



community
CHRISTIAN PRESCHOOL

41762 Stetson Ave.
Hemet, CA 92544
(951) 929-2135
community.cc
License # 330908954

Tuition & Fees 2023-24

Registration: \$195.00

Includes a CCP T-shirt, Yearbook, all curriculum and material needed for the academic year.

Daycare Fees: \$5.00 per hour

Any attendance in addition to contracted hours is considered Daycare. You will be billed for that time.

Monthly Tuition Rates

(This is a yearly rate broken into 10 convenient payments)

Schedule	2 days	3 days	4 days	5 days
Preschool Only 8:00-11:30	\$200	\$295	\$365	\$405
Preschool Plus 8:00-3:00	\$265	\$365	\$460	\$545
Full Day 7:00-4:00	\$310	\$450	\$575	\$660

A 5% discount is available for full year tuition paid by August 15th. A 10% discount is also available for multiple children.

General Information:

Students must be at school no later than 8:30am. A morning and afternoon snack is provided.

Students provide their own lunches. If your child takes a nap, please bring a blanket with their name clearly marked on it (to be taken home at the end of each week).

Tuition Payments & Late Fees:

Tuition is due on the 1st of every month. Invoices will be emailed each month. You can make payments from the invoice emailed to you, or by downloading the CCC App. See the QR code below. A late fee of \$30.00 per student will be added after the 15th. Students may not be admitted to school until tuition and late fees are paid. Please contact the Director if other arrangements need to be made.

Returned Check Fees

There is a \$30.00 fee for all returned checks.



Community Christian Preschool

2023-24 Enrollment Requirements & Check List

Student's Information

Last Name: _____ First Name: _____

Nickname: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent's/Guardian's Name _____ Relationship to child _____

Home Phone _____ Cell _____ Work _____

Parent's/Guardian's Name _____ Relationship to child _____

Home Phone _____ Cell _____ Work _____

**As per Title 22, the items listed on this page
must be in your child's file before they can begin school:**

- _____ Fee Agreement
- _____ Enrollment Application
- _____ Emergency Contact Form (including names & phone #'s)
- _____ Parent's Rights
- _____ Personal Rights
- _____ Child's Health History
- _____ Consent to Treat
- _____ Physician's Report
- _____ Immunization Record
- _____ Original Official Birth Certificate

2023-24 Community Christian Preschool Fee Agreement

License No. 330908954

Student's Information

Last Name: _____

First Name: _____

Nickname: _____

Date of Birth: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Person Responsible for Account

1. Name _____

Relationship to child _____

Social Security # _____

Driver's License # _____

Street Address _____

City _____ State _____

Zip _____ Home Phone _____

Cell _____ Work _____

email _____

2. Name _____

Relationship to child _____

Social Security # _____

Driver's License # _____

Street Address _____

City _____ State _____

Zip _____ Home Phone _____

Cell _____ Work _____

email _____

Preschool Schedule, Tuition & Daycare Information

Preschool Start Date _____

Days of enrollment M _____ T _____ W _____ Th _____ F _____

Select One:

- ☐ Preschool Program: 8:00 am – 11:30 am
- ☐ Preschool Plus: 8:00 am – 3:00 pm
- ☐ Preschool Full Day: 7:00 am – 4:00 pm

Select One:

- ☐ Yearly Tuition Amount \$ _____
- ☐ 10 Monthly payments \$ _____

Late Fees: I understand that tuition is due by the 1st of each month and is late if not paid by the 15th. I understand a Late Fee of \$30.00, per student, will be applied after the 15th and I agree to pay it. Students may not be admitted to the school until tuition and late fees are paid.

I will bring my child at _____ and pick up my child at _____, which may require daycare provision.

Daycare Information

Daycare Rate: **\$5.00 per hour**

Other Fees

Registration & Material Fees \$195.00

Late Payment Fee (per student) \$ 30.00

Returned Check Fee \$ 30.00

Allergies: _____

Social/Emotional diagnosis or concerns: _____

1. Signature

41762 Stetson Ave.,

Date

Hemet, CA 92544

2. Signature

(951)929-2135

Date

community.cc

Community Christian Preschool Enrollment Application 2023-24

Student's Information

Last Name: _____ First Name: _____
Nickname: _____ Age _____ Gender M ___ F ___ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone _____ Social Security No. _____

Family Information

Name of Father or Guardian _____ Relationship to Child _____ Address _____ _____ Lives with child? Yes No Occupation _____ Employer _____ Education: High School _____ years College _____ years Marital Status: Married Widowed Single Divorced Have you personally received Jesus Christ as your Savior? Yes No Your Church _____ Member? Yes No	Name of Mother or Guardian _____ Relationship to Child _____ Address _____ _____ Lives with child? Yes No Occupation _____ Employer _____ Education: High School _____ years College _____ years Marital Status: Married Widowed Single Divorced Have you personally received Jesus Christ as your Savior? Yes No Your Church _____ Member? Yes No
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Church student attends _____ Attends regularly? Yes No

Would you be interested in learning more about the ministries of Community Christian Church? Yes No

Names and ages of siblings _____

Will you be able to settle accounts promptly? Yes No

Please explain why you wish your child to attend Community Christian Preschool _____

Will the student be living at home while attending CCP? Yes No

If not, with whom will the student be living?

Name _____ Phone _____ Relationship _____

Address _____

Medical History / Emergency Information: (Do not leave any blank spaces.)

List any allergies or unusual medical information _____

List any Social/Emotional Disorder diagnosis or concerns _____

Doctor _____ Address _____ Phone _____

Hospital Preference _____ Phone _____

Insurance Provider _____ Policy # _____

Emergency Contact _____ Relationship _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Please read the following statement carefully and sign below to indicate your agreement.

I hereby pledge that I will pay my financial obligations to Community Christian Preschool (CCP) on the date due. I understand that students whose accounts become delinquent may not be allowed at school until all accounts are current.

I authorize CCP personnel to seek medical treatment with the medical providers named above for my child in the event of an emergency. If no preference is listed, I give permission for my child to be treated by the Hemet Valley medical Center or the nearest emergency treatment center.

Occasionally CCP take photographs of the students while in the classroom, recess, or special events. I give consent to have my child's photograph published or displayed on our school website and other CCP venues.

Initial _____

I understand that the standard of CCP does not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.

I understand that falsification of information on this form could lead to the student's suspension or expulsion.

My signature indicates my agreement to CCP's electronic sign-in/sign-out procedures. I understand it is my responsibility to keep a current list of authorized persons on the Emergency Contact form, and to inform the school of any changes.

I hereby certify my consent and submission to all governing policies of the school, including disciplinary policies as outlined in the Handbook for Parents & Students. It is understood that the services of the school are engaged in mutual consent, and that either I or the school reserve the right to terminate any or all services at any time. Admission to Community Christian Preschool is a privilege, not a right.

Community Christian Preschool admits students of any race, color and national or ethnic origin.

Signature of Father

41762 Stetson Ave.,

Date

Hemet, CA 92544

Signature of Mother

(951)929-2135

Date

community.cc

Community Christian Preschool Emergency Contacts

Important: Please update the school immediately if any information changes.

Date Received: _____

1. Student Information

Update Received: _____

Name _____
Address _____
City _____ State _____ Zip _____ Gender M ___ F ___
Home Phone _____ Race _____
Preschool: **2023-24**
Birthdate _____

2. Parent / Guardian Information

Parents or guardians listed below have permission to pick up the child, unless otherwise indicated. Notify the school office immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the school office with a copy of the order.

1. Parent's/Guardian's Name _____ Relationship _____
Home Phone _____ Cell _____ Work _____
Work Place _____ E-mail _____
2. Parent's/Guardian's Name _____ Relationship _____
Home Phone _____ Cell _____ Work _____
Work Place _____ E-mail _____

3. Local Contact Information

Those designated below are authorized to pick up my child from school in an emergency.

1. Name _____ Relationship _____
Home Phone _____ Cell _____ Work _____
2. Name _____ Relationship _____
Home Phone _____ Cell _____ Work _____
3. Name _____ Relationship _____
Home Phone _____ Cell _____ Work _____

4. Out-of-Town Contact Information

Name _____ Relationship _____
Home Phone _____ Cell _____ Work _____

5. Medical / Physician Information

List students known allergies or medical conditions _____

Doctor _____ Phone _____
Hospital Preference _____ Insurance _____
Dentist _____ Phone _____

In a medical emergency, we hereby authorize the school to seek emergency medical assistance for our child if we cannot be reached.

Parent/Guardian Signature _____ Date _____

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

<input type="checkbox"/> Chicken Pox	DATES	<input type="checkbox"/> Diabetes	DATES	<input type="checkbox"/> Poliomyelitis	DATES
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)**

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from ____ : ____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to ____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:

Allergies: medicine:

Vision:

Insect stings:

Developmental:

Food:

Language/Speech:

Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- ___ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner