

2026-2027 SFLP & CFA Registration

Monday, February 2 - Current students & siblings

Tuesday, February 3 - Current students & siblings

Wednesday, February 4 - Christ Church members

Thursday, February 5 - Open to the public

9:15, The Big House

What to bring:

Completed registration packet, medical and immunization forms
(if not already in the program), non-refundable registration fee, May, 2027 tuition.

If new to Christ Schools, before leaving, you will sign up for Brightwheel -
our school communication and payment site.

Christ Schools
979-690-7714

NOTERBOOK

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NOTERBOOK

Christ Faith Academy

Christ Faith Schools

4203 State Hwy 6 S., College Station, TX 77845

979.690.7714, 979.690.6098 Fax

2026-2027 Enrollment Form

Child's Full Name _____ Nickname _____ M or F _____
Child's date of birth (mm/dd/yy) _____ / _____ / _____ Age as of 9-1-26 _____ years _____
Child's Home Address _____ City, state, zip _____
Mother's email _____ Father's email _____
Mother's Name _____ Father's Name _____
Mother's cell number _____ Father's cell number _____
Mother's work number _____ Father's work number _____
Mother's address _____ Father's address _____
Mother's city, state, zip _____ Father's city, state, zip _____
Place of employment _____ Place of employment _____
Is there a custody order on file with the State of Texas? Yes _____ No _____ Pending _____

Class Preference	Registration Fee	Monthly Tuition
Kindergarten	\$550	\$700
1 st	\$550	\$775
2 nd	\$550	\$775
3 rd	\$550	\$775
4 th	\$550	\$775
5 th	\$550	\$775

There will be a prorated tuition in August.

All classes meet from 8:30 am – 2:30 pm

Will your child attend SFLP/CFA in 2025-26? _____ If Yes, please list teacher's names _____

Are you a Christ Church member? Yes _____ or No _____ Do you have a child in SFLP? Yes _____ or No _____

I understand that the registration fee is **NON REFUNDABLE** and must be paid at the time of registration along with May 2027 tuition, in order to reserve a student's place in class. and accompany this form in order to reserve a student's place in a class. I acknowledge all information in this registration packet is correct.

Parent's Signature _____

Date _____

Christ Faith Academy

Child's Name _____

PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES AND RECEIVE EMERGENCY MEDICAL CARE

I hereby grant permission for my child to use all the playground equipment and participate in all of the activities of the school.

I hereby grant permission for my child to be included in pictures connected with the school program with some to be used in marketing. If no, please initial _____

I hereby grant permission for the Director, Director in charge, to take whatever steps may be necessary to obtain medical care if warranted. I understand that if I cannot be reached and EMS is called that my child will be taken to the nearest medical facility. I also give permission to contact my child's physician if I cannot be reached during a medical event.

I give permission for my child to be included in evaluations and assessments concerning curriculum.

I have read and will abide by the policies stated in the handbook and affirm that the registration form and medical information are correct to the best of my/our knowledge.

CFA has my permission to apply Neosporin and/or Cortaid to my child for cuts/scraps/bug bites. If no, please initial _____

Christ Church has a baptismal pool in front of the Sanctuary. To keep children safe. CFA will not allow children near the pool. I acknowledge that I have been informed of the safety risk and understand the responsibility I have to keep my child safe.

I/we hereby give permission for my child's participation in any and all of the activities during the school year. I understand that every precaution will be taken to ensure the safety and well-being of my child. I/we do assume all the risks and hazards incidental to the conduct of the activities, transportation to and from the activities; and I/we do further hereby release, absolve, indemnify and hold harmless Christ Church and the Christ Faith Schools, the organizer, sponsors and supervisors and/or all of them. In case of injury of my child, I hereby waive all claims against Christ Church, any segment of the Christ Faith School, the organizers, sponsors or any of the supervisors appointed by them.

Mother's Signature

Date

Father's Signature

Date

Food Allergy Action Plan

2026-2027

Child's Name _____ Teacher _____

Please list any food allergies your child has. A food allergy is a food that causes a reaction shortly after the food is eaten.

Please give a description of the reaction your child has when the above foods are eaten.

Does your child take medication; use an EpiPen or inhaler for any of the above reactions?

If yes, please explain.

For these foods to be recognized in the classroom as a food allergy, we must have a signed Food Allergy Action Plan from your child's doctor.

My child does not have any known food allergies.

Parent's signature _____ Date _____

IDENTIFICATION AND EMERGENCY INFORMATION

Name of child _____
Last _____ First _____ Middle _____
Address _____

Date of birth _____ Class _____ Home phone: _____

Mother or guardian (include maiden name) _____

Employment _____ Phone _____ Hours _____

Cell Phone _____

Father or guardian _____

Employment _____ Phone _____ Hours _____

Cell Phone _____

PERSONS TO BE CALLED IN CASE OF EMERGENCY

The following people have my permission to deliver or pick up my child from school in case of an emergency.

(Be sure to include someone who usually knows your whereabouts.)

1. Name _____ Relationship to child _____

Address _____ Phone _____

City, State, Zip _____

2. Name _____ Relationship to child _____

Address _____ Phone _____

City, State, Zip _____

3. Name _____ Relationship to child _____

Address _____ Phone _____

City, State, Zip _____

Child's Physician _____ Phone _____

Emergency Hospital Preference _____

Insurance Information _____
(include group number)

Parent's Social Security No. _____

In case of emergency, I give permission for the director/staff of SFLP to seek necessary medical attention for my child. (please sign)

MEDICAL STATEMENT TO BE COMPLETED BY PHYSICIAN

CHILD'S NAME _____
FIRST _____ LAST _____
BIRTHDATE _____
MONTH-DAY-YEAR _____

REQUIRED IMMUNIZATIONS:

DTP/DTaP, OPV/IPV, Hib, Hepatitis A, Hepatitis B, Varicella, MMR, PCV 13

*SEE THE RECOMMENDED IMMUNIZATION SCHEDULE INCLUDED

*ALL 4 YEAR OLDS AND OLDER MUST HAVE VISION AND HEARING SCREENINGS ANNUALLY.

HEARING	TEST DATE: _____	RESULTS: _____
VISION	TEST DATE: _____	RESULTS: _____

PHYSICIAN: _____
NAME _____ ADDRESS _____ PHONE _____

REQUIRED – STATEMENT OF PHYSICAL PARTICIPATION

CHILD'S NAME: _____ HAS BEEN
EXAMINED BY ME WITHIN THE PAST YEAR AND IS PHYSICALLY
ABLE TO PARTICIPATE IN SCHOOL FOR LITTLE PEOPLE PRE-
SCHOOL PROGRAM ACTIVITIES.

PHYSICIAN'S _____
SIGNATURE _____ DATE _____

THIS MEDICAL FORM IS REQUIRED BY THE STATE OF TEXAS
THROUGH THE DEPARTMENT OF PROTECTIVE AND REGULATORY
SERVICES. THE STATEMENT OF PHYSICAL PARTICIPATION MUST BE
SIGNED BY THE PHYSICIAN AND A COPY OF THE IMMUNIZATIONS
ATTACHED TO THIS FORM. OTHERWISE, IT WILL BE RETURNED TO
THE PARENTS, AND THE CHILD MAY BE REFUSED ENTRANCE UNTIL
COMPLETED BY THE CHILD'S PHYSICIAN.