



APPLICATION FOR ADMISSION

REGISTRATION FEE- \$100 (covers school year only, not summer)

Enclosed with this application is a yearly, non-refundable registration fee that reserves your child spot and covers processing of the application, all necessary books and supplies, and a yearbook.

I certify that all information given in the application process is complete and accurate. I understand that failure to disclose information about the applicant's medical, educational or emotional history may affect the school's admissions decision. The school reserves the right to reverse an admission decision, even after acceptance and enrollment, if such information has been withheld from the school.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

STUDENT INFORMATION

Child's Full Name _____

Male _____ Female _____ Date of Birth _____ Age _____

Home Address _____ Apt# _____

City _____ State _____ Zip Code _____

Parent Phone _____ (best number to reach a parent)

Allergy or Health Alerts _____

Does the student take prescribed medication or need any special medical attention No ___ Yes ___

If so, explain: Condition _____ Medication _____

Previous Schools Attended (please give dates)

_____ Dates attended _____

Primary Language spoken at home _____ Additional languages _____

MEDICAL INFORMATION

Primary Insurance Information: _____

Policy Number: _____ Phone Number: _____

1. Physician' Name and Phone: _____

2. Dentists Name and Phone: _____

CONSENT FOR MEDICAL TREATMENT

As the parent or authorized representative, I hereby give consent to Streamline Christian Academy to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) osteopath (D.O.) or dentist (D.D.S.) for _____ (CHILDS NAME). This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child named above.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

PARENTS/ GUARDIANS INFORMATION

Student lives at the address above with:

____ Father ____ Mother ____ Step-parent ____ Other: _____

The student's parents are:

Married ____ Separated ____ Divorced ____ Widowed ____ Single ____

Father/Guardian Information

Name _____

Email _____

Home phone _____

Cell phone _____

Home address same as student N ____ Y ____

Employer _____

Mother/Guardian Information

Name _____

Email _____

Home phone _____

Cell phone _____

Home address same as student N ____ Y ____

Employer _____

Title _____

Title _____

Work phone _____

Work phone _____

EMERGENCY CONTACTS/PICK-UP AUTHORIZATIONS

Only authorized individuals will be allowed to take your child from school. Please list here any individuals (besides parents) that may be contacted in an emergency, and allowed to take the child from the facility.

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

3. Name _____ Phone _____ Relationship _____

STUDENT INTERESTS

Has your child ever been *evaluated* for the following?

Learning Differences No ___ Yes ___ Behavioral Problems No ___ Yes ___

Psychiatric/Psychosocial Problems No ___ Yes ___ Visual/Hearing Problems No ___ Yes ___

Have there been any situations in the student's life that the school should know about in order to meet his/her learning or developmental needs? (changes in schools, death in family, divorce, etc.)

Explain: _____

Please list sports or extracurricular activities (Church groups, dance, music, etc.) in which the child currently participates in:

DEVELOPMENTAL HISTORY

Walked at _____ mos Began talking at _____ mos

Stage of toilet training:

___ Not yet

___ Interested in the potty (may enjoy trying or learning about the potty. May have gone on occasion with assistance. May also begin recognizing and verbalizing a dirty or wet diaper)

___ I'm learning (Is at the beginning stage of holding it and verbalizing that they need to use the potty. Many accidents still may happen)

___ Almost there (Can usually wait for routine bathroom times, knows how to verbalize the need to use the bathroom, however may have an accident still, especially while engaged in play)

___ Mastered! (Rarely has an accident, self-sufficient in the restroom)

Has your child had any of these specific illnesses? Circle all that apply and specify dates.

Chicken Pox	Asthma	Rheumatic Fever
Hay Fever	Diabetes	Epilepsy
Whooping cough	Mumps	Poliomyelitis
Measles (Rubeola)	Measles (Rubella)	Other (specify)

Child's Normal Sleep Times:

Asleep around: _____ pm

Awake around: _____ am. Wakes up on own? Or Wakes up by parent/alarm?

Naps from _____ to _____.

Child's Normal Dietary Routines:

Breakfast time: _____

Normal food eaten: _____

AM Snack? _____

Lunch time: _____

Normal food eaten: _____

PM Snack? _____

Dinner time: _____

Normal food eaten: _____

Is your child able to feed themselves? _____

Any eating problems? _____

Does your child drink a bottle or use a pacifier? _____

Parents Evaluation of child's personality _____

How does your child get along with other children? _____

Describe any special problems/fears/needs: _____

How did you hear about Streamline Christian Academy?

___ Social media website _____ (name of social media website)

___ Online search (Google, etc) _____ (name of search engine)

___ Friend, family or colleague referral _____ (name of referring family)

___ Attended an event _____ (name of event)

___ Other _____ (please explain)

Admission Agreement

SCHEDULE INFORMATION

My Child, _____, will be enrolled at Streamline Christian Academy beginning _____. Monthly Tuition: _____

Days Attending: Mon Tues Wed Thurs Fri (circle days attending).

ADMISSION POLICIES

1. There is a non-refundable enrollment fee of \$100 per student. This fee covers insurance, processing of the application, supplies, and a yearbook. This will hold your child's spot for the upcoming school year.
2. Tuition is a yearly fee payable in full or 9 monthly payments. There are no reductions in tuition for holidays, absences, or any other reasons. Monthly tuition payments are due by the 25th of each month prior to attendance (Aug 25 for Sept, Sept -May)
3. Tuition will be prorated if a child enrolls after the start of the school year.
4. If for any reason you must withdraw from the program, a 30 day written notice must be given. You will be responsible for all monthly payments over the next 30 days.
5. Streamline Christian Academy reserves the right to dismiss a student for any reason. If a child is asked to withdraw from the program, please see #4 above.
6. A late payment charge of \$35 will be assessed if payment is not received by the 5th of each month. Streamline Christian Academy reserves the right to suspend a student at any time when tuition payments become more than 30 days delinquent.
7. There will be a \$35 charge for each returned check or electronic transfer.
8. Basic services- Streamline Christian Academy will provide a kindergarten readiness preschool program. The school is open Mon-Fri 8:30am-12:30pm., with the exception of the vacations and holidays listed on the school calendar.
9. Care over Christmas Break, Holiday Breaks, and summer may be offered on an as needed basis, for an additional charge.
10. Prior to a student's first day, all state mandated forms and immunization requirements must be met and a photocopy of the student's original Health Immunization Record and Emergency Card must be provided to the school. These will be kept on file at the school.
11. While Streamline Christian Academy acknowledges parental responsibility and welcomes positive parent involvement, we also reserve the right to deny student admission or to discontinue student's enrollments in the event parent exhibits behavior that is discourteous, scandalous, rumor-driven, disruptive, threatening, hostile or divisive. If parent/guardian exhibits such behaviors or any negatively impacting behavior, the decision of the Streamline Christian Academy regarding the suitability for student's continued enrollment or acceptance to the school will be final.
12. Streamline Christian Academy has the right to change this agreement at any time. Parents will be notified 30 days before changes take effect.
13. Rights of Licensing Agency- Community Care licensing has the authority to inspect the facility and interview children in care at any time.
14. PUBLICATIONS: Consent to publish: I hereby authorize and give full consent, without limitations or reservations, to Streamline Christian Academy to submit, publish and/or cite, in whole or in part, any photographs, artwork, videos, written work, and voice recordings that my child creates, and/or in which my child appears. These internal publications may include (but are not limited to): school newsletters, emails, yearbooks and other internal publications, use of photos inside classrooms, advertising, press releases, school website and social media.
_____(initials)
15. I give authorization to have my name /child's name, phone number, and/or email included in the parent directory. Additionally, I promise to use any emails and contact information given to me by the school or parent association for the sole purpose of positive internal communication only. _____(initials)

SIGNATURES

Print Parent/Guardian's Name _____ Date _____

Parent/Guardian Signature _____

Director's Signature _____ Date _____