

# **Springfield Christian Kindergarten**

## **Enrollment Instructions**

**2011-2012**

1. Please **read** over all materials enclosed.
2. Call **541-746-8246** if you have questions.
3. Fill out the **enrollment form** completely and accurately.
4. Read carefully and fill out the **tuition contract** completely. We recommend that you keep a copy for yourself.
5. **Return** the enrollment form and tuition contract to the school office with the appropriate registration and tuition fees. Summer school office hours are generally Tues. Wed. Thurs. from 9:00–1:00. If office is closed you may leave in our drop box located to the left of the main school doors. You may also mail them to: Springfield Christian Kindergarten, 2080 N. 19th Street, Springfield, OR 97477.
6. Your child's space in the school is saved only when these three criteria have been met:
  - a) Completed enrollment form
  - b) Completed and signed tuition contract
  - c) Registration fee paid (**non-refundable**)
7. **All efforts** are made to accommodate your teacher request when possible. Please understand that some classes fill up faster than others and a teacher selection is not always possible. If you have a teacher preference, please list your first and second choice on the **FRONT TOP** of enrollment form.
8. **On the first day of classes** your child must have a **CURRENT IMMUNIZATION** record signed and on file.
9. Orientation for parents and child(ren):  
**Friday, September 9th, 10:00 AM**—Orientation for students and parents of the two and five day classes.  
**Friday, September 9th, 11:00 AM**—Orientation for students and parents of the three day classes.  
The **first days** of school are:  
**Monday, September 12th & Tuesday, 13th**, classes begin at 9:00AM, doors open at 8:50.
10. Upon receiving your enrollment forms and fees, we will process them as quickly as possible. **Class list will be posted** on the school entrance door located on the north side of the building on orientation day. You will **not** receive a verbal or written confirmation of your child's placement in class.
11. **TUITION PAYMENTS are due on the 1st of each month**, for nine months beginning in August and ending in April. Tuition is prorated, your child(ren) will attend from September to May. Tuition is posted to your account one month in advance. First payment in August for September and last payment in April for May. *Late fees* apply if payment is made after the 10th.

**School Supply List on back**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First

Preferred Name: \_\_\_\_\_

**Teacher preference (no guarantees):**

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

As of September 1, your child's age: \_\_\_\_\_ years \_\_\_\_\_ months

Class for which student is applying:

\_\_\_\_ 2 day 3's

\_\_\_\_ 2 day 4's

\_\_\_\_ 5 day 4's

\_\_\_\_ 3 day 3's

\_\_\_\_ 3 day 4's

\_\_\_\_ 5 day Kindergarten

\_\_\_\_ 2/3 day Young 3's

\_\_\_\_ Extended Day

\_\_\_\_ Early Drop Off

ALL children must be completely potty trained \_\_\_\_\_ Initial

# Springfield Christian Kindergarten

2080 N. 19th Street  
Springfield, OR 97477  
(541) 746-8246  
SCKschool.com

Established 1969

## 2011-2012

Academic Year

**Office Use Only**

Registration fees paid: \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

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

# Student Enrollment Application

Completed form is required for student to attend class

## Tell us about your child

Today's Date \_\_\_\_\_ Email \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Male/Female \_\_\_\_\_

Date of birth (month-day-year) \_\_\_\_\_ Birthplace \_\_\_\_\_ City, State \_\_\_\_\_ County \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Home Phone \_\_\_\_\_ Unlisted? Yes \_\_\_\_\_ No \_\_\_\_\_

**Allergies/special medical needs** \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Address \_\_\_\_\_

Family Insurance Policy \_\_\_\_\_ Policy # \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Dental Insurance Policy \_\_\_\_\_ Policy # \_\_\_\_\_

In the event of an emergency, Springfield Christian Kindergarten will contact one of the following people **based on the order in which they are listed.** **Four (4) names and numbers are needed.**

	Name	Relationship	Home Phone #	Work and/or Cell #
1.	_____	Parent _____	_____	_____
2.	_____	Parent _____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

I give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises; and providing reasonable care has been taken, absolve the school from liability to me or my child because of injury resulting at or during any school activity. A copy of this release is considered by me to be as valid as the original.

**PLEASE INITIAL** \_\_\_\_\_ *This also includes release of liability for child's clothing mishaps.*

In case of a medical emergency and parents cannot be contacted, I give my permission for Springfield Christian Kindergarten to transport my child to the nearest hospital, and obtain medical attention for my child.

**PLEASE INITIAL** \_\_\_\_\_

**People authorized to pick up my child (in addition to those listed above).**

	Name	Relationship	Home Phone #	Work and/or Cell #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____



### Other Information

How did you learn about Springfield Christian Kindergarten? \_\_\_\_\_

If you were referred by someone, who referred you? \_\_\_\_\_

What is your church affiliation? \_\_\_\_\_

Name of your church: \_\_\_\_\_

Name, address and phone of the LAST school your child attended: \_\_\_\_\_

Has this student been dismissed, suspended, or experienced other disciplinary action at any school?

Are there any unique factors in you child's life? (Absence of father or mother, invalidism of either, in-laws or grandparents in the home, unusual accident or serious illness, adoption, a disability, etc.)

Does your child have any limitations which could hinder him/her from normal progress in a regular classroom situation?

Has your child ever been recommended for special education classes or even been diagnosed to have a learning disability?

Has your child ever been diagnosed as having a behavioral disorder such as depression, ADD, ADHD, etc?

Does your child take prescribed medications? If yes, please list and for what reason: \_\_\_\_\_

Please provide any other information you feel would be helpful: \_\_\_\_\_

\_\_\_\_\_  
(#1) Parent/Guardian Signature

\_\_\_\_\_  
Date (required)

\_\_\_\_\_  
(#2) Parent/Guardian Signature

\_\_\_\_\_  
Date (required)

## Tell us about your child

Today's Date \_\_\_\_\_ Email \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Male/Female \_\_\_\_\_

Date of birth (month-day-year) \_\_\_\_\_ Birthplace \_\_\_\_\_ City, State \_\_\_\_\_ County \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Home Phone \_\_\_\_\_ Unlisted? Yes \_\_\_\_\_ No \_\_\_\_\_

**Allergies/special medical needs** \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Address \_\_\_\_\_

Family Insurance Policy \_\_\_\_\_ Policy # \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Dental Insurance Policy \_\_\_\_\_ Policy # \_\_\_\_\_

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4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

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