00 – 6:00 \_\_\_\_\_\_\_

\_\_\_\_\_\_\_Please initial here if your preschool child has a sibling enrolled in our program.

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Parents provides lunch or buys pizza lunch (available on Thursdays and Fridays)

Returning this form by the registration due date does not guarantee the days and hours you are requesting for your child. Classes are filled on a first come first serve basis.

Registration fees: $125.00 NON-REFUNDABLE. $40.00 material fee.

Please initial the following: FALL

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Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coastline Christian School**

**Admission Agreement**

**2018-2019**

**FALL**

**Admission Agreement:**

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

Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_