Children's Christian School

3050 S 3200 W West Valley UT 84119 Phone: 801-895-0778
Email: ccs@childrens-christian-school.org Website: www.childrens-christian-school.org/

Preschool Registration and Information 2025-2026

Nondiscrimination Policy

Children's Christian School admits students of any race, color, national, and ethnic origin, to all the rights, privileges, programs and activities generally accorded or made available to students at CCS. Children's Christian School does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policy, scholarship and loan programs, athletic and other administrated programs.

Name: (Student) _____ Age: _____ Date of Birth: _____

Home Address: _____

CIty: _____ Zip Code: _____ Home Phone: _____

Parent/Guardian:

Name: _____ Cell Phone: _____

Work #: _____ Email Address: _____

Name: _____. Cell Phone: _____

Work #: _____ Email Address: _____

Emergency Contact: _____ Relationship to child: _____

Home #: _____. Cell Phone: _____

Last Grade Completed: _____ Last School Attended: _____

Please check Desired Enrollment

Registration fees **$200**

Preschool 2 days

Tuesday & Thursday

- ☐ $1,800 Yearly half day. (8:30am-11:45am)
- ☐ $2,600 Yearly all day (8:30am-3:30pm)

Preschool 3 days

Monday, Wednesday, Friday

- ☐ $2,500 Yearly half day. (8:30am-11:45am)
- ☐ $3,300 Yearly all day (8:30am-3:30pm).
  Except only Friday 8:30am-12pm

Preschool 5 days (Recommended for preschooler who is going next school year to Kinder)

Monday-Friday.

- ☐ $3,200 Yearly Half day (8:30am-11:45am)
- ☐ $4,000 Yearly All day (8:30am-3:30pm) except only Friday 8:30am-12pm

NOTE: All registration fees are the responsibility of the Parent/Guardian and are non refundable

Children's Christian School

Visit/Pick up Form

Person's allowed to visit/pick up child from school:

Name:_____Relationship to child: _____

Home #: _____ Cell Phone: _____

Name:_____Relationship to child: _____

Home #: _____ Cell Phone: _____

Person's NOT ALLOWED to contact/visit/pick up child from school at ANY time:
(This remains Confidential)

Name:_____Relationship to child: _____

Vehicle Description: _____

Licence Plate # (If known): _____

Name:_____Relationship to child: _____

Vehicle Description: _____

Licence Plate # (If known): _____

Parent or guardian Read and Sign:

I, the undersigned Parent/Guardian, understand that continued enrollment of my child at Children's Christian School is contingent upon my full support of its teachers/staff, its policies and procedures. Children's Christian School reserves the right to remove from its roll's any student who fails to reflect the moral an academic standards set forth in the school's mission statement and philosophy.

_____

Signature of Parent/Guardian Date

Children's Christian School

Student medical Information

Child's Physician Name: _____

Address:_____ Phone #: _____

Date of most recent physician exam: _____
(State of Utah Unified Health Appraisal form must be completed and signed by physician. This applies to every student in CCS)

List any Medications Child is taking: _____.

To be taken at school: YES. NO (Circle one)
(If Yes, a copy of the prescription from the pharmacy must be at the school and the medication must be in the original container. CCS can not administer medication without them.)

Allergies: YES. NO. (circle one)

If yes Please list:_____

_____

Medical conditions:_____

_____

Special information regarding child's health or circumstances:_____

_____

Behavioral or Mental Health Issues: YES. NO. (Circle one)

If yes, Please explain:_____

_____

Service or individuals in child's care:

Name:_____ Agency: _____

Phone #: _____ Services provided:_____

Consent Form

In case of fever or injury when Tylenol, Advil, or Motrin can be given until you make contact with me or my emergency contact person, please

1. Always call me first before administering pain reliever	YES	NO	(circle one)
2. Administer pain reliever first	YES	NO	(circle one)

_____ _____

Signature of Parent/Guardian Date

Children's Christian School

I have enrolled my child (_____) in Children's Christian School and hereby agree to all of the following

1. I grant permission for my child to use all of the playground equipment on the premises of CCS and to participate in all activities of CCS.
2. I grant permission for my child to leave the premisses of CCS under the supervision of a staff member, for field trips and neighborhood walks.
3. I grant permission for my child to be included in evaluations and pictures connected with CCS programs.
4. I grant permission to staff members of CCS to take whatever steps, which, in their discretion, may be necessary to obtain emergency medical care for my child. Those steps may include, but are not limited to the following:
   A) attempting to contact a parent or guardian.
   B) attempting to contact child's physician.
   C) attempting to contact a person list on the CCS registration form which I have completed.
   D) contracting paramedics or an ambulance,
   E) transporting the child to an emergency room, hospital, or physician's office.
5. I agree to pay all expenses, which may be incurred in connection with the actions taken under paragraph 4.
6. I release CCS and its staff from any liability or claim, which may arise in connections with administering medications to the child.
7. I agree that CCS is not responsible for anything that may be happen as a result of false, inaccurate, or out-dated information regarding mu child, supplied at time of enrollment. I agree to provide CCS with up-dated information regarding my Child's physical and emotion condition, should that condition change or vary from the information I have supplied on the CCS medical information form at time of enrollment.
8. I agree that, If I have not provided names and photographs of persons who are not authorized to pick up my child from CCS, a staff member may relate my child to the care or custody of any person who present him/herself as having the authority to pick up my child from school.
9. I understand and agree that CCS is a separate entity from and is not part of MT CALVARY FAMILY WORSHIP CENTER. I hereby hold harmless and release MT CALVARY FAMILY WORSHIP CENTER and any of its officers or agents from any claim or liability, which may arise in connection with CCS.
10. I understand and assume the risk inherent in the school setting. I therefore agree that CCS is not liable for injury, accident , or illness which may occur to my child during the time he/she is on the premises of the school or in the care of a CCS staff member.
11. I understand that it is a requirement of CCS to volunteer some time at the school. Areas where help is needed include, but are not limited to: assisting with lunch and recess schedules, reading with students and helping with math, art, or music.

_____ _____

Signature of Parent /Guardian Date

_____

Print Name Clearly

_____ _____

Signature of Parent/Guardian Date

Children's Christian School

Media Release Form

I hereby give my consent to allow Children's Christian School (CCS) to use all photographs, audio recordings, and/or video recordings, referred to as "media" hereafter, taken of me or my minor child by CCS Staff and representatives. I understand that any such media becomes the property of CCS and may be used by the school for educational, instructional, or promotional purposes determined necessary by CCS in broadcast and media formats now existing or created in the future.

Please Check one of the options below:

_____ YES, I give my consent

_____ NO, I do not give my consent

_____ _____

Parent/Guardian Name Date

_____ _____

Student Name Grade

_____

Teacher Name