



Dear SCC School Families,

We are excited you have decided to join us here at Springs Community Church Preschool and look forward to getting to know you and your child. You can anticipate an exciting, fun-filled year! Your child, _____ is scheduled to attend the _____ class during the a.m/p.m session on _____.

In order to maintain your child's spot, all enrollment forms and September's full tuition payment must be paid in full on or before August 1, 2012.

Because of state regulations, it is imperative that all medical forms be turned in before your child starts school. We are required to have new physical forms and current immunization records completed at the beginning of each academic year.

If your child has an upcoming appointment with his or her physician, please provide us with a copy of the most current well-check and immunizations as well as signed note indicating the date of the next appointment. Thank you!

August 15 Kindergarten Orientation Students and their parents are asked to join us from **9-11 a.m.** to meet new friends and learn all about what to expect during the school year. Please notify us if you are unable to attend.

August 16 (Thursday)-1st day of kindergarten

August 22/23 Kindergarten Test Dates (No School) Individual testing times will be assigned.

September 4/5 Preschool Orientation The school will be open for children to visit classrooms with their parents. During this time, teachers will invite children to engage in some typical classroom routines to help aid the transition between home and school.

If your child is scheduled for the morning session, please join us from **9:00-10:30**. For those scheduled to attend afternoon classes, please join us from **12:30-2:00**.
Children attend the same day as their class assignment.

September 4 (TTH families) - Parent Night/Kindergarten Open House

September 5 (MWF families)-Parent Night/Kindergarten Open House

6:15-6:45 SCC school overview (sanctuary)

6:45-7:30 Parent-teacher meeting in classroom

This *parents-only* event is your opportunity to learn more about the school's philosophy, goals and curriculum. Meet the teachers and staff, ask questions, and let us know how we can partner with you in your child's education. Please let us know if you will be unable to attend.

September 6 (Thursday) – 1st full day of preschool for TTH students.

September 7 (Friday) - 1st full day of preschool for MW, MWF students.

**2012-2013
Preschool Tuition Payment Plans**

**(Option A) Yearly Plan- 5% Discount
Payment Due August 1, 2012**

2 day/week student	1,260-5% discount=1,197
3 day/week student	1,755-5% discount=1,667.25

(Option B) Trimester Plan

	August 1, 2012	November 1, 2012	February 1, 2012
2 day/week student	420	420	420
3 day/week student	585	585	585

(Option C) Academic Year Plan-9 equal payments

August 1, 2012	January 1, 2013
September 1, 2012	February 1, 2013
October 1, 2012	March 1, 2013
November 1, 2012	April 1, 2013 (Final Payment)
December 1, 2012	2 day/week student-140 month 3 day/week student-195 month

(Option D) Academic Year Option-12 equal payments (Automatic Payment Required)

June 1, 2012	January 1, 2013
July 1, 2012	February 1, 2013
August 1, 2012	March 1, 2013
September 1, 2012	April 1, 2013
October 1, 2012	May 1, 2013
November 1, 2012	2 day/week student-105 month
December 1, 2012	3 day/week student-146.25 month

- **Payments can be made by automatic credit, automatic debit, MasterCard, Visa, check, or money order.**
- **By paying on or before the 5th of each month, you will avoid incurring any late fees on your account. Thank you for making timely tuition payments.**
- **In order to reserve your child's 2012-2013 slot, a registration fee of 105 will need to be received at the time of registration. The first payment will be due according to your preferred payment plan.**

We realize and appreciate that you are investing in your child's future by choosing SCC as your school. Please choose the payment plan that best meets your family's needs.

I have selected option: ___A___ ___B___ ___C___ ___D___

Parent Signature/Printed Name

Date _____

**2012-2013
Kindergarten Tuition Payment Plans**

**(Option A) Yearly Plan- 5% Discount
Payment Due August 1, 2012**

	Total before discount=2,790
	2,790-5% discount=2,650

(Option B) Trimester Plan

	August 1, 2012	November 1, 2012	February 1, 2012
	930	930	930

(Option C) Academic Year Plan-9 equal payments

August 1, 2012	January 1, 2013
September 1, 2012	February 1, 2013
October 1, 2012	March 1, 2013
November 1, 2012	April 1, 2013 (Final Payment)
December 1, 2012	310/month

(Option D) Academic Year Option-12 equal payments (Automatic Payment Required)

June 1, 2012	January 1, 2013
July 1, 2012	February 1, 2013
August 1, 2012	March 1, 2013
September 1, 2012	April 1, 2013
October 1, 2012	May 1, 2013
November 1, 2012	
December 1, 2012	232.50/month

- Payments can be made by automatic credit, automatic debit, Master Card, Visa, check, or money order.
- By paying on or before the 5th of each month, you will avoid incurring any late fees. Thank you for your timely tuition payments.
- In order to reserve your child's 2012-2013 slot, a registration fee of 105 will need to be received at the time of registration. The first payment will be due according to your preferred payment plan.

We realize and appreciate that you are investing in your child's future by choosing SCC as your school. Please select the payment plan that best meets your family's needs.

I have selected option: A B C D

Parent Signature/Printed Name

Date



For Office Use Only
Preschool
Class
Teacher
Days: MW MWF TTH
Session: a.m. p.m

2012-2013 Enrollment Form

Child's Full Name Name child is called
Please teach my child to spell his or her full name/nickname (Circle one.)

Does your child have- allergies? asthma? other chronic medical condition(s)?

Please explain:

Home Address Zip

Home Phone E-mail Address

Mother's Name Employer

Father's Name Employer

Child's Birthday Gender (please circle) Boy Girl

Parent's Marital Status: Married Separated Divorced Single Widowed

With whom does the child live?

Is child adopted? If so, does your child know this?

Has child previously attended Springs Community Church Preschool?

Who were his/her teachers?

Has child attended another preschool or childcare center? How long?

Is mother away for long periods? Where? How long?

Is father away for long periods? Where? How long?

Does your child have any siblings? Yes No
Please list the name(s) and or age(s) of your other child/ren.

What activities do you and your child enjoy doing together?

Are there any concerns you would like for us to be aware of?

How do you think your child learns best? (explanation, demonstration, experimentation)

Please share some of your child's special qualities and characteristics.

Give instructions for care for any of the above-named conditions.

If your child has had an injury or operation, please identify what type and when.

Is it necessary to continue care or exercise caution? _____

Please list any information concerning your child that will be helpful in this setting.

Sleeping patterns: _____

Play habits: _____

Fears or dislikes: _____

Other: _____

What would you like your child to learn about God? _____

What are your three highest priorities regarding your child's overall education?

1. _____
2. _____
3. _____

We offer parent workshops and meetings throughout the course of the year. Please list any topics that are of interest.

ALL INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL. This form helps us to know and understand your child better as we strive to provide the best possible experience. Thank you for your input.

Parent/Guardian Printed Name and Signature



Permission/Agreement Form

In signing this form:

- I indicate my agreement with and acceptance of the school policies and procedures which are listed in the Parent Handbook and which have been made available to me.
- I agree that my child may use all of the play equipment and participate in all preschool activities.
- My child's unidentified photo or video-taped image may be displayed on our website, in school publications or other media forms.
- My child's name, phone number, and address may be included on the class list distributed to children in the same classroom.
- I will be notified of any upcoming field trips and will accompany my child as well as provide or arrange for transportation for my child on all scheduled field trips. Preschool staff members will **not** provide transportation.

In addition, I will be responsible for my child's medical care during the field trip. If my child has a medical condition or known allergy I will have all medications available for use.

- My child may, upon occasion, view preschool approved videos that enhance the curriculum.

I hereby grant permission for the Director or Acting Director to take what steps may be necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact parent(s)/guardian(s) through any of the persons listed on the emergency information form you completed for Springs Community Church Preschool.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
 - (a) Call another physician or paramedics;
 - (b) call an ambulance;
 - (c) have the child taken to an emergency hospital in the company of a staff member.

Any expenses incurred under #4, above, will be borne by the child's family, except where school insurance is applicable.

The school WILL NOT be responsible for anything that may happen as a result of false or incomplete information given at the time of enrollment, or failure to keep that information current.

I agree to comply with the rules and regulations of Springs Community Church Preschool regarding fees, attendance, health, clothing, and other items specified in the Parents' Handbook issued by the preschool. I am aware of the scheduled school holidays. I further agree to notify the center two weeks in advance of withdrawal should such an event occur, or pay the difference. I understand that I am obligated, and agree to pay tuition in the full amount through May. Taking my child from the preschool early for vacations or other reasons does not dismiss this obligation.

Signed _____
(parent or legal guardian)

Date _____

School Year 2012/2013

Class/Session _____

Emergency Information Card

Name _____

Date of Birth _____

Address _____

Zip _____

Home Phone _____

Mother/Guardian _____

Home Phone _____

Place of Employment _____

Work Phone _____

Employment Address _____

Cell Phone _____

Father/Guardian _____

Home Phone _____

Place of Employment _____

Work Phone _____

Employment Address _____

Cell Phone _____

(PLEASE COMPLETE BACK OF FORM)

Child's Physician (name/address/phone) _____

Hospital preference _____ **Phone Number** _____

Child's Dentist (name/address/phone) _____

Local persons to be called in case of emergency (other than parents) and/or authorized to pick up child

Name _____

Relationship to child _____

Address _____

Phone _____

Cell Phone _____

Name _____

Relationship to child _____

Address _____

Phone _____

Cell Phone _____