



Dear Parent,

Thank you for your interest in Faith Christian School. Enclosed are the registration materials that you requested.

After looking over the materials, if you wish to enroll your child in our preschool program, please fill out ALL the materials and return them to us, along with the appropriate fees. Upon receipt of all the fees and necessary papers, we will process your application.

If you have any questions, please feel free to contact the school and we will be happy to answer them for you.

Love God--Love Others

Pastor Lance Walker
Administrator

Tuition & Fee Schedule 2018-2019

Preschool

Cash/MO/Check

5 Full Days	\$699.00 per month
3 Full Days	\$497.00 per month
2 Full Days	\$406.00 per month

Registration Fee -- \$75.00 per child *

Book/Supply/Technology Fee -- \$200.00 per child *

Activity Fee -- \$10.00 per child *

Key Access Tag -- \$5.00

***All fees and first-month tuition are all non-refundable**

Accounts that are paid in full on or before July 10th will receive a 2% discount.

We accept credit card payments (**MASTERCARD, AMERICAN EXPRESS, and DISCOVER**). If you want to make a tuition payment by credit card, you are able to do that in person in the main office through Mrs. Stoveken or through the online portal.

New Preschool Student Check List

Please complete a separate form for each child

Full Name of Student _____ Grade Entering _____

Parent's or Guardian's Names _____

Each of the following items must be completed before your child's application can be processed:

- _____ Registration card
- _____ Enrollment Option Form
- _____ Medical Treatment/Financial Responsibility/Statement of Cooperation
- _____ Medical History Record
- _____ Universal Child Health Record
- _____ Official, Up-to-Date Immunization Record
- _____ Copy of Child's Birth Certificate
- _____ Registration Payment \$285.00 (Includes Registration, Book/Supply/Technology, and Activity Fees)
- _____ Access Key Tag \$5.00 each (due before school starts)

Faith Christian School

Registration Card

School Year 2018-19

Grade to Enter _____

Student's Name _____

Address _____

Age _____ Birth Date ____/____/____ Gender _____

Home Phone (____) _____ Father's Mobile Phone (____) _____

Mother's Mobile Phone (____) _____

School Attended Last Year _____

Address _____

Father's Name _____

Father's Employer _____ Father's Work Phone _____

Mother's Name _____

Mother's Employer _____ Mother's Work Phone _____

E-mail Address _____

Church Now Attending _____ Attend Sunday School? _____

Emergency Contact: Responsible Adult to Contact if Parents Can't be Reached (REQUIRED)

Name _____ Phone _____

Name _____ Phone _____

Reason for Selecting this School _____

School Recommended By _____

Faith Christian School

2111 Kuser Road*Hamilton, NJ 08690* (609) 585-3353

Child's Name _____

PRESCHOOL ENROLLMENT OPTIONS

Listed below are the enrollment options for the preschool program. Please indicate the option that you wish to choose for your child for the upcoming school year.

I wish for my child to be enrolled in preschool (please indicate 1st and 2nd choice) for:

_____ Five days

_____ Three days (Monday, Wednesday, Friday)

_____ Two days (Tuesday, Thursday)

Your child must be 3 years old before September 30, 2018, in order to be enrolled in the 3-year old class or 4 years old before September 30, 2018, in order to be enrolled in the 4-year-old class for the 2018-19 school year.

Please circle the correct response:

My child **(IS/IS NOT)** completely toilet trained. Please understand that your child will not be allowed to attend school if he/she is not completely toilet trained by the start of the school year. **Pull-ups are not allowed.** If you choose to register at this time and your child is still not toilet trained by then, all fees that have been paid up to that point in time will be forfeited. If you do not wish to face the possibility of losing your fees, it is suggested that you wait until your child is completely trained before you register.

My child **(DOES/DOES NOT)** speak and understand English well enough to function in an English-speaking, nonbilingual classroom setting.

NOTE: All children must be completely toilet trained. Pull-ups are not allowed. All children must be able to speak and understand English in order to be enrolled in FCS Preschool.

Faith Christian School

2111 Kuser Road*Hamilton, NJ 08690*(609)585-3353

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call my child's physician and follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for my child(ren).

FINANCIAL RESPONSIBILITY

I have read and agree to comply with the financial policies stated in the Parent/Teacher Handbook. I understand and agree to pay for all tuition and fees for services received as outlined in the Parent/Teacher Handbook.

STATEMENT OF COOPERATION

*We sincerely pledge our loyalty to the aims and ideals of Faith Christian School and will bring any and all questions and criticisms directly to those responsible so that they may be properly considered by those in authority.

*We agree to cooperate fully with the goals, objectives, and policies as stated in the Parent Handbook and Faith Baptist Church Doctrinal Statement (located on the church website www.FBCchurch.org).

*I, the undersigned, acknowledge that I have read and that I understand and agree to follow the policies as stated in this document.

Child's Name _____ Grade _____

Parent's Signature

Date

Faith Christian School
2111 Kuser Road
Hamilton, NJ 08690
Phone: 609-585-3353 Fax: 609-581-2038

Medical History Record

Name _____ Sex _____ Date of Birth _____

Address _____ City _____ State _____

Parent or Legal Guardian	Employer
Father:	
Mother:	

Allergies _____ (Do not list food preferences here)

This allergic reaction involves:

_____ Anaphylaxis** _____ swollen lips, tongue, throat**
_____ wheezing or difficulty breathing** _____ hives** _____ other _____

Is this allergy is life threatening? Yes _____ No _____

****PLEASE NOTE THAT IF YOUR CHILD HAS AN ALLERGY THAT INVOLVES ANAPHYLAXIS OR ANY OF THE SYMPTOMS OF ANAPHYLAXIS, AN EPI-PEN WILL BE REQUIRED AT SCHOOL. THE EPI-PEN MUST BE IN SCHOOL BEFORE THE CHILD WILL BE ALLOWED TO START SCHOOL.****

Past History: Please check and give age and year if your child has had any of the following:

Hepatitis _____ Asthma _____ Diabetes _____
Lyme Disease _____ Seizures or Epilepsy _____ Heart Disease _____
Scarlet Fever _____ Eye Trouble _____ Behavior Problems _____
Strep Infections _____ Rheumatic Fever _____ Injuries _____
Mononucleosis _____ Chicken Pox _____ Operations _____
Pneumonia _____ Ear Infections _____ Other _____

Is your child currently taking medication? Yes ___ No ___ If yes, please list (drug name, dosage taken and time taken) _____

Will it be necessary for your child to take medication at school? Yes ___* No ___

*A Request for Administration of Medication during the school day must be completed by your child's physician prior to the administration of **any and all medications**. Please note that medications must be in the original container with the pharmacy dosing label attached.

Is your child currently receiving treatment for a medical or physical condition? Yes ___ No ___
If yes, please explain _____

An official, signed, stamped copy of your child's immunization record is required prior to the start of school. Failure to comply with the New Jersey state immunization law will prevent your child from attending school. Please feel free to contact the school nurse if you have any questions.

Date: _____

Signature: _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER			
Date of Physical Examination:	Results of physical examination normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)		
	Height (must be taken within 30 days for WIC)		
	Head Circumference (if <2 Years)		
	Blood Pressure (if ≥3 Years)		

IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:
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MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Pre-School Dress Code

PLEASE READ CAREFULLY!!!

GIRLS – Pre-K girls may wear skirts, dresses, or loose fitting pants (jeans) to school. All skirts and dresses must be at or below the knee. Snow boots may be used in inclement weather, but sneakers must be brought for daily wear. Hair must be maintained in a modest and appropriate manner. Extreme fashions are not allowed such as unnatural colors (i.e., purple, green, blue, etc.), this is not an exhaustive list and all are subject to the discretion of the Administration.

BOYS – Boys must wear long pants or jeans. T-shirts with inappropriate graphics are not allowed. Boys are to wear sneakers to school each day. Socks must be worn. Snow boots may be used in inclement weather, but sneakers must be brought for daily wear. Hair needs to be cut in a neatly tapered style with no definite designs or hard lines around the head. Hair should be layered above the collar, eyebrows, and the ears. Fad haircuts are not acceptable such as locks, twists, mohawks, frohawks or unnatural colors (i.e. purple, green, blue, etc.). We obviously cannot cover every type of fad haircut. Therefore, we reserve the right to make judgment calls concerning appearance.

Pull-ups are not allowed for either boys or girls!

Please follow the above guidelines for extra clothes left in the cubbies in case of accidents.