

APPLICATION FOR ENROLLMENT 2024-2025

Summit Christian Preschool

Child's Full Name _____ Date of Birth _____
 Male/Female _____ Start Date: _____

Choose a program: All Tuition is from August 2024 – May 2025

Transitional Kindergarten

Must be 5 years old on or before December 31, 2024 & completely toilet trained.

_____	Transitional Kindergarten Full Time (8:10am -3:30pm)	\$7,324
_____	Transitional Kindergarten Half Time (8:10am -11:30am)	\$3,318

3 & 4-Year-Old Program

4-year-old program must be 4 years old on or before October 1, 2024 & completely toilet trained.

3-year-old program must be 3 years old on or before October 1, 2024 & completely toilet trained.

FULL DAY (8:10am – 3:30pm)

_____	5 days a week (Monday-Friday)	\$7,324
_____	3 days a week (Monday, Wednesday, Friday)	\$5,125
_____	2 days a week (Tuesday, Thursday)	\$3,660

HALF DAY (8:10am- 11:30am)

_____	5 days a week (Monday-Friday)	\$3,718
_____	3 days a week (Monday, Wednesday, Friday)	\$2,603
_____	2 days a week (Tuesday, Thursday)	\$1,860

2-Year-Old Program

Must be 2 years old on or before October 1, 2024.

FULL Day (8:10am-3:30pm)

_____	5 days a week (Monday-Friday)	\$7,390
_____	3 days a week (Monday, Wednesday, Friday)	\$5,171
_____	2 days a week (Tuesday, Thursday)	\$3,693

HALF DAY (8:10am- 11:30am)

_____	5 days a week (Monday-Friday)	\$3,752
_____	3 days a week (Monday, Wednesday, Friday)	\$2,626
_____	2 days a week (Tuesday, Thursday)	\$1,877

Re-enrollment Fee (before January 31, 2024): **\$225.00**

Enrollment Fee (after February 1, 2024): **\$275.00**

(Enrollment Fees are non-refundable)

Milk Fee (Full Day students only) **\$45.00 per semester**

Milk is a state requirement. Please indicate if your child has a milk allergy and will bring an alternative: _____

This section must be completed. There can be no blank spaces. Thank you.

List all food allergies (write "none" if not applicable) _____

Non-food allergies (write "none" if not applicable) _____

List any specific physical conditions we should be aware of (write "none" if not applicable):

List any medications that will be needed at school (examples: inhaler or epi-pen) _____

Child's Doctor _____ Phone# _____

In the case of an emergency, we will take your child to **UK Children's Hospital**. If you prefer a different hospital, please specify here: _____

AM & PM CARE

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

- AM CARE 7:30- 8:00 A.M. (\$4 per day)
- PM CARE 3:30-5:30 P.M. (\$8 per day)

Please circle days needed:

Monday Tuesday Wednesday Thursday Friday

Our school is culturally diverse. This is one of the great things about Summit! We would like to know what country you are from to better service you and your child. If this is something you are willing to share with us, please indicate here: _____

What church does your child attend? _____

Summit Christian Preschool does not require church attendance to be admitted to the school. We will talk about Jesus during the day, have Bible time every day, and Chapel once a week.

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 _____

Names and ages of other children in the family.

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

Other Emergency contacts if parents are unavailable. *(These individuals will be called if we cannot get ahold of the parents and a pick up is needed for any reason).*

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

This application does not guarantee final enrollment but rather provides much of the information upon which a decision will be based. **A 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 a full refund of all money 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.

New Families: Please provide the best parent/guardian to contact for interview and Brigrance testing:

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. Please do not leave any question unanswered, you can put "none" or "n/a" if it does not pertain to you.

Does your child play with any children? _____ Ages of other children? _____
Has your child had any group play experiences? _____ If yes, what kind of groups? _____

When playing with children how do they interact? _____

Does your child play independently? _____
If you go to church, does your child attend a children's program at church? _____
List other church activities your child attends (ie VBS, Children's Events) _____

Does your child separate well from parents/guardian? _____
How do you discipline your child? _____
How does he/she react? _____

Does your child struggle with discipline? If so explain. _____

Does your family have pets? If so what kind of animals and the names of pets _____

What are the child's interests? _____

How does your child interact in social relationships? _____

Explain your child's diet or eating habits? Are there any specific issues? _____

Does your child have any specific habits that we should be aware of? If yes, please describe. _____

Does your child have a specific ongoing diagnosis that we should be aware of? _____

How does your child rest at nap time? _____

How would you describe your child's behavior? _____

Is your child in any speech, occupational, or physical therapy? If so, what kind and are you willing to give access to the therapist for educational purposes _____

Parent Questions

Describe your approach to parenting? _____

Lead teachers will correspond through email and/or other means to keep you informed about your child’s class. We will have a daily sheet that will give you as a quick look into your child’s day, a monthly newsletter of upcoming events, and emails periodically. Additionally, there will be a schoolwide email (academy and preschool) that will go out on Mondays and Thursdays. This will give you advanced notice on PTF information, schoolwide events, and preschool news. Please sign that you agree to the following statement:
I will be attentive to school correspondence.

Summit Christian Preschool will have two parent teacher conferences during the year, at least two-family field trips, and opportunities for family engagement activities either on campus or as a take home project. Our goal is to partner with families. Please sign that you agree to the following statement:
I will do my best to actively participate in family engagement activities.

How did you hear about Summit Christian Preschool? _____

In the event of an emergency (inclement weather etc.) there will be a text blast that will inform you of school early dismissal, school cancellation, or delay of schedule. To be a part of this email blast, we need your written permission to set up the account. Below please state your phone carrier for this process.
Mom’s cell carrier _____ Mother’s signature _____
Father’s cell carrier _____ Father’s signature _____

Summit Christian Academy Preschool begins in August and ends in May following the SCA school calendar. We will have breaks for holidays and Teacher In-Service days throughout the school year. Please visit lexingtonsummit.org for the school calendar.

Updated immunization records must be received before the beginning of each school year. New students, please send in by July 1, 2024. Returning students contact the director to know if you need a new one on file.

Permission for Field Trips (on property)

This is a mandatory signature as it is part of our daily routine. Unsigned permission will not be able to attend Summit Christian Preschool.

I, being the parent of _____ (child's name), grant permission to the Summit Christian Academy to take field trips on the property of First Assembly Church of God (examples: playground, impromptu walks, visit Ministry Center on church property).

Signature of Parent/Guardian _____ Date _____

Photograph Release

I, parent of _____ (child's name), release Summit Christian Academy to photograph, tape voice and/or videotape my child while participating in daily activities, and to use the photographs, voice and/or videos in displays or other publications showing these daily activities.

Signature of Parent/Guardian _____ Date _____

Address and Phone Number Release

Summit Christian Preschool does not give out information nor makes a School Directory accessible to public. The following information is regarding your classroom and parents requesting information (i.e. Birthday parties or playdates.) Please fill out if you are willing for your email and phone number to be released to families in your class only.

Child's Name: _____

Parents: _____

Email address _____

Phone number _____

Pledge of Support

Parents are asked to agree to the following Pledge of Support:

I pledge my full support to the stated aims and policies of Summit Christian Preschool. I will make every reasonable effort to comply with said aims and policies.

In the spirit of Galatians 6:1-2 and in accordance with Matthew 18:15-18, I will promptly handle any grievances or criticism I may have of the administration, staff, or policies of SCA.

I recognize the importance of going directly to the person(s) involved while guarding my lips and heart against spreading criticism and against developing a bitter attitude.

I recognize my responsibility to maintain close communication with my child's teacher by attending regular conferences, following through with homework assignments or slips to be signed, and by seeking the teacher's opinion when there is any question about my child's progress or behavior at school.

I will support the education program at SCA by:

- Providing my child with needed supplies and materials
- Seeing that my child attends school regularly
- Arriving on time and being picked up promptly after school.
- By sending written excuses for tardiness and absence
- By cooperation in training my child to respect others and school property
- By paying for all lost or damaged property.
- I will attend special school functions regularly and will assist in school programs and functions.
- I will pray regularly and fervently for my child and for the overall ministry of Summit Christian Academy.
- I will seek the advancement of Summit Christian Academy (as stated above) over a prolonged period of time, or it may result in involuntary dismissal of my child.

Parent Signature

Date

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