

**CATHEDRAL OF FAITH CHRISTIAN SCHOOL**  
**APPLICATION**  
**(TO BE FILLED OUT BY PARENT OR LEGAL GUARDIAN)**

Date \_\_\_\_\_

School Term \_\_\_\_\_

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

Age \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Sex: M \_\_\_ F \_\_\_

Admission Date \_\_\_\_\_ Termination Date \_\_\_\_\_

The school does not unlawfully discriminate in accepting students on the basis of racism, color, religion, creed, national origin, sex, or ancestry. No question on this application is intended to secure information to be used for such discrimination.

Male Guardian \_\_\_\_\_ Are you the father? ( ) Yes ( ) No

Female Guardian \_\_\_\_\_ Are you the mother? ( ) Yes ( ) No

Previous school attended \_\_\_\_\_ Grade \_\_\_\_\_

School's Address \_\_\_\_\_ Phone \_\_\_\_\_

If less than 1 year at previous school, please list school.

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Is your account paid in full at previous school? ( ) Yes ( ) No

If no, please give balance owed \$ \_\_\_\_\_

Has student ever attended a special education class(es)? ( ) Yes ( ) No

If yes, describe

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Has student ever been in a learning disability class(es)? ( ) Yes ( ) No

If yes please describe

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Does your family regularly attend church services? ( ) Yes ( ) No

If so, where? \_\_\_\_\_

**CATHEDRAL OF FAITH CHRISTIAN SCHOOL  
APPLICATION**

List the names and addresses of three (3) people other than immediate family who know your child (teacher, pastor, babysitter, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Give a brief statement of why you wish to enroll your child here at Cathedral of Faith Christian School.

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

List any person other than yourself who will be authorized to pickup your child(ren) from school.

	Name	Relationship to child
1.	_____	_____
2.	_____	_____
3.	_____	_____

Signatures:

Male Guardian \_\_\_\_\_ Date \_\_\_\_\_

Female Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Registration and book fee must accompany application**

## **PARENTAL STATEMENT OF COOPERATION AND WAIVER OF LIABILITY**

It is understood that my child's acceptance and attendance at Cathedral of Faith Christian School is privilege and not a right. If at any time, in the sole opinion of the administration, his or her spiritual development, academic progress, conduct, or cooperation with the school's representatives is not in keeping with school requirements, the school reserves the right to terminate my child's enrollment.

I/We give permission for my child to take part in all school activities including sports programs and school sponsored trips away from the school premises. I/We absolve the school, its employees and agents from any and all liability in the event my child/children is/are injured at the school or during any school activity.

I/We agree with the school's or its agent's efforts to train my child/children in the Bible and in the Christian Faith, and will encourage my child/children in this and all other phases of the curriculum, enforce classroom rules and regulations.

In the event that the Cathedral of Faith Christian School photographer takes a picture with my child in it, I give permission for the child's picture to be used in future publications of Cathedral of Faith Christian School.

Should legal action, for any reason, be taken against Cathedral of Faith Christian School, any employee, or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay attorney fees, court fees, damages, or other costs that Cathedral of Faith Christian School or its agent should incur to defend itself against such action.

Parents terminating enrollment in the school should give notice to the administration prior to the date of withdrawal so that proper arrangements can be made for withdrawal. A student is not considered withdrawn until the administration has been contacted by legal guardians. Any necessary tuition rebate will be determined from the date of the official withdrawal.

I/We agree to attend and participate in the Parent Orientation and Fellowship Meeting, and to the best of my/our ability, to attend and participate in the Parent Teacher Fellowship, special presentations of the school's student body, and help promote a good understanding between parents, students, guardians, faculty, and administration of the school.

I/We agree to support the school with my/our attendance at all school functions and activities that will help provide funds for the school.

I/We further agree to read and comply with any and all school policies presented on this date or any further date.

Normal school hours are from 8:00 a.m. until 2:55 p.m. After care will begin at 3:00 p.m. and end at 6:00 p.m. A late fee of \$5.00 for the first minute plus \$1.00 for every minute that I am late will be assessed.

I/We agree to discuss our concerns about the school with the administrator only, especially when it concerns my child.

I/We agree to return all signed progress reports and report cards to the school the day after they are given.

This Statement of Cooperation will be in effect as long as my child(ren) listed (or others to be enrolled) attend Cathedral of Faith Christian School.

I/We understand that should by marital status change, it is my responsibility to have a corrected Statement of Cooperation and Waiver of Liability signed and updated and delivered to Cathedral of Faith Christian School.

Signature of Male Guardian \_\_\_\_\_

Signature of Female Guardian \_\_\_\_\_

Date \_\_\_\_\_



**CONFIDENTIAL PARENTAL PROFILE**

If the parent or guardian is doing an application for more than one student, only one profile is necessary. A photocopy will be placed with each student application.

Date     /    /    

School Term                     

**MALE GUADIAN**

Name                                              Age       

Address                                              City                      State        Zip             

How long at this address?                                             

Employer                                              How Long?       

Employer's Address                                              Monthly Income                     

Employer's City                      State        Zip             

Social Security Number      -      -      (Must be completed)

Home Phone:                      Work Phone:                      Cell Phone:                     

Are you a Christian? ( ) Yes ( ) No What church do you attend?                                             

Are you a regular attendant? ( ) Yes ( ) No Pastor's Name                                             

**Female Guardian**

Name                                              Age       

Address                                              City                      State        Zip             

How long at this address?                                             

Employer                                              How Long?       

Employer's Address                                              Monthly Income                     

Employer's City                      State        Zip             

Social Security Number      -      -      (Must be completed)

Home Phone:                      Work Phone:                      Cell Phone:                     

Are you a Christian? ( ) Yes ( ) No What church do you attend?                                             

Are you a regular attendant? ( ) Yes ( ) No Pastor's Name

**CATHEDRAL OF FAITH CHRISTIAN SCHOOL**  
**Health History**  
**(To be provided by parents)**

Name of child: \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex: ( ) Male ( ) Female Child's Social Security Number \_\_\_\_\_

Medical History:

Diseases:

	Age		Age
Asthma	_____	Pneumonia	_____
Chicken Pox	_____	Whooping Cough	_____
Heart Disorder	_____	Diphtheria	_____
Measles	_____	Mumps	_____
Rubella	_____	Other (please explain)	_____

Congenital Malformations \_\_\_\_\_

Allergies (drug, food, etc.) \_\_\_\_\_

Drug Sensitivity \_\_\_\_\_

Seizures \_\_\_\_\_

Comments:

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

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**MEDICAL HEALTH CARE AUTHORIZATION**

I/We hereby authorize Cathedral of Faith Christian School to include my child(ren) in the following procedures.

1. Vision, Speech, and hearing screening.
2. Emergency medical care for accident or illness during school hours or during a school function. I also give permission for Cathedral of Faith Christian School to take my child(ren) to the nearest emergency facility when they deem it necessary.

In case of emergency during school hours, you may reach me at:

Male Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Female Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Names of Children

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

In case of an emergency, and I/we cannot be reached, please notify:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name of family Doctor: \_\_\_\_\_

Address \_\_\_\_\_

Health insurance \_\_\_\_\_

Group Number \_\_\_\_\_

Signature:

Male Guardian \_\_\_\_\_ Date \_\_/\_\_/\_\_

Female Guardian \_\_\_\_\_ Date \_\_/\_\_/\_\_

**Cathedral of Faith Christian School**  
**2020 Portlock Road**  
**Chesapeake, VA 23324**  
**757.545.8050 |www.cofcs.org**

**ADMISSION AGREEMENT**

**Preamble:**

The Cathedral of Faith Christian School, 2020 Portlock Road, Chesapeake, VA (hereinafter referred to as the “school”) is a childcare facility operated by the Cathedral of Faith C.O.G.I.C. (at the same address), 501(c)(3) a nonprofit organization, which is tax-exempt.

**Mission Statement**

To create a nurturing environment that produces well-rounded disciplined students in the areas of academic understanding, knowledge, skills and develop within the child the power to reason, as well as establish strong moral character and spiritual values.

**Our Philosophy**

Cathedral of Faith Christian School is a ministry of Cathedral of Faith Church of God in Christ. It is committed to providing education for children in a loving and caring environment that is Christ-centered. Christ, who is our example, was a great teacher who sought to train the minds of His disciples to walk in the ways of responsibility and for parents to give their child Godly training. We believe an environment must be rich in varied based on experiences in curricular learning that accommodate different learning styles.

In keeping with that philosophy, Cathedral of Faith Christian School is dedicated to providing a positive, supportive environment that enhances student self-esteem, increasing learning, helping to inspire each child achieve to reach his/her maximum academic potential academically, encouraging self-discipline, and developing respect for authority and the rights of others. The school will incorporate student-centered activities for an environment of growth—growth that provides the opportunity to think creatively and to make decisions and choices within the appropriate limits. These activities will be carefully planned based on sound principles for child and staff development.

**Welcome**

**On behalf of the COFCS Staff I would like to welcome you! We are thrilled you chose us to provide your child(s) education and care needs. Thank you for making Cathedral of Faith Christian School a larger family!**

**Sincerely,**  
**Andre B Small**  
**Principal**

**Cathedral of Faith Christian School**  
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**This contact is made between the parent(s)/ guardians:**

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(Name of person enrolling child)      (Relationship)      (Driver’s License Number)

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(Name of person enrolling child)      (Relationship)      (Driver’s License Number)

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Address	City	State	Phone
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**Children Information:**

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(Name of child being enrolled)      (Birthdate)

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(Name of child being enrolled)      (Birthdate)

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(Name of child being enrolled)      (Birthdate)

**Check the care being provided:**

1.  Before School childcare between 6:00 a.m. and 8:00 a.m.
2.  After School Childcare between 2:30 p.m. and 6:00 p.m.
3.  Pre-K – Grade 2 (School Enrollment)
4.  Both Before and After School Childcare

**Lunch Enrollment:**

Provide my child with breakfast and lunch. (Parents will be billed for lunch unless a free lunch form has been completed and approved)

I will supply a lunch for my child. Preferably no warm-ups that require microwave oven.



**Enrollment Checklist:**

All completed forms must be turned in to complete the enrollment process. Below is a checklist of documents needed. The deadline for completing this checklist is \_\_\_\_\_.

- a. Application
- b. Confidential Parental Profile
- c. Admissions Agreement
- d. Medical Health Care Authorization
- e. Photocopy of Birth Certificate
- f. Current Physical Examination
- g. Current Immunization Record
- h. List of Authorized Pick-Up Persons
- i. Recent Photo of Child
- j. Photocopy of Social Security Card

**\*\*If the required documents are not received by the above deadline, your child will not be allowed to return until the said documents are received.**

**Financial Fees:**

I or we agree to pay the following non-refundable registration fee of \$ \_\_\_\_\_, book fee of \$ \_\_\_\_\_, before school care fee of \$ \_\_\_\_\_, after school care of \$ \_\_\_\_\_.

<b>Enrollment Fees</b>			
<b>Registration Fee</b>			
<b>Textbook Fee</b>			
<b>K-3</b>			
<b>K-4</b>			
<b>K-5</b>			
<b>1st</b>			
<b>2nd</b>			
<b>Enrollment Grade</b>	<b>Annual Total</b>	<b>10 Month Plan (Aug – May)</b>	<b>Bi- Weekly Plan</b>

**Before/ Aftercare**

<b>Annual Total</b>	<b>10 Month Plan (Aug – May)</b>	<b>Bi- Weekly Plan</b>

**Tuition Payment /Payment Plan Option(s) Pick One**

There are several basic payment options to make tuition payments. The tuition plans are as follows:

1. \_\_\_\_\_ Full Payment (1 Payment) – The entire tuition is due on or before August 15th.
2. \_\_\_\_\_ Monthly Payments – (10 payments) – Monthly payments are due on or before the 1st or 15th (based on your choice) of the month (August through May).
3. \_\_\_\_\_ Bi-Weekly Payments – (20 payments) – Bi-Weekly payments are due on or before the 1st or 15th (based on your choice) of the month (August through May). All Bi-Weekly payments must be debit only.

**Payments can be made via Certified Funds, Check, Money Order, Bank Card, PayPal**

**Vacations, Holidays, Illnesses, & June:** Tuition is the same for each month regardless of regular school holidays and school closings. Where possible, make-up days will be arranged for school closings (for snow, etc). **No credit shall be given or be available for days the school is officially closed.** \_\_\_\_\_ **(Initial Here)**

**Tuition is the fee's required to hold and reserve a child(s) spot at our school. Tuition is due on or before the first of each month if the Monthly option was chosen. If you chose the Bi-Weekly option the 1<sup>st</sup> payment will be due before or on the first of the month and the second payment on or before the 15<sup>th</sup> of the month. If the first tuition payment has not been received prior to September 1 a final invoice will be issued in the month of June. Our tuition rates run on a 10 Month Payment Plan starting in August, however if first month's tuition is not received by August 10<sup>th</sup>, full tuition amount of Final Payment invoice will be issued in June.** \_\_\_\_\_ **(Initial Here)**

All payment plan option is required to be automatically deducted from the designated debit card on file.

If enrollment is after start of the school year the prorated amount is \$ \_\_\_\_\_, there after the normal tuition proceeding will be the rate listed above.

\*Tuition that is paid in full for the entire year will be discounted by 5%. This discount does not apply to before and after school program, registration, supply fees, or deposits.

**\*DEPOSITS, REGISTRATION FEES AND SUPPLIES ARE NON-REFUNDABLE. STUDENT RECORDS WILL ONLY BE RELEASED IF ALL FINANCIAL OBLIGATIONS HAVE BEEN PAID IN FULL**

**Department of Social Services (DSS State Payment Plan):**

If you qualify for this program the policy is as follows: Cathedral of Faith Christian School will follow up with all required documents needed to qualify for this state program. Eligibility is determined and approved via a case worker. Until approval all fee's and tuition is the responsibility of the parent/guardian to be paid in accordance with this agreement. Families using

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the state subsidy program are responsible for paying any and all amounts not covered by the state.

**Late Fee:**

All tuition payments are due in full on the 1<sup>st</sup> of each month and must be paid in a timely fashion, unless the student is officially withdrawn from school. Said payments will be made on or before the 5<sup>th</sup> of the month or the next school day thereafter. Persons paying weekly or biweekly payments on Mondays must pay the full month's tuition from August to May. A late fee of 10% of the tuition cost will be added to the account if payment is not received at the designated time. There will be a \$30.00 charge on all returned checks.

**Termination of Agreement:**

This Agreement shall be terminated if any or more of the following occur,

1. Relocation of parent(s) or guardian(s).
2. Death of the child.
3. Serious illness of the child, preventing school attendance.
4. The account becomes delinquent: Face expulsion and/or legal costs.
5. Failure of the parents or guardians to honor the obligations listed in this agreement or in any rules, regulations, or manuals promulgated or provided by the school.
6. The school in its sole and unfettered discretion determines that it is unable to meet the needs of the child.
7. The school in its sole and unfettered discretion determines that it is not in the best interest of the school or other children enrolled at the school to have the child in attendance.
8. Failure of the child's parents or guardians to cooperate with the school (which the school determines) in its sole and unfettered discretion is serious enough to warrant terminations.

**Modification Clause:**

This agreement may be modified whenever any circumstances covered by the agreement changes. Such modifications may only be made in writing, and must be designed and dated by

COFCS Admissions Agreement

Initial Here \_\_\_\_\_



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**ADMISSION AGREEMENT**

the parties involved in order to be binding and effective. Oral modifications are not binding under this agreement and shall not be enforced under any condition.

**Family Clause:**

The parties to this agreement are aware of the Cathedral of Faith Christian School’s right to interview the child and the school staff, and to inspect and audit all records maintained by the school, without securing the prior consent of anyone. The parties are also aware of the Cathedral of Faith Christian School’s right to observe the physical condition of the child, including conditions indicating abuse or neglect.

**Late Pick Up:**

I understand that if I arrive after 6:00 p.m. to pick up my child, I will be charged \$5.00 for the first minute plus \$1.00 for every minute that I am late.

I understand that in the case of withdrawal, two weeks’ notice is required.

I understand that COFCS does not prorate tuition for partial attendance.

**Signature Page:**

I or we agree to cooperate with the policies of the school, to perform the obligations of parents or guardians set forth in the Agreement, and to abide by the rules, regulations, and manuals promulgated and provided by the school. The affixed signatures below indicate that the terms of this Agreement have been fully explained and are understood by the signatories. It is understood that the school has the right to recover any delinquent fees provided by civil law including reasonable attorney fees as may be necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Administrator of School \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
File Created by: \_\_\_\_\_ Date: \_\_\_\_\_  
QB Set Up by: \_\_\_\_\_ Date: \_\_\_\_\_  
Admission Date \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

**CATHEDRAL OF FAITH CHRISTIAN SCHOOL**

## **Cathedral of Faith Christian School Terms and Conditions**

**This document are our Terms and Condition the Parent(s) or Guardian(s) agree to based on a child(s) enrollment and attendance with our school and childcare programs.**

1. The child/children shall be furnished a free breakfast for K3 through Grade 2 consisting of at least three of the basic food groups: Fruit, Grain and Milk. A free snack shall also be furnished mid-afternoon for child/children.
2. The child shall be given assistance with personal care as needed.
3. Children in K3 and K4 shall be provided an opportunity to nap between 1:00 p.m. and 3:00 p.m., and K5 will nap between 2:00 p.m. and 3:00 p.m. on a cot or mat provided by the school.
4. The child shall be placed in a group of peers based on age and/or special needs as determined by the staff.
5. The child shall be involved in the ABeka curriculum, which is age appropriate for the children enrolled in the school. Recess is provided for, with individual and group activities, which are geared toward the emotional, social, physical, aesthetic, and individual growth of young children.
6. The school shall assume responsibility for the child after the child has been signed in by a parent or guardian, or designated representative of the child's parents and guardians. The school staff shall retain responsibility until the child is signed out by a parent, guardian or designated representative of the child's parents or guardians.
7. The child shall be administered medication only upon the written request of the child's parents or guardians using the Medication Authorization Form. The school shall have no responsibility of any kind whatsoever for failure to provide requested prescription medication or for adverse reactions, which are caused by the administration of such prescription medication.
8. The school shall give appropriate first aid to a hurt child. A parent or guardian shall be contacted if it is the judgment of the school staff that immediate medical attention is necessary. If it is further the judgment of the school staff that the injury is of an emergency nature, paramedics shall be called to the school and a parent or guardian will be contacted.
9. An ill child shall be isolated and given appropriate care until a parent, guardian, or designated representative is notified.

Initial\_\_\_\_\_



### **Cathedral of Faith Christian School Terms and Conditions**

**This document are our Terms and Condition the Parent(s) or Guardian(s) agree to based on a child(s) enrollment and attendance with our school and childcare programs.**

10. The school shall notify the child's parents or guardian of a suspected exposure to a communicable disease. If a child is sent home due to a fever, he/she must remain home for the next school day unless a doctor provides a return to school note.
11. The school shall make every effort to safeguard personal belongings brought by the child. All items including supplies, clothing, etc. must be labeled with the child's name.
12. The Principal or any other staff member shall report to the Children's Protective Services or the Police Department, as required by the United States Penal Codes 42 USC 5771 and 42 USC 290, any suspicion of child abuse, sexual or otherwise, neglect, or endangerment of which they become aware.
13. The administration of COFCS reserves the right to amend or change this policy statement as deemed necessary and without further notification. We will try our best to communicate with all parents and staff in relation to any major policy changes.

**In accordance with the statement of fees in the Parent's Handbook:**

- a. A non-refundable registration fee shall be paid upon enrollment.
- b. This fee is due each April for students who plan to continue in our program.
- c. Tuition shall be paid on the 1<sup>st</sup> day of each month or as specified on the Schedule of Fees form and for summer session. A five-day grace period shall be granted without penalty. After the grace period, a 10% late fee will be charge on tuition. When the 1<sup>st</sup> or 15<sup>th</sup> comes on a weekend, payment is due the following Monday.
- d. There will be a \$30 return check fee on any check that is returned. After a second returned check, payment must be in the form of money order, cashier's check or bank card.
- e. Field Trips: All students who are present the day of the field trip are required to attend unless disciplinary action has been given. If the cost of the field trip is not pre-paid, it will be added to the student's account. Late arrivals will not be allowed on campus or field trip site. School shirt must be worn.

Initial \_\_\_\_\_

## **Cathedral of Faith Christian School Terms and Conditions**

**This document are our Terms and Condition the Parent(s) or Guardian(s) agree to based on a child(s) enrollment and attendance with our school and childcare programs.**

### **OBLIGATIONS OF PARENTS OR GUARDIANS**

1. A parent or guardian shall furnish requested medical information not more than ten days after enrollment.
2. A parent, guardian, or designated representative (must be 16 or older) of the child's parents or guardians shall bring the child to the school building upon arrival and sign in on the appropriate register.
3. A parent, guardian, or designated representative (must be 16 or older) of the child's parents or guardians shall sign the child out on the appropriate register before taking the child from the premises.
4. The parents or guardians shall notify the school when someone other than those named on the Authorization Form will be picking up the child. Government identification will be required.
5. The parents or guardians shall notify the school of the child's possible exposure to any communicable disease.
6. The parents or guardians shall give two weeks' notice or forfeit tuition and fees in case of withdrawal from the program.
7. The parents or guardians shall abide by the rules of the school.
8. The parents or guardians shall respect the operating policies and procedures of our Christian program.
9. The parents or guardians shall refrain from-reprimanding child/children of other families while on the school premises.
10. The parents or guardians shall come to school for conferences when asked to do so by Teacher and/or Administrator.
11. The parents or guardians of K3, K4, and K5 shall provide the child with a crib sheet and a small blanket or throw to use during nap periods.
12. The parents or guardians shall see that the child is dressed appropriately in uniform attire when brought to school, following the guidelines in the parents' handbook and uniform policy
13. Excessive tardiness will result in suspension. Tardies interrupt the classroom environment and interfere with the learning of other students.

Initial \_\_\_\_\_

## Cathedral of Faith Christian School Terms and Conditions

**This document are our Terms and Condition the Parent(s) or Guardian(s) agree to based on a child(s) enrollment and attendance with our school and childcare programs.**

14. Parents or guardians are expected to events: Orientation, Open House, Parent Teacher Fellowship meetings, Programs, etc.

### PROCEDURE

1. In exercising its discretion under numbers 5, 6, 7 and 8 above, the school may require the child and/or child's parents or guardians to attend conference(s) with the school personnel regarding the matters that potentially warrant termination of the agreement. The child's parents or guardians may request a conference with school personnel regarding the matters that potentially warrant termination, but the school has no obligation to grant any such request. The school's principal or staff shall have the sole right and responsibility to determine any disputed factual matter regarding termination of this agreement.

Initial\_\_\_\_\_

I/We agree to discuss our concerns about the school with the administrator only, especially when it concerns my child.

I/We agree to return all signed progress reports and report cards to the school the day after they are given.

This Statement of Cooperation will be in effect as long as my child(ren) listed (or others to be enrolled) attend Cathedral of Faith Christian School.

I/We understand that should by marital status change, it is my responsibility to have a corrected Statement of Cooperation and Waiver of Liability signed and updated and delivered to Cathedral of Faith Christian School.

Signature of Male Guardian \_\_\_\_\_

Signature of Female Guardian \_\_\_\_\_

Date \_\_\_\_\_



**COMMONWEALTH OF VIRGINIA  
SCHOOL ENTRANCE HEALTH FORM**  
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

**Part I – HEALTH INFORMATION FORM**

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_  
 Student's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_ State or Country of Birth: \_\_\_\_\_ Middle Main Language Spoken: \_\_\_\_\_  
 Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Parent or Legal Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Name of Parent or Legal Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.): \_\_\_\_\_

List all prescription, over-the-counter, and herbal medications your child takes regularly: \_\_\_\_\_

Check here if you want to discuss confidential information with the school nurse or other school authority.  Yes  No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance:  None  FAMIS Plus (Medicaid)  FAMIS  Private/Commercial/Employer sponsored

I, \_\_\_\_\_ (do ) (do not ) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Interpreter: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**COMMONWEALTH OF VIRGINIA  
SCHOOL ENTRANCE HEALTH FORM**

**Part II - Certification of Immunization**

**Section I**

**To be completed by a physician or his designee, registered nurse, or health department official.  
See Section II for conditional enrollment and exemptions.**

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____		Date of Birth:	
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Mo. Day Yr.</i>
<b>IMMUNIZATION</b>	<b>RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN</b>		
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3 4 5
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3 4 5
*Tdap booster (6 <sup>th</sup> grade entry)	1		
*Poliomyelitis (IPV, OPV)	1	2	3 4
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3 4
*Pneumococcal (PCV conjugate) *only for children <60 months of age	1	2	3 4
Measles, Mumps, Rubella (MMR vaccine)	1	2	
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:
*Rubella	1		Serological Confirmation of Rubella Immunity:
*Mumps	1	2	
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used	1	2	3
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:
Hepatitis A Vaccine	1	2	
Meningococcal Vaccine	1		
Human Papillomavirus Vaccine	1	2	3
Other	1	2	3 4 5
Other	1	2	3 4 5

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the **MINIMUM** requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

**Signature of Medical Provider or Health Department Official:** \_\_\_\_\_ **Date (Mo., Day, Yr.):** \_\_\_ / \_\_\_ / \_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: [ ] [ ] [ ]

**Section II**  
**Conditional Enrollment and Exemptions**

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

**MEDICAL EXEMPTION:** As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

\_\_\_\_\_

\_\_\_\_\_

DTP/DTaP/Tdap:[ ] ; DT/Td:[ ] ; OPV/IPV:[ ] ; Hib:[ ] ; Pneum:[ ] ; Measles:[ ] ; Rubella:[ ] ; Mumps:[ ] ; HBV:[ ] ; Varicella:[ ]

This contraindication is permanent: [ ] , or temporary [ ] and expected to preclude immunizations until: Date (Mo., Day, Yr.): [ ] [ ] [ ] .

**Signature of Medical Provider or Health Department Official:** \_\_\_\_\_ **Date (Mo., Day, Yr.):** [ ] [ ] [ ]

**RELIGIOUS EXEMPTION:** The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

**CONDITIONAL ENROLLMENT:** As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on \_\_\_\_\_.

**Signature of Medical Provider or Health Department Official:** \_\_\_\_\_ **Date (Mo., Day, Yr.):** [ ] [ ] [ ]

**Section III**  
**Requirements**

**For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>**

**Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).  
(Requirements are subject to change.)**



**Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT**

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at [www.vahealth.org/schoolhealth](http://www.vahealth.org/schoolhealth).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex:  M  F

<b>Health Assessment</b>	Date of Assessment: ____ / ____ / ____	<b>Physical Examination</b>									
	Weight: _____ lbs. Height: _____ ft. ____ in.	1 = Within normal    2 = Abnormal finding    3 = Referred for evaluation or treatment									
	Body Mass Index (BMI): _____ BP _____	1	2	3	1	2	3				
	<input type="checkbox"/> Age / gender appropriate history completed	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Anticipatory guidance provided	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Heart	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TB Screening: <input type="checkbox"/> No risk for TB infection identified <input type="checkbox"/> No symptoms compatible with active TB disease <input type="checkbox"/> Risk for TB infection or symptoms identified											
Test for TB Infection: TST IGRA Date: _____ TST Reading _____ mm    TST/IGRA Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative											
CXR required if positive test for TB infection or TB symptoms.    CXR Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal											
EPSDT Screens <b>Required</b> for Head Start – include specific results and date:											
Blood Lead: _____							Hct/Hgb _____				

<b>Developmental Screen</b>	Assessed for:	Assessment Method:	Within normal	Concern identified:	Referred for Evaluation	
	Emotional/Social					
	Problem Solving					
	Language/Communication					
	Fine Motor Skills					
	Gross Motor Skills					

<b>Hearing Screen</b>	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.				<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen <input type="checkbox"/> Permanent Hearing Loss Previously identified: <u>    </u> Left <u>    </u> Right <input type="checkbox"/> Hearing aid or other assistive device
		1000	2000	4000	
	R				
	L				
<input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer					

<b>Vision Screen</b>	<input type="checkbox"/> With Corrective Lenses (check if yes)				<b>Dental Screen</b>
	Stereopsis	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Not tested	
	Distance	Both	R	L	
	20/	20/	20/	Test used:	
<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test – needs rescreen					
<input type="checkbox"/> Problem Identified: Referred for treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care					

<b>Recommendations to (Pre) School, Child Care, or Early Intervention Personnel</b>	<b>Summary of Findings (check one):</b>	
	<input type="checkbox"/> Well child; no conditions identified of concern to school program activities	
	<input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here): _____	
	_____	
	Allergy <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____	
	Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction    Response required: <input type="checkbox"/> none <input type="checkbox"/> epinephrine auto-injector <input type="checkbox"/> other: _____	
	Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)	
	Restricted Activity Specify: _____	
	Developmental Evaluation <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____	
	Medication. Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.	
Special Diet Specify: _____		
Special Needs Specify: _____		
Other Comments: _____		

**Health Care Professional's Certification** (Write legibly or stamp)     By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).



### Allergy/Health and Wellness Form

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

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

City: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male  Female  Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address (If not the same as student) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address (If not the same as student) \_\_\_\_\_

.....

Is your child allergic to any medications/food/insect stings/latex etc.? Please list: \_\_\_\_\_

What type of reaction does h/she have to the above? \_\_\_\_\_

Will your child have an epi-pen at school? Yes  No

Will your child have an inhaler at school? Yes  No

Will your child have a nebulizer at school? Yes  No

If your child needs to have an epi-pen/nebulizer or inhaler at school, a plan of action from your doctor must be provided before administering medication.

Will your child take any medication daily? Yes  No

Does your child have seizures? Yes  No

If so, please complete seizure form. Inquire in office.

Do you have any specific concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Permission Waiver Form**

I \_\_\_\_\_, the parent of \_\_\_\_\_ ("my child"), give permission for my child to attend the **fieldtrips sponsored by Cathedral of Faith Christian School.**

I understand that personal injury can and may occur to my child, and I hereby authorize the responsible staff members to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release **Cathedral of Faith Christian School, Cathedral of Faith Church**, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from any event or fieldtrip related to school activities.

The following is all of the restrictions, allergy and medication information necessary for my child to receive appropriate medical care.

---

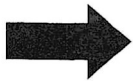
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I give permission for my child to ride in any vehicle designated by **Cathedral of Faith Christian School**, its employees and adult volunteers, while participating in and traveling to and from fieldtrips.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of **Cathedral of Faith**, properties visited on fieldtrips, personal property of others, or vehicles used for transportation.

I agree and consent to all of the above stated.



---

(Parent Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

---

(Emergency Contact Name and Phone Number)

---

(Emergency Contact Name and Phone Number)

---

(Emergency Contact Name and Phone Number)



## MEDICAL HEALTH CARE AUTHORIZATION

I/We hereby authorize Cathedral of Faith Christian School to include my child(ren) in the following procedures.

1. Vision, Speech, and hearing screening.
2. Emergency medical care for accident or illness during school hours or during a school function. I also give permission for Cathedral of Faith Christian School to take my child(ren) to the nearest emergency facility when they deem it necessary.

In case of emergency during school hours, you may reach me at:

Male Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Female Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Names of Children

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

In case of an emergency, and I/we cannot be reached, please notify:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name of family Doctor: \_\_\_\_\_

Address \_\_\_\_\_

Health insurance \_\_\_\_\_

Group Number \_\_\_\_\_

Signature:

Male Guardian \_\_\_\_\_ Date \_\_/\_\_/\_\_

Female Guardian \_\_\_\_\_ Date \_\_/\_\_/\_\_

**Cathedral of Faith Christian School Authorization Pick- Up Form**

**Student**

**Parent/Legal  
Guardian Name**

**Age of Student**

**Please fill out each section below. (Please print)**

Please list any individual who is authorize to pick up your child. Each authorize person needs to be at least 16 years of age. (A valid State I. D. is required) The above-named student will not be permitted to leave COFCS with anyone who is not listed below. Authorize persons must pick up children in person and will be required to show identification to staff when picking up student. Students will not be released to persons who fail to provide identification.

I authorize the following people to pick-up my child from Cathedral of Faith Christian School

Authorize Person	Phone Number	Relationship
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

The following individuals are not permitted to pick up my child.

Un-Authorize Person	Brief Physical Description	Relationship
<input style="width: 100%; height: 30px;" type="text"/>		
<input style="width: 100%; height: 30px;" type="text"/>		

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

Date \_\_\_\_\_

E-mail \_\_\_\_\_

Work no. \_\_\_\_\_

Cell \_\_\_\_\_



2020 Portlock Rd.  
Chesapeake, Va. 23324  
757-545-8050  
cofcs@cathedraloffaithcs.org

## Parental Photo Consent Form for Children/Minors

Cathedral of Faith Christian School has my permission to use my or my child's photograph publicly to promote the camp/school. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
(Please Print)

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

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)