



Albany Christian School

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



Summer Childcare Student Registration Form 2022-2023

| | | | |
|---|-------------|---|-------------|
| 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 | 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

CC Registration Fee _____ Check # _____

TOTAL: _____ Cash _____

FACTS 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 Summer Childcare. (All field trips/outings will be announced in advance.)
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, (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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Child Care Contract 2022-2023

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

Summer Childcare Fee \$50 (if not already paid during previous school year)

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) _____ | _____ | _____ | _____ | _____ | _____ |
| Child's Name | M | T | W | H | F |
| 2) _____ | _____ | _____ | _____ | _____ | _____ |
| Child's Name | M | T | W | H | F |
| 3) _____ | _____ | _____ | _____ | _____ | _____ |
| Child's Name | M | T | W | H | F |

• **Payment Information:**

For Child Care, the rate is \$4.75 per hour for the first child, \$4.25 per hour for each additional child.

• **Late Pick-Ups:** Child Care closes at 5:30PM. If you pick your child late:

-from 5:31-5:45 you will be charged \$1.00 per minute

-past 5:46 you will be charged \$5.00 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 _____