



## Cross Creek Christian Academy

### Pre-Kindergarten

22 Outlet Road Lehman, PA 18627

Phone: (570) 675-8109

Email: prek@crosscreekcc.org

#### FOR OFFICE USE ONLY:

Date Received \_\_\_\_\_

Deposit Amount Paid \_\_\_\_\_

Cash/Credit/Check Number \_\_\_\_\_

Received By \_\_\_\_\_

Start Date \_\_\_\_\_

## Cross Creek Christian Academy Pre-Kindergarten 3/4 Application for 2026-2027 School Year

Student's Name: \_\_\_\_\_  
Last, First Middle Preferred Name (if other than first)

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Did the student attend a previous school? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_  
If yes, where last attended

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

Please check the boxes below, indicating the days you plan to enroll your child.

☐

M-F

☐

M/W

☐

T/TH

☐

T/W/TH

☐

M/W/F

### Parent / Guardian Information

Father/Guardian: \_\_\_\_\_  
Last, First Relationship (if not father)

Home Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work/Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
Last, First Relationship (if not mother)

Home Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work/Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Is Cross Creek your Home Church? \_\_\_\_ Yes \_\_\_\_ No Are you a member of Cross Creek Church? \_\_\_\_ Yes \_\_\_\_ No

If Cross Creek is not your home church, what church do you attend? \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Please return this Application with a non-refundable \$50 registration fee to secure a spot for your child, or to hold a place on our waiting list if there is not currently a spot for your child. **Registration fee is waived for returning students.**

# Joint Custodial or Non-Custodial Parent Information

Father: \_\_\_\_\_  
Last, First Father/Stepfather ☐ Emergency Contact? ☐ Permission to Pick-Up?

Home Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work/Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mother: \_\_\_\_\_  
Last, First Mother/Stepmother ☐ Emergency Contact? ☐ Permission to Pick-Up?

Home Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work/Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## Health and Insurance Information

Allergies (including environmental, medication): \_\_\_\_\_

Food Allergies or Dietary Concerns: \_\_\_\_\_

Other Conditions or Special Needs: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Child's Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Insurance Provider: \_\_\_\_\_ Policy No. \_\_\_\_\_

Please also provide a photocopy of child's current health insurance card.

## Authorized Pick-Up and Emergency Contacts

In the event of an emergency for which a parent/guardian cannot be reached, the following Emergency Contacts should be contacted in order. Those marked 'Pick-Up' have permission also to pick up your child from Cross Creek Christian Academy:

|    | Emergency Contact Name | Relationship | Daytime Phone | Pick-Up?                 |
|----|------------------------|--------------|---------------|--------------------------|
| 1. | _____                  | _____        | (____) _____  | <input type="checkbox"/> |
| 2. | _____                  | _____        | (____) _____  | <input type="checkbox"/> |
| 3. | _____                  | _____        | (____) _____  | <input type="checkbox"/> |

*I authorize the above marked person(s) permission to pick up my child(ren) from Cross Creek Christian Academy. I understand that the school will not release my child(ren) to anyone other than those listed on this application without my written consent. I understand that authorized pick-up person(s) should be prepared to show identification upon arrival at Cross Creek Christian Academy.*

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

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

\_\_\_\_\_  
Date



## Cross Creek Christian Academy

### Pre-Kindergarten

22 Outlet Road Lehman, PA 18612

Phone: (570) 675-8109

Email: [prek@crosscreekcc.org](mailto:prek@crosscreekcc.org)

#### FOR OFFICE USE ONLY:

- ☐ PreK Application (pg 1)
- ☐ Registration Fee
- ☐ Enrollment Form (pg 2)
- ☐ Enrollment Agreement (pg 3)
- ☐ Health Form/Immunizations
- ☐ Copy Insurance Card
- ☐ Statement of Faith

## Enrollment Agreement for 2026-2027 School Year

I understand and agree to the following:

1. The Pre-Kindergarten school year begins on September 1, 2026 and ends on May 28, 2027. Monthly tuition amounts will be set as follows for the school year: 2 days per week, \$216 monthly; 3 days per week, \$324 monthly; 4 days per week, \$432 monthly; 5 days per week, *a discounted rate of \$500 monthly*. A 10% sibling discount will apply to the second and subsequent child enrolled within the same family.
2. Enrollment is open to children who are able to participate in our developmentally- appropriate curriculum. All applications are subject to evaluation of the specific needs of the child and the ability of Cross Creek Christian Academy's Pre-Kindergarten to accommodate those needs through its program, current staff and facilities. Pre-Kindergarten begins at 9:00 am and ends at 2:00 pm daily. A late fee of \$12.50 per hour will be charged for any student who is not picked up by 2:15 p.m. Parents should provide a lunch.
3. Tuition payments for each month are due in advance, on the 1<sup>st</sup> of each month. All checks should be made payable to Cross Creek Christian Academy. Failure to keep tuition payments current may result in discontinuation of enrollment. There will be a \$30 fee for any returned checks.
4. Adjustments will not be made to monthly tuition costs due to absences from school for reasons such as illness, vacation, family plans, etc. Days missed for illness or family reasons can be made up *during the week prior or following* the absence with prior notification and approval (space permitting).
5. In the event of a school closure (days that Pre-K is unexpectedly closed for snow or inclement weather) days can be made up *following* the school closure with prior notification and approval (space permitting). **\*\*Please note: Pre-scheduled CCCA days off will not be included as make-up days\*\***

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Signature of Parent

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Printed Name

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Date

## Permission for Excursions and Medical Treatment

6. I give permission for my child to go on walks around Cross Creek Christian Academy's grounds, including but not limited to, fields and trails through lightly wooded areas. I understand that the group will have two staff members on such a walking excursion. I further give permission for my child to utilize play yard equipment under supervision.
7. In case of an injury or sudden serious illness to my child(ren), I give Cross Creek Christian Academy Pre-K permission to administer first aid and/or seek emergency medical help as needed. I understand that the academy will contact me as quickly as possible for serious injuries or illness.

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Signature of Parent

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Printed Name

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Date

## Photo Release

8. I give permission for Cross Creek Christian Academy Pre-K to photograph my child (by either video or still photography) during class activities. I grant Cross Creek Pre-K permission to use, reproduce and/or publish photographs and video of my child for promotional and informational activities, including but not limited to, publications, website posting, advertisements, brochures and video presentations.

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Signature of Parent

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Printed Name

---

Date

# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

|                                                                                                                                                                                    |             |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|
| CHILD'S NAME: (LAST)                                                                                                                                                               | (FIRST)     | PARENT/GUARDIAN: |
| DATE OF BIRTH:                                                                                                                                                                     | HOME PHONE: | ADDRESS:         |
| CHILD CARE FACILITY NAME:                                                                                                                                                          |             |                  |
| FACILITY PHONE:                                                                                                                                                                    | COUNTY:     | WORK PHONE:      |
| <input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child. |             |                  |
| PARENT'S SIGNATURE:                                                                                                                                                                |             |                  |

## DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):  
☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.  
☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?  
☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT [WWW.AAP.ORG](http://WWW.AAP.ORG))  
☐ YES ☐ NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)

HEARING (subjective until age 4)

LEAD

## RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

| IMMUNIZATIONS | DATE | DATE | DATE | DATE | DATE | COMMENTS |
|---------------|------|------|------|------|------|----------|
| HEP-B         |      |      |      |      |      |          |
| ROTAVIRUS     |      |      |      |      |      |          |
| DTAP/DTP/ID   |      |      |      |      |      |          |
| HIB           |      |      |      |      |      |          |
| PNEUMOCOCCAL  |      |      |      |      |      |          |
| POLIO         |      |      |      |      |      |          |
| INFLUENZA     |      |      |      |      |      |          |
| MMR           |      |      |      |      |      |          |
| VARICELLA     |      |      |      |      |      |          |
| HEP-A         |      |      |      |      |      |          |
| MENINGOCOCCAL |      |      |      |      |      |          |
| OTHER         |      |      |      |      |      |          |

|                        |                                                       |
|------------------------|-------------------------------------------------------|
| MEDICAL CARE PROVIDER: | SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT |
| ADDRESS:               | TITLE:                                                |
| PHONE:                 | LICENSE NUMBER: DATE FORM SIGNED:                     |

Parents may write immunization dates; health professional should verify and complete all data.



## Cross Creek Christian Academy

### Pre-Kindergarten

Phone: (570) 675-8109 Email: [prek@crosscreekcc.org](mailto:prek@crosscreekcc.org)

## What We Believe

- 1. God...**is the Creator and Ruler of the universe. He has eternally existed in three personalities: the Father, the Son, and the Holy Spirit. These three are co-equal and are one God. Gen. 1:1,26,27, 3:22; Ps. 90:2; Matt. 28:19; 1 Peter 1:2; 2 Cor 13:14
  - 2. Jesus Christ...**is the Son of God. He is co-equal with the Father. Jesus lived a sinless human life and offered Himself as the perfect sacrifice for the sins of all people by dying on a cross. He arose from the dead after three days to demonstrate His power over sin and death. He ascended to Heaven's glory and will return again someday to earth to reign as King of Kings, and Lord of Lords. Matt. 1:22, 23; Is. 9:6; John 1:1-5; 14:10-30; Heb. 4:14,15; 1 Cor. 15:3,4; Rom. 1:3,4; Acts 1:9-11; 1 Tim. 6:14,15; Titus 2:13
  - 3. The Holy Spirit...**is co-equal with the Father and the Son of God. He is present in the world to make men aware of their need for Jesus Christ. He also lives in every Christian from the moment of salvation. He provides the Christian with power for living, understanding of spiritual truth, and guidance in doing what is right. He gives every believer a spiritual gift when they are saved. As Christians, we seek to live under His control daily. 2 Cor. 3:17; John 16:7-13, 14:16,17; Acts 1:8; 1 Cor. 2:12, 3:16; Eph. 1:13; Gal. 5:25; Eph. 5:18
  - 4. The Bible...**is God's Word to us. It was written by human authors, under the supernatural guidance of the Holy Spirit. It is the supreme source of truth for Christian beliefs and living. Because it is inspired by God, it is the truth without any mixture of error. 2 Tim. 3:16; 2 Peter 1:20,21; 2 Tim. 1:13; Ps. 119:105,160, 12:6; Prov. 30:5
  - 5. Human Beings...**are made in the spiritual image of God, to be like Him in character. People are the supreme object of God's creation. Although every person has tremendous potential for good, all of us are marred by an attitude of disobedience toward God called "sin". This attitude separates people from God and causes many problems in life. Gen. 1:27; Ps. 8:3-6; Is. 53:6a; Rom. 3:23; Is. 59:1, 2
  - 6. Salvation...**is God's free gift to us but we must accept it. We can never make up for our sin by self-improvement or good works. Only by trusting in Jesus Christ as God's offer of forgiveness can anyone be saved from sin's penalty. When we turn from our self-ruled life and turn to Jesus in faith we are saved. Eternal life begins the moment one receives Jesus Christ into his life by faith. Rom. 6:23; Eph. 2:8,9; John 14:6, 1:12; Titus 3:5; Gal. 3:26; Rom. 5:1
  - 7. Eternal Security...**because God gives us eternal life through Jesus Christ, the true believer is secure in that salvation for eternity. If you have been genuinely saved, you cannot "lose" it. Salvation is maintained by the grace and power of God, not by the self-effort of the Christian. It is the grace and keeping power of God that gives us this security. John 10:29; 2 Tim. 1:12; Heb. 7:25, 10:10,14; 1 Peter 1:3-5
  - 8. Eternity...**people were created to exist forever. We will either exist eternally separated from God by sin, or eternally with God through forgiveness and salvation. To be eternally separated from God is Hell. To be eternally in union with Him is eternal life. Heaven and Hell are real places of eternal existence. John 3:16; John 14:17; Rom. 6:23; Rom. 8:17-18; Rev. 20:15; 1 Cor. 2:7-9
- Our Pre-Kindergarten program will be based on the truth of God's Word, which are the beliefs of our church. These values and beliefs will be taught in the classroom.**

I, \_\_\_\_\_, understand that my child, \_\_\_\_\_, will be taught the values and beliefs of Cross Creek Community Church while attending C4 Pre-Kindergarten classes.

\_\_\_\_\_  
Signature of Parent

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

\_\_\_\_\_  
Date



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### Tuition and Fees for 2026-2027 School Year

Dear Parents,

Our Pre-Kindergarten program at Cross Creek Christian Academy is designed to serve children ages 3, 4, and 5 years old with an academic curriculum. Both Pre-K 3/4 and Pre-K 4/5 are offered Monday-Friday this year. Parents may choose a consistent schedule to meet your needs, a minimum of 2 days per week.

A non-refundable registration fee of \$50 is due at the time of enrollment and is not applied to tuition. This fee will hold a spot for your child in our program or on the waiting list. The registration fee for additional siblings enrolled during the same year is \$25 each. **\*\*The application fee is waived for returning students.**

Pre-K tuition is the same each month, based on an average of 4 weeks per month. Our Pre-K day runs from 9:00a.m. to 2:00p.m.

|                   |                                                          |
|-------------------|----------------------------------------------------------|
| 2 Days per week   | \$216 per month                                          |
| 3 Days per week   | \$324 per month                                          |
| 4 Days per week   | \$432 per month                                          |
| 5 Days per week** | \$500 per month <i>**discounted rate of \$25 per day</i> |

Lunch is not included in this tuition, please send a lunch and drink each day with your child.

The first (oldest) child of each family is billed at the full tuition rate. A sibling discount of 10% each applies to the second and subsequent child enrolled within the same immediate family during the same year.

Adjustments will not be made to monthly tuition costs due to absences from school for reasons such as illness, vacation, etc. Days missed for illness or family reasons can be made up in advance OR following your child's return to Pre-K, with prior notification and approval by the Principal (space permitting). Snow days or other days Pre-K is unexpectedly closed can also be made up following a school closure, with prior notification and approval by the Principal (space permitting).

**\*\*Please note: Pre-scheduled CCCA days off will not be included as make-up days\*\***

The school year for Pre-Kindergarten at Cross Creek Christian Academy begins September 1, 2026 and ends May 28, 2027.

Tuition payments for each month are due in advance, on the 1st of each month. Failure to keep tuition payments current may result in discontinuation of enrollment. There will be a \$30 fee for any returned checks.

Tuition may be paid by check (made payable to Cross Creek Christian Academy, mailed to P.O. Box #242 Lehman, PA 18627 or dropped off to our school secretary in the main office).

A late fee of \$12.50 per hour will be charged for any student who is not picked up by 2:15 p.m. We kindly ask that payment for the late pick-up be submitted on the same day the fee is incurred

Billing questions should be directed to our Secretary, Ms. Linda Wallace.



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# Pre-Kindergarten Frequently Asked Questions

### **What ages will be grouped together in Pre-Kindergarten?**

Our program will serve 3- turning 4-year-olds in our PreK 3/4 class (with a teacher and an aide). Learning activities in PreK 3/4 will be designed for younger children entering a structured school program for the first time. PreK 3/4 is offered Monday through Friday. Children must be at least 3 years old before beginning Cross Creek Christian Academy PreK 3/4, but not necessarily 3 years old by September 1<sup>st</sup>.

Our PreK 4/5 class (with a teacher and an aide) will be tailored to serve 4- turning 5-year-olds who are expected to enter Kindergarten the following year. Learning activities in PreK 4/5 will be more heavily focused on Kindergarten-readiness skills. PreK 4/5 is offered Monday through Friday.

*Parents can choose a minimum of 2 days per week following a consistent schedule.*

### **Is my child required to be potty trained?**

Children must be potty-independent or actively in the process of potty training in order to begin Pre-Kindergarten. This means that your child is no longer in diapers and is able to take care of their toileting needs independently or with minimal assistance.

### **What curriculum will be used for Pre-Kindergarten?**

Our curriculum for Pre-Kindergarten at Cross Creek Christian Academy is an academic curriculum with a solid Bible foundation. Developmentally-appropriate learning activities, presented in weekly thematic units, will teach beginning skills (in PreK 3/4) and Kindergarten-readiness skills (in PreK 4/5) in reading, writing, math, Bible history, science and art.

Our Bible curriculum uses the Preschool unit published by Positive Action: Exploring God's Love. The stories and activity pages in this series present God's loving plan of salvation from Genesis to the Great Commission.

### **Will meals be provided?**

Snack will be shared together as a class and will be provided by the school. Occasionally, parents may be asked to send in snack foods to share (for class parties and special occasions, for example).

Please send a nutritious lunch for your child each day, as lunch will not be provided. Our classroom does have a microwave to heat lunch items if necessary.

### **Will my child be napping?**

Our daily schedule does not include a rest time. If your child still requires a nap, it may be beneficial to adjust his or her schedule to rest after 2:00. Children may be picked up early if necessary.

### **Will my child have time outside?**

We will be playing outside as a group, when weather permits, with at least 2 teachers supervising the group. Occasionally, we may walk as a group around the church grounds, including walking trails under the trees. We will not walk along the road or into deep woods.