



Preschool & Child Care Admission Application 2008-09

Student's Name: _____	Date: _____

❖ 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).
- An appointment may be scheduled for your family with our Preschool/Child Care Director, following receipt of your application and registration fee.

- ❖ 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 class room your child is registered for.

PRESCHOOL 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

Medical Information

Child's Physician: _____ Phone: _____
 Child's Dentist: _____ Phone: _____
 Medical Insurance: _____ Preferred Hospital: _____

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. _____

For ACS Office Use Only	
<input type="checkbox"/>	Preschool Registration Fee
<input type="checkbox"/>	Summer Child Care Registration
<input type="checkbox"/>	Total amount _____
<input type="checkbox"/>	Check# _____ Cash _____
<input type="checkbox"/>	Computer Data Entry

Preschool School Year

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

(1=1st choice, 2=2nd choice, 3=3rd choice)

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

_____ Monday - Friday 9 A.M.-12 P.M.	_____ Monday, Wednesday & Friday 9 A.M.-12 P.M.	_____ Tuesday & Thursday 9 A.M.-12 P.M.
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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	

Albany Christian School

a family ministry of Willamette Community Church

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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Albany Christian School

a family ministry of Willamette Community Church

420 Third Ave. SE
Albany, Oregon 97321
(541)-928-1110

www.albanychristianschool.org

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 15th of each month.**

Signature _____

Date _____



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Child Care Contract

Fall 2008-Spring 2009

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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 15th of each month.**

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Date _____