



# Pre-Kindergarten and Childcare Application 2024-2025

[www.eternitychristianschool.org](http://www.eternitychristianschool.org)





**Eternity Christian School and Pre-Kindergarten**  
**1122 West Road, Houston, Texas 77038 281-999-5107**

Dear Parents,

Thank you for your interest in Eternity Christian Childcare. The purpose of Eternity Christian Childcare is to be a partner in providing part of your children's education. By combining our energies, ideas and resources, Eternity Christian Childcare is creating a partnership of excellence.

We believe a child's learning process starts at an early age; therefore, each child's foundation should be developed by teaching the Word of God, unmixed with the systems of man. Children remember and understand many concepts and instructions before the age of one. We believe children need to develop a desire to learn the basics: Bible reading, writing and numbers in an enjoyable environment; thus, children are trained and able to move on to continue their growth in a real school situation.

According to John Whitehead, "Children are the living messages we send to a time we will not see." God has given us the mandate to tell the next generation the praise worthy deed of the Lord; therefore, we offer a Discipleship Christian Childcare. We use the Abeka and other curriculums which focus on the following:

- ◆ Character-building program: Self-Esteem, Manners, Health
- ◆ Develop Language, Listening, and Visual Perception Skills
- ◆ Fine and Gross Motor Skills
- ◆ Literary Enrichment with daily Bible readings
- ◆ Basic Art and Music

Our main goal is to successfully prepare and train children to move from the childcare into the school environment and into the world and still have God invested in their lives.

If you have any questions or concerns, please do not hesitate to call us.

In His Service,

Beth Bashinski, Administrator/Director

<b>START DATE:</b>		<b>WITHDRAWAL DATE:</b>	
Child's Name:			
Date of Birth:		Hours in Care:	Drop Off _____ Pickup _____
Days in Care: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
Meals Served: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack			
Mother/Guardian: (First Name)		Last Name:	
Father/Guardian: (First Name)		Last Name:	
Child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Parents live together <input type="checkbox"/> Parents are separated <input type="checkbox"/> Parents are divorced <input type="checkbox"/> Joint Custody <input type="checkbox"/> Mother has custody <input type="checkbox"/> Father has Custody <input type="checkbox"/> CPS Child <input type="checkbox"/> Guardianship <input type="checkbox"/> Other:			
Address:		City:	Zip:
Primary Email Address:		Primary Phone for Automated System:	
Work Phone Father:		Work Phone Mother:	
Cell Phone:		Cell Phone:	
Father's Employer:		Father's SS #:	
Employer's Address:			
Mother's Employer:		Mother's SS#:	
Employer's Address:			
Doctor's Name:		Doctor's Phone:	
Doctor's Address:			
Hospital to be taken to in case of an emergency:			
Name of Health Insurance Provider:			
Group:		Policy Number:	
Emergency Contacts: I hereby authorize the daycare facility to allow my child to leave the day care facility ONLY with the following persons:			
Contact Name	Relationship	Cell Phone	Work Phone
What is the name of the church your family is currently attending?			
Church Phone:		Name Pastor:	

**Educational Philosophy**

The educational philosophy of Eternity Christian School is to be partner in providing part of your child's education. The scriptural mandate has been given to parents that Christian children are to receive their education where the educational process puts the Bible at the center of the curriculum. Eternity Christian School is based on a God-centered view of truth. Eternity Christian School will use the Holy Spirit in all aims and objectives in a student's life.



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<b>Tuition Schedule</b>			
Child's Age	Tuition Weekly Fee	Tuition Weekly Cash Discount	General Payment (To be paid each August)
0-18 months	\$154	\$150	\$120
19m-23m	\$134	\$130	\$120
2 year old	\$134	\$130	\$120
3 year old	\$134	\$130	\$130
4/5 year old	\$134	\$130	\$130
After Care/Summer care(6-12)	\$106	\$100	-0-
Half Day Pk3/Pk4	\$119	\$115	\$120
Holiday Care (6-12)	\$25 per day	\$29 per day	-0-

The half day programs times are 8:45A.M.-12:25A.M. Full day programs include Breakfast at 7:30A.M. and Lunch.

**Additional Fees:**

- \* Enrollment Fee: There is a \$45.00 enrollment fee. These fees are **non-refundable**. This enrollment fee is a one time fee unless your child has been absent from care a \$74.00 holding fee or a cash discount holding fee of \$70.00. Summer Care enrollment fee is \$25.00.
- \* General Fee: The general fee covers the rental of textbooks, the cost of accident insurance, teaching supplies, classroom equipment, playground equipment, library.
- \* Mat Fees: \$30.00 mat fee for 1 year olds-5 year olds per year.
- \* Other Costs: There may be a cost for field trips, Vision/Hearing Testing, Stanford Achievement Test, and others that would be incurred as events and circumstances arise.

**Note: Please complete an Admissions Application for new student(s) being enrolled. A copy of the birth certificate and immunization record must accompany the Admissions Application. A student can not be placed on a class list until these two documents are on file.**

**List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long term continuous use, and any other information that staff should be aware of or write NONE and then sign and date:**


**Parent's Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Eternity Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities made available to students. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies or admissions policies.



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

**Financial and Enrollment Agreement**

**Acceptance to Eternity Christian Preschool/Childcare is granted based on the agreement by parents to pay their tuition according to the agreed upon tuition schedule and payment plan. Eternity Christian Preschool/Childcare depends upon every family paying their tuition on time so that the educational program of all students can continue as planned.**

By making application to Eternity Christian Preschool/Childcare parents agree to the following contractual conditions:

1. I understand that enrollment fees, general fees, and field trip fees are non-refundable and that the enrollment fee will hold my child's class placement for seven (7) days from receipt and the general fee will be paid every August or for anyone entering after August yet during the school year (August-May).
2. I understand that withdrawals after the first day of the week will be charged the entire weekly tuition. I understand that if my child will be out of classes for a week I will need to pay a \$64 holding fee (\$60 cash discount) for each week which is non-refundable. I understand that if my child does not attend a field trip because of illness, behavior, or anything else my fee is non-refundable.
3. I understand that all withdrawals, whether before the preschool year begins or during the preschool year, must be made in writing and shall be effective when such notice is delivered to the director. Parents are expected to meet with the director before proceeding with withdrawal. A notice of one week must be given and a weeks tuition must be paid before a withdrawal of a child is final.
4. I understand that all accounts must be paid on Monday the week that my child attends classes. If payment is not received, parents will not be permitted to leave their child(ren) on Wednesday of that week without full payment. A late payment fee of \$20.00 will be charged for each week payment is not received on Monday. Any child that is sick and misses classes for the whole week will have to pay one-half their weekly tuition for each week missed with a doctor's note. Every child is entitled to one week's vacation per calendar year with no tuition payment due for that one (1) week. Vacation weeks must be prearranged with the Administrator prior to the vacation week.
5. School/Family Cooperation: A positive and constructive relationship between the School and Family Member (defined as Parent, Student, or other person associated with Student) is essential to the School's educational purpose and responsibilities to its students. If any Family Member engages in behavior, communications, or interactions on or off campus, that is disruptive, intimidating, overly aggressive, or reflects a loss of confidence in or disagreement with the School's policies, methods of instruction or discipline, or otherwise interferes with the School's safety procedures, responsibilities, or accomplishment of its educational purpose or program, the School reserves the right to dismiss the Family or Family Member from the community. The School may also place restrictions on a Family Member's involvement or activity at School for other reasons that the School deems appropriate. Any determination under this Paragraph shall be in the School's sole discretion. There will be no refund of tuition where such dismissal occurs and any unpaid balance is payable in full according to the terms of this Contract. The School also reserves the right to withdraw an offer of enrollment or re-enrollment at any time and to void an executed Enrollment Contract.
6. I agree that any time the school receives credit card charge back, I will pay ECS a \$30 handling fee (\$20 late payment fee) in addition to any fees my bank may charge. I agree to a service charge of \$4.00 for every credit card payment I make on my account; the service charge may increase at anytime while my child is enrolled.
7. I agree that a two week notice will be given to me in writing through the Monthly Newsletter that my child's weekly payment may be increase not to exceed 10% of the current tuition in the current year, but may be increased yearly.
8. I agree that I have read and am in agreements with the Childcare Parent Handbook and the School's Student/Parent Handbook.
9. Since fund raising is essential to keep tuition low as possible, I agree to whole-heartedly support Eternity's two major fund raising projects by being actively involved—children and parents.
10. I agree to release Eternity Christian School, INC. and its representatives from liability in the event of accident or injury. I agree to release my child's health conditions to any and all staff in the course of the child's safety and welfare.
11. I/we understand that my/our child's likeness may be photographed or videotaped/audiotaped by the school in the course of school activities. I/ we hereby give consent for the school to use my/our child's likeness in a photograph and/or videotape in promotional and/or advertising materials including training sessions, social websites, websites, and new letters.
12. I agree that the parties of this agreement are Christians and believe that the Bible commands them to make every effort to resolve disputes in private. If a dispute cannot be resolved, the parties agree to seek mediation and if necessary, arbitration, in a Christian manner following Matthew 18 principles.

By placing my signature to this document, I understand and am in agreement with the conditions stated above (Enrollment is possible only for those parents who are in agreement) REV. 07/2022

**Phil 4:19 "But my God shall supply all your needs according to his riches in glory by Christ Jesus."**

**Mark 11:24 "Therefore I say unto you, 'What things so ever ye desire, when ye pray, believe that ye receive them, and ye shall have them.'"**

Signature of Father (Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Mother (Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of School Official: \_\_\_\_\_

Date: \_\_\_\_\_



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**COVID-19 NOTICE AND RELEASE**

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

Eternity Christian School, INC. is hereby providing notice to me that it intends the school/childcare to stay open for students/ children of all services. I/we understand that Eternity Christian School cannot protect my student/child and/or me from risks which may be encountered as a result of my student/child attending the school/childcare program. I/we realize there are natural, mechanical, and environmental conditions and hazards which independently or in combination with any activities engaged in while participating in this school/childcare program may result in the exposure to certain risks including exposure to coronavirus (COVID-19), or other biological agents, virus or similar bacteriological agent, and the risk of being quarantined, or illness that may result in medical care, hospitalization or death.

I hereby state that I, on behalf of my student/child and myself, am an adult, over the age of 18, and legally competent to sign this form. I understand these inherent risks and dangers involved with participation in the school/childcare providing this program and acknowledge the existence of risks which are not obvious or predictable, and hereby intend this release to extend to injury or loss which results from both obvious or predictable risks, as well as risks that are unpredictable and not obvious and to extend to myself and my student/child, as applicable.

In consideration of myself and my student/child participating in the school/childcare program provided by Eternity Christian School, I/we, and any legal representatives, heirs and assigns, hereby release, waive, and discharge Eternity Christian School, its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claim or damages resulting therefrom, on account of any injury, illness or exposure to and/or contracting the corona virus (COVID-19) or other biological agents, virus or similar bacteriological agent by me or my student/child attendance at and participation in the school/childcare program, including any medical expenses. Injury and/or death.

I agree to indemnify Eternity Christian School, its officers, directors, employees, agents, and representatives from any loss, liability, damage, or cost that may be incurred due to my student/child participation in the aforementioned program, whether caused by negligence of Eternity Christian School or otherwise. I fully understand, on my own behalf and on behalf of my student/child the risks associated with the aforementioned participation and assume any risk associated therewith.

This notice, release and indemnity agreement contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

The parties to this agreement hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the State of Texas.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand that by signing this agreement I am giving up on behalf of my student/child and myself certain legal rights and remedies including the right for my student/child and/or myself to recover damages in the event of death, personal and/or bodily injury of any kind, property loss or damage, expenses of any nature whatsoever including attorney's fees, and other losses that my student(s)/Child(ren) or that I may sustain in association with my student's/child's participation in the program.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW AND UNDERSTAND THE CONTENTS THEREOF. I SIGN THIS RELEASE VOLUNTARILY AS MY OWN FREE ACT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Printed Name



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**Eternity Christian School**  
**Travel and Water Activities Release/**  
**Emergency Medical Form**

I give permission for \_\_\_\_\_, date of birth \_\_\_\_\_, to participate in all field trips away from the school/childcare premises throughout the year(s), to be transported from the public school to the childcare center, and any water activities. Students will be accompanied by a teacher/staff and will be under adequate supervision for all activities. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand delivered to the principal/director more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. I/we agree to hold harmless Eternity Christian School, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school give the student first-aid and then contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter. The student will be taken to Willowbrook Methodist Hospital Emergency Room or the hospital of your choice. Eternity Christian School does not assume responsibility for the payment of hospital, doctor, or ambulance fees. I/we agree to allow the school to give any of the over-the-counter medications.

I/we the undersigned parent (s) or guardian do authorize an X-ray, examination, anesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist and hospital service that may be rendered to said child under the general, specific, or special consent of Eternity Christian School or a representative thereof, the temporary custodian of child; whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a licensed hospital. I/we authorize the physician or dentist to call in any necessary consultants, in his discretion. We further authorize the disposal of any severed tissues or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the child, and said physician or dentist to exercise his best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

**If the child lives with both parents or joint custody, the release must be signed by both parents/guardians.**

Father/Guardian's Name Printed \_\_\_\_\_  
 Father/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian's Name Printed \_\_\_\_\_  
 Mother/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact other than Parents/Guardian: NAME : _____ PHONE: _____ Relationship: _____
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Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Home Address \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Phone Number INS Company \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Allergies (including reactions to medication): \_\_\_\_\_

Please transport my child from: \_\_\_\_\_ Medication being taken \_\_\_\_\_

- Gray Elementary, 700 West Road, Houston, Texas 77038 281-878-0660
- Carter Academy, 3111 Fallbrook Road, Houston, Texas 77038 281-878-7760
- Sammons Elementary, 2301 Frick Road, Houston, Texas 77038 281-878-0955
- Goodman Elementary, 9325 Deer Trail, Houston, Texas 77088 281-878-0355
- Black Elementary, 160 Millstream. Houston, Texas 77060 281-878-0350
- Bussey Elementary, 11555 Airline Drive. Houston, Texas 77037 281-878-1501
- Stehlik Intermediate School, 400 West Road. Houston, Texas 77037 281-878-0300



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## Health Requirements

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Immunizations:** You may submit a machine copy of immunization record stamped or signed by a physician or health care professional or you bring in an original copy of the child's current immunizations for the childcare facility to copy and verify all immunization records with in one week of enrollment.

**Admission Requirement:** One of the following must be presented when your pre-school aged child is admitted to the day care facility or within one week of admission check to indicate the option you select:

Doctor's Statement: I have examined the above-named child within the past year and find that he/she is physically able to take part in the daycare program.

Doctor's Name \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

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

Date \_\_\_\_\_

A copy of the medical screening from the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program if not a referral for further diagnosis and treatment is indicated.

A form or written statement for health service or clinic.

If you do not have any of the above:

Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the daycare program.

Name and Address of Physician or Address of EPSDT Screening Site

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Within the next 12 months, I will obtain a physician's statement, a copy of the medical screening form from the ESPDT Program, or a form from a health service or clinic and will submit it to the day care facility.

My child has an appointment for a physical examination:

Date	Name and Address of Physician or Address of EPSDT Site

I will submit physician's statement, EPSDT form, or health service or clinic form to the daycare facility following examination.

\_\_\_\_\_  
Signature-Parent or Legal Guardian

\_\_\_\_\_  
Date



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## Statement of Faith

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

We believe in and teach these basic Biblical principals:

1. The Bible is the inspired and only infallible and authoritative written Word of God. (II Timothy 3:16)
2. There is one God, eternally existent in three persons: God the Father, God the Son, and God the Holy Spirit. (I John 5:4-5)
3. In the deity of our Lord Jesus Christ, in virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father, in His personal future return to earth in power and glory to rule a thousand years. (I Cor, 15:3; I Peter 2:21-24; John 3:16)
4. In the blessed hope—the rapture of the Church at Christ's coming.
5. The only means of being cleansed from sin is through repentance and faith in the precious blood of Christ. (Luke 24:47; 2 Peter 3:9; Romans 6:23)
6. In Regeneration by the Holy Spirit is absolutely essential for personal salvation. (Gal. 4:4-7; Eph. 4:17-24)
7. In water baptism by immersion. (Luke 3:21-22)
8. In the redemptive work of Christ on the cross provides healing of the human body in answer to believing prayer.(Is. 53:4; Matt. 8:17; Mark 16:18; I Peter 2:24)
9. In the baptism in the Holy Spirit, according to Acts 2:4, is given to believers who ask for it.(Acts 2:4; 10:44-46; 19:2,6; 1:8; 2:42,43; Matt. 3:11)
10. In the sanctifying power of the Holy Spirit by whose indwelling the Christian is enabled to live a holy life. (John 17:17; I Cor. 1:30; II Timothy 2:21)
11. In the resurrection of both the saved and the lost, the one to everlasting life and the other to everlasting damnation. (John 5:24,28,29)

\_\_\_\_\_  
Mother's Signature/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature/Guardian

\_\_\_\_\_  
Date