

Wasatch Christian School — APPLICATION FOR ADMISSION

Today's Date: ____/____/____

Children to be Enrolled			
	First	Last	DOB
Child 1			
Child 2			
Child 3			
Child 4			
A copy of birth certificates and immunization records are required for all students. Also, at least one parent must sign up for Brightwheel.			
Please describe the child(ren)'s living situation (split custody, living with both parents, grandparents, step-parents, etc.)			

Parent / Guardian Information			
Relationship to child			
First Name			
Last Name			
Social Security #			
Address			
Home Phone			
Cell Phone			
Employer			
Work Phone			
Email Address			

LEGAL STATUS / UNAUTHORIZED PICK UP ALERT

____ Not Applicable If Divorced or Separated, who has legal custody? _____

List the names of any person who is SPECIFICALLY DENIED permission to pick up your child or children. For custody issues, we must have a copy of the most recent signed court order on file.

EMERGENCY CONTACTS AND AUTHORIZED PICK UP LIST

The following persons may be contacted at our discretion in the event that we are unable to reach you in an emergency or in case you are unable to arrive to pick up your child by closing time (5:30 PM). The persons listed below are hereby authorized and granted permission to pickup my child. (Minimum of 2 names required) Please list at least one out of area/state emergency contact.

Name: _____ Best Phone # _____

Address: _____ Relationship: _____

Name: _____ Best Phone # _____

Address: _____ Relationship: _____

Name: _____ Best Phone # _____

Address: _____ Relationship: _____

MEDICAL, EMERGENCY, AND ALLERGIES

I hereby authorize the staff of Wasatch Christian School to take whatever emergency medical measures necessary for the protection of my child(ren). This includes calling 911 and following their recommendations as to transporting my child to a hospital or clinic without obtaining any further consent. I further agree and give my consent for medical treatment and care as deemed necessary by emergency personnel. I understand that I (We) will be called immediately, but the first consideration will be the proper care of my child(ren). Wasatch Christian School will call 911 if there is any doubt concerning my child(ren)'s safety. I (We) will not hold Wasatch Christian School responsible for any bills of any kind resulting in these actions.

Wasatch Christian School will do our best to see that we conform to your needs as they relate to allergies. WCS is specifically not responsible for medical bills related to any reaction to food or drug allergies. I have listed all known food, plant, drug, and other allergies for my child(ren) on their health assessment. I agree to hold the center harmless and its employees and/or volunteers in the event of an accident to my child which is not the fault of WCS. WCS will not be held liable for any of the expenses related to medical care. I understand that if my child's behavior is disruptive or endangers his/her safety or the safety of others that he/she will be excluded from one or more field trips and refunds will not be given.

As a child care provider and private school, WCS is required by the State to maintain immunization (or exemption) records for all students enrolled. By initialing below, I also authorize WCS to share immunization information with the Utah Statewide Immunization System (USIIS), as required. Initials _____

Financial and Enrollment Agreement

The tuition fees charged by the center are determined by the projected costs of operation for the fiscal year, since the overhead and salary expenses of the center cannot be reduced when children are absent. The charges each week are based on the space that you reserve, thus enabling the school to maintain a sound financial status. I understand that by enrolling my child(ren), I am reserving a space for them every day as listed below and that I will be charged for the space I am reserving. I hereby agree to pay for the space I am reserving by the due day each week.

I hereby request enrollment for my child(ren) in Wasatch Christian School and by so doing I understand that I am asking the center to reserve a space for my child(ren) as I have indicated below. The application for enrollment is a part of this agreement, which becomes binding upon notification by the center Administrator or Director.

I understand that the space will be reserved upon the payment of my first week's tuition. I understand that the charge for tuition is posted to my account and will be paid automatically each week on Mondays. A LATE FEE will be assessed to my account if tuition is not paid on time or if the form of payment is denied. Initials _____

VACATION POLICY

I understand that I am reserving space for my child's enrollment and that I may keep my space reserved during family vacations and understand that I will earn 2 weeks worth of vacation days (equal to the number of days per week for which I have reserved space) after my child has been enrolled at WCS for 1 full year. Vacation days may be used a week at a time, and not used for single day absences. The maximum vacation days you may accrue is 2 weeks. Vacation days do not "roll over" from year to year. If they are not used they will expire at your enrollment anniversary. Children may not attend class while using your vacation days.

Initials _____

ATTENDANCE POLICY

When you enroll your child at WCS you are reserving a space and are charged for that space, regardless of your child's attendance. Weekly or monthly charges are based on your contractual agreement, not the attendance of your child. Breakfast is served at 8:00 am. Children who arrive after 8:15 am will not be served breakfast. As we cannot foresee exact attendance on any specific day, we begin the day with staff based upon our enrollment. If your child will not be attending or will be arriving at the center after 10:00 am on any given day, you must notify the office. If we do not hear from you, there is a possibility of us sending staff home based on our attendance and then we would not have proper staffing if your child shows up later unexpectedly. Finally, it is your responsibility to bring your child indoors, check them in via Brightwheel, and walk them to their classroom.

Initials _____

REGISTRATION FEE

We charge an annual registration fee of \$50 per child (Maximum of \$100/Family) which is non refundable. I understand that I must pay the registration fee upon enrolling my child and each year thereafter. Annual registration will be automatically charged at the beginning of each academic school year.

Initials _____

SUNSCREEN FEE

I agree to pay a sunscreen fee of \$12 per child per year to cover the cost of sunscreen and this charge will be billed on June 1st of each year if your child is registered during June, July, or August. I give my permission for sunscreen to be applied to my child.

Initials _____

FIELD TRIP / ACTIVITY PERMISSION

For your convenience, please sign this "blanket" permission form, which we will keep in your child's file in the office. Each child will be required to wear a seat belt whenever in transit. Children under the state weight/height/age limit will be required to have a booster seat. Walking field trips may also be undertaken, and permission is hereby extended for walking excursions, including going to the park on the west side of the center (40th Street Park).

All children will participate in all activities planned by the center, unless you instruct us to exclude your child from certain types of activities. From time to time, this includes watching videos (G/PG). The children will be able to use our computers for both learning and fun games. Activities may include things such as water days and outdoor play.

I hereby give my permission for my children to participate in all activities sponsored by Wasatch Christian School and give WCS permission to transport my child (ages 4 and older) during school field trips, summer camp field trips, and walking excursions from today forward while attending Wasatch Christian School.

Initials _____

PHOTOGRAPHY PERMISSION

I _____ do _____ give my permission for WCS to photograph my child. These may be used in displays, _____ do not _____ craft projects and promotion, including social media sites.

LATE PAYMENT FEES AND DELINQUENT ACCOUNTS

I understand that payments are due and payable as indicated in this agreement and that I will be charged a \$5 late payment fee each day my payment is not made on or before the due date. I understand that these fees will be added to my account each week my account remains overdue. All payments apply to the oldest charges first, therefore a payment received on a Monday will be applied first to any past due charges, then to current weeks' charges. If current week charges are not paid by the due date, late fees will be incurred for that week even though a payment is made during that week.

I understand that the center will not permit my account to be delinquent for more than one week. If in the event that this happens with my account, I hereby agree that the center will dis-enroll my child(ren). While the center may work with me in extenuating circumstances, I recognize that as long as my account is behind, my child's spot is no longer considered reserved and may be given to another child.

Should collection procedures become necessary, I agree to pay for cost of collections, including collection agency fees, attorney and court fees that may be incurred by the center in collecting any balance due. I understand that the center will report all late payments or collection accounts to the 3 credit bureaus, which may have a negative effect on my credit scores and ratings.

I understand that I will be charged \$20 for each check that is returned to the center for any reason except for bank error, or for any credit/debit card or checking account charge that is revoked. I understand that I must have an up to date debit/credit card or checking account on file, as well as payment information input on Brightwheel. I may pay for more than one week at a time, but all payments are due in advance. Initials _____

LATE / NO PICKUP FEE

I understand that I will be charged a fee of \$1 per minute that I leave my child at the center past closing time of 6:00 pm. The center clock is the official time for determining late pick up time. Our staff will try to contact you first, and then your emergency contacts as listed on your enrollment forms, if you are late and have not contacted us. Our staff will remain in the center until 6:30 pm, at which point we will contact the Police Department, who will notify Social Services to take charge of the child until you can be located. Initials _____

FEE ADJUSTMENTS

I understand that the center management reviews rates being charged along with cost of operation, including cost of staff wages on a regular basis and adjustments will be made as necessary. I understand that I have the option to continue care for my child at the adjusted rate or withdraw my child at that time without further obligation, under this agreement. *Rate adjustments will be preceded by written notification at least two weeks in advance.* Initials _____

DIS-ENROLLMENT BY CENTER

I understand and agree that the center will dis-enroll my child(ren) if I fail to make payments as stated in this agreement. I also understand and agree that the center reserves the right to dis-enroll my child(ren) due to disruptive and/or uncontrollable behavior. I understand that children who cause or have the potential to cause harm to other children or staff will be dis-enrolled for the protection of others.

I agree that my child may be dis-enrolled if for any reason the center cannot meet the needs of my child or is unable to satisfy the needs or desires of the parents. I agree to work with the center director to resolve legitimate complaints in a productive manner and otherwise agree to the dis-enrollment of my child(ren) under the circumstances mentioned above.

I understand that the center will dis-enroll my child(ren) immediately without notice if my behavior as a parent, toward any teaching staff or administrative person in the center becomes threatening or abusive in any manner. This includes but is not limited to raising my voice in a negative manner, using profane language which is in any way directed at any staff person or administrative person in the center or physically threatening or acting in a manner that may be construed as threatening. I agree to resolve any and all disputes and complaints by reasonable discussion with the staff and administration of the center. Initials _____

DISCIPLINE POLICY

We are required to provide parents with a written discipline policy. Our program will ensure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over his or her behavior. We will encourage children to choose alternatives in place of improper behavior. To ensure a safe and successful program, discipline is a must. The following steps will be used for behavior modification:

1. The child will be corrected and ask to change the behavior.
2. The child will be redirected from the situation.
3. Parents will be contacted if behavior is not corrected.
4. The child will not be subject to discipline which is severe or humiliating.
5. Discipline shall not be associated with food, rest, or toilet use.
6. Spanking or any other form of physical punishment is prohibited.

Initials _____

SICKNESS POLICY

Wasatch Christian School operates a "WELL CHILD" daycare and school. Please do not bring your child to childcare or school when he or she is ill or you are suspicious they are becoming ill. Staff will not admit children who are ill and possibly contagious. Admission is at the discretion of the caregiver, not the parents.

If your child is sent home due to illness or possibly contagious symptoms, they will not be allowed to return the following day. If they have a fever, they are not to return for 24 hours after their fever has broke. If a child is ill, they will be cared for in an isolated room away from the rest of the group to minimize the chances of spreading illness. A parent will be notified of their child's illness and will be required to make arrangements for the child to be picked up within a hour of notification by an authorized person.

Our goal at WCS is to keep all children safe and healthy. We understand a sick child can be a hardship on families, however, it is the parent's responsibility to make arrangements if alternate care is needed. In some incidences staff may ask for a doctor's note stating that your child is not contagious and can return to WCS. Please be fair and considerate to our staff and other children enrolled in our center as well as your own child who, when sick, should be in an environment where he or she can rest and receive one on one attention.

The childcare contract may be immediately terminated if the parent gives an ill child a suppressant to mask a fever or illness. Please communicate this to all it pertains to, such as nannies or other people caring for your child. SYMPTOMS REQUIRING YOUR CHILD TO STAY AT HOME ARE (BUT NOT LIMITED TO):

- Fever of any kind
- Vomiting
- Diarrhea (more than twice)
- Lethargy (preventing child from participation in all regular activities)
- Rash (unexplained and/or with fever or behavior change)
- Yellow or green eye drainage
- Blood or mucous in diarrhea or stool
- Mouth Sores with drooling
- Impetigo (a contagious skin disease, until 24-48 hours after treatment begins)
- Strep throat (until 24 hrs after treatment begins and no fever for 24 hours without suppressant)
- Strep throat with rash (until 48 hours after treatment begins)
- Common cold (when accompanied by inability to participate in all regular activities, persistent crying, difficulty breathing, extreme irritability, continuous drainage, or green or yellow drainage from nose, fever)
- Ear infection (when accompanied by inability to participate in all regular activities, persistent cry, or any fever)
- Child complaining that something hurts.
- Child not able to participate in all regular activities
- Teething (when accompanied by extreme irritability, and/or persistent crying, fever)

I (We) agree to respect and abide by this sickness policy of WCS.

Initials _____

WITHDRAWAL AGMT, REQUEST FOR ENROLLMENT, & ACCEPTANCE OF POLICIES & PROCEDURES

I hereby agree to pay for the space I have reserved as stated within this agreement until one of the following conditions are met: 1) I give one week written notice that I intend to withdraw my child(ren) from the center. 2) I sign a new agreement due to a change in my enrollment or due to a change in the fees charged for my reservation. I understand that should I stop bringing my child(ren) to the center without providing at least one week's notice, I will be charged the normal weekly rate until such time as I do provide a written notification. By my signature, I understand that this is a legal document, that I have read and do understand the provisions of this agreement, and that I agree to abide by such provisions. I hereby request that my child(ren) be enrolled in Wasatch Christian School. The information contained in this statement is provided to enable my child(ren) to attend Wasatch Christian School and participate in all activities provided. I acknowledge that Wasatch Christian School will rely on the information provided herein to base decisions about accepting my child(ren) for enrollment and as the basis for providing proper care for my child(ren). I authorize the center to make all inquiries necessary to verify the accuracy of the information contained in this application. I understand that all childcare fees are due in advance, and that my child may be dis-enrolled should I fail to pay fees according to school policy.

Parent Signature

Date

Child Health Assessment

Parent: _____ Parent: _____ Date: _____

Child's Name _____

Does Your Child have any known allergies or sensitivities to the following? (Check all that apply)			
	No	Yes	If Yes Please List
Medications	<input type="checkbox"/>	<input type="checkbox"/>	
Foods (Milk?)	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Family Physician: _____

Phone: _____

Dentist: _____

Phone: _____

Insurance Provider: _____ Preferred

Hospital: _____

Please describe any injuries your child has experienced:

Please describe all serious illnesses experienced by your child, including measles, mumps, etc.:

List any regular medications your child takes:

List any additional health information or special instructions:

	N	Y
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Behavior or Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

This form must be completed for each individual child enrolled and must be reviewed annually by the parent / guardian, and any changes noted:

Reviewed and Up to Date ____/____/____ Parent / Guardian Signature _____

Reviewed and Up to Date ____/____/____ Parent / Guardian Signature _____

Reviewed and Up to Date ____/____/____ Parent / Guardian Signature _____

Child Profile

Child's Name: _____

The information requested on this form will be used by your child's teachers as a tool to gain a better understanding of your child and how we can better meet their needs. It, along with other information about your child, will be placed in your child's file. You are not required to answer any question that you feel invades your child or family's privacy.

Extracurricular activities or interests your child is involved in: _____

Regular responsibilities at home: _____

Pets at home: _____

Interests other family members have that they might share as an activity in the classroom: _____

Fears or anxieties, and steps our staff can take to calm them: _____

Medical issues, special needs, or developmental issues that may limit play and/or participation in center activities, or require special assistance:

Ethnic practices and/or holidays your family observes: _____

Previous childcare arrangements your child has experienced in the past: _____

Previous difficulties with other centers that may be addressed by our staff to better serve you: _____

Please tell us about current goals you are working on with your child so we may provide support or enrichment activities:

Please list anything else you would like for your child's teacher to know about him/her: _____
