

# **Family Church Preschool**

## **Admission Procedures for Infant-K4**

### **Qualifications for New Children:**

1. Satisfactory completion of all application forms and fees.
2. A satisfactory personal interview with the administrator for parent and child.
3. References required for all children from the last daycare attended, including behavior and payment history. (FCA does not admit children who have been expelled from another daycare)
4. Registration, insurance and first week of tuition paid.
5. Agree to comply with policies and procedures of Family Church Preschool.
6. The office must have a copy of the following paperwork before enrollment is finalized:
  - a. Completed Registration Packet
  - b. Current Immunization Record
  - c. Birth Certificate issued by the state of birth
  - d. Social Security Number
  - e. Picture of child (ren) and parent. (Picture can be taken at interview)

### **General Policies Governing All Admissions:**

1. Final acceptance of children and class placement is based upon interview between parents, child, teacher, and administrator.
2. He/She must be willing to abide by the regulations and customs of FCA in attitude and action.
3. FCA Administration reserves the right to dismiss a child whose presence is considered detrimental to the best interests of the school in general.

**Notice of Nondiscriminatory Policy:** Family Church Preschool admits children of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to children at the school. FCA does not discriminate on the basis of race, color, national or ethnic origin in administration of educational policies, admission policies or other school administered programs.

# Family Church Preschool Contract Agreement

## Cooperation Requirements

Family Church Preschool is a Christian daycare. All children attending Family Church Preschool should be a result of the parent's desire to have their child educated in accordance with the educational philosophy of Family Church. In order for this program to be effective, parental cooperation is essential. Parents who find themselves in disagreement with the program and philosophy at Family Church Preschool retain the right to remove their child. Likewise, the administration of Family Church Preschool retains the right to dismiss anyone from the program who, in the sole judgment of the administration, is considered to be uncooperative with the program.

## Discipline Philosophy

One of the purposes for Family Church Preschool is to be a support of the Christian home. If a child is taught to be respectful and obedient at home, that child will respond with the same behavior pattern at school. We do not expect inappropriate behavior, but we do believe that you cannot train a child unless you have parental control. These two factors must balance as we train the whole child, spirit, soul, and body.

If order cannot be maintained because of the child's conduct, the following procedure will be implemented.

1. The child will be removed from the classroom and taken to the school office.
2. Correction must be administered by one of the following methods:
  - a. One or possibly both parents will be contacted; you may be asked to come to the school at your earliest convenience to administer appropriate discipline or for a parent/teacher/administrator conference. If parent(s) cannot come to the school, you will be expected to discipline the child at home and provide information about the method of discipline used to the school administration.
  - b. Corporal Punishment will **never** be administered by the school administration.
3. Discipline guidelines are:
  - a. Discipline will be administered.
  - b. Child will be counseled.
  - c. Child will be assured by the teacher that fellowship is restored and bond of love is still intact when he/she returns to the classroom.
  - d. Parents will be contacted to inform them of the incident.

**Discipline, normally, will be the removal of specific privileges for a determined amount of time or the assignment of a non-academic task.**

## No Tolerance Policy

I understand Family Church Preschool's "No Tolerance" policy regarding profanity, obscenity in word or action, dishonor to the Holy Trinity or the Word of God, or disrespect to the personnel of the school, threats of any kind toward children, faculty or others will not be tolerated. Any child who does not conform to the standards and regulations of the institution may forfeit this privilege. The school may request the withdrawal of any child at any time that, in the opinion of the school, does not fit into the spirit of the school, regardless of whether or not he/she conforms to the specific rules and regulations of the school.

## Tuition & Fees Agreement

Weekly tuition and all other fees are **nonrefundable & nontransferable**. Discounts are available for multiple preschool children who are dependant children living under the same roof. Please contact the office for more information. Tuition will be billed regardless of child's attendance. If an Infant - K4 child attends any portion of the week, the entire week's tuition must be paid.

A child is expected to meet the academic standards of the school and to conform to the regulations and the spirit of the school to retain his/her place. Regulations are stated in the Policy Manual and Registration Packet. Please read this carefully. The school reserves the right to insist upon the immediate withdrawal of any child whose presence in the school is considered detrimental either to the child's or the school's best interest. Withdrawals from school must be made through the school office, and a withdrawal form must be completed at least 7 days prior to the last day of attendance. Failure to provide mandatory notice may forfeit any credits/refunds and may delay bank draft discontinuation.

## Preschool Payment Schedule

Everyone is required to use the preauthorized *Automatic Bank Draft Method*. A **voided check** from your account will be required to initialize this bank draft. There is a \$10.00 fee to change accounts. Bank drafts that are returned for insufficient funds will be charged a returned check fee of \$25.00. FCA reserves the right to include all outstanding balances and fees in the bank draft. In the event of withdrawal, I fully understand that upon approval of my completed 7 day advance notice, I will receive a credit/refund if applicable and the bank draft will cease.

Child Class	Registration Fee	Insurance Fee	Weekly Tuition	Amount Due at Registration
Infant/Walker	\$50.00	\$4.00	\$105.00	\$159.00
Toddler/Two's	\$50.00	\$4.00	\$95.00	\$149.00
K3	\$50.00	\$4.00	\$80.00	\$134.00
K4	\$50.00	\$4.00	\$80.00	\$134.00

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- Registration fees and accident insurance fees are non-refundable/non-transferable and charged annually every August.
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# Family Profile Questionnaire

To insure accurate information, we request that you complete a separate packet for each child enrolled.

I am registering my child for:

Class Applying For \_\_\_\_\_ Age of Child \_\_\_\_\_ Enrollment Date \_\_\_\_\_  
Start Date \_\_\_\_\_

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Child's Last Name \_\_\_\_\_ M/I \_\_\_\_\_ First Name \_\_\_\_\_  
Goes By \_\_\_\_\_ Male/Female Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_

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Daycare Last Attended \_\_\_\_\_ Class Attended \_\_\_\_\_  
Address of Former Daycare \_\_\_\_\_  
Director's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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## Parent Information

### Parent 1

Last Name \_\_\_\_\_ Mr. /Mrs. \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ \*Email \_\_\_\_\_  
Relation to Child \_\_\_\_\_ Martial Status: S M Sep D W Live with Child: Yes / No

### Parent 2

Last Name \_\_\_\_\_ Mr. /Mrs. \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ \*Email \_\_\_\_\_  
Relation to Child \_\_\_\_\_ Martial Status: S M Sep D W Live with Child: Yes / No

**Authorized to pick up child or care for child in case of an emergency if parents cannot be reached.  
Must have Drivers License copied before they are allowed to pick up child.**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Names of brothers and sisters:**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

**References:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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**Is your child in the custody of only one parent? Yes / No**

**\*If yes, please list legal custodian's name** \_\_\_\_\_

**\*A copy of all legal documents must be kept in the child's file.**

Person responsible for account \_\_\_\_\_

Name of church attending \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear of Family Church Preschool? \_\_\_\_\_ Referred By? \_\_\_\_\_

Why do you want to send your child to Family Church Preschool? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Advertising Release Form

I understand that the use of my child's (children's) picture for advertising purposes by Family Church, Family Church Preschool and Destined to Win, is voluntary. I do not expect any special privilege, special compensation or payment in any way from any of these entities or its advertising agency for the use of my child's (children's) name and /or picture.

**I hereby grant Family Church, Family Church Preschool and Destined to Win, and its advertising agency permission to use my child's (children's) name and/or picture in newspaper ads, billboards, and other publications, radio and television commercials, brochures, year books and any other form of marketing and advertising chosen by Family Church, Family Church Preschool and Destined to Win, and/or its advertising agency.**

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Parent Signature

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Printed Name

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Child's Name

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Date

**Playground Liability Release**

I, the undersigned, agree that Family Church Preschool/Destined To Win/FOM, Inc. is not liable in the case of an accident in the school, or on the premises. I stand in agreement with the Preschool for the well being of my child. In case of an extreme emergency occurring while my child, \_\_\_\_\_, is in the care of Family Church Preschool and I cannot be reached immediately, I give my permission for my child to be taken to the Saline Memorial Hospital in Benton. I also assume responsibility for expenses incurred at that time.

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Liability Release**

In case there is not time to be contacted, I hereby give my consent for EMERGENCY MEDICAL CARE and transportation for emergency medical care for \_\_\_\_\_ during the time that they are under the supervision of a Family Church Preschool staff member, Family Church staff member, or their children's sponsors during the school year.

I/We, the undersigned, do hereby release, remiss and forever discharge all sponsors, Family Church Preschool and Destined to Win/FOM, Inc. from any and all claims, demands, actions or courses of action, past, present, or future arising out of any damage or injury while participating in the children's activities sponsored by Family Church during the school year.

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**Immunizations:**

**Please attach a current copy of your child's immunization record. State law requires that no child be admitted without an up to date immunization record.**

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**Has your child ever had the following: (check all that apply)**

- |                                      |   |  |   |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Allergies   | <input type="checkbox"/> Frequent Ear Infections    | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Skin Allergies   |
| <input type="checkbox"/> Asthma      | <input type="checkbox"/> Frequent Throat Infections | <input type="checkbox"/> Influenza           | <input type="checkbox"/> Tonsillitis      |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Headaches         | <input type="checkbox"/> Measles             | <input type="checkbox"/> Tuberculosis     |
| <input type="checkbox"/> Diabetes    | <input type="checkbox"/> Hay Fever                  | <input type="checkbox"/> Pneumonia           | <input type="checkbox"/> Glasses/Contacts |
| <input type="checkbox"/> Diphtheria  | <input type="checkbox"/> Heart Problems             | <input type="checkbox"/> Scarlet Fever       | <input type="checkbox"/> Whooping Cough   |

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

\_\_\_\_\_

If so, please describe in detail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Information**

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

# Family Church Preschool Registration Packet

## Statement of Responsibility

**By signing below I am stating that I have read, understand, and will abide by all the pages within this contract.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Family Church Preschool**  
**Authorization Agreement for Pre-Authorized Payments**

Child's name \_\_\_\_\_ Amount of Draft \$ \_\_\_\_\_

Drafts will be take place every Monday, and will be continuous until a completed 7 day advance notice of withdrawal is approved by administration. Drafts will be processed regardless of attendance. The only exception is if a 7 day advance notice for vacation has been received and approved by administration.

Company Name: **Destined to Win/FOM, Inc. (AKA Family Church, Family Church Preschool)**

**I/we authorize Family Church Preschool, hereinafter called Company, to initiate debit entries to my (our) checking account indicated below and the depository named, hereinafter called depository, to debit the same to such account.**

Depository Name/Bank \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transit/ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_

**This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us), of its termination in such time and manner as to afford COMPANY and DEPOSITORY a responsible opportunity to act upon it. Debit entries will be made with above financial agreement.**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please attach voided check to this document.**