

The page is framed by a decorative border of handprints in various shades of gray and black, arranged in a rectangular pattern around the central text.

# ECA ELIZABETHTOWN CHRISTIAN ACADEMY

*Preschool and Childcare*  
**Registration Packet**

For more information, contact:  
Elizabethtown Christian Academy  
Preschool and Childcare  
Lori Corle, Director  
401 W. Poplar St.  
Elizabethtown, KY 42701  
(270) 737-5273  
[www.elizabethtownchristian.com](http://www.elizabethtownchristian.com)

# **Registration Information**

## *Elizabethtown Christian Academy Preschool and Childcare*

Date of Application: \_\_\_\_\_ Boy or Girl?: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Child's SS#: \_\_\_\_\_

Desired Class for Child: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Father's Workplace: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mother's Workplace: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Emergency Contacts:

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Emergency Contact #1: \_\_\_\_\_  
(Name) (Relationship) (Phone Number)

Emergency Contact #2: \_\_\_\_\_  
(Name) (Relationship) (Phone Number)

## Approved Transportation Providers:

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(Name) (Relationship) (Phone Number)

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(Name) (Relationship) (Phone Number)

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(Name) (Relationship) (Phone Number)

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(Name) (Relationship) (Phone Number)

# *Statement of Faith*

This is the Statement of Faith for Elizabethtown Christian Academy  
Preschool and Childcare, and K - 6.

### **Elizabethtown Christian Academy Preschool and Childcare Mission Statement**

At Elizabethtown Christian Academy Preschool and Childcare, we believe that children are a gift from God. We will apply basic biblical principles to meet the spiritual, academic, social, physical and emotional needs of children between the ages of six weeks to five years. Our team will develop and implement curriculum to meet the needs of each child, promoting self-confidence and individuality, and help lay the building blocks they will need to support their future learning.

### **ECA Mission Statement**

The mission of Elizabethtown Christian Academy is to provide a Christ-centered environment where students are challenged to achieve academic and spiritual excellence. The Academy is committed to integrating Biblical values and academics into the lives of its students.

### **Theme Scripture**

Train up a child in the way he should go, and when he is old, he will not depart from it.  
Proverbs 22:6.

## **Statement of Faith (Continued)**

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1. We believe the Bible to be the inspired, the only infallible, authoritative inerrant Word of God. (II Timothy 3:15, II Peter 1:12)
2. We believe there is one God, eternally existent in three persons - Father, Son and Holy Spirit. (Genesis 1:1, Matthew 28:18, John 10:30)
3. We believe in the deity of Christ. (John 10:33)  
His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35)  
His sinless life (Hebrews 4:15, Hebrews 7:26)  
His miracles (John 2:11)  
His vicarious and atoning death (I Corinthians 15:3, Ephesians 1:7, Hebrews 2:9)  
His resurrection (John 11:25, I Corinthians 15:4)  
His Ascension to the right hand of the Father (Mark 16:9)  
And His personal return in power and glory (Acts 1:11, Revelation 1:11)
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone are we saved. (John 3:16 - 19, John 5:24, Romans 3:23, Romans 5:8 - 9, Ephesians 2:8 - 10, Titus 3:5)
5. We believe in the resurrection of both the saved and the lost; they that are saved in the resurrection of life, they that are lost unto the resurrection of damnation. (John 5 28 - 29)
6. We believe in the spiritual unity of believers in our Lord Jesus Christ. (Romans 8:9, I Corinthians 12:12 - 13, Galatians 3:26 - 28)
7. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a Godly life. (Romans 8:13 - 14, I Corinthians 3:16, I Corinthians 6:19 - 20, Ephesians 4:30, Ephesians 5:18)

## **Statement of Faith Agreement**

I have read and understand the Statement of Faith and Mission Statements of Elizabethtown Christian Academy, and I agree that my child may be taught these ideas. I also agree to support the religious training my child receives at ECA Preschool and Childcare, as long as it adheres to the above mentioned statements.

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(Signature of Parent or Guardian)

(Date)

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(Signature of Parent or Guardian)

(Date)

# Medical Information

Child's Full Name: \_\_\_\_\_

Child's Pediatrician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your child have any serious medical conditions?: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any allergies?: \_\_\_\_\_

If yes, please list allergies:

Food Allergies: \_\_\_\_\_

Environmental Allergies: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Does your child get sick frequently?: \_\_\_\_\_ Please check

which illnesses your child frequently gets. \_\_\_\_\_ Earaches and ear infections

\_\_\_\_\_ Stomachaches or vomiting \_\_\_\_\_ Diarrhea \_\_\_\_\_ Fevers \_\_\_\_\_ Tonsillitis

\_\_\_\_\_ Asthma or breathing problems \_\_\_\_\_ Other \_\_\_\_\_

Has your child had any serious accidents?: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are your child's immunizations up to date?: \_\_\_\_\_

Has your child received the chicken pox immunization?: \_\_\_\_\_

*Parents/guardians must provide ECA Preschool and Childcare with a current, **Kentucky Immunization Certificate for Day Care** prior to the child's first day of school. We are required to have this certificate in your child's records by the state day care regulations. You may obtain one from wherever you get your child's immunization shots.*

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# Permission Forms

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## Emergency Medical Release

I, as parent or legal guardian, give permission for the staff of ECA Preschool and Childcare to obtain emergency medical care for my child in the case of a medical emergency. I understand that 911 will be called by the staff of ECA Preschool and Childcare in such an emergency.

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Parent or Guardian's Signature)

\_\_\_\_\_  
(Date)

## Permission to Photograph

I agree to allow my child to be audio recorded, video taped, or photographed by the staff at ECA Preschool and Childcare.

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Parent or Guardian's Signature)

\_\_\_\_\_  
(Date)

## Permission to Publish Photographs

I authorize the release of audio recordings, video tapes, or photographs to be used on local cable channels, for public showings, for the childcare website, or for publications, at the discretion of the staff at ECA Preschool and Childcare.

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Parent or Guardian's Signature)

\_\_\_\_\_  
(Date)

## Toilet Training

I hereby give my permission for the staff at ECA Preschool and Childcare to assist in the toilet training of my child.

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Parent or Guardian's Signature)

\_\_\_\_\_  
(Date)

# Child and Family Information

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We want to make your child's experience at ECA Preschool and Childcare the best possible. Please give us any information that will help us know your child and his/her needs.

What does your child like to do?: \_\_\_\_\_

\_\_\_\_\_

What are your child's least favorite things to do?: \_\_\_\_\_

\_\_\_\_\_

What does your child do well? (What are your child's strengths?): \_\_\_\_\_

\_\_\_\_\_

What does your child need help with? (What are your child's weaknesses?): \_\_\_\_\_

\_\_\_\_\_

Tell us about your child's personality: \_\_\_\_\_

\_\_\_\_\_

What makes your child upset?: \_\_\_\_\_

\_\_\_\_\_

How does your child handle it when you correct or discipline him/her?: \_\_\_\_\_

\_\_\_\_\_

How does your child get along with other children?: \_\_\_\_\_

\_\_\_\_\_

Is your child left or right handed? \_\_\_\_\_

What word does your child use for urination? \_\_\_\_\_

What word does your child use for a bowel movement? \_\_\_\_\_

# Child and Family Information

Who lives with you and your child?:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Age)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Age)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Age)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Age)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Age)

\_\_\_\_\_  
(Relationship)

Are there any adverse situations going on that would influence your child?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you want your child to receive from his/her experience at ECA?:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you want us to know?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How can we pray for your child and your family?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ENROLLMENT FORM**  
**CHILD AND ADULT CARE FOOD PROGRAM**

Name of Participant(s)	Date of Birth

Dear Parents,

This child care center participates in the Child and Adult Care Food Program (CACFP). This program assists the center in providing nutritious meals to your child. Under the CACFP regulations, the center may NOT charge you a separate fee for meals that are claimed for reimbursement.

In an effort to improve our program, we periodically conduct household contacts, where we ask parents to provide input and to verify attendance of their children at this day care center. If you have any questions regarding the completion of this form, please contact \_\_\_\_\_ (sponsor name) at \_\_\_\_\_ (phone number). **Please fill in ALL of the following information:**

Name of Parent/Guardian		
Home Address:		
Home #:	Cell #:	Work #:

Is the participant in full time attendance?       Yes       No

What are the days the participant is normally in care?  
 Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

What are the hours the participant regularly spends at the center? \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
 (example—7:30 am. to 4:00 pm.)

What meals is the participant served while at the center?  
 Breakfast    AM Snack    Lunch    PM Snack    Supper    Late Night Snack

Do you supply any food to the center for the participant's meals due to medical or religious reasons? If Yes, please list foods supplied. \_\_\_\_\_

**\*The CACFP enrollment form is based on the federal fiscal year that begins October 1. The date of enrollment should be 10/1/11 if the participant attends before or by October 1, 2011. After October 1, 2011, list the participant's actual first date of attendance.**

\_\_\_\_\_  
 Parent/Guardian and/or Client Signature Date

\_\_\_\_\_  
 Determining Official Signature Date Participant's Date of Enrollment

If you have any questions about the CACFP and its administration, you may contact Denise Hagan, Division Director, at 502/564-5625 or at the following address: School and Community Nutrition, Kentucky Department of Education, 500 Mero Street, 23<sup>rd</sup> Floor Capital Plaza Tower, Frankfort, KY 40601.

**Note: All other CACFP Enrollment Forms are Obsolete**

# KY Child and Adult Care Food Program Income Application

**2011-2012 Child Care Centers**

Complete this form in order for this center to qualify for reimbursement for meals served to your child(ren).

<b>1. CHILD INFORMATION</b> (print)	<b>2. PROGRAM BENEFITS</b>			If Foster Child or Kinship Care check here and give child's income.
Name of Child	Birthdate	SNAP#	K-TAP#	
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**3. HOUSEHOLD MEMBERS AND MONTHLY INCOME:** If you gave a SNAP or K-TAP case number, go to Part 4.

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income from Pensions Retirement Social Security	Any Other MONTHLY Income
LAST                  FIRST				
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____

**4. SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X \_\_\_\_\_  
Signature of Adult Household Member

X \_\_\_\_\_  
Last four digits Social Security Number\*

X \_\_\_\_\_  
Date

Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_ Printed Name \_\_\_\_\_

Street/Apt.No. \_\_\_\_\_ City/State/Zip \_\_\_\_\_

5. Participant's ethnic and racial identities (optional) Mark one ethnic identity: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino  
Mark one or more racial identities: \_\_\_\_\_ Asian \_\_\_\_\_ White \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

6. **OTHER BENEFITS:** Health Insurance: Please check "Yes" \_\_\_\_\_ if you agree to have information from this form released to KY, Children's Health Insurance Program (KCHIP) officials for use in the determination of your child's eligibility for KCHIP.

I certify that I am the parent/guardian of the child for whom application is made. \_\_\_\_\_  
Signature of Parent/Guardian Date