



Willamette Christian School

P.O. Box 22108 ☞ Eugene, OR 97402 ☞ 541-686-8655
wcsoffice@willamettechristiancenter.com
www.willamettechristianschool.com

Preschool Application Checklist

Please use this checklist to guide you through the Preschool enrollment process:

The following completed documents must be submitted before enrollment can be finalized:

- _____ Preschool Application (*one per student*)
- _____ Student Health Form
- _____ Tuition Contract
- _____ Automatic Tuition Payment Agreement (*optional*)
- _____ Copy of Student's Birth Certificate
- _____ Copy of Student's Immunization Record
- _____ \$100 New Student Fee (*non-refundable, new students only*)
- _____ \$175 Registration Fee (*non-refundable*)

Mail or bring all paperwork along with your fees to the school office. The person(s) listed as "financially responsible" on the application must sign the tuition contract.

Enrollment is not complete, nor is the student's class place secured, until the completion of all forms and all applicable fees have been paid.



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Admissions Policy

Willamette Christian School sets high standards for its students and encourages them to succeed spiritually, academically, and physically. Acceptance of the student is based in part on a personal interview with parents, results of testing and/or recommendations concerning character, attitude and general promise. It is our hope that as each family strives for excellence in education, the Christian influence will have a positive and eternal effect upon their lives.

When the placement evaluation has been completed, a personal interview with a school administrator will be scheduled. This meeting is the final step in finalizing admittance to the school. At the time of the interview, any available document that helps in proper placement of the child should be presented. These documents could include transcripts, current and one year-old report cards, written evaluations, representative sampling of student's work and any other documents that may be helpful.

Once a class is filled, those desiring admission may place their name on one of two waiting lists. Families that have completed the application package and paid their fees will be placed on the priority waiting list and called first as space becomes available.

- **Priority List:** Anyone desiring to be placed on this list must complete the application package and pay all fees. Applicants on this list are contacted first as space becomes available. If no space becomes available, upon request, fees will be refunded and the students name removed from the priority waiting list.
- **Waiting List:** Anyone desiring to have admission to WCS may have their name and phone number placed on this list. This list is referred to after the priority list has been exhausted.

Willamette Christian School reserves the right to refuse admission to students and families not meeting the Philosophical, Academic, or Behavioral standards of the school.

NON-DISCRIMINATORY POLICY

Willamette Christian School admits students of applicable age, regardless of sex, race, color, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. We welcome students of all races and nationalities who willfully submit to the Statement of Faith.



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Preschool Application

Today's Date: _____

Student's Last Name _____ First Name _____ Middle Name _____ Nickname _____

____/____/____ Date of Birth _____ Birthplace _____ Current age: (years and months) _____

SSN/SIN _____ Home phone _____ Cell phone _____ Email _____

Home address _____ City/State/ Zip Code _____ Gender: Male Female

United States Citizen? Yes No Ethnicity: Anglo Asian Bi-Racial Hispanic Native American Other

Is English the student's first language? Yes No If not, what is the first language? _____

Please list names of immediate family members who are or have attended WCS: _____

I authorize my student's name, address & phone number to be listed in the student directory Yes No Initial: _____
Students may be filmed, videotaped, or photographed by a WCS employee or contract service professional. Your admission to WCS serves as permission for use of your student's image by WCS and its constituents.

Family Information:

Family's faith denomination: _____ Church attended: _____

Marital status: Married Divorced* Remarried Widowed Separated* Single

***If divorced or separated please attach proof of Guardianship.**

The student applying lives with: Father/Guardian Mother/Guardian Both

Who has legal custody of this child? Father/Guardian Mother/Guardian Both

If parents are divorced or separated, to whom should correspondence be sent?

Father/Guardian Mother/Guardian Both Other (specify) _____

Who is financially responsible for this child? _____

Father/Guardian:

Name _____

Address (if different): _____

Employer: _____

Job Title: _____

Email _____ Date of Birth ____/____/____

Cell phone _____ Work phone _____

Mother/Guardian:

Name _____

Address (if different): _____

Employer: _____

Job Title: _____

Email _____ Date of Birth ____/____/____

Cell phone _____ Work phone _____

How did you hear about Willamette Christian School? _____



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Student Questionnaire

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has your child been in any other daycare or preschool environments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. What actions or words bring your child the most comfort when they are feeling insecure or upset? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Can your child verbally express his/her needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is your child completely potty trained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have any anxiety about your child entering preschool? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does your child have any anxiety about entering preschool? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: _____

7. What do you hope your child will accomplish in preschool this year? _____

8. What are two toys that your child really enjoys? _____
9. What two activities does your child enjoy? _____
10. Is there an activity that your child does not enjoy? _____
11. What activity did your child participate in recently that was particularly fun? _____

Emergency Information

In the event of an emergency or if you student needs to be picked up from school, Willamette Christian School will contact one of the following people based on the order in which they are listed.

<u>Name</u>	<u>Relationship</u>	<u>Home Phone No.</u>	<u>Work Phone No.</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

People authorized only to pick up children (in addition to those listed above):

<u>Name</u>	<u>Relationship</u>	<u>Home Phone No.</u>	<u>Work Phone No.</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

With this application I am enclosing the applicable enrollment fees which are all nonrefundable.

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____

Non-Discriminatory Policy:

Willamette Christian School admits students of applicable age, regardless of sex, race, color, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. We welcome students of all races and nationalities who willfully submit to the Statement of Faith.



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Student Health Form

Today's Date _____

This information will enable us to be aware of any health-related concerns or emergencies that may arise. This is kept confidential in your child's cumulative health folder for professional use only.

Student's full name: _____ Grade in school: _____ Date of Birth: _____

Medical Treatment Release

In the event of an emergency and I am unavailable, I authorize school personnel to make arrangements for my child to receive medical care, including required transportation in an ambulance to the nearest hospital or treatment facility. I authorize the physician and/or dentist named above to undertake such care as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician and surgeon. I agree to bear all costs incurred.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

May Tylenol (or equivalent brand of Acetaminophen) be given to the student if needed? Yes No

Please Initial _____

Medical Service Information

Physician _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Insurance information:

Does your student have medical insurance coverage? Yes No

Insurance Company: _____ Membership No. _____ Group No. _____

Primary insured: _____ Primary Insured's Membership No. _____

Does your student have dental insurance coverage? Yes No

Insurance Company: _____ Membership No. _____ Group No. _____

Primary insured: _____ Primary Insured's Membership No. _____

In the event of emergency transport, your student will be taken to River Bend Hospital in Springfield, OR unless otherwise directed by emergency personnel.

General Information:

Student's blood type _____

Current medications taken (list both prescription & nonprescription medications including vitamins/herbs):

Drug name _____ Dose _____ Administered at school? Yes No

Drug name _____ Dose _____ Administered at school? Yes No

Drug name _____ Dose _____ Administered at school? Yes No

Drug name _____ Dose _____ Administered at school? Yes No



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Does your student:

- Wear glasses? Yes No Contacts? Yes No
 Have hearing loss? Yes No Use hearing aids? Yes No
 Have a history of: Asthma Bee Sting Allergy Diabetes Epilepsy Heart Condition

Please enter date or age of occurrence or diagnosis for the following:

Measles _____ German measles _____ Chicken Pox _____
 Mumps _____ Neurological Problems _____ TB Contact _____
 Scarlet Fever _____ Orthopedic Problems _____ Convulsive Disorder _____
 Serious Injury _____ Frequent Headaches _____ Other _____

Does your student have any allergies? **(Please be specific, if none, write "none".)** _____

Are there any medical conditions that would limit your child's normal school activities? Yes No

If yes, explain: _____

Emotional/Psychological Information

Has your student experience a recent, significant loss of a loved one? (Parent, sibling, grandparent, friend, pet, divorce, etc.)

Yes No

Does your student have problems with temper tantrums or emotional outbursts? Yes No

Does your student show signs of hyperactivity or attention difficulties? Yes No

Has your student been diagnosed with an attention deficit disorder? Yes No, if so: which? ADD ADHD

Other

Please note an additional comments or concerns you would like us to know about your student's health:



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Annual Parent Commitment

Today's Date _____

Students Name _____ Grade _____ Students Name _____ Grade _____

Each Parent or Legal Guardian Must Read and Initial Each Paragraph

We understand and agree that it is a privilege to attend Willamette Christian School and therefore we will uphold the school with a positive attitude and our prayers.

_____ We place our trust in Willamette Christian School, its administration, faculty, and staff and will work together in a spirit of unity between the school and home.

_____ We promise to encourage obedience to the rules and policies of the school and to foster an attitude of respect for the Christian culture and life which are maintained at Willamette Christian School.

_____ We pledge to support the school administration and teaching staff in decisions made in the education of our student.

_____ We promise to promote a positive view regarding the school program to all we converse with and to address the appropriate school personnel with any concerns we may have throughout the school year.

Spiritual and School Philosophy

_____ We understand and agree that our child will be taught to worship one God – Father, Son, and Holy Spirit; and to honor the Bible, as God's only written word. Our child will be taught that the God of the Bible is a personal God and that through Christ's death and resurrection one can have a personal relationship with Him. We understand that the school will accept students of varying religious backgrounds, but that all students must comply with all behavior, dress, and spiritual requirements as established from time to time by the school administration and board.

_____ We have read and agree with the school's Statements of Faith and Philosophy. We will give active support to the school program in every way possible, and make a sincere effort to attend and participate in school functions.

Conduct and Standards

_____ We agree to accept and support all rules and regulations of Willamette Christian School and authorize the school to administer the disciplinary methods stated in the school handbook. We understand the standards of the school will not tolerate profanity, obscenity in word or actions, or any type of action or harassment from students or parents that are deemed disrespectful or harmful to school staff or students. We understand that parents who behave in this manner to a staff member will be asked to leave the campus and may be banned from the campus.

_____ We will expect our child to comply with school regulations. We will withdraw our child or accept the school's right to dismiss them, if we become unable to support these policies, procedures, and rules. We realize that the school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process of the school.



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_____ We understand that damage to school property by the student due to willful or negligent means will be directly charged to my account.

_____ We give our permission for our child to take part in all regular school-day activities, including school-sponsored trips. We release the school from liability because of any injury at school or during any school-associated activity.

Tuition Payment Policies

_____ We have read and will abide by the school's policies in regard to tuition payments, attendance policies, withdrawal policies and policies regarding refunds and / or non-refundable fees.

Dispute and Reconciliation

_____ We understand that expectations and perceptions may, at times, come into conflict. In Christian relationships the priority of love should direct all our actions as a reflection of the loving submission of Christ to the Father. The way we resolve conflicts and perceive offenses will demonstrate the reality of Christ to a watching secular society. (John 13:34-35).

The school has specific requirements for all aspects of conflict resolution, including (but not limited to) student to student conflict, student to teacher conflict, parent to teacher or parent to parent conflict. We acknowledge our requirement to follow the procedures as outlined in the School Handbook.

Medical Release

_____ We, the parents/guardians, authorize Willamette Christian School to call emergency service (911) in case of an accident and to arrange for an emergency medical care doctor in case the parent is not immediately available. Any physician called by Willamette Christian School, paramedics, or hospital emergency service may treat and/or take necessary measures for the health and well being of the child. It is understood that a conscientious effort will be made to notify the parents before such action will be taken.

_____ We, the parent/guardian, will accept responsibility for the cost of any medical service, physician, or hospital care.

_____ We understand the school's insurance is secondary to parent insurance for school related accidents.

Signatures

We acknowledge by signing this agreement, it is for a limited duration; and that all rights and privileges herein terminate upon the expiration date of the academic year applied for, unless terminated sooner. We understand that we are responsible for all financial obligations, as set forth in the schools financial policies.

The signature of both parents/guardians is required unless a court has appointed legal custody to only one.

Parent /Legal Guardian _____ Date _____

Parent /Legal Guardian _____ Date _____



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Tuition Contract for Preschool

Required Fees All fees are per student and non-refundable

- ◆ New student application fee \$100.00
- ◆ Registration fee \$175.00

Please list students enrolling in the Preschool or Junior Kindergarten program:

Student name _____ Tuition Plan Selected (see below) \$ _____
 Student name _____ Tuition Plan Selected (see below) \$ _____

A 2% discount may be taken if an older sibling is enrolled in grades K-8th: \$ _____
 Total tuition for all enrolled children Monthly or Annual (10 months) \$ _____

Select a program from these options:

Preschool 3	<u>Monthly Tuition</u>	<u>Annual Tuition (10 Months)</u>
5 day per week program: Monday through Friday		
8:30am—11:40am <input type="checkbox"/>	\$270	<input type="checkbox"/> \$2,700
8:30am—3:10pm <input type="checkbox"/>	\$380	<input type="checkbox"/> \$3,800
3 day per week program: Monday, Wednesday & Friday		
8:30am—11:40am <input type="checkbox"/>	\$200	<input type="checkbox"/> \$2,000
8:30am—3:10pm <input type="checkbox"/>	\$280	<input type="checkbox"/> \$2,800
2 day per week program: Tuesday & Thursday		
8:30am—11:40am <input type="checkbox"/>	\$175	<input type="checkbox"/> \$1,750
8:30am—3:10pm <input type="checkbox"/>	\$265	<input type="checkbox"/> \$2,650

Preschool 4	<u>Monthly Tuition</u>	<u>Annual Tuition (10 Months)</u>
5 day per week program: Monday through Friday		
8:30am—11:40am <input type="checkbox"/>	\$270	<input type="checkbox"/> \$2,700
3 day per week program: Monday, Wednesday & Friday		
8:30am—11:40am <input type="checkbox"/>	\$200	<input type="checkbox"/> \$2,000
8:30am—3:10pm <input type="checkbox"/>	\$280	<input type="checkbox"/> \$2,800

Junior Kindergarten 4	<u>Monthly Tuition</u>	<u>Annual Tuition (10 Months)</u>
5 day per week program: Monday through Friday		
8:30am—3:10pm <input type="checkbox"/>	\$380	<input type="checkbox"/> \$3,800

****Please Note:** for full day students, lunch is not included in the tuition cost. However, milk is provided during lunchtime. Hot lunch tickets may be purchased in the school office or students may bring cold lunches from home.



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Electronic Transfer Payment Agreement

Name(s) as listed on account _____

Bank Name _____

Checking Account Number, attach a voided check _____

Monthly withdrawal amount—withdrawal will occur on the 10th day of each month:

Initial the payments below to authorize the withdrawal from your account:

_____ Monthly Preschool Tuition—September through June	\$ _____
_____ Monthly Preschool Tuition—Summer Program	\$ _____
_____ Monthly School Tuition—10 Months—August through May	\$ _____
_____ Monthly School Tuition—12 Months—July through June	\$ _____

The signatures below authorize Willamette Christian School to initiate a monthly electronic fund transfer from the bank and account noted above for the payment of school charges as noted. This form grants authorization and makes the request to said bank to accept any debit entries initiated by Willamette Christian School. A monthly statement will be mailed reflecting the total charges and the resulting banking withdrawal. By signing below, acknowledgement is given that the financially responsible party must contact the school by the 5th day of the month to make payment arrangements in the event the withdrawal amount is to be changed for that month. This agreement may be terminated at any time by the submission of notice in writing to Willamette Christian School. Should the agreement be terminated, acknowledgement is given that any unpaid balance for fees or tuition will become due and payable immediately in accordance with the established payment policies.

Signed _____ Date _____

Signed _____ Date _____