



2014-15 Preschool & Pre-Kindergarten Admission Application

Program Options - Please Select Program Preference:

Days per Week Attending

Half-Day

- 2 Days/Week: \$180/month
- 3 Days/Week: \$255/month
- 4 Days/Week: \$320/month
- 5 Days/Week: \$415/month

Full Day

- 2 Days/Week: \$285/month
- 3 Days/Week: \$415/month
- 4 Days/Week: \$515/month
- 5 Days/Week: \$640/month

*Tuition is Paid Monthly through Automatic Payments

After-Care: Are you interested in After-Care? ___ Yes ___ No

If Yes, please state preferred days and hours needed: _____

Student Information:

Last Name: _____ First Name: _____ Middle: _____

Physical Address: _____ City: _____ State: _____

Mailing Address (if different): _____ City: _____ State: _____

Home Phone: _____ Date of Birth: ___/___/___ Gender: M ___ F ___

Church: _____ Pastor: _____

Language Spoken At Home: _____

Child Lives With: ___ Mother ___ Father Other: _____

Parents are: ___ Married ___ Divorced ___ Separated ___ Widowed

Siblings:

1. Name: _____ Age: _____

2. Name: _____ Age: _____

3. Name: _____ Age: _____

Mother Information:

Last Name: _____ First Name: _____ Middle: _____

Physical Address: _____ City: _____ State: _____

Mailing Address (if different): _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____ Text: ___ Yes ___ No

Work Phone: _____ Email: _____

Employer: _____ Employer Phone: _____

Authorized to Pick-Up Child: ___ Yes ___ No

Church: _____ Attend Regularly: ___ Yes ___ No

Mother Statement of Relationship with Jesus Christ: _____

Father Information:

Last Name: _____ First Name: _____ Middle: _____

Physical Address: _____ City: _____ State: _____

Mailing Address (if different): _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____ Text: ___ Yes ___ No

Work Phone: _____ email: _____

Employer: _____ Employer Phone: _____

Authorized to Pick-Up Child: ___ Yes ___ No

Church: _____ Attend Regularly: ___ Yes ___ No

Father Statement of Relationship with Jesus Christ: _____

Signatures:

I, the parent of _____, hereby provided Passion Preschool with complete up-to-date, and accurate and factual information. I understand that any false or omitted information could result in denial of admission or immediate withdraw. I understand that signing this statement that I agree to accept the rules and regulations of the school as stated in the Passion Preschool Parent Handbook.

Mother

Date

Father

Date

I hereby release Passion Preschool and Passion Church Inc. and any representative of the school/church from any liability or responsibility for injuries, damages or expenses that may occur to the above named student from any school activity. I agree to indemnify and save harmless Passion Preschool and Passion Church and any representative of the school/ church against any such claims for injuries, damages, or expense made by or on the behalf of the above student. I understand that Passion Preschool does not carry liability or accident insurance coverage.

Mother

Date

Father

Date

I understand that my child's likeness may be photographed or videotaped by the school in the course of school activities. I hereby give consent for the school to use my child's likeness and name in promotional and/or advertising materials, including the use of video and still photos on the school's website with no financial or other remuneration.

Mother

Date

Father

Date

Check List:

- \$25 Application Fee (Non-Refundable)
- Original Birth Certificate (To be copied and returned to parent)
- Current Shot Record
- Completed Signed Application
- Medical Release Form
- Automatic Payment Authorization Form
- Fee Schedule Signature
- Discipline and Guidance Signature
- Pick Up Authorization Form
- Child Questionnaire

Medical Release:

Last Name: _____ First Name: _____ Middle: _____

Physical Address: _____ City: _____ State: _____

Home Phone: _____ Date of Birth: ___/___/____

Mother's Name: _____ Contact Phone: _____

Father's Name: _____ Contact Phone: _____

Allergies: _____

Special Instructions: _____

Medical Conditions: _____

Medications: _____

Doctor Name: _____ Doctor Phone: _____

Preferred Hospital: _____

Health Plan: _____ Policy #: _____

Emergency Contact (other than Parents):

| | Name | Relationship | Home | Cell | Work |
|----|-------|--------------|-------|-------|-------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |

In the event of immediate medical attention, I grant Passion Preschool and its agents permission to select the medical services that will provide transport and proper medical treatment for my child. I understand that I will be notified at the earliest opportunity.

Mother Date Father Date

I hereby give permission to Passion Preschool and any representative of the school to apply sunscreen and/or bug repellent as needed for outdoor activities.

Mother Date Father Date

Automatic Payment Authorization:

Authorization For ACH Debits (Checking or Savings Accounts)

I hereby authorize Passion Church on behalf of Passion Preschool to initiate ACH debits, for the sole purpose of any fees and payments for _____ (child).

Bank Name: _____

CHECKING ACCOUNT SAVINGS ACCOUNT (Please Check One)

ROUTING # _____ ACCOUNT#: _____

Payments will be processed on the 1st of every month beginning August and ending in May. If an account has insufficient funds when payment is due, the payment must be made in person no later than the 10th of the month for child to continue attending classes. A \$25 insufficient funds fee will be assessed and will be due upon payment of late tuition.

Name: _____ E.I.N./SSN: _____

Signature: _____ Date: _____

Please attach a copy of a check if a checking account is selected.

Authorization For Payment By Credit Card

Name On Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____ Date: _____

Name: _____

Primary Telephone: _____

Address: _____

City/State/Zip: _____

Email: _____

Fee Schedule:

Application Fee

The application fee is \$25.00. This fee is non-refundable and due at the time of application submission. An application will not be processed until application fee is paid.

Registration Fee

Upon acceptance to Passion Preschool, a registration fee of \$280.00 will be due. The registration fee non-refundable is due at the time of the child acceptance at Passion Preschool and due during the re-enrollment period. A student cannot attend classes until Registration fee has been paid. Registration fees are non-transferrable and cannot carryover to another school year.

Payments

Passion Preschool tuition payments are based on a yearly tuition divided into ten equal payments (August 1st - May 1st). Payment is due on the first of each month. All preschool payments must be made through automatic monthly payment deductions. (checking or saving account, or using a credit card). The Automatic Payment Authorization Form must be completed and turned in prior to the child's first day of school. The parent/guardian who is listed on the Passion Preschool registration form is responsible for making the payments on time each month. If tuition is paid in full prior to first day of child attending classes, a 5% tuition discount will be applied.

Tuition Schedule:

Days per Week Attending

Half-Day

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5 Days/Week: \$640/month

Payments made after the 10th of the month will be subject to a 10% late charge with a \$25.00 minimum charge. If tuition is more than thirty days past due, the child may be dismissed from Passion Preschool until the account is made current. Continued delinquency may result in your child being dropped from the program. If there is an outstanding balance at the end of the school year, the child will not be permitted to participate in the year end activities, including graduation.

Discipline and Guidance Policy:

We believe discipline is a necessary and integral part of the training process of children. We do not view discipline as punishment, since it is used to help children develop self-control and respect for others. As children learn accountability for their actions, they also learn that there are consequences for the choices they make. Teachers will give age appropriate responsive guidance and discipline after the occurrence of poor behavior. Examples of poor behavior would be interrupting the class lesson, disrespecting another person, hurting others, damaging property, and endangering oneself.

Responsive guidance and discipline may include but is not limited to:

Redirection of Behavior - The teacher replaces the source of misconduct with another activity or object.

Explanation- The teacher explains the poor behavior and helps the child think of an alternative behavior.

Loss of Privilege- The child will not be allowed to play with a particular object or participate in an activity for a period of time. Teacher will determine the amount of time based on the child's ability to control oneself.

Separation- The child may be removed from a situation and placed in a "time-out" within the classroom or another supervised area. This gives the child an opportunity to calm down and regroup. Before being invited to rejoin the class, the teacher will discuss the child's poor action and guide the child to another acceptable behavior for the future.

If a child endangers the safety of others (i.e. hitting, biting, throwing objects with intent to injure) parents/guardians may be asked to take the child home for the remainder of the day. Consistent behavioral issues could result in a temporary dismissal from the program. We reserve the right to dismiss a child from our programs on a case-by-case basis. Tuition and fees are non-refundable if your child is asked to take time off.

There shall be no cruel, harsh, corporal punishment or any unusual punishments such as, but not limited to yelling, hitting, pinching, shaking, spanking, biting, deprivation of food or sleep, neglect, or any kind of mental, emotional or physical abuse.

I, hereby, agree and accept the terms stated above for Passion Preschool's Discipline and Guidance policy.

Mother

Date

Father

Date



Parent Pick-up Authorization Form School Year 2014-2015

Dear Parents,

Welcome to the 2014-2015 school year! As part of state regulations, we must have a list of persons whom are authorized to pick up your child. Please list below all the people who will possibly pick up your child from school. Please note that if they are not on the list, we will not release your child unless we are notified in writing.

Thank you,
Darlene Eidem
Preschool/Pre-K Director

Child's Name: _____

Teacher: _____

The following people are authorized to pick up my child (include phone number):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Parent Signature: _____

Date: _____ School Year 2014-2015



Parent Questionnaire

Child's Name: _____

Parent or Guardian's Name Filling out Form: _____

Relationship to Child: _____

At Passion Preschool, we feel the more we know about your child, the better we can meet his/her needs. Please take a moment to complete the following questionnaire. We realize the information given can be personal. Therefore, this form will be kept confidential.

What are your child's strengths?

Describe what you like best about your child's personality:

What are your child's favorite activities?

In what areas do you think your child can improve?

Please list any behaviors that would help us understand your child:

What form of discipline do you use with your child at home? (i.e. Time out, paddling, removal of privilege)

Which discipline method works the best?

(child's name)

Please rate your child in the following areas. This information is to help us know where to begin teaching your child.

| Skill | Never Used/Done | Making Progress | Mastery | Comment |
|---|-----------------|-----------------|---------|---------|
| Can hold a writing instrument correctly | | | | |
| Can use scissors | | | | |
| Can listen to an entire picture book | | | | |
| Can follow more than one verbal direction | | | | |
| Can sing the Alphabet song | | | | |
| Can write his/her name | | | | |
| Can recognizes letters | | | | |
| Can recognize shapes | | | | |
| Can count to 10 | | | | |
| Can share with others | | | | |
| Can recognize colors | | | | |
| Can recognize same and differences | | | | |

Please list any other information you think we need to know about your child.



Together, we are a community of disciples that loves God, learns together and serves the world.