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**Read “CNP Parent Handbook” with ALL school Policies**

Go to [Calvarynorth.com](http://Calvarynorth.com)

1. Hover mouse arrow over the word “school” at the top;

A drop down list will appear . . . click “preschool & kindergarten”

2. Click the box “Parent Handbook.” After reading ALL pages, sign and return the Parent Handbook Agreement Form included in this packet

If you need additional information or explanation about any of our school policies, please contact Cindy Joiner, director.

[cindy@calvarynorth.com](mailto:cindy@calvarynorth.com)

Work cell: 602-706-5643

Office: 602-992-6922, ext. 25

**Next steps . . . . . What happens now?**

**How will I know when my child can start preschool?**

- You will receive an email from the assistant director, Andrea Semintendi.
- At least one parent is required to attend orientation on Thursday, August 10
- If you registered after our orientation was held then you are required to:
  1. Read the Parent Orientation Cindy will email to you
  2. Take a quiz to acknowledge CNP policies  
The quiz must be taken by BOTH parents separately.  
Return the quizzes to [pre-admin@calvarynorth.com](mailto:pre-admin@calvarynorth.com)
  3. Your child may NOT begin school until these items are read and the quizzes for both parents are returned.
  4. A school calendar is included with this registration packet. PLEASE MAKE NOTE OF SCHOOL CLOSINGS and events you’d like to attend.

Child's Name:

## Parent Handbook Agreement

Please read and sign below. By signing this document, you are acknowledging that you are informed about all the information in this handbook:

I hereby affirm that I have read the parent handbook for Calvary North Preschool. I have shared these policies with my spouse/guardian/significant other caregiver. I will consent to follow the governing policies of this preschool.

Mom Initial \_\_\_\_\_ Dad Initial \_\_\_\_\_

I understand that this is a Christian preschool and that it is a ministry of Calvary Chapel North Phoenix (not a separate entity). I will therefore refrain from profanity, alcohol consumption, inappropriate clothing, use of tobacco products and discussions not appropriate for young children while on the premises and especially in the presence of my child(ren) or other children.

Dad Initial \_\_\_\_\_ Mom Initial \_\_\_\_\_

By enrolling my child, I realize that Biblical principles will be integrated into every aspect of his/her learning experience. If my beliefs or lifestyle choices are not in agreement with CCNP's doctrinal stance, it may cause conflict for my child(ren) in the inconsistent message he/she may receive at school compared to home.

Mom Initial \_\_\_\_\_ Dad Initial \_\_\_\_\_

I understand it is my responsibility to stay informed about my child's involvement at preschool. I will read ALL EMAILS, PAPER CORRESPONDENCE and/or follow the BRIGHTWHEEL app. Communication is provided in several ways (listed in the parent handbook). As an informed parent/guardian, my child's/family's experience will be much more enjoyable at Calvary North Preschool. In addition, I was given a calendar for the year when we enrolled to help me in scheduling.

Dad Initial \_\_\_\_\_ Mom Initial \_\_\_\_\_

Father's signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_

Other people who will be involved with my child's preschool: (grandparent, step-parent, etc..)

Child's Name:

Date completed:

## **Child Information Form**

The following information will help your child's teachers and director become more acquainted with your child as quickly as possible. This form is confidential and does not affect whether your child will be accepted into Calvary North Preschool. Any information given by you will not be shared with anyone except his/her teacher and the director.

I understand the purpose of this form:

1. \_\_\_\_\_

**Parent: please print name**

### **2. Family - people living with child (including parents):**

Name	Relationship to Child	Age
	Father	
	Mother	

3. **Has your child ever attended childcare?** \_\_\_\_\_ [ ] home care [ ] facility care

If so, where? \_\_\_\_\_

4. **Parents' marital status:** (circle one)

Married          Separated          Divorced          Single          Widowed

5. **Has your family moved recently?** Yes          No          Date: \_\_\_\_\_

6. **Has there been illness or recent loss in the family?** Yes          no

If so, please briefly describe: \_\_\_\_\_

7. **What does your child like best to do with his/her family?**

\_\_\_\_\_  
\_\_\_\_\_

8. **Any other information you'd like for us to know about family matters:**

## Physical Development & Medical Information

9. Does your child have physical limitations of any kind? \_\_\_\_\_  
\_\_\_\_\_

10. Does he/she speak or understand another language? \_\_\_\_\_

11. Is your child currently experiencing speech difficulties? If so, how?  
\_\_\_\_\_

12. Has he/she had a serious illness or operation of any kind? \_\_\_\_\_  
\_\_\_\_\_

13. Is your child prone to ear infections? \_\_\_\_\_ How often? \_\_\_\_\_

14. Does he/she have allergies? \_\_\_\_\_ What kind? \_\_\_\_\_

15. Is your child more prone to use the left or right hand? \_\_\_\_\_

16. Describe the birth of your child: (include how long carried, what type of birth)  
\_\_\_\_\_

17. Does your child have problems sleeping, eating or with elimination? Describe:  
\_\_\_\_\_

18. Are you concerned about developmental delays that you intend to have evaluated?  
\_\_\_\_\_

19. Potty habits: Check all that apply

My child is potty trained (has no accidents during the day, at nap or during the night)

My child wipes his/her own bottom after a bowel movement and/or urination

My child wears underwear, but a parent wipes him/her after potty time (both pee and poop)

He/she has potty accidents during naps and/or at night

My child only wears underwear even while sleeping and/or napping

My child wears diapers or pull-ups at all times

We have not begun the potty training process yet

My child will tell someone or go to the bathroom independently without reminders

## Habits & Fears

20. Habits? (such as thumb sucking, bedwetting, etc. ...) \_\_\_\_\_  
\_\_\_\_\_

21. Is there any behavior in your child that you would like for us to know about?  
\_\_\_\_\_

22. What types of situations make your child fearful? \_\_\_\_\_  
\_\_\_\_\_

23. What is the best way to comfort him/her when anxiety happens? \_\_\_\_\_  
\_\_\_\_\_

24. Circle appropriate levels for the following:

Follows directions	always	often	sometimes	never
"Pitches a fit"	always	often	sometimes	never
Cries (without being hurt)	always	often	sometimes	never
Physically violent	always	often	sometimes	never
Hyper-active	always	often	sometimes	never
Lethargic	always	often	sometimes	never
Stubborn	always	often	sometimes	never
Resist control/correction	always	often	sometimes	never
Bites or scratches when mad	always	often	sometimes	never

25. My child is put to bed at \_\_\_\_\_ (time, on average); He/she is asleep by \_\_\_\_\_ (time, on average). I wake my child at \_\_\_\_\_.

26. My child sleeps in his/her own room. If not, please explain:  
\_\_\_\_\_

27. My child can self-soothe to go to sleep \_\_\_\_\_ yes \_\_\_\_\_ no

28. He/she will not go to sleep unless we \_\_\_\_\_

29. How many hours of sleep do you think your child needs (including naps)?  
\_\_\_\_\_

30. What kind of toys or role play does your child most enjoy? \_\_\_\_\_

31. What causes your child to laugh most easily? \_\_\_\_\_

32. Are your child's activities more sedentary or active? \_\_\_\_\_

33. How much time (in minutes) does your child spend on an ipad, cell phone app or other electronic device **per day**? \_\_\_\_\_

34. Do you read to him/her? \_\_\_\_\_ How often? \_\_\_\_\_

35. Does your child dance and/or sing to music? \_\_\_\_\_

36. Would you say your child has trouble sharing? \_\_\_\_\_

If so, what does he/she do? \_\_\_\_\_

37. How much interaction does your child have with children 2 or more years older than him/her? \_\_\_\_\_

38. What type of discipline/guidance is used at home for unacceptable behavior?

Circle all that apply: verbal admonishment      loud voice      "time out"

Privileges taken away      toys/treasured items taken away      behavior chart

stickers/rewards      spanking      separation      withheld food and/or treat

other \_\_\_\_\_

39. Skills: on a scale of 1 - 10, rate each of the following: (1 = low skill - 10 = high skill)

Sounds out letters \_\_\_\_\_ Recognition of numbers \_\_\_\_\_

Recites names of letters \_\_\_\_\_ Counts in sequence to 20 \_\_\_\_\_

Draws basic shape of letters \_\_\_\_\_ Names shapes & colors \_\_\_\_\_

Listens without interrupting \_\_\_\_\_ Sits at the table to eat meals \_\_\_\_\_

Speaks in full sentences \_\_\_\_\_ Gets along with kids his/her age \_\_\_\_\_

40. When my child gets angry or frustrated, he/she will (circle all that apply even if it doesn't happen frequently): yell      stomp      cry      hit      bite

throw things      scratch      go "hide" somewhere      try to run away from adults



Child's Name:

### **Parent Information**

Why all the questions? Parents are one of our best resources for sharing experiences, expertise, and culture!

**Mother's Name** \_\_\_\_\_

Mother's employer \_\_\_\_\_

Job Title: \_\_\_\_\_

What do you do at work? \_\_\_\_\_

\_\_\_\_\_

**Father's Name** \_\_\_\_\_

Father's employer \_\_\_\_\_

Job Title: \_\_\_\_\_

What do you do at work? \_\_\_\_\_

\_\_\_\_\_

**Hobbies/Interests/Skills: circle all that apply for both/either parent(s)**

reading      crafting      painting      musical instrument \_\_\_\_\_

cycling              boating      fishing      racing      flying      hiking

cooking      dance      woodwork      gardening      pottery      knitting

archery      photography      video games      film making      climbing

jogging              body build      shopping      historical reenactment      sports

Other \_\_\_\_\_



Child's Name:

2023-24 Tuition Form

**Tuition is due from August – May in 10 equal monthly payments.**

**(three weeks are pro-rated out of the monthly payments)**

**There are no refunds, reimbursements or pro-rated rates if your child is out sick, for school calendar closings, family vacations or other reasons for absence.**

We do offer make-up days: see policies for make-up days in the Parent Handbook.

Name of person/people responsible for tuition \_\_\_\_\_

Relation to child \_\_\_\_\_ Paying: Full    half    partial tuition

I will pay my child's tuition through the Brightwheel app by:

**OPTION #1:** [   ] CREDIT/DEBIT CARD

Name on card \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Code \_\_\_\_\_  
Month / Year

Failed payments = \$25 fee

Two (2) late, failed or non-payments will result in automatic disenrollment.

\*\*\*\*\*

**OPTION #2:** [   ] BANK WITHDRAWAL (ACH)

Name on bank account \_\_\_\_\_

Bank routing number \_\_\_\_\_

Name of bank \_\_\_\_\_

Bank account number \_\_\_\_\_

Failed payments = \$25 fee

Two (2) late, failed or non-payments will result in automatic disenrollment.

Child's Name:

**VERY IMPORTANT about how tuition is paid: please sign after reading**

**Enter payment information on paper registration and in Brightwheel app**

I am supplying my credit/debit card or bank information for paying tuition here on the paper registration for my child's file, **but I understand that I also will need to enter the same tuition payment information into the Brightwheel app under "billing."**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**AUTO Payment**

I understand that I have the choice to set the app to "auto" which will pull my child's full tuition amount once per month from the credit/debit or bank account I have provided

or

I may choose **not to set the account to auto**, but then I will need to go into my child's billing in the Brightwheel app and manually make payments until the balance is 0 (zero) at the end of each month.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Note: if you have more than one child enrolled, EACH child will have an account that you will need to go into and pay.

I will be setting my tuition payments to (check what applies for your child's account):

\_\_\_\_\_ auto withdrawal      \_\_\_\_\_ I will make payments manually

Child's Name:

Date Completed:

**Permission Form**

Parent's Printed Name \_\_\_\_\_

**1. Photos:**

Permission to take photographs (check each item you approve of) to be used

\_\_\_\_\_ in the classroom \_\_\_\_\_ for art projects

\_\_\_\_\_ in brochures/advertisements for CNP \_\_\_\_\_ on the web site

\_\_\_\_\_ for slide shows to be shown at events

**2. Chapel: (initial blank line)**

\_\_\_\_\_ I am aware that my 3 year, 4 year and Kinder age child will attend chapel in the church worship center (building E) which means leaving the C building and walking with a teacher to chapel. Chapel is held on a rotating schedule Mondays – Fridays.

**3. Treats:**

Treats will not be given often, but may occasionally be used for positive reward. Please check your decision:

\_\_\_\_\_ I give permission for treats to be given to my child by teachers and/or the director

\_\_\_\_\_ I don't mind an occasional treat, but NEVER give my child the following foods \_\_\_\_\_.

\_\_\_\_\_ Do NOT give my child treats at any time.

Parent Signature \_\_\_\_\_

**There will be separate permission forms for field trips**

## 2023 – 24   Preschool & Kindergarten Registration Completion Check List

**Child's name** \_\_\_\_\_

I would like for my child to begin preschool \_\_\_\_\_ (date)

**IMPORTANT:**

All of the following items must be completed and returned to the office at least 48 hours prior to the first day a child attends.

If the items are returned on a Friday, a child cannot begin preschool until Wednesday of the following week or later. We will contact you via email with a confirmed start date.

Check each item you have completed or included:

	Preschool and Kindergarten Registration Form
	Child Information Form (4 pages)
	ADHS Emergency, Information and Immunization Form (2 pages)
	Parent and Family Information (2 pages)
	Preschool and Kindergarten Permission Form
	Tuition Payment forms (2 pages)
	Parent Handbook Agreement Form
	Immunization record or waiver for election of non-immunization
	Digital copy of photo IDs of parents sent to <a href="mailto:pre-admin@calvarynorth.com">pre-admin@calvarynorth.com</a> (take picture with your phone and email)
	Registration fee: \$175 per new student; \$100 per returning student  Payment by debit/credit card                      (NO CASH OR CHECK)
	If I am registering after orientation was held, I understand that I will be receiving a digital information packet and quiz. These must be read and answers returned to the director or assistant director by EACH parent to <a href="mailto:pre-admin@calvarynorth.com">pre-admin@calvarynorth.com</a>

# Calvary North Preschool and Kindergarten 2023-2024 School Calendar

\*Note: Tuition must be paid during school closings

<b>2023</b>		Day of the month	Closings & Events
August	Closed  Orientation  First week of school	1 - 11  Thursday, August 10  Mon, Aug 14 – Fri, Aug 18	No Kindergarten or preschool  2 year class: 5:30-6:00 3 year class: 6:15 – 6:45 4 year class: 7:00 – 7:30 Kindergarten: 7:40 – 8:00
September	*Closed	Monday, Sept. 4	Closed for Labor Day
October	*Closed  EVENT	Monday, 9  TBA	Columbus Day  Fall Fun Carnival
November	*Closed	Wednesday, 22 -Friday, 24	Thanksgiving
December	EVENT  *Closed	Monday, 18  Wed, Dec 20- Wed, Jan 3	Christmas Program: 6:00 p.m.  Christmas/New year
<b>2024</b>			
January	*Closed	Wednesday, Jan 3  Monday, January 15	Open after holidays  Martin Luther King Day

February	*Closed	Mon. 19	President's day
March	*Closed	11 - 15	Spring Break
	EVENT	Tue, 26	Easter Celebration – 6:00 p.m.
April	EVENT	Thur, 18	Field Day
	*Closed	Mon, 1	Monday after Easter
May	Last day	Fri, 24	End of School year

There are 41 weeks in the school year:

August 14, 2023 – May 24, 2024 = 10 equal payments monthly

[Actual calendar year August 1 – May 31 is 44 weeks, so your tuition is pro-rated 3 weeks and spread out evenly over 10 months.]