



**Calvary Chapel Preschool
Child Care Center**
4250 South 25th East, Idaho Falls, ID 83404
Phone: (208) 542-6250 Fax: (208) 524-0697
Email: school@calvaryifschool.org
Website: calvaryifschool.org

Welcome

Dear Parents,

It is our joy and privilege to be part of the lives of your precious and very special children. The Calvary Chapel Childcare Center Newborn through K-4 Early Education Program is an important and valued ministry to us. It is our desire to create an education/childcare center in which you can feel confident. We want you to know that the staff, the facility, and the programs are all provided to establish a safe, loving, nurturing environment for your child, but also to maintain standards that will both protect your child and meet all the state requirements as well.

Our primary purpose is to be an encouragement and blessing to each child and family. We will do all we can to fulfill this purpose.

As you read through our policies, please understand these boundaries have been put in place as a protective structure for your children and our staff. Our desire is to work with you in each and every situation, listening to you with our hearts while holding to the standards that are needed for the Calvary Chapel Childcare Center to function effectively.

We encourage your child to continue with our Christian Education Program K5-10th grade. We do want to make you aware that by 1st grade we do require at least one of the parents to be attending a local Christian church on a regular basis, to have accepted Jesus Christ as their Savior, and be attempting to grow in their walk with Him.

Loving the Little Ones in Jesus,
Calvary Chapel Staff

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

The Calvary Chapel Childcare Center admits students of any 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.

CHILD CARE POLICIES

HOURS: We are open from 7:15 A.M. to 6:00 P.M. Monday through Friday. **A late fee will be charged if you arrive after 6:00 P.M.** The Childcare Center will be open on specified holidays and special days even when Calvary Chapel Christian School is closed. Parents will be notified of any closures by the Childcare Center.

SIGN IN YOUR CHILD: Every child must be clocked in and out as you drop them off and pick them up.

DROP –INS: We do not accept drop–ins. If you are not scheduled for a day that you need childcare, please call in advance to see if there is space available.

WRITTEN PERMISSION: When allowing a person other than yourself to pick up your child, written permission is required. Identification will be required from anyone who is not known to the staff member. No one under 12 years of age will be allowed to sign out children and take them from the facility. This is for the safety of your child.

LUNCH: Children attending Calvary Chapel Christian Early Education Program/Childcare Center will need a sack lunch. Milk or juice cartons are provided for the cost of .35¢ each. Multiple milk/juice punch cards can be purchased in the school office (\$3.50 for 10 or \$7.00 for 20). We also offer a hot lunch program for the cost of \$3.00 per meal which includes milk or juice. Infant and children under 2 years must bring their own formula and baby food and toddler meals. Snacks are provided in the morning free of charge. Lunch prices are subject to change.

RATES: Please refer to the payment plan agreement for the preschool tuition rates. The before and after school childcare rates are \$2.85 per hour for the first child and \$2.25 per hour for additional children from the same immediate family. The 2 year-old rate is \$3.65 per hour and \$2.92 per hour for additional 2 year-olds from the same immediate family. Infants 0-24 months will be \$25.00 per day. A late fee of \$5.00 will be charged for each 15 minute increment the child is left after 6:00 p.m.; example: Picked up between 6:10 p.m. and 6:15 p.m. = \$5.00 late fee, between 6:16 p.m. and 6:30 p.m. = \$10.00 late fee, etc. This will be added to your bill.

PAYMENTS: Payments are to be made bi-monthly or monthly. Accounts are totaled weekly and payments are applied at the time they are received. Children will not be allowed to attend if your account is not paid and kept current. We will contact you if we do not receive payment in a timely manner.

ILLNESS: **DO NOT** bring your child to school or the child care if he/she is running a fever, diarrhea, vomiting, or has any contagious infections. Running noses that are not running clear for an extended period of time are possibly infectious and contagious. If your child displays any of these symptoms, you will be contacted to pick your child up. Medication forms need to be filled out prior to any medication administered by our staff. Children on antibiotics must stay out of childcare at least 24 hours.

DISCIPLINE: Discipline is given in love, but with firmness. If serious problems arise, we will talk to the parents and ask for their help and cooperation. If your child is defiant, they will be restricted from activities for up to 5 minutes. At times you may receive a note concerning your child's behavior and the discipline administered if we feel you should be aware of a situation or if there is a situation that needs your attention.

BAD WEATHER AND SCHOOL CLOSURES: Weather closures are in accordance to Calvary Chapel Christian School. We will try to open daycare as soon as a staff person can arrive safely.

LONG TERM ABSENCE: Parents need to inform the staff or director as to the nature of the illness and how long the child will be out of the school or child care program, or the length of time the child will be out of town.

WHAT TO BRING: All students 5 years old and under need a complete change of clothing, a small blanket and pillow for the afternoon nap. **Take blankets and pillows home each Friday to be washed and brought back the following Monday.** Your child's name must be on each item. Please check your child's assigned plastic container periodically to see if your child's clothes still fit in case they are needed. Infants 0-24 months will need to bring 2 changes of clothes and a blanket in a diaper bag. Diapers, bottles, sip cups, formula, breast milk, baby food, and toddler food will need to be in the diaper bag as well. All other education supplies and materials will be provided through your registration fee.

Emergency Number's: (Other than Parent's; must have at least 2)

Name: _____ Home #: _____ Cell #: _____

Relationship: _____ Address: _____

City: _____ Zip Code: _____

Name: _____ Home #: _____ Cell #: _____

Relationship: _____ Address: _____

City: _____ Zip Code: _____

Students of Calvary Chapel Christian School will not be allowed to leave campus with any person other than a parent without **written** authorization from a parent or guardian. Identification will be required from all authorized persons until they are easily recognized by CCCS staff. The above people are authorized to pick up my CCCS school-aged child from school or school-sponsored activities. I understand that no other persons will be allowed to pick up my child without my **written** consent.

Doctor's Name: _____ Phone No.: _____

Dentist's Name: _____ Phone No.: _____

Insurance Company: _____ Phone No.: _____

Is your child taking any medications on a regular basis? (For example; for diabetes, heart condition, asthma, skin condition, etc.)

No

Yes

If yes, explain: _____

Any restricted activity or allergies? _____

PARENT/GUARDIAN STATEMENT

The non-refundable Application/Evaluation Fee of \$50.00 must accompany this form.

This **Application for Admission** is an expression of intent only, and is not binding upon the family or school. It is also understood that any offer of enrollment subsequently accepted is contingent upon the essential accuracy of the statements made in this application, and is further contingent upon the applicant's successfully completing his/her present academic program.

Signature of Father or Guardian: _____

Signature of Mother or Guardian: _____

Date: _____

Calvary Chapel Christian School admits students of any race, color, gender, or ethnic origin to all the rights, programs, and activities made available to students of the school. It does not discriminate on the basis of race, color, gender, national, and ethnic origin in the administration of its educational policies, admission policies, scholarships, athletics, or any other school-administered programs.

Release of Student's Photo or Video

I release pictures and/or video's of _____ to Calvary Chapel Christian School to use in media pertaining to our school including our facebook and website.

Signature of Parent: _____ Date: _____

I give permission for my family to be in the school directory:

Yes **No**

PAYMENT PLAN AGREEMENT
One Time Yearly Registration Fee (non-refundable)
 Fees are for registration, educational materials, and supplies

Infants 0-24 months		K-2 M-F 8:30-11:00		K-3 M-F 8:30 - 11:00		K-4 M-F 8:30 - 11:30
\$35.00		\$100.00		\$100.00		\$130.00

Registration Fee: A \$50.00 Non-Refundable Deposit (which will be applied to the registration fee) must accompany this application to hold your child's place. Your check will be held until your child is placed in a class. If we are unable to place your child, we will return your check to you. The registration fee **must be paid in full before your child can attend.** We accept payments during the summer months for registration fees and prepaid tuition.

Tuition Schedule

Due by the 1st of each month for 9 months, late charge \$10.00 after the 7th

<i>*Infants to 24 months</i>	<i>*K-2</i>	<i>*K-3</i>	<i>K-4</i>	<i>K-4</i>
Daily Rate	Monthly Rates	Monthly Rates	3 day program	5 day program
Daily rate of \$25.00	\$ 101.00 (3 day/2.5 hrs/day)	\$ 80.00 (3 day/2.5 hrs/day)	\$92.00/Month	\$154.00/Month
	\$134.00 (4 day/2.5 hrs/day)	\$101.00 (4 day/2.5 hrs/day)		
	\$167.00 (5 day/2.5 hrs/day)	\$125.00 (5 day/2.5 hrs/day)		
	\$22.00/Day-All Day Child	\$20.00/Day-All Day Child		
	\$424.00/Month	\$403.00/Month ;		

****Daycare programs have different rates to best fit your child's schedule. The best rates are listed for full time working parents. The monthly tuition must be paid whether your child comes to preschool or doesn't come.***

After School Childcare Rates: 1st child \$2.85 per hour, additional children \$2.25 per hour from the same immediate family (these rates are for 3 year olds through 10 year olds). 2 year old child is \$3.65 per hour, additional 2 year old child/twin is \$2.90 per hour from the same immediate family.

I AGREE TO PAY CALVARY CHAPEL EARLY EDUCATION AND CHILDCARE CENTER ACCORDING TO THE FOLLOWING TERMS:

PAYMENTS: Monthly Tuition is due by the 1st of each month for the Early Education Program. The Childcare Program accounts (**daily & hourly**) will be billed every other week and must be paid bi-weekly or monthly unless other arrangements have been made.

I will be paying my Childcare bill (circle one) Bi-Monthly Monthly

CREDIT CARDS: We accept Visa, Mastercard, Discover, and Debit Cards. This year we will not be charging to use this service. If you would like your tuition, daycare, and/or lunches deducted from your card automatically each month please fill out a credit authorization form in the office.

TUITION PAYMENTS: Tuition payments are due in full on the 1st of each month. If payments are not received by the 7th, a \$10.00 late fee will be assessed to your account. If the account becomes 14 days delinquent any time during the school year, you will receive a reminder phone call from our office requiring immediate payment in full on your balance. If your account becomes 30 days delinquent, we will require you to take your child out of school until the balance is paid in full.

BEFORE AND AFTER SCHOOL ACCOUNTS: Daycare billings will be sent home every two weeks. This bi-weekly billing needs to be paid within seven days. If this account is not paid within that time period, we will not be able to allow you to use those services until the account is brought current.

RETURNED CHECK FEE: A \$25.00 returned check fee will be charged to your account if a NSF check is returned to us by our bank. You will be notified immediately and you will need to make up that payment in full with cash, credit card, cashier's check, or money order.

LATE PICK UP FEE: Our childcare facility closes at 6:00 pm. A late fee of \$5.00 will be charged for each 15-minute increment the child is left after 6:00 pm. (Example: If your child is picked up at 6:30 pm, a late fee of \$10.00 will be charged.)

We encourage you to be a faithful steward of the responsibility that God has entrusted to you. Should you, during the term of your agreement, find it difficult to comply for any reason, please contact us so that we might discuss the problem openly and honestly.

Signature

Date

Infant-K4 Emergency Information 2011-2012

COMPLETE BOTH SIDES IN BLUE OR BLACK INK **ONLY**

Child's Name: _____ Date of Birth: ____/____/____
Address: _____ Home Phone: _____
City: _____ Zip Code: _____

Parent's Living with Child

Father's/Stepfather's Name: _____ Work #: _____ Cell #: _____
Mother's/Stepmother's Name: _____ Work #: _____ Cell #: _____

Parent's **NOT** Living with Child

Father's/Stepfather's Name: _____ Work #: _____ Cell #: _____
Mother's/Stepmother's Name: _____ Work #: _____ Cell #: _____

Emergency Number's: (Other than Parent's; must have at least 2)

Name: _____ Home #: _____ Cell #: _____
Relationship: _____ Address: _____

City: _____ Zip Code: _____

Name: _____ Home #: _____ Cell #: _____
Relationship: _____ Address: _____

City: _____ Zip Code: _____

Doctor's Name: _____ Phone #: _____
Dentist's Name: _____ Phone #: _____

Health History

How would you describe your child's overall health? _____

Has your child, to your knowledge, used any type of drugs, alcohol, or tobacco? Yes No

If yes, please comment on the circumstances. _____

Check any medical conditions that may apply to your child of which the school should be aware:

____ Asthma ____ Allergies ____ Epileptic ____ Chronic Illness ____ Diabetic

____ Past Injuries ____ Contacts Worn ____ Other _____

Initial if you permission for: ____ Tylenol ____ Tums ____ Motrin ____ Benadryl

Medical Release Form

Parent Release For _____: As a parent or legal guardian, I authorize a licensed physician to examine the above named student and in the event of an injury to render such emergency care as he/she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. I further authorize the school authorities to send the above named student to the most accessible hospital or physician. It is understood that an effort shall be made to contact the parent or guardian prior to rendering treatment. I am also releasing Calvary Chapel Christian School and any authorized agents for any liability arising from any acts or omissions by me.

Signature of Parent or Legal Guardian: _____ Date: _____

Field Trip Permission Slip for K2-K4

We will be going on various field trips throughout the 2011-2012 school year. We need your permission for your child to participate. Please fill in the blanks below and turn in to the school office. This form **MUST** be completed and turned in, in order for your child to participate in the field trips. Thank you.

Child's Name: _____ Grade Child is in: _____ Teacher: _____

I, _____, give Calvary Chapel Christian School permission to take my child, _____ on field trips throughout the 2011-2012 school year.

Signature of Parent or Legal Guardian _____ Date: _____

Child's Information:

_____ (_____)
Last First Middle Name child goes by
Gender _____ Age _____ Date of Birth _____ Social Security Number _____

My child's first day of attendance will be: _____

What one characteristic of your child do you value most?

Has your child attended pre-school? ___ Yes ___ No

Ethnic Background: ___Caucasian ___Hispanic ___African American ___Native American ___Other

We would appreciate any additional information that would help the teacher interact with your child in a more knowledgeable way (temperament, fears, physical limitations, family situations, social adaptation, extra-curricular activities, etc.) Please use an additional sheet of paper if you need additional space.

PICK UP & DROP OFF SCHEDULE:

Opens: 7:15 A.M. Closes: 6:00 P.M.

Please list the days and times your child will be attending child care/pre-school:

- ♥ MONDAY _____ TO _____
- ♥ TUESDAY _____ TO _____
- ♥ WEDNESDAY _____ TO _____
- ♥ THURSDAY _____ TO _____
- ♥ FRIDAY _____ TO _____

NAME OF PERSONS AUTHORIZED TO TAKE YOUR CHILD FROM FACILITY

****IMPORTANT NOTE: If there are parental restrictions, we must have legal documentation on file.**

Name:	Relationship and Phone Number
_____	_____
_____	_____
_____	_____
_____	_____

THE REGISTRATION FEE MUST ACCOMPANY THIS FORM. THE REGISTRATION FEE IS NOT REFUNDABLE. NO CHILD CAN BE ADMITTED WITHOUT COMPLETED REGISTRATION FORMS, IMMUNIZATION RECORDS, AND BIRTH CERTIFICATE.

SIGNATURE BELOW INDICATES THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED CHILD, AND HAVE READ AND AGREE WITH ALL THE POLICIES OF THE CALVARY CHAPEL CHILDCARE CENTER.

Parents Signature _____ Date _____