



## 2026-2027 SFLP & CFA Registration

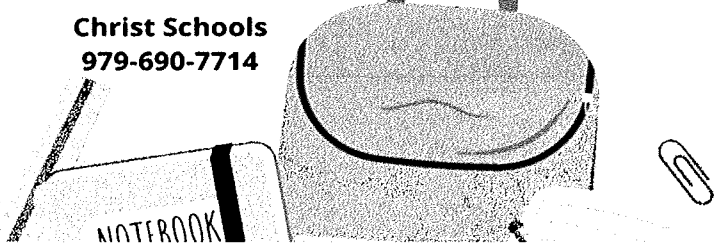
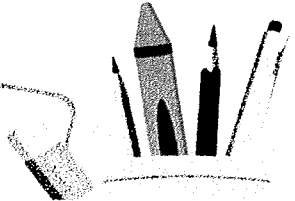
Monday, February 2 – Current students & siblings  
Tuesday, February 3 – Current students & siblings  
Wednesday, February 4 – Christ Church members  
Thursday, February 5 – Open to the public

### 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



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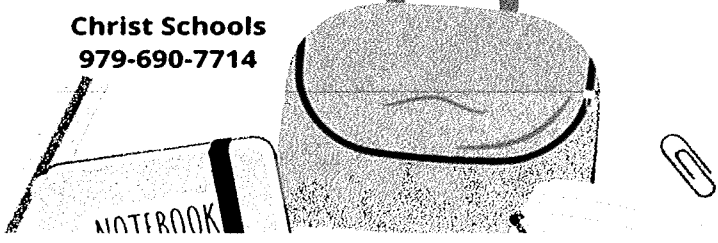
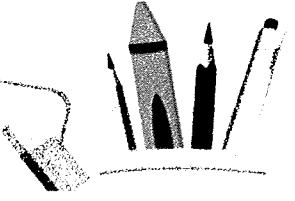
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## Christ Faith Academy

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 <sup>st</sup>	\$550	\$775
____ 2 <sup>nd</sup>	\$550	\$775
____ 3 <sup>rd</sup>	\$550	\$775
____ 4 <sup>th</sup>	\$550	\$775
____ 5 <sup>th</sup>	\$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

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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 m 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.

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

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

\_\_\_\_\_ If yes, please explain.

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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 \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle

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 \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
FIRST LAST 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.