



CHRIST FOR THE NATIONS Preschool

Enrollment Form

Father's Name _____ ID# _____
(Last) (First)

Mother's Name _____ ID# _____
(Last) (First)

Home Address _____

Complex (if you reside on campus) _____ Home Phone# _____

Father's Cell Phone# _____ Mother's Cell Phone# _____

Father's Email _____ Mother's Email _____

Language(s) spoken in your home _____

**We provide snacks and occasional treats for the children. We also go outside on a regular basis. Please list any allergies your child(ren) have (food or otherwise) in the space provided. Also list any medical treatment required if they should encounter any allergies. Be as specific as possible.*

.....
Child's Name _____ Birth date _____
(Last) (First) (Month) (Day) (Year)

Allergies _____

Special Needs (Physical or other) _____
.....

Child's Name _____ Birth date _____
(Last) (First) (Month) (Day) (Year)

Allergies _____

Special Needs (Physical or other) _____
.....

Child's Name _____ Birth date _____
(Last) (First) (Month) (Day) (Year)

Allergies _____

Special Needs (Physical or other) _____
.....

Do you have any prayer requests for your child(ren) this semester? _____

Is there anything else we should know about your child(ren)? _____

Parent Class/Work Schedule

**You are responsible to let your child's teacher know if there are any changes to the following information. We need to know where you are at all times so we may contact you in case of emergency.*

Father:

Monday/Wednesday/Friday:

Period	Class	Lecturer	Location
1 st			
2 nd			
3 rd			

Tuesday/Thursday:

Period	Class	Lecturer	Location
1 st			
2 nd			
3 rd			

Student Ministry _____ Location: _____

If not a student:

Business Name	
Business Phone	
Work Schedule	
Supervisor	

_____ I do not work outside the home

.....

Mother:

Monday/Wednesday/Friday:

Period	Class	Lecturer	Location
1 st			
2 nd			
3 rd			

Tuesday/Thursday:

Period	Class	Lecturer	Location
1 st			
2 nd			
3 rd			

Student Ministry _____ Location: _____

If not a student:

Business Name	
Business Phone	
Work Schedule	
Supervisor	

_____ I do not work outside the home



CHRIST FOR THE NATIONS
Preschool

Parent Commitment Form

Every teacher in the Preschool has been prayerfully handpicked, and has shown a strong commitment to the Lord and to the Children's Ministry. We want your children to receive the very best care while under our supervision. In order to have peace and order, we must have boundaries and rules that are enforced. In the preschool, children are surrounded with love, praise and personal instruction. If a child does not respond to verbal correction, a short period of separation in the 'Time-Out Chair' will be tried. If this measure does not work or it seems appropriate to the teacher, we will call the parent to discipline their child.

AGREEMENT

Please initial each line.

_____ I/we have completely read the rules, policies and procedures explained in the CFN Preschool Handbook.

_____ I/we agree to abide by and support the preschool staff in enforcing the CFN Preschool rules, policies and procedures.

_____ I/we will encourage our child(ren) to respectfully obey the rules of the preschool.

_____ I/we will support the teachers and come to discipline our child(ren) if requested.

I/we have completely filled out and returned the following forms:

- _____ Enrollment
- _____ Parent's Class/Work Schedule
- _____ Parent's Commitment
- _____ Minor Release

_____ I/we will turn in the required supplies by the required date.

_____ Immunization records are up to date.

Signature of Father

Signature of Mother

Date

Date

STATE OF TEXAS
COUNTY OF DALLAS

Christ for the Nations, Inc.
Children's and Family Ministries
MINOR RELEASE FORM

I, _____ hereby affirm and agree that I am the parent or legal guardian of the child/ren named below ("Minor"); that I am legally competent to sign this agreement and release; that I have fully informed myself of this agreement by reading it before signing; and that I have fully informed myself of the details and risks of the Activity prior to signing this release.

In consideration of Christ for the Nations, Inc. enrolling the minor/s named herein in Christ for the Nations, Inc. Preschool and/or Children's Church and/or Breakthrough 567 and/or BreakOut and/or Children's Recreational Activities and Field Trips, and/or Conferences, including, but not restricted to, swimming, picnics, games, sports, etc., the undersigned persons voluntarily and knowingly execute this Release with the express intention of effecting a full and complete Release and discharge as herein set out.

The undersigned persons, with the intentions of binding themselves, their spouses, and their heirs, legal representatives, and assigns, expressly release and discharge Christ For The Nations, Inc and Christ For The Nations Institute, its agents and employees from all claims, demands, action, judgments, and executions that they may have had, have now, and may have, or that anyone claiming through or under they may have or claim to have against Christ for the Nations, Inc., CFNI it's agents and employees created by or arising out of their child's contact either directly or indirectly, with real or personal property of Christ for the Nations, Inc. This release includes all risks and liabilities connected with the activity, whether foreseen or unforeseen.

In the event that Minor (s) is injured during the Activity, and I am unable to provide consent to his or her medical treatment, I authorize Christ For the Nations Inc. to consent on my behalf to the performance of any and all medical treatment judged necessary by the ministry, until I am able to provide consent or until someone legally able to speak on the Minor's behalf is made available. I agree, individually and on behalf of Minor, to release, indemnify, and hold Christ for the Nations, Inc. harmless from any liability which may be assessed against Christ for the Nations, Inc. as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment.

CFNI Children's Ministries will take photographs and/or video to use for promotional purposes. If you have reason to not have your child appear in such promotions, please attach a letter of request to this form.

PLEASE COMPLETE BOTH SIDES OF THE FORM

Minor's Name

Minor's Name

Minor's Name

Minor's Name

Minor's Name

Minor's Name

Parent Name

Date

Witness

Date

PLEASE COMPLETE BOTH SIDES OF THE FORM