

# REGISTRATION PACKET



**GOVERNMENT PROGRAMS** ACCEPTED FOR **TUITION ASSISTANCE:** 

\*CRYSTAL STAIRS







21209 CLARETTA AVE., HAWAIIAN GARDENS, CA 90716 562.355.9436 ckpconnect@gmail.com



# **REGISTRATION PACKET**

HOURS 7:00AM-6:00PM Monday - Friday

License #198004424

21209 Claretta Ave. Hawaiian Gardens, CA 90716 562.355.9436 - call or text available





#### REGISTRATION APPLICATION

A registration fee (non-refundable) of \$100 must accompany this application. This does not ensure final enrollment but provides information upon which a decision will be based. A physician's statement signed by a physician and all the required immunizations and health tests must be completed and current by date of admission.

#### **Please Print Clearly**

Child's Name:			Birth	Date:			
Address:			Hom	e #:			
Address:			Male	:			
Cell Phone:	Dad:			_ Mom:			
Work Phone:	Dad:			_ Mom:			
Email:	Dad:			_ Mom:			
Driver License:	Dad:			_ Mom:			
Anticipated Date of	Admission	:		-			
Enrollment							
Full Day: 7:00 a.m.					_ 3 Days	2	
Half Day: 7:00 a.m.					_3 Days	2	
Half Day: 12:00 p.m	6:00 p.r	n	_ 5 Days		_ 3 Days	2	Days
<u>Signature</u>							
Father:			Mother:				
Guardian:							
Registration Paid Da	ate:			Photo	ID required	d upon dismiss	sal.
Program						2025-202	6
School Year Registra	tion		August - N	Лау		\$100.00	
Summer Program Re	gistration		May - Aug	just		\$40.00	
Potty Training Assista	ance					\$15.00 per w	/eek
5 Full Time Days			7:00 a.m 6:00 p.m.			\$960.00 monthly or \$480.00 on the 1st & 15th	
3 Full Time Days			7:00 a.m 6:00 p.m.		\$840.00 monthly or \$420.00 on the 1st & 15th		

Program		2025-2026
2 Full Time Days	7:00 a.m 6:00 p.m.	\$800.00 monthly or \$400.00 on the 1st & 15th
5 Half Days	7:00 a.m 12:30 p.m. or 12:00 p.m 6:00 p.m.	\$760.00 monthly or \$380.00 on the 1st & 15th
3 Half Days	7:00 a.m 12:30 p.m. or 12:00 p.m 6:00 p.m.	\$680.00 monthly or \$340.00 on the 1st & 15th
2 Half Days	7:00 a.m 12:30 p.m. or 12:00 p.m 6:00 p.m.	\$640.00 monthly or \$320.00 on the 1st & 15th

Tuition is payable via check or money order. NO CASH will be accepted.

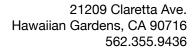
Monthly payments are due in full on the 1st of each month or for bi-monthly payments two half payments will be due on the 1st and the 15th of each month.

If tuition is not paid by the 1st of the month your child will not be able to attend class until tuition is paid.

Late fee of \$1.00/day will be charged until the payment is paid.

Late Pick-up Fee: \$5.00 / 5 min. for Full and Half Day students.

Non-Sufficient Fund Check Fee: \$25.00





# **CONTRACT AGREEMENT**

I hereby agree to cor regarding fees, atten Handbook issued by	dance, health, clothi	ing, and all c	other items sp	pecified in the	e CKP Parent
I hereby agree to pay the week, or a full we withdrawal, should s	eek. I also hereby ag	ree to notify	the school to	wo weeks in a	advance of
FULL DAY - ENROL	LMENT STATUS:				
Full Day	5 Days	_ 3 Days _	2 Days		
	Mon	Tue	Wed	Th	Fri
Hours my child will b	e attending: From _	a.m.	to	p.m.	
HALF DAY - ENROL	LMENT STATUS:				
Half Day	5 Days	3 Days	2 Days		
	Mon	Tue	Wed	Th	Fri
Hours my child will b	e attending:( <u>betwee</u>	n - 7:00 a.m	12:30 p.m	. <b>OR</b> 12:00	<u>p.m 6:00 p.m.</u> )
From a.m.	to p.m.	OR F	rom	p.m. to	p.m.
BILLING PLAN OPT	IONS:				
Monthly payments m If you choose to pay 1st and 15th of each	your monthly tuition			ney must be r	received by the
PAYMENT METHOD	OPTIONS:				
Check / Mone	y Order				
Zelle					
Tuition rates a	are subject to change	with 30-day	notice.		
SIGNATURE:					
Mother / Guardian: _				Date:	
Father / Guardian:				Date:	



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#### DISCIPLINE POLICY

"But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control."

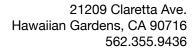
Galatians 5:22-23

For all of the children in our program, positive Christian behavior is encouraged and reinforced through role modeling, positive support, and verbal praise. Respectful actions and words are to be modeled by the staff at all times when speaking with a child for disciplinary purposes. When there is a need for a child to be redirected to a behavior that is acceptable, the following steps are used, combined with close observation, and in the context of the behavior.

- 1. The teacher will talk with the children involved in the situation to determine what happened.
- 2. The teacher will use positive reinforcement of acceptable behavior.
- 3. The child will be asked to leave the group if there is unacceptable behavior for time to reflect. (Child will remain under observation and supervision of the teacher). The amount of time will be based on the age of each child (i.e. 3 minutes for a three year-old, 5 minutes for a five year-old, etc.) with the goal to enable them to take a break from the situation and, if age-appropriate, evaluate his/her actions and come up with a solution.
- 4. With continued misbehavior, the Director will be informed.
- 5. Director will again use positive reinforcement and pray with the child.
- 6. Verbal and/or written communication between teacher and parent, and/or Director and parent (parent co-operation will be required for behavioral modification).
- 7. After three notices, if all the above fail to bring the expected level of acceptable behavior over a reasonable period (possibly up to three weeks) and if the school feels that the individual needs of the child are not being met, the parent will receive written notification to withdraw the child from the program.

I have read and agree with the policy on discipline, as defined by Covenant Kids Preschool.

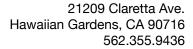
SIGNATURE:	
Parent:	Date:
Child's Name:	Birth Date:





# **FAMILY / SOCIAL HISTORY INFORMATION**

Please Print Clearly				
Child's Name:		Birth D	ate:	Age:
Name that your child would like to	o go by at p	oreschool		
Home Address:Street		City		Zip
List of Food Allergies or Food Res	trictions: _			
List of Health Issues:				
Language Spoken at Home: 1st La	anguage:	2	2nd Language:	
Child's Dominant Hand is: Righ	nt Hand	Left Ha	nd	Both
Child's Personality:				
My child needs help in: Toilet _		Un/Dressing _		Eating
Other List				
Do you have Any Special Concern				
Father's age:				
Occupation:		Occupation	n:	
Church Preference:		Church Preference:		
Marital Status: Married/Living Tog	ether:	Separated: _	Divorced:	Other:
List of Siblings: Brother(s): Sister(s):			Age(s) Age(s)	
Has your child had group play exp	eriences?	Yes Wh	nere	No
Has your child attended daycare of the seasons for transfer the reasons for transfer the seasons for the s	ansferring y	our child to Co	ovenant Kids	Preschool?
Date:				





# **PERMISSION AUTHORIZATIONS**

<b>ADMINISTER MEDICATION / MEDICAL</b>	CONSENT		
As a parent or guardian of			
ACTIVITIES OF SCHOOL GROUNDS			
<ul> <li>my child to participate in field trips under Preschool.</li> <li>I hearby consent to have my child participate away from the school ground to nearby</li> <li>I hearby authorize Covenant Kids Preschaccident or acute illness, and to arrange in case I am not immediately available.</li> </ul>	hool to call an emergency ambulance in case of an e for necessary, emergency medical and surgical care,		
<ul> <li>It is understood that a conscientious eff be taken.</li> </ul>	ort must be made to notify me before such action will		
I also agree to accept responsibility for the second	the cost of above medical services.		
Physician's Name:	Phone:		
Address:			
Mother:	Cell Phone:		
Employer:	Occupation:		
Address:	Work Phone:		
Father:	Cell Phone:		
Employer:	Occupation:		
Address:	Work Phone:		
PHOTO AND VIDEO RELEASE:			
daily activities at CKP, events, and field tri promotion and publications as well as sha Yes, I give permission for my child			
Mother's Signature:	Date:		
Father's Signature:	Date:		