

ENROLLMENT AND ADMISSIONS AGREEMENT

HEIGHTS CHRISTIAN SCHOOLS

La Mirada Heights Christian Preschool

12200 Oxford Drive, La Mirada, CA 90638 • (562) 902-1779 • FAX (562) 902-1769
office@lamiradaheights.org • www.lamiradaheights.org • Facility #198006195

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: | | Mother's Business Address: | |
| 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) | |
| 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: _____ | | | |

ENROLLMENT AND ADMISSIONS AGREEMENT

- ◆ 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.). 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 that is issued to the school. All checks physically returned to us by the bank have had two attempts made to be cleared, thus resulting in a total of \$40.00 in fees. After two returned checks, cash or money orders only will be accepted for future payments.
- ◆ If using Visa, MasterCard or Discover, a \$7.00 convenience fee applies per transaction.
- ◆ Receipts for tuition payments are available upon request.
- ◆ Upon enrollment, first and last weeks' tuition is due and is non-refundable.
- ◆ A registration fee is due upon enrollment and each year thereafter and is non-refundable.
- ◆ 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: No Yes Amt. Paid \$ _____

Cash Receipt # _____ Charge 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 |