



Albany Christian School

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



Enrollment Application Check List

DATE: ___/___/___

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

For Office Only Date Received: ___/___/___	
Application For: (Check all that apply)	
<input type="checkbox"/> New Family	<input type="checkbox"/> Returning
<input type="checkbox"/> Preschool	<input type="checkbox"/> Kinder Club
<input type="checkbox"/> Grades 1-8	<input type="checkbox"/> AM Kindergarten
	<input type="checkbox"/> PM Kindergarten

<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

❖ 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.



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...a ministry of  **Willamette**
COMMUNITY CHURCH

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Student Registration Form

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	Relationship to Child
City, State, Zip Code	City, State, Zip Code
Occupation/Name of Employer	Occupation/Name of Employer
Work Phone	Cell Phone
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.



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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"/>



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 ____/____/____



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TUITION CONTRACT

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

Please indicate your enrollment preference

K-8 STUDENTS ENROLLED	PRESCHOOL STUDENTS ENROLLED
Kindergarten\$2,880 X ___ Grade 1-8 1 st Child \$5,110 X ___ 2 nd Child \$4,540 X ___ 3 rd Child\$3,470 X ___ Registration Fee... _____	5-Day\$2,880 X ___ 3-Day\$1,701 X ___ 2-Day\$1,242 X ___ Registration Fee... _____
K-8 TOTAL \$ _____	PS TOTAL \$ _____
TOTAL \$ _____	

Parents of 5-day Preschoolers with a child also in the Grades 1-8 program receive a 15% discount off the 1st child rate for Grades 1-8.

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)
- Full payment by September 1. With the **2%** discount of \$_____, the amount will be \$_____.
- I would like to sign up for automatic payments. (Paperwork in ACS Office)

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 - \$180	<input type="checkbox"/> Charged/ <input type="checkbox"/> Paid	<input type="checkbox"/> Copy to Teachers	Notes:
<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 - \$85(K-8)/\$35(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 \$ _____



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.

<input type="checkbox"/> Monday - Friday 9 AM-11:45 AM	<input type="checkbox"/> Monday, Wednesday & Friday 9 AM-11:45 AM	<input type="checkbox"/> Tuesday & Thursday 9 AM-11:45 AM
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*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 \$50 Child Care registration fee.**

- ❖ All Preschool and Child Care accounts must be current before **Admission Application** is processed.
- ❖ In August, Preschool families will receive a confirmation letter from the Preschool Director listing the classroom in which your child is registered. 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.

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 \$50 **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? _____



Child Care Contract

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

Child Care Registration Fee is \$50		
In-School Child Care	Summer Child Care	Kinder Club
<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 \$50 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) _____	M	T	W	TH	F
Child’s Name					
2) _____	M	T	W	TH	F
Child’s Name					
3) _____	M	T	W	TH	F
Child’s Name					

I would like to register for Summer Child Care.

- **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 \$4.50 per hour for the first child, \$4.00 per hour for each additional child. For Kinder Club, the rate is \$4.50 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 ____/____/____



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Registration and Tuition Schedule 2020-2021

- Re-Registration:** February 1-28 for returning families
- Open Registration:** March 1 for all registrations

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					\$50
• Early Registration	Feb 1-28	\$100	\$150	\$175	
• Registration	March 1 thru June 30	\$125	\$175	\$225	
• Late Registration	After July 1	\$150	\$225	\$275	

- *K-8 Activity Fee - \$85 per student* (field trips, yearbooks, t-shirts and special student events.)
- *PS Activity Fee - \$35 per student* (t-shirts and yearbooks, events.)
- *Band Fee - \$20 per month per student or \$180 one-time payment per student.*
- *Sport Fee - \$125*
- **All Fees do not apply to tuition and are non-refundable and non-transferrable.**

Tuition Rates

Grades 1-8

	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	\$1,701	\$320	\$2,880
2nd Child	\$378	\$454	\$4,540						
3rd Child	\$289	\$347	\$3,470						
4th Child	0	0	0						
Kindergarten	\$240	\$288	\$2,880						

Parents of 5-day Preschoolers with a child also in the Grades 1-8 program receive a 15% discount off the 1st child rate for Grades 1-8.

ACS does not discount for Kindergarten.

Child Care Rates
 \$4.50 per hour for first child
 \$4.00 per hour for each additional child

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

Payment Options

- Full payment by September 1st 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.