

Horizon Christian Pre-Kindergarten Student Application



We believe the primary method of learning for a young child is through play. Our early childhood education curriculum goals are built on this belief; that children learn through active experiences with the environment and under the supervision, interaction, and training of their teachers.

HORIZON CHRISTIAN PRE-KINDERGARTEN

“(WISDOM) IS LIKE A TREE OF LIFE TO THEM THAT LAY HOLD UPON HER...” Proverbs 3:18

700 Pacific Ave * Hood River, Oregon 97031 * Office (541)387-3200 * FAX: (541)386-3651

Dear Parents:

Horizon Christian Pre-Kindergarten staff has worked to develop a caring, enriching, Godly environment for children. You, the parent, have chosen Horizon Christian Pre-Kindergarten to care for your child because of the commitment we have to provide a distinctively Christian program. We realize you have entrusted the most important part of your lives to us – your child. It is our desire to work with you by sharing this very important responsibility.

We wish to help your child make successful social adjustments, achieve moral and spiritual values, develop proficiency in learning, and to help them become independent and creative citizens. We strive to help each child achieve and maintain sound physical and mental health. We choose to meet the special needs of each child through the Godly, self-disciplined lives of the teachers who work with your children as well as through a Bible-centered curriculum.

Open communication is very important to us. We greatly value your input regarding your child's recent experiences and interests at home and we in turn will keep you informed of all program experiences, giving you continual information on your child's progress. If you have any questions or concerns, just ask. We welcome and encourage your feedback.

Please feel free to call or visit anytime.

In God's Service,

Renee Rieke
Elementary Principal

Shannon Wenz
Director

HORIZON CHRISTIAN SCHOOL PRE-KINDERGARTEN

700 Pacific Ave * Hood River, OR 97031



ENROLLMENT PACKET INSTRUCTIONS FOR NEW PRE-KINDERGARTEN STUDENTS

What an honor that you have chosen to enroll your child here at Horizon Christian Pre-Kindergarten. We are looking forward to a successful year ahead as your child grows and develops. Please carefully read, sign, complete and check all items requested in the attached Enrollment Packet. Return the completed forms within one week. Without the completed packet we cannot guarantee a space for your child beyond one week. Please allow for time to verify your child's class placement and immunizations. Call us with any questions at 541-387-3200.

Eligibility requirements for Pre-Kindergarten Students enrolling at Horizon Christian School are: He/She must be four years of age on or before September 1 of the year applying for the 3-day (M-W-F) or 5-day (M-F) program. If applying for the 2-day (T-Th) program he/she must be three years of age on or before September 1, be potty trained and socially/emotionally ready.

Check the items off as you complete them:

- THE ENROLLMENT AND AUTHORIZATIONS FORM (3 pages), Please fill out completely
- TUITION & FEE STRUCTURE AGREEMENT: Carefully read the Policy and keep for future reference. Return the Financial Contract as soon as received.
- COMPLETE THE CHILD'S EMERGENCY INFORMATION FORM
- COMPLETE THE MILK AUTHORIZATION FORM, date and sign
- BRING COPY OF YOUR CHILD'S IMMUNIZATIONS RECORDS as required by Oregon State Health Department.
- COMPLETE THE PARENT ACCEPTANCE AGREEMENT, read, date and sign.
- RECEIVED AND READ THE HORIZON CHRISTIAN SCHOOL POLICIES AND PROCEDURE HANDBOOK This handbook provides information about our program. Keep it for reference during the time your child is attending Horizon Christian Pre-Kindergarten.
- APPLICATION FEE. Please note that this fee is non-refundable. We must have your completed paperwork within one week after registration to hold a spot for your child.
- Return all forms to the school office during office hours: Monday – Friday: 8:00 am – 3:30 pm

Application for Admission

THE FOLLOWING SHOULD BE COMPLETED BY THE STUDENT'S PARENT/GUARDIAN

Please see the Tuition & Fee Schedule included in this packet for the amount of the application fee that is required with this application.

FAMILY INFORMATION

PARENT/GUARDIAN 1 _____ (First and last name and Mr., Mrs., Ms., Dr., Rev., Other)	Relationship to student _____
Home Address _____ (include street address, PO Box)	Home Telephone _____
_____ (City, state, and zip code)	Cell Phone _____
Email Address _____	Occupation _____
Employer Name _____	Business Telephone _____
PARENT/GUARDIAN 2 _____ (First and last name and Mr., Mrs., Ms., Dr., Rev., Other)	Relationship to student _____
Home Address _____ (include street address, PO Box,)	Home Telephone _____
_____ (City, state, and zip code)	Cell Phone _____
Email Address _____	Occupation _____
Employer Name _____	Business Telephone _____

Parents/Guardians are:

☐ Married ☐ Separated ☐ Divorced ☐ Mother Remarried ☐ Father Remarried ☐ Mother Deceased ☐ Father Deceased

Name of birth parent if other than above: _____ Phone Number: _____

Address: _____ Email: _____

Would you like information sent to this individual (e.g. newsletters, report cards, etc.)? ☐ Yes ☐ No

Other school age children living with the family:

Name	Date of Birth (mm/dd/yyyy)	Current Grade	School Attending
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Family attends what church: _____ Do you attend regularly? ☐ Yes ☐ No

Do you know a family or teacher at Horizon Christian School? _____

GRANDPARENT NAMES _____ Email _____
(First and last name and Mr., Mrs., Ms., Dr., Rev., Other)

Home Address _____

GRANDPARENT NAMES _____ Email _____
(First and last name and Mr., Mrs., Ms., Dr., Rev., Other)

Home Address _____

Horizon Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of 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.

PRE-KINDERGARTEN STUDENT INFORMATION

Please complete for each student applying for admission.

Student's Name

Last	First	Middle	Nickname
Home Address			

Street	City	State	Zip Code
Home Telephone _____			

_____ ☐ Male ☐ Female

Date of Birth _____ Place of Birth _____ Country of Citizenship _____

Academic Year Applying _____

Options (See age requirements in Enrollment Packet Instructions): ☐ Mon – Fri ☐ M/W/F ☐ Tu/Th

Ethnic Background (optional) ☐ American Indian ☐ African American ☐ Hispanic ☐ Caucasian ☐ Other

STUDENT EMERGENCY INFORMATION

HEALTH CLINIC OR FAMILY PHYSICIAN

Physician Name	Address	Telephone
Dentist Name _____		

Dentist Name	Address	Telephone
Name of Insurance Plan _____		

Name of Insurance Plan	ID#	Subscriber's Name (as listed on insurance card)
AUTHORIZED PERSONS FOR EMERGENCY CONTACT/CHILD PICK UP, IF PARENTS CANNOT BE REACHED:		

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Contact #1 _____ Relationship _____

Last Name	First Name	Home Phone ()
Address _____		

Work Phone _____ Cell Phone _____

Contact #2 _____ Relationship _____

Last Name	First Name	Home Phone ()
Address _____		

Work Phone _____ Cell Phone _____

Contact #3 _____ Relationship _____

Last Name	First name	Home Phone ()
Address _____		

Work Phone _____ Cell Phone _____

PRE-KINDERGARTEN CHILD HEALTH & HABITS INFORMATION

The following information will assist us in understanding and caring for your child.

Has your child been enrolled in previous childcare? ☐ No ☐ Yes Type of Care: _____

How long has your child received childcare? _____

Eating habits and schedule _____

Sleeping habits and schedule _____

Special problems or fears _____

Likes and dislikes _____

Special words and meaning _____

Which hand does your child primarily use? ☐ Left ☐ Right ☐ Both (ambidextrous)

Please indicate any areas of concern regarding your student's health, development, or behavior:

This student has a history of: ☐ Hearing problems ☐ Vision problems ☐ Speech difficulties

☐ Diabetes ☐ Asthma ☐ Seizure disorder ☐ Heart problems ☐ Activity restrictions

☐ Allergies _____ ☐ Other _____

Please explain any item checked above or any other chronic medical condition that your student experiences.

List any medications that your student uses regularly _____

A COMPLETED CERTIFICATE OF IMMUNIZATION STATUS FORM MUST BE PROVIDED AT THE TIME YOU ENROLL YOUR STUDENT AT HORIZON.

HORIZON CHRISTIAN SCHOOL RELEASE AUTHORIZATION

I/We hereby grant permission for Horizon Christian School to take photos of my/our student and to use his/her photo or quotations in school promotional materials or news purposes. ☐ Yes ☐ No

I/We hereby grant permission for Horizon Christian School to include names (parents and students), addresses, home phone, and e-mail address in a directory for distribution to Horizon families only. ☐ Yes ☐ No

In the event of an emergency, I/we authorize the staff to provide any first aid care deemed necessary for my child.
☐ Yes ☐ No

In the event of an emergency, I/we authorize Horizon Christian School to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 will be called and the child is transported to nearest hospital and seen by the physician on call. (Parents are always notified as soon as possible.) ☐ Yes ☐ No

My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, and antibacterial first aid cream. (We will contact parents prior to administering any non-prescription pain relievers. Prescription medications must be current and require permission slips for each medication. ☐ Yes ☐ No

My child may be taken on field trips or excursions by bus, private motor vehicle; and on neighborhood walking excursions, under required supervision. ☐ Yes ☐ No

My child may participate in water activities under required supervision. ☐ Yes ☐ No

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AUTHORIZATION TO SERVE MILK

As a courtesy, Horizon Christian Pre-Kindergarten provides milk for each child during lunch time at no cost to you. Please indicate whether or not your child may participate in this program by checking the appropriate box below.

_____ Yes, I give my permission for Horizon Christian
Pre-Kindergarten to serve 1% milk to my child at lunch.

_____ No, I do not wish my child to be served milk at lunch.
I will provide for his/her beverage and replacement
dairy product.

Parent/Guardian Signature

Date

Student



Medication Authorization

Child's Name _____

Date _____

No prescription medication or non-prescription medication, including but not limited to, pain relievers, sunscreen, cough syrup, diapering, and first aid ointments or nose drops, may be given to a child except under the following conditions:

1. A signed, dated, written authorization by the parent is on file.
2. Prescription medication is in the original container and labeled with the child's name, name of drug, dosage, and directions for administering, date and physician's name.
3. Non-prescription medication is in the original container, labeled with the child's name, dosage, and directions for administering.
4. All medications are secured in a tightly-covered container with a child-proof lock or latch and stored so that they are not accessible to children.
5. Medications requiring refrigeration are kept in the refrigerator in a separate tightly-covered container with a child-proof lock or latch, clearly marked medication.
6. Parents informed daily of medication administered to their child.

Medication: _____

Dosage: _____ Time to be Given: _____

Possible side effects: _____

Dates to be Given from: _____ to _____

I authorize _____ to dispense the above medication in accordance with the administration information.

Parent/Guardian Signature

Date

Medication to be given by

Dosage

Date

Time



Medical Authorization for Non-Prescribed Medications

All over the counter medications, including topical substances, shall be in the original container and labeled with the child's name. My child may be given non-prescribed medication. This may include the following:

Antiseptic wipes/gel: Yes _____ No _____

Diaper Wipes: Yes _____ No _____

Rash Ointment/Cream: Yes _____ No _____

Lip Balm: Yes _____ No _____

Other:

Parent/Guardian Signature

Date



Parental Admission Agreement

THE FOLLOWING IS TO BE REVIEWED AND SIGNED BY THE PARENT OR GUARDIAN

- I recognize that my child is my responsibility, and that the school considers itself as helping me advance the academic, social, and spiritual growth of my child.
- I will support Horizon's spiritual goals and atmosphere.
- I will support Horizon's high academic standards by providing the time, place, and encouragement necessary for my student to complete homework assignments.
- I will support Horizon's governing policies related to behavior and discipline and will encourage that behavior in my child. I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline.
- I understand and agree to the terms stated in the admission standards.
- I agree to pay my financial obligations to the school by the due dates set forth in the financial contract. I understand that the school reserves the right to dismiss any child whose financial obligation remains unpaid.
- I agree to build a positive relationship with Horizon administration and my child's teacher in order to best serve the academic and spiritual advancement of my child.
- I will do my best to assure that my child arrives at school on time and well-prepared. I will call the school when my child is late or absent or will send a written excuse.
- I will cooperate in training my child to be respectful of staff and school property and agree to pay for any damage to property caused by my child.
- I will attend parent/teacher conferences and do my best to attend all parent and parent/student functions.
- I understand that Horizon relies on parents to actively assist the school by volunteering. I agree to volunteer my time at a level appropriate to my circumstances.

I hereby certify my support of all governing policies of Horizon. I understand that the services of the school are engaged by mutual consent and that either I or the school reserve the right to terminate any or all services at any time. I have read the above statements and agree to support these statements.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date