

APPLICATION FOR ENROLLMENT 2022-2023

Summit Christian Preschool

2780 Clays Mill Road
Lexington KY 40503
(859) 277-0503

Today's Date: _____

Start Date: _____

Child's Full Name _____ Nickname _____

Date of Birth _____

Male or Female (circle one)

- ☐ 2-year-old
☐ 3-year-old
☐ 4-year-old
☐ Transitional Kindergarten* (5 day programs only)

*Child must turn 5 years old before December 31, 2022

All children 3 years old or older must be completely toilet trained.

Morning Class

8:10 A.M. – 11:30 A.M.

Full Day

8:10 A.M. – 3:20 P.M.

Prices are for the full school year August–May

____ 5 days (M-F) \$3,219.00

____ 5 days (M-F) \$6,341.00

____ 3 days (MWF) \$2,253.00

____ 3 days (MWF) \$4,437.00

____ 2 days (T/TH) \$1,610.00

____ 2 days (T/TH) \$3,169.00

Enrollment Fee: \$150.00

AM & PM CARE

This service is available on a commitment only basis. Please choose which options you will be needing for the school year. If you do not need this service now but in the future something changes, please give us two weeks' notice for staffing purposes.

- ☐ AM CARE 7:30- 8:00 A.M.
☐ PM CARE 3:30-5:30 P.M.

Please circle days needed:

Monday Tuesday Wednesday Thursday Friday

A Milk Fee is paid in August and January at a cost of \$40 per semester. This will be charged to your FACTS account.

Summit Christian Academy Preschool follows the SCA school calendar from August to May. Total school days are 177 days. We will have breaks for holidays and Teacher In-Service days throughout the school year.

Father/Guardian Information

Name _____ Address _____
City _____ Zip _____ Lives with student? (Y/N) _____
Cell Phone () _____ Work Phone() _____
Email address _____
Employer/Occupation _____
Position _____

Mother/Guardian Information

Name _____ Address _____
City _____ Zip _____ Lives with student? (Y/N) _____
Cell Phone () _____ Work Phone() _____
Email address _____
Employer/Occupation _____
Position _____

Other Emergency contacts if parents are unavailable.

#1 Name _____
Phone# () _____ Relationship: _____
#2 Name _____
Phone# () _____ Relationship: _____

Other than parents, **CHILD WILL BE RELEASED ONLY TO PERSONS INDICATED BELOW.** They must show ID when picking up your child.

1. Name _____ Phone# _____
2. Name _____ Phone# _____
3. Name _____ Phone# _____
4. Name _____ Phone# _____

List any special physical conditions/allergies we should be aware of. (Please write "none" if applicable.)

Names and ages of other children in the family.

Please fill out the following questions to the best of your knowledge. These answers will help us to provide the best education possible for your child.

Are there other relatives living in the house besides the family members you have already listed?

Has your child had any group play experiences? _____ If yes, explain _____

Does your child separate well from parents/guardian? _____

How do you discipline your child? _____

How does he/she react? _____

Does your child play with any children? _____ Ages of other children? _____

Does your child own any pets? (Y/N) What kind? _____

What church do you attend? _____

Does your child attend Sunday School? (Y/N) Regularly? _____

List other church activities your child attends _____

Does your child have any special problems involving social relationships, diet, habits, discipline etc.? (Y/N) Describe _____

What are the child's interests? _____

How did you hear about Summit Christian Preschool? _____

This application does not assure final enrollment but rather provides much of the information upon which a decision will be based. **NON-REFUNDABLE ENROLLMENT FEE** must accompany this Student Application. New students must also provide a complete and up-to-date **IMMUNIZATION RECORD**. If you are placed on a class Wait List, the **ENROLLMENT FEE** will hold your place until the second day of school. If no space becomes available by that time, you may withdraw your name from the Wait List and receive full refund of all moneys paid. Voluntary withdrawal from the Wait List prior to the second day of school will result in a loss of Enrollment Fee.

Summit Christian Academy reserves the right to make final decisions concerning student placement.

SUMMIT CHRISTIAN ACADEMY PRE-SCHOOL

EMERGENCY FORM

STUDENT'S NAME: _____ HOME PHONE: _____

MAILING ADDRESS: _____

PARENT'S EMAIL ADDRESS: _____

FATHER'S NAME: _____ FATHER'S WORK PHONE: _____

FATHER'S CELL PHONE: _____

MOTHER'S NAME: _____ MOTHER'S WORK PHONE: _____

MOTHER'S CELL PHONE: _____

PERSON TO CALL IN EMERGENCY: _____ PHONE: _____

FAMILY DOCTOR: _____ PHONE: _____

HOSPITAL TO BE TAKEN TO IN EMERGENCY: _____

PLEASE SIGN BELOW FOR CONSENT TO EMERGENCY TREATMENT IN CASE WE ARE UNABLE TO CONTACT EITHER PARENT:

WE, _____ AND _____, PARENTS OF

_____ GIVE CONSENT FOR TREATMENT IN CASE OF EMERGENCY.

MEDICAL INFORMATION

List any known allergies, please be specific:

Physical problems or special instructions:

Parent Signature

AUTHORIZED PICK-UP

The following individuals are authorized to pick up my child from school.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

PLEASE NOTE: IF ANYONE OTHER THAN THOSE LISTED ABOVE PLANS TO PICK UP YOUR STUDENT FROM SCHOOL, YOU MUST SEND WRITTEN AUTHORIZATION TO SCHOOL IN ORDER FOR YOUR CHILD TO BE RELEASED. THANK YOU!

Parent Signature

Date