

# CALVARY CHRISTIAN EARLY CHILDHOOD CENTER



1815 N. 7<sup>th</sup> St Harlingen, Texas 78550  
(956) 425-1425 (956) 412-0324 fax  
www.ccsharlingen.org

**Student's Name** \_\_\_\_\_

**Class Entering** \_\_\_\_\_ **School Year** 2026-2027

## INFANT- PRE-K 4

\_\_\_\_ **Student's Information & Registration Fee (MUST ACCOMPANY REGISTRATION FORMS) \$275.00**  
(\$50 Discount thru March 15<sup>th</sup>)

\_\_\_\_ **Copy of Parent's Current Driver's License**

\_\_\_\_ **ECC Health Statement**

\_\_\_\_ **Birth Certificate (New Students Only)**

\_\_\_\_ **Discipline & Guidance Policy**

\_\_\_\_ **Immunization Records**

\_\_\_\_ **ECC Website Release**

\_\_\_\_ **Student Handbook Acknowledgement**

\_\_\_\_ **DFPS Admission Information (pgs. 1&2)**

\_\_\_\_ **ECC Allergy Information**

\_\_\_\_ **DFPS Health Care Professionals  
Statement (NEW students only)**  
Must be signed by a physician (pg. 3)

\_\_\_\_ **Authorization and Consent /Child Release**

\_\_\_\_ **DFPS Health Requirements (pgs. 4-6)**

**Students will be registered in the following order:**

- **Priority Registration for Currently Enrolled Calvary Students & Siblings -  
February 24<sup>th</sup>-March 4<sup>th</sup>**
- **Open Registration - Thursday, March 5<sup>th</sup>**

**Office Information:**

**Date received:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Received by** \_\_\_\_\_

**Registration fee paid: Cash** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Amount** \_\_\_\_\_

**Cash receipt #** \_\_\_\_\_ **Credit Card Payment** \_\_\_\_\_

\_\_\_\_ **FACTS**      \_\_\_\_ **SS**      \_\_\_\_ **KD**      \_\_\_\_ **NL**      \_\_\_\_ **RV**      \_\_\_\_ **FILE**



Church Now Attending: \_\_\_\_\_ Member: Yes / No Active: Yes / No

I understand that in the event of an accident or injury to my child, school personnel will attempt to contact me as soon as possible. It is for this reason all phone numbers and information must be updated and correct. If I or the person I have listed cannot be reached, I hereby give my consent for Calvary Christian Early Childhood Center to arrange for medical treatment. I understand that I will be financially responsible for any medical treatment or service given to my child.

Hospital of Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor of Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child take prescription medication on a regular basis? Yes (please list) No  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any other health problems? \_\_\_\_\_

Special Instructions \_\_\_\_\_

I, the undersigned, have given correct and complete information on the requested answers, and I agree to inform Calvary Christian School if the status of any of the above items changes during the current school term.

\_\_\_\_\_  
Parent's Signature Date

**Calvary Christian Early Childhood Center does not discriminate on the basis of race, color, national or ethnic origin in administration of educational policies, admission policies, or athletic and other school administered programs.**

**I have read the 2026-2027 Parent / Student handbook, as posted online at [www.ccsharlingen.org](http://www.ccsharlingen.org), and I understand and will abide by the policies and procedures.**

\_\_\_\_\_  
Parent's Signature Date

\_\_\_\_\_  
Student's Signature Date

# CALVARY CHRISTIAN EARLY CHILDHOOD CENTER

## Child's Allergy Information

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Allergen:**

**Symptom:**

**Treatment:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*If treatments require medication administration, it will be necessary to have medication authorization paperwork and the physician's signature must be in place as required.

**Does child need Epi-pen-----YES/ NO**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**

**Further Emergency Response  
Procedures:**

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

**Additional  
Information/ Instructions** \_\_\_\_\_

\_\_\_\_\_ **I know of no known food allergy at this time, no dietary adjustments needed.**

**I understand that Calvary Christian Early Childhood Center requires the most up-to-date information regarding my child's allergy. I also understand that for the safety of my child, all allergy information will be given to all persons caring for my child.**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

## Calvary Christian Early Childhood Center Health Statement

I certify that my child, \_\_\_\_\_, has been examined by a licensed physician within the last year and is able to participate in the school program.

Examining Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* A Medical Authorization Form (available in the office) must be filled out and left in the office for any student to receive over-the-counter or prescription medications.**

**\*Medication from Mexico will NOT be administered by any school staff unless there are U.S. physician's orders on file approving for the substitution of medication from Mexico. The medication must be labeled by the pharmacy in English.**

**\*All over-the-counter medications need to be provided by parents in original containers with completed medication authorization form (available in office). (See handbook)**

**\*Any unused medication left at ECC at the end of the school year will be discarded.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

# Discipline and Guidance Policy for Calvary Christian School Early Childhood Center

- ◆ Discipline must be:
  - (1) Individualized and consistent for each child;
  - (2) Appropriate to the child's level of understanding; and
  - (3) Directed toward teaching the child acceptable behavior and self-control.
  
- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
  - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
  - (3) Redirecting behavior using positive statements; and
  - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
  
- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  - (1) Corporal punishment or threats of corporal punishment;
  - (2) Punishment associated with food, naps, or toilet training;
  - (3) Pinching, shaking, or biting a child;
  - (4) Hitting a child with a hand or instrument;
  - (5) Putting anything in or on a child's mouth;
  - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  - (7) Subjecting a child to harsh, abusive, or profane language;
  - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;and
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.	
_____ Signature	_____ Date
Check one please:	
<input type="checkbox"/> parent <input type="checkbox"/> employee/caregiver <input type="checkbox"/> household member of child-care home	

**Calvary Christian Early Childhood Center  
Website Release  
www.ccsharlingen.org**

**Student's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**To inform the family of Calvary Christian Early Childhood Center, Calvary Christian School, Calvary Baptist Church, and the surrounding community, your child's work, name, or picture may be posted on the website. We anticipate utilizing activity and ministry pictures featuring our students, facility, and staff. Your help in the process will be greatly appreciated.**

**We realize that anyone with internet access will be able to view these pages. We are concerned about privacy and safety of the students. We ask for permission for your child's work and picture to be published on Calvary Christian's website. If you are not comfortable with this, we will honor your request not to publish your child's work or picture.**

\_\_\_\_\_ **My child's work, name, or pictures may be published on Calvary Christian School's and / or Calvary Baptist Church's webpage.**

\_\_\_\_\_ **Please do not electronically display my child's work, name, or picture.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**CALVARY CHRISTIAN EARLY CHILDHOOD CENTER  
AUTHORIZATION AND CONSENT/CHILD RELEASE**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child,\_\_\_\_\_. If I cannot be reached, I understand that the emergency contacts below will be called. However, I authorize Calvary ECC to call an ambulance to transport my child to a hospital and to secure for my child the necessary medical treatment. I understand the staff of the ECC is trained in the basics of first aid and CPR and I authorize them to give my child first aid.

Child's Health Insurance Provider: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

To ensure a child's safety, Calvary ECC will release a child only to the parent(s)/legal guardian(s) who have signed this form and to those listed below as undersigned by parent/guardian.

By signing this form, I understand Calvary ECC will not release my child to any person unless I notify the Center in advance, following the guidelines below:

- If the person picking up my child is NOT listed on this form, I must notify the center verbally or in writing.
- Photo identification will be required of any person picking up my child.

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

Date of Birth: \_\_\_\_\_

1. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_

4. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date