

# Springfield Christian Kindergarten & Preschool

## Enrollment Instructions

### 2024-2025

1. Please **read** over all materials enclosed.
2. Call **541-746-8246** if you have questions. Regular office hours are 8:30am -1:00pm. Summer office hours are Tuesday & Wednesday 9:00-1:00.
3. Fill out the **enrollment form** completely and accurately. If the student is returning from the previous school year, their account must be current in order to register.
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 fees. If the office is closed, you may leave completed registration and payment in our drop box located to the left of the main school doors. You may also mail them to: Springfield Christian Preschool & Kindergarten, 2080 19th Street, Springfield, OR 97477.
6. Your child's space in the school is saved only when these three criteria's 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 enrollment form.
8. **On the first day of classes** your child must have a **CURRENT IMMUNIZATION** record on file.
9. Meet & Greet for parents and child(ren):  
**Friday, September 6th, 10:00 AM** –Meet & Greet for students and parents of the 2, 4 & 5 day classes.  
**Friday, September 6th, 11:00 AM** –Meet & Greet for students and parents of the 3 day classes.
10. The **first days** of school are:  
**Monday, September 9th** 3(m/w/f), 4 and 5 day students  
**Tuesday, September 10th** 2 and 3(t/w/th) day students  
  
All *classes* begin at 9:00AM, doors are open 8:50-9:00. Dismissal time is 11:30.
11. **Class list will be posted** on the school entrance door located on the north side of the building for Meet & Greet. You will **not** receive a verbal or written confirmation of your child's placement in class.
12. **TUITION PAYMENTS are due on the 1st day 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 starting in the month of October if payment is made after the 10th. We accept MC/Visa (in person or over the phone), cash and checks. Returned checks are subject to a \$25 returned check fee.

**School Supply List on back**

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

Preferred Name: \_\_\_\_\_  
(if different from above)

As of September 1, your child's age: \_\_\_\_\_ years \_\_\_\_\_ months  
(September 1st is age cutoff for class placement)

# 2024-2025

## Student Enrollment Application

### Springfield Christian Preschool & Kindergarten



2080 19th Street  
Springfield, OR 97477  
(541) 746-8246  
SCKschool.com  
Established 1969



*School Hours are: 9:00am-11:30am*

Registering student for:

3 year old classes:

\_\_\_\_\_ 2 day(T/TH)  
\_\_\_\_\_ 3 day(M/W/F)

4 year old classes:

\_\_\_\_\_ 3 day(T/W/TH)  
\_\_\_\_\_ 3 day(M/W/F)  
\_\_\_\_\_ 4 day(M-TH)  
\_\_\_\_\_ 5 day(M-F)

Kindergarten:

\_\_\_\_\_ 5 day(M-F)

\_\_\_\_\_ Extended Day (11:30-1:00 additional tuition)

\_\_\_\_\_ 2 day Young 3's (starts in January)

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

**Teacher preference (no guarantees):**

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

Office Use Only

Registration fees paid: \$ \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Date Received: \_\_\_\_\_

Completed form is required for student to attend class

**Tell us about your child**  
(Please PRINT)

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

Date of birth (mm/dd/year) \_\_\_\_\_ Birthplace \_\_\_\_\_ City, State \_\_\_\_\_

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

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

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

**People authorized to pick up my child.** In the event of an emergency, Springfield Christian Preschool & Kindergarten will contact one of the following people **based on the order in which they are listed.** Please list at least four (4) names and numbers.

Name	Relationship	Phone #	Work and/or Other#
1. _____	<u>Parent</u> _____	_____	_____
2. _____	<u>Parent</u> _____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

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 & Preschool to transport my child to the nearest hospital, and obtain medical attention for my child.

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

The student applying lives with:  Both Parents  Mother  Father  Guardian

**If Parents are divorced/separated:**

Who has legal custody of this child:  Both Parents  Mother  Father  Guardian

Who should correspondence be sent:  Both Parents  Mother  Father  Guardian

**Tell us about yourselves**  
(Please PRINT)

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<b>Mother's name</b>	Last	First	D.O.B
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Mailing address (if different from child)

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Home #	Cell #	email
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Place of employment	Occupation	Work #
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<b>Father's name</b>	Last	First	D.O.B
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Mailing address (if different from child)

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Home #	Cell #	email
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Place of employment	Occupation	Work #
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<b>Step Mother or Guardian name</b>	Last	First	D.O.B
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Mailing address (if different from child)

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Home #	Cell #	email
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Place of employment	Occupation	Work #
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<b>Step Father or Guardian name</b>	Last	First	D.O.B
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Mailing address (if different from child)

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Home #	Cell #	email
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Place of employment	Occupation	Work #
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## Other Information

(Please PRINT)

How did you learn about our school? \_\_\_\_\_

Do you have children who previously attended Springfield Christian Kindergarten & Preschool? If so, please list names: \_\_\_\_\_

If you have a church affiliation, please list: \_\_\_\_\_

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 diagnosed to have a learning disability?

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date (required) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date (required) \_\_\_\_\_