



SCHOOL REGISTRATION FORM

Please Attach: Registration Fee \$125 (non-refundable)

3 year old class

_____ T/Th 9:00 – 11:30 a.m.

4 year old class

_____ M/W/F 9:00 – Noon

Child's Name: _____ M ___ F Birthdate: _____

Parent /Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ (work) _____ (cell) _____

Does your child have any health problems or allergies? ___ Yes ___ No

Please explain: _____

Primary Contact:

Name: _____ Relation: _____

Phone (home): _____ (work) _____ (cell) _____

Primary Contact

Name: _____ Relation: _____

Phone (home): _____ (work) _____ (cell) _____

Email for Financial Statements _____



CHILD RECORD

Enrollment Date: _____ Initial Start Date: _____

Child's Name: _____ Preferred Name: _____

Sex: ___M ___F Date of Birth: _____

Current Address: _____ City: _____ State: _____ Phone: _____

Enrolling Parent/Guardian: _____ Occupation: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Parent Guardian: _____ Occupation: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

List Additional persons who may be called in the event of an emergency, and who are authorized to remove your child from this facility. Your child will not be allowed to leave with any other person without written authorization from a parent or guardian.

Name: _____ Address: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Address: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Address: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

Signature of enrolling Parent/Guardian

Date

CONSENT FOR MEDICAL TREATMENT

Parent/Guardian of _____ agrees the provider may consult with the child's nurse or attending physician in regards to this child's health as needed. In the event that we should have questions regarding the health of the enrolling child we may contact one, or more of the following sources of information:

Hospital of choice and phone number: _____

Clark County Health District: (702)759-1301 _____

Doctor Name: _____

Address: _____

Phone: _____

In an emergency, I, _____, (Parent/Guardian) give my authorization to Christ the Servant Staff and any local physician, dentist, or hospital to provide medical care and/or transport my child at my expense.

Medical Plan: _____

Policy Number: _____

Group Number: _____

Phone: _____

Does your child require additional accommodations? Explain: _____

Are the problems serious enough to restrict your child's activities? Explain: _____

Describe, if any, special care required: _____

Does your child have frequent colds? ____Yes ____No

List allergies: _____

Is your child currently taking prescribed medication? ____Yes ____No If yes, for what reason? _____

Name of medications: _____

Signature of enrolling Parent/Guardian

Date



2017-2018 CONTRACT

EDUCATION

Christ the Servant will provide educational and creative learning experiences for the children. The activities will be age appropriate and will consider the uniqueness of each child.

ADMISSION REQUIREMENTS

3 Year-Old-Class: Children must be three years old by 9/30/17 and potty trained.

4 Year-Old-Class: Children must be four years old by 9/30/17 and potty trained.

PRESCHOOL HOURS

3 Year-Old Classes: T/Th 9:00 – 11:30 a.m.

4 Year-Old Classes: MWF 9:00 – Noon.

We will follow the Clark County nine month school schedule. Your child should arrive to school on time and be picked up within 5 minutes after school is dismissed. It may be necessary to charge a \$1 per minute late fee if your child is picked up later than 5 minutes after dismissal time.

REGISTRATION FEES

A non-refundable registration fee of \$125 is due at time of registration.

TUITION

3 Year-Old-Class: \$185 will be due the first of each month to pay for the next month.

4 Year-Old-Class: \$255 will be due the first of each month to pay for the next month.

September's tuition is due at registration for new students and May 1st for current students, it is non-refundable. October's tuition will be due September 1st. You will always pay one month in advance. A \$10 late fee is necessary if tuition is not paid by the 8th of each month.

If tuition is delinquent for two consecutive months, the student will be withdrawn.

WITHDRAWAL POLICY

In the event that you need to withdraw your child, we ask that you notify the School Coordinator in writing. It will not be possible to refund the pre-paid month's tuition.

PARENT PARTICIPATION

Parents will be classroom volunteers on the dates they previously signed up. We ask parents to provide nutritious prepackaged snacks and juice on the days they volunteer. At the August Parent Meeting, parents will sign up for one classroom clean-up date and one social committee date. If parents are not able to help on the previously assigned day, they are responsible for finding a substitute.

CLASS OBSERVATION

Parents are welcome to participate or observe the class at any time as long as it does not disrupt the class. Please notify the teacher if you want to come to class other than the time you have previously signed up to assist.

MEETINGS

There will be an August Parent Meeting to inform you of our school procedures. All parents are expected to attend.

PICK UP

The children will be released only to individuals that have been previously authorized.

RECORDS

Each child's Registration Packet must be completed and turned in during the August Parent's Meeting. The Registration Packet will include the following documentation: Registration Form, Student Information Form, current copy of immunizations, a copy of your child's birth certificate, Health Statement, and a signed Contract. These are all Nevada State requirements. Only students with completed Registration Packets will be allowed to participate.

DISCIPLINE

Your child's behavior is enhanced by positive guidance, redirection of behavior and setting clear limits. Dismissal due to ongoing, unresolved behavior difficulties will be at the discretion of the School Director and Pastor of Christ the Servant.

EXTRA CLOTHES (THREE-YEAR-OLD CHILDREN)

Each child needs to keep an extra change of clothes at school.

NON-DISCRIMINATION POLICY

The Christ the Servant School admits students of any race, color, and national or ethnic origin.

SMOKING POLICY

Christ the Servant School is a non-smoking environment.

TRANSPORTATION

We do not provide transportation for the Preschool children.

CONFERENCES

There will be one parent/teacher conference held in January for the 4 year-old classes.

EMERGENCY PROCEDURES

Our school has an Emergency Procedure Plan that will be used if needed.

C. P. R. / FIRST AID

Our teachers are certified in C.P.R. and First Aid.

CLASS SIZE

Class size is based on state licensing. Classes are generally 8-12 students and are adjusted by Christ the Servant as needed.

YOUNGER SIBLINGS

Younger siblings are invited to the classroom parties and evening functions. In order to provide a safe and ideal classroom environment, younger siblings may not come with the parents on Parent Helper days.

I HAVE READ AND WILL HOLD THE TERMS ON THIS CONTRACT AS NOTED BY MY SIGNATURE ON THE NEXT PAGE.



I have read and will hold the terms of the 2017-2018 contract.

Parent Signature _____ Date _____

Permission to Release Information

I understand that the time my child _____ is in the facility the Director may be asked for information regarding my child. I hereby **give** **do not give** permission to release information to official persons only, who identify themselves, such as schools health care personnel, welfare or other government officials. I realize that the Bureau of Services for Child Care has access to my child's record as the licensing agent.

Permission to Photograph/Video

I **give** **do not give** permission for Christ the Servant Lutheran Church and School, to use, publish or disclose in newsletters, brochures, periodicals, posters, website or other media related vehicles, any photographs, videos, audios or other material in which my child may have appeared, spoken, written or otherwise been represented.

I am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

Parent Signature _____ Date _____

(Please sign this page and return with your Registration Packet.)



Preschool Pesticide & Disinfectant Notification

Please Sign & Return

In compliance with the Southern Nevada Health District, we are providing the following notification regarding the use of Pesticides and Disinfectant Spray. Pesticides are used for pest control approximately every other month at Christ the Servant Preschool. Lysol Disinfectant Spray is utilized as needed in classrooms, bathrooms, and lobby.

Parent Signature: _____

Date: _____



HEALTH STATEMENT

Child's Name: _____ Birthdate: _____

Parent /Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ (work) _____ (cell) _____

Status of above child's health:

This child is capable of adjusting to programs of a school facility. ____ Yes ____ No

Signature of M.D or R.N.

Date