



603 S. Bryan Beltline Rd. Mesquite, TX 75149 972-222-7808 www.cpprepschool.com

ADMISSION APPLICATION

Established 1997

“A Brighter Future Begins Today”

C.P. PREPARATORY SCHOOL

Return the completed Application to the
school secretary at the front desk
along with your check for enrollment fees.

STUDENT'S NAME

BIRTHDATE

GRADE APPLYING

SCHOOL YEAR

MISD Associate

603 S. Bryan Beltline
Mesquite, TX 75149
972-222-7808 972-289-3707(Fax)
cpprepschool@sbcglobal.net

Academic & Financial Contract 20____ - 20____

_____ will be enrolled in the _____
Child's Name *class*
 on _____ from _____
days *time*

ENROLLMENT/REGISTRATION FEE may be divided into two (2) equal payments of \$225.00 each. The initial payment (or payment in full) must accompany the completed admissions application. The balance of \$225.00 may be divided equally into tuition payments or paid in full within 30 days.

\$ _____ *Registration Fee* \$ _____ *Amount Down* \$ _____ *Balance*

\$60 x _____ *Optional Extended Care* / \$60 x _____ *Optional Hot Lunches*
Months = Total *Months = Total*

Class _____ = _____ *monthly tuition* _____ *weekly tuition*

_____ *agrees to pay tuition beginning* _____ *and ending* _____
Parents Name

\$ _____ *tuition for the* _____ *school year.*

Monthly / Weekly / Bi-Annually (circle one) by _____
method of payment
 by the _____ *of each* **Month/Week** (circle one)
Day

All families will tender TUITION PAYMENTS according to one of the following payment plans:

- _____ A. **FULL PAYMENT** - The entire amount of tuition is paid on or before August 1st of the school year. Payment may be made via cash, check, Mastercard or Visa
- _____ B. **TWO (2) PAYMENTS** - The entire amount of tuition is paid in two installments. One-half the total amount is due on August 1st with the remainder due no later than January 5th. Payments may be made directly to the school office via cash, check, Mastercard or Visa.
- _____ C. **EQUAL MONTHLY PAYMENTS** - The academic year is based on 11 month with 15 days to use as you wish during June or July. Under this plan, the entire amount of tuition is paid in equal monthly installments. These equal payments can be made through FACTS tuition management, cash, check, Mastercard or Visa.
- _____ D. **WEEKLY PAYMENTS** - Due on Monday mornings. If late, a \$25 late fee is charged to your account.

All Payments are due no later than the 20th of the month for the next month,
 (Example: May 20th payment is for June).

- CP Prep operates on an 11 month school program with the 12th month as an optional payment of \$495 for July.
- If you choose the 12 month payment plan to help spread out the expense, your first payment will be due the 20th of May for June and the last payment will be due the 20th of April for May.
- If you have chosen the 12 month plan and have to withdraw your child (example: moving) you will owe the difference for the number of months your child was in attendance.
- The 12 month plan is not available for part-time students.
- CP Prep school reserves the right to immediately suspend any child's attendance for late payment or non payment of tuition. In addition, all returned checks will incur a \$25 NSF fee by CP Prep School.

C.P. Preparatory School

603 S. Bryan Beltline Rd. Mesquite TX 75149 972-222-7808 972-289-3707 fax

PARENTAL INVOLVEMENT AND RESPONSIBILITY AGREEMENT

Our CP Parents invest their time in the children's future. At minimum, we ask our parents for the following involvement.

- Parents will check student folders each day for messages from the classroom.
- Classroom newsletters are sent home weekly.
- At least one parent representative will attend PTA meetings.
- A parent representative must sign up as a volunteer for a minimum of three (3) PTA events, including fundraising, promotional, volunteer work days in the school (repairs, computer help, painting, etc.) and family events.
- At least one parent will attend the mid-year Parent/Teacher conference.

We know that as a CP parent, you have the opportunity to be our face in the community and with other school age children. CP pays a \$50 referral fee to any parent that successfully recommends us to a new student. This fee is paid once the student is enrolled and has attended CP Prep for ten (10) school days.

Ms. Patterson maintains an open door policy. Any and all issues and concerns with the school, personnel, and procedures will be directed to Ms. Patterson the school owner and director.

"I agree to the above terms for parental involvement and responsibilities."

Parent Signature

Date

CP PREPARATORY SCHOOL

Student Application for Enrollment

Please complete the entire application if enrolling only one child. For additional children applying, please omit sections C, D, E

A. APPLICANT DATA

Student's Name _____ Preferred Name _____

Complete Address: _____
Street City State Zip

Date of Birth: _____ Age _____ Sex _____ Home Phone (____) _____

Cell Phone(____) _____ SS# _____

Current School/Childcare _____ Years of Attendance _____

Previous School/Childcare _____ Years of Attendance _____

Has applicant attended C.P. Preparatory School in the past? Yes No When? _____

Is family member a C.P.P.S. alumnus? Yes No Name and relationship _____

How did you hear of C.P.P.S? Drive By Web Site Phone Book Magazine Ad
 Word of Mouth Newspaper Other _____

B. HEALTH AND ACADEMIC HISTORY

Name and explain any health condition(s), past or present, which need to be brought to the school's attention to safeguard this applicant at school (e.g. diabetes, seizures, asthma, emotional disorders, educational challenges, etc.) or which would restrict physical activity levels:

Is the applicant taking any prescription medications(s)? Yes No Specify _____

Has the applicant been tested for any of the following (please check)? *

Speech/Language Attention Deficit Hyperactivity Disorder Learning Disabilities
 Attention Deficit Disorder Emotional Issues (which affect learning)
 Other _____

*If one or more items is checked, please provide the school with a copy of scores and recommendations from the evaluator(s).

Print Doctor's Name _____ Phone (____) _____

Address _____ Preferred Hospital _____

Doctor's Signature _____ Date _____

(This form may be faxed back to CP Prep School at 972-289-3707 Attn: Mrs. Brown)

C. FAMILY DATA

Father _____ Home Phone (____) _____

Address (if different from Section A) _____
Street City State Zip

Business or Profession _____ Business Name _____

Business Phone (____) _____ Cell Phone (____) _____ E-mail _____

Business Address _____

Mother _____ Home Phone (____) _____

Address (if different from Section A) _____
Street City State Zip

Business or Profession _____ Business Name _____

Business Phone (____) _____ Cell Phone (____) _____ E-mail _____

Business Address _____

D. ADDITIONAL FAMILY DATA

If there is a separation or divorce in the family or if the student resides with a legal guardian other than parent, please complete this section.

Name of Legal Guardian _____ Relationship to Student _____

Address (if different from Section A) _____
_____ Home Phone (____) _____

If separated or divorced, which parent does child reside? _____

If divorced, please indicate the type of custody ordered by the court: Joint Sole

To whom should notices of school activities be sent? _____

Parent responsible for payments _____

E. ADDITIONAL CONTACTS (Please indicate relationship to child)

Name _____ Name _____ Name _____

Address _____ Address _____ Address _____

City _____ Zip _____ City _____ Zip _____ City _____ Zip _____

Phone _____ Phone _____ Phone _____

Relation to child: _____ *Relation to child:* _____ *Relation to child:* _____

This contact has permission to
Pick up my child. Yes No

This contact has permission to
pick up my child. Yes No

This contact has permission to
pick up my child. Yes No

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EMERGENCY MEDICAL AGREEMENT

Child's Name _____ Birthday _____

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Are there any illnesses or allergies that we should know about? Yes ___ No ___

If yes, please list _____

Does your child have any fears or worries that we should know about? Yes ___ No ___

If yes, please list _____

"In case of an emergency, if I or my doctor cannot be reached I do authorize a representative of C.P. Preparatory School to take my child to a qualified physician or local emergency hospital facility."

Doctor's Name _____

Address _____ Phone No. _____

Parent signature _____ Date _____

(Witnessed by a notary)

Notary Name _____

Commission Expires _____

Notary Signature _____

Date _____

IMPORTANT INFORMATION

SHOT RECORDS – must be turned in before your child can attend school.

VISION & HEARING SCREENINGS – are required for Pre-K students who turned 4 before September 1st. The test will need to be done again in 1st and 3rd grades. The cost for this test is \$15.00 for both.

ACANTHOSIS NIGRICANS TESTING – is now required for all 1st and 3rd grade students. This is a test where they check the child's skin for signs of diabetes and other diseases. The cost for this test is \$3.00.

**Vision and hearing screening results can usually be obtained from your pediatrician. If we do not have your child's test results on file, we will have them tested by M.E.T. and bill your account.*

CP Prep School PTA Application and Information Request

*As a part of our parental involvement agreement we expect participation in CP PTA .
The success of our PTA program is dependant on parental participation. Please consider investing time in
your child's future and helping make our PTA successful.*

Parent Name: _____

Child Name: _____

Address: _____

Home Phone#: _____

Cell Phone#: _____

Work Phone#: _____



*Yes, Please sign me up for PTA and have someone contact me.
I am attaching a check for \$5 made payable to CP Prep School PTA.*

No Thank You, I do not want to join PTA at this time.

I would be interested in volunteering in these areas:

Classroom parties

Family Events

School/PTA events

Computer help

Fundraising

School repairs

Teacher Appreciation Days

Other _____

***Thank You for Supporting
Your Child and Your School!***

PTA[®]

everychild.onevoice.

We Need Your Email Address

Help Us Help You! We send out weekly email blasts.

Make sure we have your correct email address to keep you current on school and PTA events.

EMAIL: _____

Parent Name: _____ **Child Name:** _____