



**ECA** ELIZABETHTOWN  
CHRISTIAN  
ACADEMY

Heavenly Hands Preschool and Childcare  
Registration Packet



Heavenly Hands

ECA

For more information, contact:  
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# Registration Information

## Heavenly Hands Preschool and Childcare

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

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

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

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

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

## Emergency Contacts:

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

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

## Approved Transportation Providers:

\_\_\_\_\_  
(Name) (Relationship) (Phone Number)

\_\_\_\_\_  
(Name) (Relationship) (Phone Number)

\_\_\_\_\_  
(Name) (Relationship) (Phone Number)

\_\_\_\_\_  
(Name) (Relationship) (Phone Number)

# *Statement of Faith*

Heavenly Hands Preschool and Childcare is a part of Elizabethtown Christian Academy. As such, it adheres to the Mission Statement and Statement of Faith of ECA.

### **Heavenly Hands Mission Statement**

At Heavenly Hands 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)**

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 Heavenly Hands Preschool and Childcare, and I agree that my child may be taught these ideas. I also agree to support the religious training my child receives at Heavenly Hands, 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 Heavenly Hands 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.*

# Permission Forms

## Emergency Medical Release

I, as parent or legal guardian, give permission for the staff of Heavenly Hands Pre-school 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 Heavenly Hands 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 Heavenly Hands 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 Heavenly Hands Preschool and Childcare.

\_\_\_\_\_

(Child's Name)

\_\_\_\_\_

(Parent or Guardian's Signature)

\_\_\_\_\_

(Date)

## Toilet Training

I hereby give my permission for the staff at Heavenly Hands Preschool and Child-care to assist in the toilet training of my child.

\_\_\_\_\_

(Child's Name)

\_\_\_\_\_

(Parent or Guardian's Signature)

\_\_\_\_\_

(Date)

# Child and Family Information

We want to make your child's experience at Heavenly Hands 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 Heavenly Hands?:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_