

ENROLLMENT AND ADMISSIONS AGREEMENT

HEIGHTS CHRISTIAN SCHOOLS

Brea-Olinda Friends Christian Preschool and Infant Center

200 S. Associated Road, Brea, CA 92821 (714) 990-8780 • FAX (714) 990-4879
office@breachristianschool.org • www.breachristianschool.org • Facility #304270611, #300603820

CHILD NAME: _____ DATE: _____

CHILD INFORMATION

Last Name:		First Name:	
Sex:	Age:	DOB:	Home Phone:
Home Address (street, city, zip):			

PARENT INFORMATION

Father's Full Name:		Mother's Full Name:	
Father's Occupation:		Mother's Occupation:	
Father's Business Address (street, city, zip):		Mother's Business Address (street, city, zip):	
Father's Business Phone:		Mother's Business Phone:	
Father's Cell Phone:		Mother's Cell Phone:	
Father's Email:		Mother's Email:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single			
Who has legal custody of the child?		Do both parents have legal rights to the child? Please Specify:	

ATTENDANCE INFORMATION

First Day of Attendance (date): / /		Program Enrollment: <input type="checkbox"/> Preschool: 2-6 yrs (1:12 ratio) <input type="checkbox"/> Toddler Option 18 -24-30 mo (1:6 ratio) <input type="checkbox"/> Infant Center: 6wks - 18 mo (1:4 ratio)	
Program Attendance: <input type="checkbox"/> Full-Day (6:30 am – 6:00 pm) <input type="checkbox"/> Half-Day (8:30 am – 12:00 pm)		Days Attending: <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 2	Is child potty trained? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
<i>2-day program is Tuesday & Thursday. 3-day program is Monday, Wednesday, & Friday. If other arrangements are desired, they must first be approved by the director.</i>			

FAMILY INFORMATION

Siblings enrolled in our preschool, elementary, or junior high system:			
Name: _____	Grade: _____	Campus: _____	
Name: _____	Grade: _____	Campus: _____	
Name: _____	Grade: _____	Campus: _____	
Other siblings in the home: Name: _____ Age: _____, Name: _____ Age: _____			
Other members in the household: _____			
Family's Church Affiliation: _____			

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- ◆ A registration fee is due upon enrollment and each year thereafter and is non-refundable.
- ◆ Upon enrollment, first and last weeks' tuition is due and is non-refundable.
- ◆ Tuition is a weekly, flat-rate fee and is due in-full regardless of absent days.
- ◆ **ALL PAYMENTS** are due on Mondays (tuition, late fees, etc.).
- ◆ When making a payment, the payment will first be applied to any outstanding balance on the account, and the remainder will then be applied to the current balance.
- ◆ Accounts with any outstanding balance after 12:00 PM on Wednesdays will be assessed a late fee of \$20.00, due on the following Monday.
- ◆ Accounts that are not kept current may result in the child being removed from our program.
- ◆ A service charge of \$40.00 will be assessed for each NSF check or E-check that is issued to the school. After two NSF occurrences, *only* cash, credit or money orders only will be accepted for future payments.
- ◆ Receipts for tuition payments are available upon request.
- ◆ A fine of \$1.00 per minute for late pick-up after 6:00 PM will be assessed and due with the next tuition payment. Habitual tardiness could be grounds for dismissal from the program.
- ◆ The preschool is open Monday-Friday from 6:30 am to 6:00 pm, except on the following holidays: Presidents' Day, Memorial Day, Labor Day, July 4th (or Friday before/Monday after), Thanksgiving (Thursday and Friday), and Christmas vacation (closed December 24th at 1:00 pm through January 1st).
- ◆ Our school is a faith-based school, and thus there is a Christian emphasis throughout every aspect of your child's daily experience with us including, but not limited to, instructional settings, weekly chapel, and playtime. Your signature indicates you understand and support our Christian emphasis.
- ◆ Our school has adopted an official harassment policy, which is in the registration packet. Your signature indicates you have read and understand the policy.
- ◆ Causes for possible removal from the program include, but are not limited to: disciplinary issues, reckless or dangerous behaviors, repeat biting, harassment, verbal or physical abuse of staff or students, non-cooperation with staff, non-payment of account, and philosophical differences with the values of Family Resource Ministries.
- ◆ The California Department of Social Services has the right to interview children and/or staff and has the right to inspect and audit child and/or childcare records relating to the operation without prior consent. (Title XXII, 101200)
- ◆ Our school has a *Parent – Student Handbook*, which is included in the registration packet. Your signature indicates you have read and understand the handbook.
- ◆ 2-weeks written notice is required prior to withdrawal.
- ◆ 30-days advance notice will be given prior to any rate change.
- ◆ **Non-Discrimination Policy:** Our preschool admits students of any race, color, national or ethnic origin to all rights, privileges, programs and activities generally accorded to and/or available to students at school.

I, the undersigned, am the person financially responsible for the Tuition payments. I have read and understand this "Enrollment and Admissions Agreement" and agree to the conditions of admission set forth in this agreement.

I agree to keep my account balance current. I agree to pay any late fees, returned check charges, late pick-up fines, or other fees that might be incurred during my child's enrollment.

I agree to pay \$ _____ for ____ days per week for my child to attend preschool from ____ AM to ____ PM.

Printed Name

X _____

Signature

Date

OFFICE USE ONLY		
Date Form Returned: _____	Fee Paid: <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount Paid: \$ _____
<input type="checkbox"/> Cash Receipt # _____	<input type="checkbox"/> Charge	<input type="checkbox"/> Check # _____
Special rate, discount, or arrangements made by Director:		
IMPORTANT: You must FAX this form to the RC immediately for billing purposes: 714.921.9484		

Emergency Card (Year 2011 – 2012)

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OFFICE USE ONLY
Admission Date: _____
Withdrawal Date: _____

Child's Name: Last		First	Middle	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	Age:
Child lives primarily with (check all that apply): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian						
Name of Father/Guardian			Name of Mother/Guardian			
Father's Home Address (street, city, zip)			Mother's Home Address (street, city, zip)			
Father's Home Phone ()	Father's Work Phone ()	ext.	Mother's Home Phone ()	Mother's Work Phone ()	ext.	
Father's Cell Phone ()	Father's Home Email		Mother's Cell Phone ()	Mother's Home Email		
Job Title	Father's Work Email		Job Title	Mother's Work Email		
Father's Employer			Mother's Employer			
Employer Address (street, city, zip)			Employer Address (street, city, zip)			
Persons (18 years or older) authorized to pick up your child or to be contacted if unable to reach parents:						
1.Name	Address (street, city, zip)		Phone ()	Relationship		
2.Name	Address (street, city, zip)		Phone ()	Relationship		
3.Name	Address (street, city, zip)		Phone ()	Relationship		
4. Name	Address (street, city, zip)		Phone ()	Relationship		
5. Name of person outside California	Address (street, city, zip)		Phone ()	Relationship		
Name and number of your child's physician:			Phone ()			
In case of illness or accident, I hereby authorize school officials to call any local physician if none of the above persons can be reached.						

Authorization of Emergency Medical Treatment

I (we) the undersigned parent(s) or legal guardian of _____ a minor, do hereby authorize and consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medicine practice act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

List any physical restrictions	
Allergies to drugs or foods	Allergic to bee stings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any special medications or pertinent information	
Last Tetanus Toxide Booster	Financial Responsibility
Insurance Company	Policy Number
Date	Signature of Father or Legal Guardian
Date	Signature of Mother or Legal Guardian