

Horizon Christian Pre-Kindergarten Student Application



We believe the primary method of learning for a young child is through play. Our early childhood education curriculum goals are built on this belief; that children learn through active experiences with the environment and under the supervision, interaction, and training of their teachers.

HORIZON CHRISTIAN PRE-KINDERGARTEN

“(WISDOM) IS LIKE A TREE OF LIFE TO THEM THAT LAY HOLD UPON HER...” Proverbs 3:18

700 Pacific Ave * Hood River, Oregon 97031 * Office (541)387-3200 * FAX: (541)386-3651

Dear Parents:

Horizon Christian Pre-Kindergarten staff has worked to develop a caring, enriching, Godly environment for children. You, the parent, have chosen Horizon Christian Pre-Kindergarten to care for your child because of the commitment we have to provide a distinctively Christian program. We realize you have entrusted the most important part of your lives to us – your child. It is our desire to work with you by sharing this very important responsibility.

We wish to help your child make successful social adjustments, achieve moral and spiritual values, develop proficiency in learning, and to help them become independent and creative citizens. We strive to help each child achieve and maintain sound physical and mental health. We choose to meet the special needs of each child through the Godly, self-disciplined lives of the teachers who work with your children as well as through a Bible-centered curriculum.

Open communication is very important to us. We greatly value your input regarding your child's recent experiences and interests at home and we in turn will keep you informed of all program experiences, giving you continual information on your child's progress. If you have any questions or concerns, just ask. We welcome and encourage your feedback.

Please feel free to call or visit anytime.

In God's Service,

Kim Spotts
Elementary Principal

Christy Berthold
Director

HORIZON CHRISTIAN SCHOOL PRE-KINDERGARTEN

700 Pacific Ave * Hood River, OR 97031



ENROLLMENT PACKET INSTRUCTIONS FOR NEW PRE-KINDERGARTEN STUDENTS

What an honor that you have chosen to enroll your child here at Horizon Christian Pre-Kindergarten. We are looking forward to a successful year ahead as your child grows and develops. Please carefully read, sign, complete and check all items requested in the attached Enrollment Packet. Return the completed forms within one week. Without the completed packet we cannot guarantee a space for your child beyond one week. Please allow for time to verify your child's class placement and immunizations. Call us with any questions at 541-387-3200.

Eligibility requirements for Pre-Kindergarten Students enrolling at Horizon Christian School are: He/She must be four years of age on or before September 1 of the year applying for the 3-day (M-W-F) or 5-day (M-F) program. If applying for the 2-day (T-Th) program he/she must be three years of age AND have their four year birthday by January 1 of the academic year applying.

Check the items off as you complete them:

- THE ENROLLMENT AND AUTHORIZATIONS FORM (3 pages), Please fill out completely
- TUITION & FEE STRUCTURE AGREEMENT: Carefully read the Policy and keep for future reference. Return the Financial Contract as soon as received.
- COMPLETE THE CHILD'S EMERGENCY INFORMATION FORM
- COMPLETE THE MILK AUTHORIZATION FORM, date and sign
- BRING YOUR CHILD'S IMMUNIZATIONS RECORDS as required by Oregon State Health Department.
- COMPLETE THE PARENT ACCEPTANCE AGREEMENT, read, date and sign.
- RECEIVED AND READ THE HORIZON CHRISTIAN SCHOOL POLICIES AND PROCEDURE HANDBOOK This handbook provides information about our program. Keep it for reference during the time your child is attending Horizon Christian Pre-Kindergarten.
- APPLICATION FEE. Please note that this fee is non-refundable. We must have your completed paperwork within one week after registration to hold a spot for your child.
- Return all forms to the school office during office hours: Monday – Friday: 8:00 am – 3:30 pm

Application for Admission

THE FOLLOWING SHOULD BE COMPLETED BY THE STUDENT'S PARENT/GUARDIAN

Please see the Tuition & Fee Schedule included in this packet for the amount of the application fee that is required with this application.

FAMILY INFORMATION

PARENT/GUARDIAN 1 _____
(First and last name and Mr., Mrs., Ms., Dr., Rev., Other) Relationship to student

Home Address _____
(include street address, PO Box, city, state, and zip code) Home Telephone

(address continued) Home E-mail Cell Phone

Employer Name _____
Occupation

Employer Address _____
(include street address, PO Box, city, state, and zip code) Business Telephone

PARENT/GUARDIAN 2 _____
(First and last name and Mr., Mrs., Ms., Dr., Rev., Other) Relationship to student

Home Address _____
(include street address, PO Box, city, state, and zip code) Home Telephone

(address continued) Home E-mail Cell Phone

Employer Name _____
Occupation

Employer Address _____
(include street address, PO Box, city, state, and zip code) Business Telephone

Parents/Guardians are:

Married Separated Divorced Mother Remarried Father Remarried Mother Deceased Father Deceased

Name of birth parent if other than above: _____ Phone Number: _____

Address: _____

Would you like information sent to this individual (e.g. newsletters, report cards, etc.)? Yes No

Other school age children living with the family:

Name	Date of Birth (mm/dd/yyyy)	Current Grade	School Attending
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Name	Date of Birth (mm/dd/yyyy)	Current Grade	School Attending
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Name	Date of Birth (mm/dd/yyyy)	Current Grade	School Attending
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Family attends what church: _____ Do you attend regularly? Yes No

Do you know a family or teacher at Horizon Christian School? _____

GRANDPARENT NAMES _____
(First and last name and Mr., Mrs., Ms., Dr., Rev., Other)

Home Address _____

GRANDPARENT NAMES _____
(First and last name and Mr., Mrs., Ms., Dr., Rev., Other)

Home Address _____

Horizon Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

PRE-KINDERGARTEN STUDENT INFORMATION

Please complete for each student applying for admission.

Student's Name

Last	First	Middle	Nickname
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Home Address

Street	City	State	Zip Code
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Social Security # _____ Home Telephone _____ Male Female

Date of Birth _____ Place of Birth _____ Country of Citizenship _____

Academic Year Applying _____

Options (See age requirements in Enrollment Packet Instructions): Mon – Fri M/W/F Tu/Th

Ethnic Background (optional) American Indian Black Hispanic White Other

STUDENT EMERGENCY INFORMATION

HEALTH CLINIC OR FAMILY PHYSICIAN

Physician Name	Address	Telephone
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Dentist Name	Address	Telephone
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Name of Insurance Plan	ID#	Subscriber's Name (as listed on insurance card)
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AUTHORIZED PERSONS FOR EMERGENCY CONTACT/CHILD PICK UP, IF PARENTS CANNOT BE REACHED:

Contact #1 _____ Relationship _____
Last Name First Name
Address _____ Home Phone () _____
Work Phone _____ Cell Phone _____

Contact #2 _____ Relationship _____
Last Name First Name
Address _____ Home Phone () _____
Work Phone _____ Cell Phone _____

Contact #3 _____ Relationship _____
Last Name First name
Address _____ Home Phone () _____
Work Phone _____ Cell Phone _____

PRE-KINDERGARTEN CHILD HEALTH & HABITS INFORMATION

The following information will assist us in understanding and caring for your child.

Has your child been enrolled in previous childcare? No Yes Type of Care: _____

How long has your child received childcare? _____

Eating habits and schedule _____

Sleeping habits and schedule _____

Special problems or fears _____

Likes and dislikes _____

Special words and meaning _____

Which hand does your child primarily use? Left Right Both (ambidextrous)

Please indicate any areas of concern regarding your student's health, development, or behavior:

This student has a history of: Hearing problems Vision problems Speech difficulties

Diabetes Asthma Seizure disorder Heart problems Activity restrictions

Allergies _____ Other _____

Please explain any item checked above or any other chronic medical condition that your student experiences.

List any medications that your student uses regularly _____

A COMPLETED CERTIFICATE OF IMMUNIZATION STATUS FORM MUST BE PROVIDED AT THE TIME YOU ENROLL YOUR STUDENT AT HORIZON.

HORIZON CHRISTIAN SCHOOL RELEASE AUTHORIZATION

I/We hereby grant permission for Horizon Christian School to take photos of my/our student and to use his/her photo or quotations in school promotional materials or news purposes. Yes No

I/We hereby grant permission for Horizon Christian School to include names (parents and students), addresses, home phone, and e-mail address in a directory for distribution to Horizon families only. Yes No

In the event of an emergency, I/we authorize the staff to provide any first aid care deemed necessary for my child. Yes No

In the event of an emergency, I/we authorize Horizon Christian School to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 will be called and the child is transported to nearest hospital and seen by the physician on call. (Parents are always notified as soon as possible.) Yes No

My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, and antibacterial first aid cream. (We will contact parents prior to administering any non-prescription pain relievers. Prescription medications must be current and require permission slips for each medication. Yes No

My child may be taken on field trips or excursions by bus, private motor vehicle; and on neighborhood walking excursions, under required supervision. Yes No

My child may participate in water activities under required supervision. Yes No

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AUTHORIZATION TO SERVE MILK

As a courtesy, Horizon Christian Pre-Kindergarten provides milk for each child during lunch time at no cost to you. Please indicate whether or not your child may participate in this program by checking the appropriate box below.

Yes, I give my permission for Horizon Christian Pre-Kindergarten to serve 1% milk to my child at lunch.

No, I do not wish my child to be served milk at lunch. I will provide for his/her beverage and replacement dairy product.

Parent/Guardian Signature

Date

Student

Horizon Christian School

Parental Admission Acceptance Agreement

The *Application for Application* must be completed and all applicable fees paid before the student may be accepted.

Pledge by Parents . . .

I recognize that my child is my responsibility, and that the school considers itself as helping me advance the academic, social, and spiritual growth of my child.

I give permission for my child to take part in school activities, including sports and school-sponsored trips away from school premises, and understand that both the school and the student will make every effort to insure safe participation in these activities.

I am in agreement with Horizon Christian School's spiritual goals that will challenge each student to place their trust in the Lord Jesus, and pursue a relationship with Him of love and obedience.

I agree to support the high academic standards of the school by providing adequate time, a place at home for my child to study and by giving my child help and encouragement in the completion of homework assignments.

I will support the behavioral standards and the spiritual atmosphere of the school, and support and encourage that behavior in my child. I further agree to support the regulations of the school in the student's behalf and will support the school's disciplinary actions as needed.

I understand and agree to the terms stated on the *Admission Procedure* and *Admission Standards*.

I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline, or whose financial obligation remains unpaid.

I agree to pay my financial obligations to the school by the due date (see handbook – available in the school office.)

I understand that issues may arise or actions taken by the school administration which may be relayed to parents out of context, or with incompleteness, and perhaps with criticism from my child. I agree, should this occur, that I will contact the school to obtain the facts. If in disagreement with the school's actions based on the facts, I will seek further understanding with the administration, and communicate appropriately with my child. I agree to build a positive relationship with my child's teacher in order to best serve the academic and spiritual advancement of my child.

I realize that laying a good spiritual foundation for my child begins with godly examples at home. Recognizing this as a priority I/we will make every effort to provide this in our home.

I will do my best to see that my child arrives at school on time. I will call when my child is absent or tardy, or will send written excuse note. I will cooperate in training my children to be respectful of staff, and to school/church property. I agree to pay for any damage to school/church property caused by my child.

I will attend Parent-Teacher conferences, and do my best to attend all parent and parent/student functions.

I understand that Horizon Christian School relies on parents of school families to actively assist Horizon by volunteering their time at a level appropriate to their individual circumstances.

Consent to Policy . . .

I hereby certify my consent and submission to all governing policies of the school. It is understood that the services of the school are engaged by mutual consent; and that either I or the school reserve the right to terminate any or all services at any time.

I have read the above and agree to support the above as stated.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

OR

Guardian(s)'s Signatures:

_____ Date _____

_____ Date _____

Parent Student Handbook

As a parent, I/we are enrolling my child at Horizon Christian School and have read the handbook and agree to abide with the stated policies of the school. I also understand that the Bible and religious training are part of every aspect of the school program. I agree to review and update this information whenever a change occurs.

Signature of father or guardian Date

Signature of mother or guardian Date