



Christian Faith Center Academy

101 South Peachtree Street
PO Box 510
Creedmoor, NC 27522
Office Phone (919) 528-1581, ext. 112
Fax: (919) 528-4380
Web Site Address: www.cfcacademy.com

After School Registration 2020-2021

Date _____ Grade _____ School Enrolled _____

Student Name _____
(Last) (First) (Middle)

Mailing Address _____
(STREET ADDRESS)

(CITY, STATE, ZIP CODE)

Age _____ Date of Birth _____

AFTER SCHOOL FEES

| DAYS | FEES |
|---------|----------------|
| 5 | \$30.00 Weekly |
| Per Day | \$8.00 Daily |

Parent/Guardian Information

Student Lives with: Both Parents Father Mother Guardian

(Mother's/Guardian's Name)

(Home Number)

(Employer)

(Work Number)

(Cell Phone Number)

(E-mail Address)

(Father's/Guardian's Name)

(Home Number)

(Employer)

(Work Number)

(Cell Phone Number)

(E-mail Address)

Emergency Information

Physical Handicaps/Allergies/Medical Conditions/Medications:

(IMPORTANT: Please list any conditions, major or minor. Example: Allergies, Medical Diagnosis or Contagious Diseases.)

List two responsible adults (other than parent) to contact if parent(s)/guardian(s) cannot be reached in case of an emergency. **(Must be 18 years old.)**

(Name)

(Phone Number)

(Name)

(Phone Number)

(Child's Physician)

(Phone Number)

LIABILITY

I agree to hold the school and its agents harmless from any liability regarding my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action for any reason be taken against Christian Faith Center Academy or any employee or agent thereof on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, damages, or other costs that Christian Faith Center Academy or its agent(s) may incur to defend itself against such action.

In case of emergency, illness or accident the child is given first-aid and the parents are notified. If the parents or the child's doctor cannot be located, the child will be taken to the nearest Emergency Room. Christian Faith Center Academy does not assume responsibility for the payment of hospital, doctor or ambulance fees.

I do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the state of North Carolina and hospital service that may be rendered to said minor under general, specific or special consent of an acting agent of Christian Faith Center Academy, the temporary Custodian of the minor, whether such diagnosis or treatment is rendered at the office of the physician, dentist or at a hospital licensed by the state of North Carolina.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but it is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/her/their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment.

I also understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. I realize that this arrangement is implemented to preserve the health of my child until such time when I/we can be present. I also acknowledge responsibility for all charges in connection with care and treatment given during this period.

By signing below, I hereby give permission for my child, _____ (Print child's name), to participate in activities and travel on Academy transportation on assigned field trips with Christian Faith Center Academy.

In addition, I further agree to hold harmless and indemnify Christian Faith Center Academy and their directors, employees and agents for any damages caused by the actions of my child, including any expenses incurred as a result of my child's actions. I understand the school provides only general supervision.

Signed: _____ Date _____
(Mother/Father or Guardian)

STUDENT RELEASE AUTHORIZATION

I/We request that my child be released from after school care to one of the persons listed below. I/We understand that the school will adhere and respond only to this written request and that any change to this request must be made in writing. Parents have the right to pick up their children unless a copy of a Court Order is on file in the school office indicating otherwise.

| NAME | RELATIONSHIP |
|-------------|---------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

***Note: It is the responsibility of the parent to make arrangements with the child's current school for drop-off to Christian Faith Center Academy.**

Outdoor Play Release Form

Nature walks, and other outdoor activities are an important part of our educational program. At times these activities may take place outside of the fenced in play area. The same responsible adult supervision will be provided for outdoor activities taken place on site outside the fenced in play area.

In compliance with CFC Academy Travel & Activity Authorization/Release Form by signing below, I will allow my child to participate in activities outside the fenced in play area which may include nature walks, water play, field days, etc.

Travel & Activity Authorization/Release

I, on behalf of myself and child, willfully and voluntarily consent to participate in activities/trips with Christian Faith Child Center Academy (hereinafter "CFCA"). I further release, forever discharge and agree to hold harmless CFCA, including its personnel, agents and representatives, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature, which may be incurred by me or my child while participating in any trip or activity associated with CFCA.

In addition, I further agree to hold harmless and indemnify CFCA, their directors, employees and agents for any liability sustained by my and/or my child's actions, including expenses incurred.

I further consent to the administration of first aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may arise during the respective trip or activity. In the event of necessity or such care or treatment as described above, the undersigned agrees to hold harmless and indemnify CFCA.

Parent/Guardian Name (Print)

Signature

Date

Child Name (Print)

Travel & Activity Authorization/Release Form

All parents who travel or attending field trips at any time throughout the year are required to sign the statement below.

I agree to hold Christian Faith Center Academy and its employees or agents harmless for any liability to myself and my child because of any claims on behalf of myself and my child against Christian Faith Center Academy or any agent thereof because of any injury or alleged injury to myself or to my child.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Christian Faith Center Academy

Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

| | |
|---|---|
| <p>WE DO:</p> <ul style="list-style-type: none"> • DO praise, reward, and encourage the children. • DO reason with and set limits for the children. • DO model appropriate behavior for the children. • DO modify the classroom environment to attempt to prevent problems before they occur. • DO listen to the children. • DO provide alternatives for inappropriate behavior to the children. • DO provide the children with natural and logical consequences of their behaviors. • DO treat the children as people and respect their needs, desires, and feelings. • DO ignore minor misbehaviors. • DO explain things to children on their levels. • DO use short supervised periods of “time-out” • DO stay consistent in our behavior management program. | <p>WE DO NOT:</p> <ul style="list-style-type: none"> • DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children. • DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children. • DO NOT shame or punish the children when bathroom accidents occur. • DO NOT deny food or rest as punishment. • DO NOT relate discipline to eating, resting, or sleeping. • DO NOT leave the children alone, unattended, or without supervision. • DO NOT place the children in locked rooms, closets, or boxes as punishment. • DO NOT allow discipline of children by children. • DO NOT criticize, make fun of, or otherwise belittle children’s parents, families, or ethnic group. |
|---|---|

I, the undersigned parent or guardian of _____
(CHILD FULL NAME)

do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

(PARENT SIGNATURE)

(DATE)