



Preschool & Child Care Admission Application 2010-11

Student's Name: _____ _____ _____	<i>Office use only:</i>
	Date Received: _____

❖ Checklist for Returning Families

- Families whose children have been enrolled in preschool at ACS during the past school year need to complete the **APPLICATION FOR ENROLLMENT**.
- All families must sign the **PARENTAL AGREEMENT**. The **PARENTAL AGREEMENT** is on the back page of the Application for Enrollment.
- All children must have a current **IMMUNIZATION FORM** on file. It needs to be updated and signed.
- REGISTRATION FEE** for each student is due and payable at the time of registration.
- Please complete and sign the **CONSENT FORM** and the **CHILD CARE CONTRACT** (if needed).

❖ Checklist for New Applicants: Preschool

- New families applying for preschool admission need to submit a completed **APPLICATION FOR ENROLLMENT**.
- All families must sign the **PARENTAL AGREEMENT**. The **PARENTAL AGREEMENT** is on the back page of the **APPLICATION FOR ENROLLMENT**.
- A preschooler will need to have on file a **CERTIFICATE OF IMMUNIZATION**, before they will be accepted into the preschool. **A CHILD CANNOT BEGIN ATTENDING CLASS UNTIL THE CERTIFICATE OF IMMUNIZATION IS ON FILE AND IMMUNIZATIONS ARE UP TO DATE.**
- REGISTRATION FEE** for each student is due and payable at the time of registration.
- Please complete and sign the **CONSENT FORM** and the **CHILD CARE CONTRACT** (if needed).

- ❖ All preschool accounts must be paid current before an **APPLICATION FOR ENROLLMENT** will be processed.
- ❖ The preschool reserves the right to review, at its discretion, all returning applicants to determine whether re-enrollment is in the best interests of both the school and the child(ren).
- ❖ In August, you will receive a confirmation letter from the Preschool/Child Care Director detailing which classroom your child is registered for.

Office Use Only
Start Date: _____
Class: _____
Days of Week: _____

PRESCHOOL APPLICATION FOR ENROLLMENT • 2010-2011

Name of Father	Home Phone:	Name of Mother	Home Phone:
Address	Please omit from school directory <input type="checkbox"/>	Address	Please omit from school directory <input type="checkbox"/>
City, State, Zip	Email:	City, State, Zip	Email:
	Cell Phone:		Cell Phone:
Church Attended	Member Yes <input type="checkbox"/> No <input type="checkbox"/>	Church Attended	Member Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation		Occupation	
Name and Address of Employer	Work Phone:	Name and Address of Employer	Work Phone:
Do any of the following apply? Married: _____ Single: _____ Widower: _____ Separated: _____ Divorced: _____ Remarried: _____ Is student by present marriage? _____		Do any of the following apply? Married: _____ Single: _____ Widow: _____ Separated: _____ Divorced: _____ Remarried: _____ Is student by present marriage? _____	

Individuals Authorized for Pick-up & Contacts in Emergency Situations (Local Only)
The State of Oregon requires us to have a minimum of 2 authorized adults (not parents) for contact in an emergency situation.

Name	Phone	Relationship to child

Student's Name	First	M.I.	Last	Sex	Date of Birth

Medical Information

Child's Physician: _____ Phone: _____

Allergy Information: _____

Family & Child Background

1.) Please give any information regarding your child that will help us serve you better.

2.) Please identify the most important qualities or experiences you would like the center to provide for your child. _____

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For ACS Office Use Only

<input type="checkbox"/> Preschool Registration Fee - Charged <input type="checkbox"/>	<input type="checkbox"/> Emergency Notebook
<input type="checkbox"/> Summer Child Care Registration - Charged <input type="checkbox"/>	<input type="checkbox"/> Copy to Teachers
<input type="checkbox"/> School year Child Care Registration - <input type="checkbox"/>	<input type="checkbox"/> Copy to ACS School office
<input type="checkbox"/> Total amount Paid _____	<input type="checkbox"/> Computer Data Entry
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash _____	<input type="checkbox"/> Apply contract charges

Preschool School Year

Please mark your preference of preschool day options by using #1-3 in the boxes below.

(1=1st choice, 3=3rd choice)

**Albany Christian School strives to honor each request, however,
spots are filled on a first come, first served basis.**

****If your child comes before 8:50 A.M. or stays after 12 P.M. you will be charged for Child Care.**

_____ Monday - Friday
9 A.M.-11:45 A.M.

_____ Monday, Wednesday & Friday
9 A.M.-11:45 A.M

_____ Tuesday & Thursday
9 A.M.-11:45 A.M

Child Care Information

Do you need Child Care? If yes, please fill out the enclosed Child Care Contract.

****Please note** - Child Care is not available for preschool aged children during preschool hours,
your child must be enrolled in a preschool class at ACS between 9 A.M.-11:45 A.M.

A \$25 school year Registration Fee applies to any child using Child Care including ACS students.

Has your child had previous experience in Child Care? _____ Yes _____ No

If Yes, where and when ? _____

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Parent Agreement

1. We are in complete agreement with the mission of Albany Christian School to partner with families, to educate students with excellence from a biblical foundation that they might personally experience God's love grow into Christian maturity and bridge to a local church for a lifetime of learning.
2. We realize that we are partners with the school in Christian education, realizing that God has given us the responsibility to raise our child.
3. We hereby grant permission for our son/daughter to receive emergency care at the school's discretion. We hereby authorize our child to be transported by ambulance to an emergency center. We agree to pay all costs associated with necessary treatments.
4. We grant permission for son/daughter to be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, and antibacterial first aid cream. We will contact parents prior to administering non-prescription pain reliever. Prescription medications must be current and require authorization forms for each medication.
5. We hereby invest authority in the school to discipline our son/daughter as the school feels necessary. We further agree that we will cooperate and discipline our son/daughter in the home as needed.
6. We hereby grant permission for our son/daughter to attend field trips and other off-campus outings during the normal school day.
7. We hereby agree to support and encourage appropriate school functions and to attend Parent-Teacher meetings as able.
8. We pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times.
9. We agree that, if our son/daughter should become involved in any trouble with other children in the school, we will in no case complain to any other party but, in the love of Christ and with prayer, we will register only necessary complaints with the teacher or principal.
10. We understand that assessments will be made to cover damage to school property (including breakage of windows, abuse of books, etc.).
11. We understand that we are responsible to pay tuition and child care costs in a timely manner and we understand that late fees will be assessed if we do not meet requirements as stated on our billing contracts.
12. We understand that continued enrollment and re-enrollment at ACS is dependent on my parental support of the school, its staff, and its policies.
13. We understand that Albany Christian School accepts students and families from a variety of religious backgrounds but whose basic tenets are set forth in the following Statement of Faith.
 - ♦ The Scriptures of the Old and New Testament were verbally inspired by God the Holy Spirit, and completely inerrant in the original writings and serve as supreme and final authority in faith and life.
 - ♦ There is one God, eternally existing in three Persons: Father, Son, and Holy Spirit.
 - ♦ Jesus Christ was begotten of the Holy Spirit, was born of Mary, a virgin, true God and true man. He died for our sins according to the Scriptures as a representative and substitutionary sacrifice, and all who believe in Him are justified by God on the basis of His shed blood.
 - ♦ Man was created in the image of God. He sinned and thereby incurred not only physical death but also spiritual death, which is separation from God. All human beings are born with a sinful nature and in the case of those who reach the age of moral responsibility, become sinners in thought, word, and deed.
 - ♦ The crucified body of our Lord Jesus was resurrected. He ascended into heaven, and presently intercedes for us as High Priest and Advocate before God. Likewise, there shall also be a bodily resurrection of the just and of the unjust, an everlasting blessedness of the saved and an everlasting conscious punishment of the lost.
 - ♦ There shall be the imminent, personal premillennial return of our Lord and Savior, Jesus Christ.
 - ♦ All who receive the Lord Jesus Christ by faith are born of the Holy Spirit and thereby become sons of God, a relationship in which they are eternally secure.
14. We have read and understand the *Parent/Student Handbook* which is online at www.albanychristianschool.org.

Parent or Guardian _____ Date _____

Parent or Guardian _____ Date _____

Consent to Medical Care and Treatment of a Minor Child

I, _____ (the natural parent or legal guardian) hereby give permission that my child, _____ may be given emergency treatment, to include first aid and CPR by qualified staff member of Albany Christian School. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. In such a case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid care to an emergency center for treatment. I further authorize said center to take my child to a hospital and I agree that I will pay all physicians and hospital bills, and said center shall not be responsible for them.

My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, and antibacterial first aid cream. Syrup of Ipecac may be administered if deemed necessary by the poison control operator. (Prescription medications must be current and authorization forms for each medication.)

Signature of Parent / Guardian

Date

Photograph Release

I hereby authorize Albany Christian School to photograph or videotape my child for news or publicity purposes.

Signature of Parent / Guardian

Date

Field Trip Permission

My child may be taken on field trips or excursions by bus, private motor vehicle; and on neighborhood walking excursions, under required supervision. (Parents must sign individual permission slips for each field trip.)

Signature of Parent / Guardian

Date



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