Connection Pointe
Christian Academy

Enrollment Application

Child's Information

Child's Name:	***Date to Begin Childcare:***
Home Address:	***Date of Birth:*** (**Provide a Copy of the Birth Certificate**)
City, State, Zip Code:	***Sex:*** _____ *Male* ___ *Female*
Child Resides with: __ *Both Parents* __ *Mother* __ *Father* __ *Other*	***Previous Daycare / School:***
I am enrolling my child in (check all that apply): ___ *Infant* ____ *Pre-Toddler* ____ *Toddler* ___ *2 yr Class* ___ *3 yr Class*	***Private Academy:*** ___ *PreK* ___ *Kindergarten* ___ *1st grade* ___ *2nd grade* __ *3rd grade* __ *4th grade* ___ *5th grade* ___ *6th grade* ___ *ASP* ___ *CAMP*

Parent(s)' Information

	Mother (or Custodian)	*Father (or Custodian)*
Full Name:		
Date of Birth:		
Relationship to Child*: (if custodian)*		
Home Address: ***(if different from child's)***		
Home Phone Number:		
Work Phone Number:		
Employer:		
Work Address:		
Email Address:		

Release Information

Name of person who will be picking up your child most days:
This child may be released ONLY to the following people: (ALWAYS call the center if anyone other than the person listed above will be picking up your child)

Name	Address	Daytime Phone Number

Emergency Contacts

In an emergency, if a parent cannot be reached, who should we contact

Name	Address	Daytime Phone Number

Medical Information

Name of child's physician: Phone Number:
Describe any allergies (drugs, insects, foods, etc.) or other physical or mental disorders, disabilities, etc. of which we should be aware. Describe any special care procedures we should provide:

Certification

I certify that all of the preceding information is true and correct:

Signature: _____ ***Date:*** _____

Vehicle Emergency Medical Form

Child's Name: _____ Date of Birth: _____

Address: _____
State Zip

Father's Name: _____ Mother's Name: _____

Father's Phone Numbers: _____/_____

Mother's Phone Numbers: _____/_____

List (1) alternate person if parents cannot be reached:

Name: _____Phone Numbers: _____

Child's Doctor: _____ Phone Number: _____

Medical facility the Center uses is ***Wellstar Cobb Hospital 3950 Austell Road, Austell GA 30106***

List child's allergies: _____

Current prescribed medications: _____

Special medical needs or conditions: _____

In the event of a medical emergency while transporting my child, I delegate to Connection Pointe Christian Academy the authorization to have my child treated by emergency medical staff if an immediate decision is needed and I cannot be reached. I further understand that I will be responsible for all medical expenses incurred during the treatment of my child.

_____ _____ _____

Parent Signature Date Director Signature

Authorization for Emergency Medical Treatment

If my child, _____, should become ill or injured at Connection Pointe Christian Academy, I understand that the facility will contact me immediately and/or contact the person(s) I have designated as alternate contacts.

Should Connection Pointe Christian Academy be unable to reach me and/or the persons I have designated, CPCA is authorized to contact my child's primary physician and/or arrange for immediate treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. Children in the care of Connection Pointe Christian Academy will be transported to **Wellstar Cobb Hospital on Austell Road.**

By signing this statement, I agree to all provisions of this form; I also agree to keep all telephone numbers and emergency contact information current with the CPCA; and I further agree to accept responsibility for payment of any medical services rendered in the event my child is transported to a medical facility and or seen by a doctor/physician.

_____ _____

Signature Date

_____

Relationship to Child

Medical Alert Information (i.e. Medicine allergies, handicap conditions, etc.)

Parental Agreements with Connection Pointe Christian Academy

1. The Connection Pointe Christian Academy agrees to provide day care for:

_____ on _____
(Child's Name) (Days of week)

From the hours of _____a.m. and _____p.m.

This agreement is from _____ until I give my two weeks' written notice to the center.
(Today's date)

2. My child will participate in the following meal plan: (circle all that apply)

Breakfast Lunch Afternoon Snack

3. I will provide written authorization prior to requesting any medication being dispensed to my child. This will include the date, my child's name, name of medication, prescription number (if any), dosage and the date and time the medication is to be given. Medicine will be in the original container with my child's name clearly marked. If medicine is over the counter, there must be a doctor's letter stating dosage, date and time medicine should be dispensed.

4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

5. The Center agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, and exposure to communicable diseases, which include my child.

6. The Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips or special activities occurring in water that is more than two (2) feet deep.

7. Parent agrees to escort their child in and out of the building each day and to sign in and out each day of attendance.

8. I agree that I will keep my tuition current at all times at risk of having my child released from the center. Tuition is due every Friday afternoon. Tuition received after this time is considered late & will be assessed a $45.00 late fee after Friday evening. If my account is over 1 week late, my child will be released from the center, and I will be assessed a $50.00 deposit plus one week's tuition.

9. In the event of a medical emergency or injury in which my child is seen by a doctor/physician, I agree to be responsible for any medical expenses incurred during his/her treatment.

10. Drop off time shall be no later than 9:30am.

11. I have read and agree to abide by these policies and procedures.

Signature (Parent/Guardian): _____ Date: _____

Director Signature: _____ Date: _____

Connection Pointe Christian Academy

'Where children are a blessing"
888 East West Connector SW ▪ Austell, GA 30106 ▪ 770-803-6475
Teresa Tomlin - Director

Payment Guidelines

- Payment is due every Friday for the following week. If payment is not received on Friday, a $45.00 late fee will be charged to your account. If payment has still not been received by Monday afternoon, your child will not be permitted to stay on Tuesday morning.

- **Payment Definition**: Payment is for **space reserved** in the classroom for your child. Payment is **not** for periods of attendance. Payment is still due at full rate even if your child is absent. You are responsible for giving two weeks' written notice to the front desk for enrollment cancelation. You will also be responsible for giving a two-weeks' written notice for use of your absent credit.

- **Students will be eligible for 1 absent credit after a 52-week enrollment period.**

  Example: There are 52 weeks in the year. After 52 payments, you will be eligible for one week of absent credit for illness or vacation. You will be awarded a ½ discount rate for that week. You may use this credit at your discretion for vacation or illness.

- Payment received after 6:00pm on Friday is considered late.

- All registration fees and matriculation fees are non-refundable.

- **Daycare Enrollment ONLY-** refunds of unused tuition will be given only if a written two weeks' notice of withdrawal has been given.

- A $45.00 fee will be charged for returned checks and if the account has 2 returned checks, we will only accept cash from that point forward.

- Any child not picked up by 6:00pm will be charged a late fee of $5.00 per minute. Children left at the center longer than thirty minutes will be placed in the care of the police department as a deserted child. Late pick-up payments must be paid in cash or check at time of pick-up.

By signing this statement, you are stating that you agree to the payment guideline terms and conditions and will abide by them.

_____ _____

Parent Signature Date Director Date

DOCTRINAL STATEMENT

We Believe:

- In the verbal inspiration of the Bible.
- In one God eternally existing in three persons: namely, the Father, Son, and Holy Spirit.
- That Jesus Christ is the only begotten Son of the Father, conceived of the Holy Spirit, and born of the Virgin Mary. That Jesus was crucified, buried, and raised from the dead. That He ascended to heaven and is today at the right hand of the Father as the Intercessor.
- That all have sinned and come short of the glory of God, and that repentance is commanded of God for all and necessary for forgiveness of sins.
- That justification, regeneration, and the new birth are wrought by faith in the blood of Jesus Christ.
- In sanctification subsequent to the new birth, through faith in the blood of Christ; through the Word; and by the Holy Spirit.
- Holiness to be God's standard of living for His people.
- In the baptism with the Holy Spirit subsequent to a clean heart.
- In speaking with other tongues as the Spirit gives utterance and that it is the initial evidence of the baptism of the Holy Spirit.
- In water baptism by immersion, and all who repent should be baptized in the name of the Father, and of the Son, and of the Holy Spirit.
- Divine healing is provided for all in the atonement.
- In the Lord's Supper and washing of the saints' feet.
- In the pre-millennial second coming of Jesus. First, to resurrect the righteous dead and to catch away the living saints to Him in the air. Second, to reign on the earth a thousand years.
- In the bodily resurrection; eternal life for the righteous; and eternal punishment for the wicked. In view of the above, Connection Pointe Christian Academy admits students of parents who manifest the desire to have their child educated both morally and intellectually in the light of the Bible with Jesus Christ as the center of all truth.

Father/Guardian Signature: _____ Date: _____
Mother/Guardian Signature: _____ Date: _____
Student Signature: _____ Date: _____

Connection Pointe
Christian Academy

888 East-West Connector S.W. ▪ Austell, GA 30106 ▪ 770-803-6475
Teresa Tomlin, Director

Immunization Records Request

We need a copy of your child's Immunization Form 3231 and Hearing & Vision Form 3300, which can be attained from his or her pediatrician. You may submit the forms to administration or have it faxed to:

Email: connectionpointeca@outlook.com

The Georgia Department of Human Resources rule 290-2-2-10 (b) 9 (i) states, "No child shall continue enrollment in a center for more than thirty (30) days without such evidence" of the immunization vaccine.

Help us remain in compliance with DHR rules and regulations by ensuring your child's records are current.

If you have any questions, please contact the front desk.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: □ Mastercard □ Visa □ Discover □ Other _____
Cardholder Name (as shown on card):
Cardholder Address: _____ Street _____ City State Zip
Card Number:
Expiration Date (MM/YY):
Security Code (CVV):
Zip Code (from credit card billing address):
Email Address (where receipt will be sent):
Phone Number:

I, _____, authorize Connection Pointe Christian Academy to charge my credit card (listed above) for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____ _____

Customer Signature Date