

COVENANT KIDS

• PRESCHOOL •

REGISTRATION PACKET



GOVERNMENT PROGRAMS
ACCEPTED FOR
TUITION ASSISTANCE:

*CRYSTAL STAIRS

*CHILDREN'S HOME SOCIETY



21209 CLARETTA AVE., HAWAIIAN GARDENS, CA 90716
562.355.9436

ckpconnect@gmail.com



REGISTRATION PACKET

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

License #198004424

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





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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: _____ Home #: _____
Male: _____ Female: _____
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. - 6:00 p.m. _____ 5 Days _____ 3 Days _____ 2 Days
Half Day: 7:00 a.m. - 12:30 p.m. _____ 5 Days _____ 3 Days _____ 2 Days
Half Day: 12:00 p.m. - 6:00 p.m. _____ 5 Days _____ 3 Days _____ 2 Days

Signature

Father: _____ Mother: _____
Guardian: _____
Registration Paid Date: _____ Photo ID required upon dismissal.

Program		2025-2026
School Year Registration	August - May	\$100.00
Summer Program Registration	May - August	\$40.00
Potty Training Assistance		\$15.00 per week
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



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CONTRACT AGREEMENT

I hereby agree to comply with the rules and regulations of the Covenant Kids Preschool regarding fees, attendance, health, clothing, and all other items specified in the CKP Parent Handbook issued by the school..... (initial)

I hereby agree to pay for the entire week of tuition whether my child/ren is/are absent, part of the week, or a full week. I also hereby agree to notify the school two weeks in advance of withdrawal, should such event occur, or pay the difference..... (initial)

FULL DAY - ENROLLMENT STATUS:

____ Full Day ____ 5 Days ____ 3 Days ____ 2 Days
____ Mon ____ Tue ____ Wed ____ Th ____ Fri

Hours my child will be attending: From ____ a.m. to ____ p.m.

HALF DAY - ENROLLMENT STATUS:

____ Half Day ____ 5 Days ____ 3 Days ____ 2 Days
____ Mon ____ Tue ____ Wed ____ Th ____ Fri

Hours my child will be attending: (between - 7:00 a.m. - 12:30 p.m. **OR** 12:00 p.m. - 6:00 p.m.)

From ____ a.m. to ____ p.m. **OR** From ____ p.m. to ____ p.m.

BILLING PLAN OPTIONS:

Monthly payments must be received by the 1st of each month.
If you choose to pay your monthly tuition in two Half Payments, they must be received by the 1st and 15th of each month.

PAYMENT METHOD OPTIONS:

____ Check / Money Order

____ Zelle

Tuition rates are subject to change with 30-day notice.

SIGNATURE:

Mother / Guardian: _____ Date: _____

Father / Guardian: _____ Date: _____

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: _____



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FAMILY / SOCIAL HISTORY INFORMATION

Please Print Clearly

Child's Name: _____ **Birth Date:** _____ **Age:** _____

Name that your child would like to go by at preschool. _____

Home Address: _____
Street City Zip

List of Food Allergies or Food Restrictions: _____

List of Health Issues: _____

Language Spoken at Home: 1st Language: _____ 2nd Language: _____

Child's Dominant Hand is: Right Hand _____ Left Hand _____ Both _____

Child's Personality: _____

My child needs help in: Toilet _____ Un/Dressing _____ Eating _____

Other _____ List _____

Do you have Any Special Concerns Regarding Your Child?

Father's age: _____ **Mother's age:** _____

Occupation: _____ **Occupation:** _____

Church Preference: _____ **Church Preference:** _____

Marital Status: Married/Living Together: ____ Separated: ____ Divorced: ____ Other: ____

List of Siblings: Brother(s): Yes ____ No ____ Age(s) ____
Sister(s): Yes ____ No ____ Age(s) ____

Has your child had group play experiences? Yes ____ Where _____ No ____

Has your child attended daycare centers prior to registering at CKP? Yes ____ No ____

If yes, what are the reasons for transferring your child to Covenant Kids Preschool?

Date: _____

PERMISSION AUTHORIZATIONS

ADMINISTER MEDICATION / MEDICAL CONSENT

As a parent or guardian of _____, I authorize the staff of Covenant Kids Preschool to administer any medications that I indicate for my child. I authorize the staff of Covenant Kids Preschool to secure emergency medical care my child may require while under the supervision of the school. I also agree to pay all costs and fees that may be incurred for any emergency medical treatment that has been authorized by the school for my child.

ACTIVITIES OF SCHOOL GROUNDS

- As a parent or guardian of _____, I authorize and give permission for my child to participate in field trips under the proper supervision of the staff of Covenant Kids Preschool.
- I hereby consent to have my child participate in field trips supervised by the teaching staff away from the school ground to nearby points of interest.
- I hereby authorize Covenant Kids Preschool to call an emergency ambulance in case of an accident or acute illness, and to arrange for necessary, emergency medical and surgical care, in case I am not immediately available.
- It is understood that a conscientious effort must be made to notify me before such action will be taken.
- I also agree to accept responsibility for 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:

Please be advised that your child may be photographed or videotaped while participating in daily activities at CKP, events, and field trips. Photos and videos will be used for CKP promotion and publications as well as sharing with parents and preschool families.

_____ **Yes**, I give permission for my child to be photographed or videotaped.

_____ **No**, I do not give permission for my child to be photographed or videotaped.

Mother's Signature: _____ **Date:** _____

Father's Signature: _____ **Date:** _____