

# Springfield Christian Kindergarten & Preschool

## Enrollment Instructions

### 2019-2020

1. Please **read** over all materials enclosed.
2. Call **541-746-8246** if you have questions. Office hours are 8:30am - 1:30pm
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 and other fees. Summer school office hours are generally Tuesday, Wednesday and Thursday 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 & Preschool, 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. Orientation for parents and child(ren):  
**Friday, September 6th, 10:00 AM** -Orientation for students and parents of the 2 & 5 day classes.  
**Friday, September 6th, 11:00 AM** -Orientation for students and parents of the 3 day classes.  
  
The **first days** of school are:  
**Monday, September 9th** 3 & 5 day classes begin at 9:00AM, doors open at 8:45.  
**Tuesday, September 10th** 2 day classes begin at 9:00AM, doors open at 8:45.
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 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 if payment is made after the 10th.

**School Supply List on back**

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

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

# 2019-2020

## Student Enrollment Application

### Springfield Christian Kindergarten & Preschool



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



*Regular School Hours are: 9:00a.m.-11:30a.m.*

Class for which student is applying: (check all that apply)

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

\_\_\_\_ 2 day 4's  
\_\_\_\_ 3 day 4's

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

\_\_\_\_ Extended Day  
\_\_\_\_ 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: _____



**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 \_\_\_\_\_

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

Family Health Name \_\_\_\_\_ Policy # \_\_\_\_\_

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

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

**People authorized to pick up my child.** In the event of an emergency, Springfield Christian Kindergarten & Preschool 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. _____	Parent _____	_____	_____
2. _____	Parent _____	_____	_____
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** \_\_\_\_\_

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

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<b>Mother</b>	Last	First	D.O.B
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Place of employment	Occupation	Work #
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Home #	Cell #	email
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<b>Father</b>	Last	First	D.O.B
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Place of employment	Occupation	Work #
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Home #	Cell #	email
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<b>Step Mother or Guardian</b>	Last	First	D.O.B
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Place of employment	Occupation	Work #
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Home #	Cell #	email
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<b>Step Father or Guardian</b>	Last	First	D.O.B
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Place of employment	Occupation	Work #
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Home #	Cell #	email
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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

## 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: \_\_\_\_\_

Has this student been dismissed, suspended, or experienced other disciplinary action at any other school? If so, please list school name, address, phone number and reason for dismissal.

\_\_\_\_\_  
\_\_\_\_\_

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?

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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