

School for Little People

Christ Faith Schools, 4203 St. 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 ____ Months
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 Preferences

Registration Fee Monthly Tuition
NON-REFUNDABLE

Toddlers (18 months – 23 months as of Sept. 1, 2026)

_____ 2 day Monday/Wednesday	\$360	\$335
_____ 2 day Tuesday/Thursday	\$360	\$335
_____ 4 day Monday/Tuesday/Wednesday/Friday	\$400	\$630

2 Year Olds (24 months – 35 months as of Sept. 1, 2026)

_____ 2 day Tuesday/Thursday	\$360	\$335
_____ 3 day Tuesday/Wednesday/Thursday	\$380	\$470
_____ 4 day Monday/Tuesday/Wednesday/Thursday	\$400	\$630

Preschool 3's (36 months – 47 months as of Sept. 1, 2026)

_____ 3 day Tuesday/Wednesday/Thursday	\$380	\$450
_____ 4 day Monday/Tuesday/Wednesday/Thursday	\$400	\$590

Pre K (4 years old as of Sept. 1, 2026)

_____ 4 day Monday/Tuesday/Wednesday/Thursday	\$400	\$590
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Rise & Shine; 8:30 am – 9:00 am (For CFA siblings only)

_____ 2 days - \$50/mo	_____ 3 days - \$75/mo	_____ 4 days - \$100/mo	\$100
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*There will be a prorated tuition in August.

All classes meet from 9:00 am – 2:15 pm (Unless in CFA Rise and Shine that starts at 8:30)

Did your child attend SFLP 2025-26? _____ If Yes, please list teacher's name/s _____

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

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

Parent's Signature _____

Date _____

School for Little People

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 leave the school premises under the supervision of a staff member for field trips.

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 hereby give permission to contact my child's physician if I cannot be reached during a medical event.

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.

SFLP has my permission to use diaper ointment (such as Vaseline/Desitin/Butt Past or other over the counter products) on my child as needed. If no, please initial _____

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

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 Church 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 Church School, the organizers, sponsors or any of the supervisors appointed by them.

Mother's Signature

Date

Father's Signature

Date

Child's first and last name _____ DOB _____

Medical History

Has child had any lengthy illness? _____ If yes, please describe _____

Is child frequently ill? _____ Is epilepsy present? _____ Had or have convulsions? _____

Any known allergies? _____ Please list allergies: _____

Have an EpiPen? _____ **If yes, an action plan signed by your doctor, must be kept on file with the EpiPen!!!**

Asthmatic? _____ Have an inhaler? _____

Is your child currently on any ongoing medication? _____ For what? _____

Please list any other medical or emotional issues your child's teacher should be aware of:

Acknowledgment of Parent Handbook

In an effort to reduce our use of paper, you may access our Parent Handbook through the following link:

<http://www.christchurchcs.org>

1. Click on Ministries
2. Click on Kids
3. Click on School for Little People or Christ Faith Academy
4. Click on Parent Handbook

I have access to the parent handbook. If I would like a hard copy, I can ask the school office. This handbook also contains the school's discipline and guidance policy. By signing this receipt, I am stating that I understand that I can read the school's operating procedures and policies on the above-mentioned website and agree to follow the terms stated therein.

Parent'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 and 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)

Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
 - (A) staff training records; and
 - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
 - (A) video recordings of the alleged incident are available;
 - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
 - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature of Parent or Guardian

Date

Resources

Facility Information and Online Compliance History: <http://txcdkcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety-child-care/contact-child-care-regulation>

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.