



Amazing Day Preschool

Located at *Spokane Valley Church of the Nazarene*
15515 E 20th Ave, Spokane Valley, WA 99037
Phone: (509) 926-1545

2018-2019 Enrollment Checklist

Thank you for your interest in having your child attend **Amazing Day Preschool**. To enroll your child in one of our purposeful, play-to-learn active learning classes, please complete all the enclosed forms and return them to the Church Office between 8:30 and 4:30 Monday through Friday. Our professional curriculum is aligned to Washington Sate Department of Early Learning Developmental Guidelines and focuses on Kindergarten readiness.

Parent/Guardian Enrollment Checklist:

- General Admissions Policies
- Student Registration with payment of registration and supplies fee
- Photo Release
- Family Responsibility Agreement
- Emergency Information
- Developmental Milestones (*complete page that relates to the current age of your child*)
- Certificate of Immunization Status

A Family Handbook will be given to you upon completion of this Enrollment Packet.

Amazing Day Preschool

Located at *Spokane Valley Church of the Nazarene*
15515 E 20th Ave, Spokane Valley, WA 99037 Phone: (509) 926-1545



2018-2019

General Admissions Policies

Prerequisite: Students must be potty trained and able to care for their personal hygiene needs in the bathroom. Teachers may assist with snaps and zippers if necessary.

Class Placement: Placement is made by age. If an exception is requested, placement will be determined by assessment of the Amazing Day Preschool staff.

Non-Discrimination: Amazing Day Preschool will admit students of any race, color, religion, or national origin to all the rights, privileges, programs, and activities generally accorded or made available to its students.

Special Needs: We are not equipped with specialists to educate every child with special physical or behavioral needs, but we desire to make every effort to help any child wishing to enroll in our school. We may recommend assessment by the Central Valley School District Early Learning Professionals to help us determine whether a particular child can be best served by our program.

Faith: If a parent/guardian does not personally ascribe to the Amazing Day Preschool's Statement of Faith but still wants to enroll his/her child, he/she must agree to have his/her child receive the basic teachings of the Christian faith while at school and agree to keep any discussion of doctrinal controversy or denominationalism out of the school classroom. Our Church or school staff would be happy to answer questions about our Statement of Faith by scheduling an appointment through the Director.

Statement of Faith

We believe:

1. In one God—the Father, Son, and Holy Spirit.
2. The Old and New Testament Scriptures, given by plenary inspiration, contain all truth necessary to faith and Christian living.
3. Man is born with a fallen nature, and is, therefore, inclined to evil, and that continually.
4. The finally impenitent are hopelessly and eternally lost.
5. The atonement through Jesus Christ is for the whole human race; and that whosoever repents and believes on the Lord Jesus Christ is justified and regenerated and saved from the dominion of sin.
6. Believers are to be sanctified wholly, subsequent to regeneration, through faith in the Lord Jesus Christ.
7. The Holy Spirit bears witness to the new birth, and also to the entire sanctification of believers.
8. Our Lord will return, the dead will be raised, and the final judgment will take place.

Goals

We aspire to:

1. Support every student's developmental progress toward Kindergarten readiness in eight major areas: social-emotional, physical (gross and fine motor), the arts, critical thinking, language, pre-reading/literacy, Bible and mathematics.
2. Provide a comfortable, nurturing, safe environment where kindness and respect is practiced.
3. Encourage students toward an understanding of Jesus' love for them and what the Bible teaches.
4. Partner with each student's parent(s)/guardian(s) to optimize his/her learning experience at Amazing Day Preschool.

I/We have read and agree to the above General Admissions Policies.

PARENT/GUARDIAN SIGNATURE _____ DATE _____
Father or Legal Guardian

PARENT/GUARDIAN SIGNATURE _____ DATE _____
Mother or Legal Guardian

STUDENT NAME _____

Amazing Day Preschool

Located at *Spokane Valley Church of the Nazarene*
15515 E 20th Ave, Spokane Valley, WA 99037 Phone: (509) 926-1545



2018-2019 Student Registration

Child's Name _____

Name (or nickname) used _____ Birthdate _____ Male Female

Home Address _____

Street

City

State

Zip Code

Student's home address above is also the address of his/her: (Check all that apply)

Mother Father Stepmother Stepfather Other (specify) _____

Student is registering for:

- Preschool Classroom - 3 day (T/W/TH) program (age 3 by August 31, 2018)
 Pre-K Classroom - 4 day (M/T/W/TH) program (age 4 or 5 by August 31, 2018)

All classes meet from 9:00-11:30 a.m.

Drop off 8:45-9:00 Pick up 11:30-11:45 a.m.

Parent/Guardian Information:

Mother's Name _____ Father's Name _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

E-Mail _____ E-Mail _____

Other children and their ages:

Registration and supplies fees are non-refundable unless there are no openings available for the classroom requested. If you wish, your paid registration can be retained to keep your child on a waiting list should a space become available. Make checks payable to **Amazing Day Preschool**.

Registration fee for all Classrooms **\$45**

Preschool Classroom supplies fee **\$90**

Pre-K Classroom supplies fee **\$100**

Amazing Day Preschool

Located at *Spokane Valley Church of the Nazarene*
15515 E 20th Ave, Spokane Valley, WA 99037 Phone: (509) 926-1545



2018-2019 Student Photo Release

I/We hereby give the following selected permissions for my/our child's photo and/or video to be used in:

Yes No

Classroom communications

Communications between parents and families involved in the school.
(Examples: Private Facebook group and newsletters)

Yes No

Communications with the sponsoring church

Spokane Valley Church of the Nazarene, including posting pictures and or video for the purposes of informing church attendees of the activities of the school.

Yes No

Promotional media (print, video, website) for the purpose of promoting Amazing Day Preschool.

STUDENT NAME _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____
Father or Legal Guardian

PARENT/GUARDIAN SIGNATURE _____ DATE _____
Mother or Legal Guardian

Amazing Day Preschool

Located at *Spokane Valley Church of the Nazarene*
15515 E 20th Ave, Spokane Valley, WA 99037 Phone: (509) 926-1545



2018-2019

Family Responsibility Agreement

STANDARDS OF CONDUCT - I/We will appreciate and uphold the standards of the preschool which does not tolerate profanity, obscenity (in word, action or appearance), dishonoring God or the Bible, or disrespect toward the personnel of the Church and/or preschool. The preschool reserves the right to dismiss any child who continually fails to comply with the established behavioral expectations or whose parent is not in support of the philosophy of the school and its behavior policies.

FINANCIAL RESPONSIBILITY - I/We understand:

- Registration and supplies fees must be paid to complete the enrollment process. They are non-refundable. Should the class be full, these fees can be retained to ensure a place on a waiting list.
- All monthly payments are due by the 1st of each month. If payment is received after the 5th, a \$25 late fee will be assessed. A \$35 fee will be assessed for checks returned for insufficient funds.
- I/We will not receive a monthly bill unless the school has not received my/our payment by the 5th of each month, at which time late fees will be assessed.
- The Preschool's strong preference is that monthly payments are made using a Bill Pay service. However, cash or check payments may be given directly to the Director or submitted to the church office by the due date.
- My/Our child will be withdrawn on the first day of the calendar month following a month where the financial obligation was not met and/or special arrangements for payment were not made with the director.
- If I/we withdraw a child during any given month after tuition is paid, that month's financial payment is non-refundable. Also, I/we must notify the Preschool Director before the fifth of any month in which I/we plan to withdraw my/our child or that month's tuition will still be due.
- Late Pick-up Fee: Please value our teachers' time and other responsibilities beyond the classroom. A late fee for students not picked up within 15 minutes of the end of each school day is \$10 for any portion of a 15-minute increment of time beyond the normal pickup time. Such late fee must be paid in the same month that it is accrued. We don't like to do this, so please be on time!

ACCESS TO SCHOOL - School and Church doors are always locked unless there is an activity going on. I/We understand that children will be dropped off at the east entrance to Spokane Valley Church of the Nazarene where the doors will be unlocked and supervised by the director from 8:45 - 9:00 a.m. each day of school. During this time, I/we are welcome to walk into the school from the east entrance and leave again before 9 a.m., unless prior arrangements have been made with the teacher to stay and volunteer. If I/we arrive after the class session begins, I/we must enter at the Church's main office door and escort my/our child to the classroom *and* be sure the teacher is made aware of their arrival.

I/We further agree to follow the Standards of Conduct, Financial Responsibility, and Access to School policies explained above.

PARENT/GUARDIAN SIGNATURE _____ DATE _____
Father or Legal Guardian

PARENT/GUARDIAN SIGNATURE _____ DATE _____
Mother or Legal Guardian

STUDENT NAME _____

Amazing Day Preschool

Located at *Spokane Valley Church of the Nazarene*
15515 E 20th Ave, Spokane Valley, WA 99037 Phone: (509) 926-1545



2018-2019

Enrollment Application

Student Name _____

Registering for Preschool Class

Pre-Kindergarten Class

AUTHORIZED PICK-UP INDIVIDUALS: Please list all individuals authorized to pick up your child. At least one name in addition to the primary parent or guardian is required. Photo ID must be presented at time of pick up. The name listed must match the ID. No one but the names on this list will be able to pick up your child without advance written

Name (First and Last)	Relationship to Child	Phone Numbers Wk/Hm/Cell

ALLERGIES/SENSITIVITIES/MEDICATIONS: Please list any allergies or sensitivities your child may have and/or medications your child is taking. Attach additional sheets if necessary.

Allergy/Sensitivity/Medication	Details/Comments

EMERGENCY CONTACTS: Please list at least three names of persons to contact in case of emergency.

Name (First and Last)	Relationship to Child	Phone Numbers Wk/Hm/Cell

FAMILY OR STUDENT CONCERNS

Are there any restraining orders in effect? Yes No WA SSID# _____
Restraining order is against Mother Father Other _____
Is there a parenting plan in effect? Yes No WA SSID# _____
If yes for restraining order or parenting plan, plan must be on file with school.

OTHER CHILDCARE OR PRESCHOOL(S) APPLICANT HAS ATTENDED

Name of School _____ City/State _____

PERSON RESPONSIBLE FOR PAYMENT OF TUITION AND FEES

Name _____ Relationship to child _____
Address _____ Phone _____
E-Mail _____

CHILD'S PHYSICIAN

Name _____ Insurance Company _____
Address _____ Office Phone _____
Group or Policy # _____

Verification of Information: The information on this form is true and accurate as of this date.

Name _____ Signature _____ Date _____
Father (or Legal Guardian)
Name _____ Signature _____ Date _____
Mother (or Legal Guardian)

LIMITED POWER OF ATTORNEY FOR EMERGENCY MEDICAL CARE

TO WHOM IT MAY CONCERN: I, _____ (the parent or legal guardian) hereby give permission that my/our child, _____ may be given emergency treatment to include first aid and CPR by a qualified child care staff member at **Amazing Day Preschool**. I/We further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child 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. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. This consent covers the school year from September 2018 - June 2019.

(Please sign this form at the Church Office so it can be witnessed.) Date _____
Place signed: Spokane Valley Church of the Nazarene School Witness _____
Printed Name _____ Signature _____
Printed Name _____ Signature _____