



# Albany Christian School

*a family ministry of Willamette Community Church*

420 Third Ave. SE

Albany, OR 97321

www.albanychristianschool.org

## Admission Application 2008-09

**Student's Name:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ❖ Returning families

1. Families whose children have been enrolled in grades K-7 at ACS during the past school year need only to complete the **APPLICATION FOR ENROLLMENT**, sign the **PARENTAL AGREEMENT** and pay the **REGISTRATION FEE**.
  2. All school accounts must be paid current before an Application for Enrollment will be processed.
- \* The school 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).

### ❖ Kindergarten Applicants

1. Families applying for kindergarten admission need to submit a completed **APPLICATION FOR ENROLLMENT**, and the **FAMILY INFORMATION SHEET**, sign the **PARENTAL AGREEMENT**, enclose the **KINDERGARTEN PREFERENCE SHEET** and pay the **REGISTRATION FEE**.
  2. An interview with our principal, is scheduled with your family.
  3. A screening appointment will be scheduled for your child following receipt of your application and registration fee.
  4. Applicants will need to have on file a **CERTIFICATE OF IMMUNIZATION** (orange form), before they will be accepted. **A CHILD CANNOT BEGIN ATTENDING CLASS UNTIL THE CERTIFICATE OF IMMUNIZATION IS ON FILE AND IMMUNIZATIONS ARE UP TO DATE.**
  5. Within two weeks of the screening, you will be notified by phone or by letter as to the results of your child's screening. (If the screening should indicate that next year would be a better time to start your child, your registration fee will be promptly refunded.)
- \* The school reserves the right to review, at its discretion, all applicants to determine whether enrollment is in the best interests of both the school and the child(ren).

### Checklist for New Applicants: Kindergarten

- ✓ Complete **APPLICATION FOR ENROLLMENT**
- ✓ Complete **FAMILY INFORMATION SHEET**
- ✓ Sign the **PARENTAL AGREEMENT**
- ✓ Pay the **REGISTRATION FEE** for each student
- ✓ Enclose **KINDERGARTEN PREFERENCE FORM**
- ✓ Have on file a **CERTIFICATE OF IMMUNIZATION**

### ❖ New Applicants: Grades 1-8

1. New families applying for admission to ACS need to complete the **APPLICATION FOR ENROLLMENT**, and the **FAMILY INFORMATION SHEET**, sign the **PARENTAL AGREEMENT**, turn in a copy of **LAST YEAR'S REPORT CARD** and pay the **REGISTRATION FEE**
  2. An appointment will be made for testing your child(ren), and an interview with our principal, is scheduled.
  3. You will be notified within five working days of your interview as to the status of your application.
- \* The school reserves the right to review, at its discretion, all applicants to determine whether enrollment is in the best interests of both the school and the child(ren).

### Checklist for New Applicants: Grades 1-8

- ✓ Complete **APPLICATION FOR ENROLLMENT**
- ✓ Complete **FAMILY INFORMATION SHEET**
- ✓ Sign the **PARENTAL AGREEMENT**
- ✓ Pay the **REGISTRATION FEE** for each student
- ✓ Enclose copy of last year's Report Card
- ✓ Have on file a **CERTIFICATE OF IMMUNIZATION**

**APPLICATION FOR ENROLLMENT • 2008-2009**

Name of Father	Phone:
_____	Omit Phone in Directory <input type="checkbox"/>
Address	Email:
_____	Cell Phone:
City, State, Zip	_____
Church Attended	Member Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation	_____
Name and Address of Employer	Phone:
_____	_____
Do any of the following apply? Married: _____ Single: _____ Widower: _____ Separated: _____ Divorced: _____ Remarried: _____ Is student by present marriage? _____	

Name of Mother	Phone:
_____	Omit Phone in Directory <input type="checkbox"/>
Address	Email:
_____	Cell Phone:
City, State, Zip	_____
Church Attended	Member Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation	_____
Name and Address of Employer	Phone:
_____	_____
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	Grade in 08-09

People **not** authorized to pick up my children

**Medical Information**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medical Insurance: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_  
 Drug Allergies, medical alert, or regular medication: \_\_\_\_\_

**For ACS Office Use Only**

School Registration Fee \_\_\_\_\_  
 Summer Child Care Registration fee \_\_\_\_\_  
 Check # \_\_\_\_\_ Cash  
 Computer Data Entry

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## Family Information Sheet

**Required for each new student entering grades K-8 at ACS**

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

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

Grade to be entered \_\_\_\_\_ Grades skipped \_\_\_\_\_ Grades repeated \_\_\_\_\_

Has student ever been suspended? \_\_\_\_\_ Expelled or asked to withdraw from a school? \_\_\_\_\_

If so, please give full details on a separate sheet of paper, including the principal's name and the name and address of the school.

Has the student ever received counseling or psychological testing? \_\_\_\_\_

Has the applicant experienced any physical, emotional, mental or social problems within the past two years? \_\_\_\_\_

If yes, please explain on a separate sheet of paper. \_\_\_\_\_

Please give any information concerning your child, which will help us better serve you. \_\_\_\_\_

Please list schools attended in the last three years. (If home school, give the name of the supervising school district.)

School	Mailing Address (if outside Albany)	Zip	School Year	Grade
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Describe briefly any learning disabilities. \_\_\_\_\_

Briefly describe applicant's extra-curricular interests and abilities. \_\_\_\_\_

Is the student receiving any medication? \_\_\_\_\_ If so, explain: \_\_\_\_\_

### Child Care Information

Do you need Child Care? If yes, please fill in the information below.

**\*\*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.-12 P.M.).

Has your child had previous experience in child care? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where and when? \_\_\_\_\_

#### School Year 2008-09 Child Care

Day of Week	Times of day needed
	(ex. 8 A.M. - 5 P.M.)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

#### Summer 2008 Child Care

Day of Week	Times of day needed
	(ex. 8 A.M. - 5 P.M.)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

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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 permission slips 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 dependant 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.

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, an antibacterial first aid cream. Syrup of Ipecac may be administered if deemed necessary by the poison control operator. (Prescription medications must be current and require permission slips 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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## Child Care Contract Summer 2008

Thank you for choosing Albany Christian School's Child Care program. Please fill out this form and return it with your Admission Application. It is imperative that every child enrolled in Child Care at Albany Christian School have a current Child Care Contract on file.

**\*Your child will not be allowed to use Child Care without this form.**

### STUDENT(S) & SCHEDULE

Please write in your child's name and the hours that you need Child Care for each day.

1) _____	_____	_____	_____	_____	_____
Child's Name	M	T	W	H	F
2) _____	_____	_____	_____	_____	_____
Child's Name	M	T	W	H	F
3) _____	_____	_____	_____	_____	_____
Child's Name	M	T	W	H	F
4) _____	_____	_____	_____	_____	_____
Child's Name	M	T	W	H	F

As the individual(s) assuming financial responsibility for the above-mentioned account with Albany Christian School, I agree to pay promptly. I understand that ACS reserves the right to assess a **late fee of \$15.00 for any outstanding balance by the 15<sup>th</sup> of each month.**

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## Child Care Contract

### Fall 2008-Spring 2009

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1) _____	_____	_____	_____	_____	_____
Child's Name	M	T	W	H	F
2) _____	_____	_____	_____	_____	_____
Child's Name	M	T	W	H	F
3) _____	_____	_____	_____	_____	_____
Child's Name	M	T	W	H	F
4) _____	_____	_____	_____	_____	_____
Child's Name	M	T	W	H	F

As the individual(s) assuming financial responsibility for the above-mentioned account with Albany Christian School, I agree to pay promptly. I understand that ACS reserves the right to assess a **late fee of \$15.00 for any outstanding balance by the 15<sup>th</sup> of each month.**

Signature \_\_\_\_\_

Date \_\_\_\_\_