



Enrollment Application Check List 2019-2020

Student Name(s): _____

For Office Only
Date Received:
___/___/___

Preschool New
 Kindergarten Returning
 Grades 1-8

<input type="checkbox"/> Tour Scheduled	<input type="checkbox"/> Administration Meeting scheduled (Gr. 1-8)
<input type="checkbox"/> Student Registration Form	<input type="checkbox"/> Kindergarten Screening Schedule
<input type="checkbox"/> Signed Parent Agreement/Consent Form	<input type="checkbox"/> Kindergarten Preference Form
<input type="checkbox"/> New Family Information Sheet	<input type="checkbox"/> Assessment scheduled (Gr. 1-8)
<input type="checkbox"/> Signed Tuition Contract	<input type="checkbox"/> Completed/Updated/Signed Immunization Record
<input type="checkbox"/> Signed Child Care Contract	<input type="checkbox"/> Volunteer Application
<input type="checkbox"/> Paid Registration Fee	<input type="checkbox"/> Previous Semester's Report Card (Gr. 1-8)
<input type="checkbox"/> Paid Activity Fee	<input type="checkbox"/> Letter of Acceptance/Denial

- ❖ All Preschool and Child Care accounts must be current before **Admission Application** is processed.
- ❖ ACS reserves the right to review, at its discretion, all returning applicants to determine whether re-enrollment is in the best interests of both the school and the student.
- ❖ In August, Preschool families will receive a confirmation letter from the Preschool Director detailing which classroom your child is registered in. Classroom teacher requests must be written on the **Family Information for Preschool** Form. Requests are granted on a first-come, first-served basis and are fulfilled at the Director's discretion.

Albany Christian School reserves the right to review, at its discretion, all applicants to determine whether enrollment is in the best interest of both the school and the student.



Albany Christian School

420 Third Ave SE Albany, Oregon 97321 ♦ 541-928-1110 ♦ www.albanychristian.org

...a ministry of *Willamette*
COMMUNITY CHURCH

This page intentionally blank.



Albany Christian School

420 Third Ave SE Albany, Oregon 97321 ♦ 541-928-1110 ♦ www.albanychristian.org



Student Registration Form 2019-2020

Custodial Parent/Guardian <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Primary Contact		Custodial Parent/Guardian <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Primary Contact	
Address		Address	
Relationship to Child		Relationship to Child	
City, State, Zip Code		City, State, Zip Code	
Occupation/Name of Employer		Occupation/Name of Employer	
Work Phone	Cell Phone	Work Phone	Cell Phone
Primary Phone	Church Home	Primary Phone	Church Home
Email		Email	
Please check boxes below to omit specific information from School Directory <input type="checkbox"/> All <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> Email		Please check boxes below to omit specific information from School Directory <input type="checkbox"/> All <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> Email	

Students to be Enrolled

First Name of Student	Last Name of Student	Sex	Date of Birth	Entering Grade	T-Shirt Size	Photo Release
		<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No

Pick-Up & Emergency Contact Authorization (Minimum of Two Names)

Name of Adult	Phone	Relationship to Child	Name of Adult	Phone	Relationship to Child

Medical Information

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Please list all drug or food allergies, medical alerts, and/or prescriptions: Please provide prescription information (medication, doctor) on a separate sheet of paper.

1. _____ 2. _____ 3. _____

ACS Office Use Only

Registration Fee: _____

Activity Fee: _____

CC Registration Fee _____ Check # _____

TOTAL: _____ Cash _____

Copy for teachers

Sycamore Data Entry Date ____/____/____

Security Key Card Information

Name on Card	Card #	Signature

Albany Christian School does not discriminate on the basis of race, color or ethnic origin.



Parent Agreement

1. I am in agreement with the mission of Albany Christian School, which is to partner with families to educate students with excellence from a biblical perspective.
2. I agree that I am a partner with Albany Christian School.
3. I agree to support Albany Christian School in the disciplinary process.
4. I grant permission for our son/daughter to attend field trips and other off-campus outings during the normal school day. (All field trips/outings will be announced in advance.)
5. I agree to support and encourage school functions and to attend Parent-Teacher meetings as able.
6. I agree to the following: Complaints or problems are to be directed only to the people involved, in keeping with the principles of Matthew 18:15-20. If the problem persists or questions remain unanswered, you may contact the Albany Christian School Administration.
7. I understand that assessments will be made to cover damage to school property (including breakage of windows, abuse of books, etc.) in the event that my child is at fault.
8. I understand that I am responsible to pay ALL Fees, (Registration Fee, Activity Fees, Tuition and Child Care costs) in a timely manner, and I understand that late fees will be assessed if I do not meet requirements as stated on my billing contract.
9. I understand that continued enrollment and re-enrollment at Albany Christian School is dependent on my parental support of the school, its staff, and its policies, and that Albany Christian School reserves the right to accept or deny enrollment of any student.
10. In order for ACS to administer prescription and non-prescription medications, the Elementary School or Preschool office must have a Medication Authorization form on file.

I have read, understand, and agree to the Albany Christian School Parent Agreement as also stated in the Parent/Student Handbook which is available at www.albanychristian.org.

Parent or Guardian _____ Date ____/____/____

Parent or Guardian _____ Date ____/____/____

Consent to Medical Care and Treatment of a Minor Child

I, _____ (the natural parent or legal guardian) hereby give permission that my child, _____ may be given emergency treatment, to include first aid and CPR by a qualified staff member of Albany Christian School. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. In such a case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid care to an emergency center for treatment. I further authorize ACS to take my child to a hospital and I agree that I will pay all physicians and hospital bills, and ACS shall not be responsible for them.

Signature _____ Date ____/____/____



Albany Christian School

420 Third Ave SE Albany, Oregon 97321 ♦ 541-928-1110 ♦ www.albanychristian.org



New Family Information Grades K-8

Student's Name: _____ Birth Date: ____/____/____

Grade entering: _____ Grades skipped: _____ Grades repeated: _____

Has student ever been suspended, expelled or asked to withdraw from school Yes No

If yes, please give full details on a separate sheet of paper, including the Principal's name and the name and address of the school.

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS:

Does this student have a current IEP (Individualized Education Plan)? Yes No

Has this student been on an IEP in the past? Yes No

Does this student have a 504? (Medical diagnosed disability) Yes No

Has this student been identified as a TAG? (Talented & Gifted) Yes No

Does the student require ELL services? (English Language Learner) Yes No

Does this student have any diagnosed health/medical concerns? Yes No

(ADD/ADHD, Depression, Anxiety, Severe Allergies, etc.)

Please list schools attended in the last three years.

School	Mailing Address (if outside Albany)	Zip	Year	Grade

State Reason for leaving last school:

Briefly describe student's extra-curricular interests and abilities.

HOW WOULD YOU RATE YOUR CHILD'S MATURITY LEVEL IN THE FOLLOWING AREAS?

<i>Maturity Level</i>	<i>Low</i>	<i>Average</i>	<i>High</i>
Cooperates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks for help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Family Information for Preschool

Please mark your preference of Preschool day options

* If your preference is not available, you will be contacted by the Preschool office.

**Albany Christian School strives to honor each request, however,
spots are filled on a first-come, first-served basis.**

Monday - Friday

9 AM-11:45 AM

Monday, Wednesday & Friday

9 AM-11:45 AM

Tuesday & Thursday

9 AM-11:45 AM

*Teacher Request: _____

Requests are granted on a first-come, first-served basis and are at the Director's discretion)

****If your child arrives before 8:50 a.m. or stays after 12:00 P.M. you will automatically
be enrolled in Child Care and charged the \$40 Child Care registration fee.**

Child Care Information

Child Care for ACS students is open from 6:45 AM - 9 AM and from 11:45 AM - 6 p.m.

Please fill out the enclosed **CHILD CARE CONTRACT**.

****Please note** - Child Care is not available for preschool aged children during Preschool hours,
your child must be enrolled in a Preschool class at ACS between 9 AM-11:45 AM.

A \$40 **CHILD CARE REGISTRATION FEE** applies to any child using Child Care.

Has your child had previous experience in Child Care? Yes No

If Yes, where and when? _____



Albany Christian School

420 Third Ave SE Albany, Oregon 97321 ♦ 541-928-1110 ♦ www.albanychristian.org



Registration and Tuition Schedule 2019-2020

Re-Registration: February 1, 2019 for returning families

Open Registration: March 1, 2019 for new families

Classes are filled on a first-come, first-served basis. Your completed Application Packet and Registration Fee holds your child's place in class. We cannot guarantee a place after the class is full.

Registration Fee Information

		PS	K	1 st -8 th	Child Care
• Year Round					\$40
• Early Registration	Feb 1 thru April 30, 2019	\$75	\$125	\$160	
• Registration	May 1 thru June 30, 2019		\$150	\$225	
• Late Registration	After July 1, 2019	\$100	\$175	\$250	

• *K-8 Activity Fee - \$75 per student* (field trips, yearbooks, t-shirts and special student events.)

• *PS Activity Fee - \$25 per student* (t-shirts and yearbooks.)

• **All Fees do not apply to tuition and are not refundable.**

Tuition Rates

	Grades 1-8			PS-2-day		PS-3-day		PS-5day	
	12mo plan Start July 1	10mo plan Start Sept 1	Yearly	9mo plan Start Sept 1	Yearly	9mo plan Start Sept 1	Yearly	9mo plan Start Sept 1	Yearly
1st Child	\$426	\$511	\$5,110	\$138	\$1,242	\$189	\$1701	\$320	\$2,880
2nd Child	\$378	\$454	\$4,540	Parents of preschoolers with 2 nd child in the K-8 program will receive a 15% discount off the first child rate.					
3rd Child	\$289	\$347	\$3,470						
4th Child			0						
Kindergarten	\$240	\$288	\$2,880	ACS does not discount for Kindergarten.					

Child Care Rates

\$4.25 per hour for first child
\$3.75 per hour for each additional child

ACS School Board reserves the right to adjust tuition rates as needed.

Hot Lunch and Milk (Grades PS-8)

Hot Lunch - \$3.50
Milk - \$.50

(Hot lunch includes milk)

Payment Options

One time payment due by September 1, 2019 for a 2% discount.
9 & 10-month plans - 1st payment due September 1st
12-month plan - 1st payment due July 1st
Payments are due on the 1st of every month.
A late fee of \$25 is charged after the 15th of the month.

See Tuition Contract for more details



Albany Christian School

420 Third Ave SE Albany, Oregon 97321 ♦ 541-928-1110 ♦ www.albanychristian.org



TUITION CONTRACT 2019-2020

Name: _____ Email: _____ Phone: _____
 Name: _____ Email: _____ Phone: _____

Please indicate your enrollment preference

K-8 STUDENTS ENROLLED	PRESCHOOL STUDENTS ENROLLED		
Kindergarten.....\$2,880 X _____	\$2,880	\$1,701	\$1,242
Grade 1-8	5 days	3 days	2 days
1 st Child \$5,110 X _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Child \$4,540 X _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Child \$3,470 X _____	Parents of Preschoolers with 1 st child in the K-8 program receive a 15% discount off the Preschool 1 st child rate.		
Registration Fee... _____ X _____			
K-8 TOTAL \$ _____	PS TOTAL \$ _____		TOTAL \$ _____

PAYMENT OPTIONS (Please check the payment plan option below)

- 9-installment plan with payments of \$ _____ due on the first of every month, beginning **September 1**.
- 10-installment plan with payments of \$ _____ due on the first of every month, beginning **September 1**. (K-8 only)
- 12-installment plan with payments of \$ _____ due on the first of every month, beginning **July 1**. (K-8 only)
- I would like to sign up for automatic payments. (Paperwork in ACS Office)
- Full payment by **September 1**. With the **2%** discount of \$ _____, the amount will be \$ _____.

CONTRACT AGREEMENT STATEMENTS

- I understand that a 30-day's written withdrawal notice must be given to the school. If a 30-day notice is not given, the responsible party will be charged for thirty days following the date of the child's withdrawal regardless of attendance on those days.
- Should my account be past due sixty (60) days or more, my child(ren) may be denied access to the school until all accounts are brought up to date. If my account is turned over to a collection agency, I will be responsible for the fees incurred.
- I understand that this document is a legal, binding agreement with Albany Christian School.
- As the legal guardian, I assume financial responsibility for the above-mentioned tuition account with Albany Christian School although others may make payments on this account.
- I agree to pay promptly to the plan I have indicated. I understand that ACS reserves the right to assess a late fee of \$25.00 for any payment not made by the due date.
- I understand that the following are extra charges: Child Care, Activity Fee, Lunch and/or Milk Charge, Late Fees, Insufficient Funds/Returned Check Fees, Sports Fee, Library Fees and Extra Security Card Fees.

I agree to fulfill the selected payment plan option and agreement statements above.

Signature _____

Date ____/____/____

Signature _____

Date ____/____/____

<input type="checkbox"/> Registration Fee _____	<input type="checkbox"/> Charged/ <input type="checkbox"/> Paid	<input type="checkbox"/> Emergency Notebook	Office use only:
<input type="checkbox"/> Band Fee - \$125	<input type="checkbox"/> Charged/ <input type="checkbox"/> Paid	<input type="checkbox"/> Copy to Teachers	
<input type="checkbox"/> Sport Fee - \$125	<input type="checkbox"/> Charged/ <input type="checkbox"/> Paid	<input type="checkbox"/> Email to School Office	
<input type="checkbox"/> Activity Fee - \$75(K-8)/\$25(PS)	<input type="checkbox"/> Charged/ <input type="checkbox"/> Paid	<input type="checkbox"/> Computer Data Entry	
<input type="checkbox"/> Total amount \$ _____	<input type="checkbox"/> Charged/ <input type="checkbox"/> Paid	<input type="checkbox"/> Check # _____	
		<input type="checkbox"/> Cash \$ _____	



Albany Christian School

420 Third Ave SE Albany, Oregon 97321 ♦ 541-928-1110 ♦ www.albanychristian.org



Child Care Contract 2019-2020

Please select the box for the Child Care Program for which you are enrolling:

Child Care Registration Fee is \$40		
In-School Child Care	Summer Child Care	Kindergarten Enrichment
<input type="checkbox"/> Fee Paid	<input type="checkbox"/> Fee Paid	<input type="checkbox"/> Fee Paid

Thank you for choosing Albany Christian School's Child Care program. Please fill out this form and return it to the Preschool/Child Care Office with your Admission Application. It is imperative that every child enrolled in Child Care at Albany Christian School have a current Child Care Contract on file.

Returning this form with your Admission Application and \$40 Child Care Registration Fee enrolls your student in the Child Care program of your choice.

STUDENT(S) & SCHEDULE

Please write in your child's name and the hours that you need Child Care each day.

1)	_____	_____	_____	_____	_____	_____
	Child's Name	M	T	W	TH	F
2)	_____	_____	_____	_____	_____	_____
	Child's Name	M	T	W	TH	F
2)	_____	_____	_____	_____	_____	_____
	Child's Name	M	T	W	TH	F
2)	_____	_____	_____	_____	_____	_____
	Child's Name	M	T	W	TH	F

- **Preschool aged children:** I understand that if I bring my child to school before 8:50am or leave them after 12:00 PM, I will be charged for Child Care by Albany Christian School.
- **School aged children:** I understand that if I bring my child to school before 8:40am or leave them after 3:40pm I will be charged for Child Care by Albany Christian School.
- **Payment Information:** For Child Care, the rate is \$4.25 per hour for the first child, \$3.75 per hour for each additional child. For Kindergarten Enrichment, the rate is \$4.25 per hour.
- **Late Pick-Ups:** Child Care closes at 6:00pm, if you pick up your child from 6:01-6:15 you will be charged \$1.00 per minute. From 6:16 on you will be charged \$5.00 per minute.

As the individual(s) assuming financial responsibility for the above-mentioned account with Albany Christian School, I agree to pay promptly. I understand that ACS reserves the right to assess a **late fee of \$25.00 for any outstanding balance by the 15th of each month**. If an account goes 60 days past due your account may be sent to collections.

Signature _____

Date ____/____/____



Volunteer Application 2019-2020

Albany Christian School strives to partner with families and one of the way we do that is through volunteers. We appreciate and thank you for your service to ACS.

Volunteer Name: _____ Phone: _____ Email: _____

Student Name(s): _____ Grade(s): _____

Please check which area(s) you would like to volunteer in:

<u>CLASSROOM</u>
<input type="checkbox"/> Classroom Volunteer
<input type="checkbox"/> Classroom Parent
<input type="checkbox"/> Field Trip Chaperone
<input type="checkbox"/> Special Take Home Projects
<input type="checkbox"/> Parent Driver

<u>P.T.O</u>
<input type="checkbox"/> PTO Leadership
<input type="checkbox"/> Teacher Appreciation
<input type="checkbox"/> Last Day of School Party
<input type="checkbox"/> Special Events
<input type="checkbox"/> Greeters

<u>FUNDRAISING / ACTIVITIES</u>	
<input type="checkbox"/> Annual Auction	<input type="checkbox"/> Walk-A-Thon
<input type="checkbox"/> Spelling Bee	<input type="checkbox"/> Speech Meet
<input type="checkbox"/> Math Olympics	<input type="checkbox"/> Track Meet
<input type="checkbox"/> Grandparents Day	<input type="checkbox"/> Mother's Day Chapel

Please read these statements and sign below that you agree and will adhere to them...

- I understand that in order to volunteer at Albany Christian School I must have a current **Background Check** on file with ACS. I am willing to undergo a Background Check* and agree to abide by the decision of the results.
- I am willing to submit and sign a Driver Waiver/School Liability Release form.
- Albany Christian School relies on and functions with parent volunteers. I recognize following through with my volunteer commitments to Albany Christian School is vital to the school's success.
- I have received a copy of the Albany Christian School's **Child and Youth Abuse Prevention Policy**. I understand it is my responsibility to become familiar with and adhere to the information contained in it. I understand that these policies are the property of the Albany Christian School.
- I have read and understand my obligations for preventing, recognizing, helping children experiencing, and reporting child abuse or neglect as stated in the Albany Christian School **Child Abuse Training Packet**.

I have read and agree to the Volunteer policies set forth by Albany Christian School.

Signature _____

Date ___/___/___

*Background checks are valid for two years. Check in the office to determine if yours is current.

Office Use Only:	<input type="checkbox"/> Step 1 – Application Completed and Signed
	<input type="checkbox"/> Step 2 – Background Check Completed
	<input type="checkbox"/> Step 3 – Added to Volunteer List
	<input type="checkbox"/> Step 4 – Volunteer Notified