



West Valley Christian Preschool

16260 W. Van Buren Street Goodyear, AZ 85338
Phone (623) 234-2104 FAX (623) 234-2199

Student Enrollment Application 2017-2018

Dear West Valley Christian Preschool Family,

We are so excited that you are considering a Christian preschool program! This year will be a year of great learning, discovery, and growth. Here are a few highlights when enrolling:

- **Tour:** Take a tour of our facility, **with your child.**
- When enrolling, this **Enrollment Packet** needs to be returned to the preschool office with a registration fee of \$100.00. Each packet includes:
 - Enrollment Application
 - Arizona Emergency Information and Immunization Record Card (in addition to the updated EII Card. An updated copy of immunizations is needed if your child is re-enrolling and has received new immunizations since the previous year)
 - Field Trip Release
 - Handbook Agreement
 - Statement of Faith Parental Agreement Form
 - Getting to Know You and Your Child (Parent Input) Form
 - Church Leadership Recommendation
- **Extended Care:** If you think you will need before-care or after-care, please fill out the approximate arrival and departure times on the "class schedule" section of the application. The before and after-care hours are not charged to you unless used. Estimating the times gives the preschool an idea of how many workers will need to be hired.
- **Schedules & Fees:** The fees form on the following page is updated annually. Because WVCS Preschool is a school and not a daycare, the fees reflect the annual preschool tuition. To help our families budget their preschooler's tuition, families can do the following to estimate the monthly amount: Take the annual tuition amount and divide that number by 10.
(For example: If your child attends Monday through Friday for full days, the tuition is \$6313.13 per year. If you take \$6313.13 and divide it by 10, it will calculate a monthly tuition of \$631.13. You can follow this method for any of the annual tuition amounts to get the approximate monthly tuition).
- **Back to School Supply List & Events Calendar:** These pages located on the last sheet of the packet can be removed from the enrollment packet and kept at home.

Blessings!

Jonathan Medina, Director
West Valley Christian School
ACSI Accredited, 5 Star Quality First School

CHURCH / FAITH INFORMATION

Does one **Parent/Guardian** attend church regularly? Yes No

Church Name _____ Denomination _____

Pastor's Name _____ Church Phone Number _____

Church Address/City/ZIP _____

USE OF PICTURES CONSENT

Many pictures are taken at West Valley Christian Preschool during the year of individual students and various groups for use on our website and in various promotional materials. By enrolling your student at West Valley Christian Preschool you give the school permission to use pictures of your student. **If you do not wish to have your student's picture used, you must notify the school office in writing.**

CLASS SCHEDULE (Please check one option from each category) Students must be potty trained

Classroom

3 Year old class (must be 3 by 9/1/2017)

4 Year old class (must be 4 by 9/1/2017)

Weekly Schedule

Full Day

Half Day

Days

Mon—Fri

Mon, Wed, Fri

Tues, Thur

Approximate morning arrival time: _____

Approximate departure time: _____

PAYMENT OPTIONS (Please note all payment plans begin in August except for the 12 Month and Payment in Full Plans)

Payment in Full Semi-Annual Plan 10 Month

PARENT/GUARDIAN STATEMENT

I/We understand and agree that West Valley Christian Preschool is a private evangelical Christian preschool where enrollment is a privilege and not a right. I/We certify by signature below that I/we understand the general rules and regulations that are published in the "Student/Parent Handbook" (located online at www.wvchristianschool.org). I/We further understand that the rules and regulations are subject to revision by the preschool at any time, and that each student/family is expected to be familiar with current preschool rules. I/We agree to abide by the rules and regulations. In the role as parent and/or guardian, I/we promise to enforce these rules. I/We understand and agree that violations of any West Valley Christian rules and regulations will be dealt with by the preschool administration and may result in expulsion from West Valley Christian Preschool. In addition, I/we agree to accept full responsibility for all obligations that may result from injury incurred by my student as a result of participation in any school-sponsored activity. If I/we cannot be contacted in an emergency, call the physician listed on the Emergency Information and Immunization card and follow his/her instructions. If the school cannot contact anyone listed, the school is authorized to act in whatever manner is deemed appropriate by school personnel. I/We also agree to comply fully with the financial requirement of the school regarding payment of tuition and understand and agree that the student may be removed from the school if tuition payments become delinquent.

Note: All Financially responsible parties must sign below.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card

Form with fields: Child's Name, Date Enrolled, Updated, Home Address (#, Street, City, State, Zip Code), Date Disenrolled, Home Phone, Date of Birth, Sex (male/female)

Form with fields: Mother or Guardian Name, Home Address (#, Street, City, State, Zip Code), Cell Phone (optional), Contact Telephone Number

Form with fields: Father or Guardian Name, Home Address (#, Street, City, State, Zip Code), Cell Phone (optional), Contact Telephone Number

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Table with 2 columns: Name, Contact Telephone Number. Multiple rows for contact persons.

If Medical care is necessary, call:

Form with fields: Health Care Provider*, Name, Contact Telephone Number

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

Form with text: In case of injury or sudden illness, I request that this individual be called first:

The following individual(s) may NOT remove my child from the facility:

Form with field: Name(s):

Custody papers have been provided and are on file at the facility. [] yes [] no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
-------------------------------	--------------	-------



West Valley Christian Preschool Field Trip Release

Our preschool classes will be going to on-campus field trips at various times throughout the school year. We will be going to the elementary school gymnasium, the elementary school field, the elementary school library, and various rooms within the preschool building and the preschool playground.

If your child has permission to participate in these school functions, please sign and return the lower section of this form and return it to the Preschool.

Thank you!

West Valley Christian Preschool Field Trip Release

Name: _____ has my permission to participate in field trips to **Destination: West Valley Christian School's main campus and within the Preschool building** anytime from August-June of the current school year. I absolve West Valley Christian Preschool from liability to me or my child because of any injury to my child while participating in this field trip. In the event our child becomes ill or sustains an injury while under the supervision of West Valley Christian Preschool, and if we cannot be notified, we give consent to any licensed physician and or surgeon to administer treatment, drugs, and medicines and to perform such surgical procedures as needed for the relief of pain and preservation of life and health.

Date: _____ Parent Signature: _____

Indicate/Circle which one is best to call **first**:

Home Phone: _____ Work/Cell phone: _____

Additional Health Information: _____

Preschool class: _____ Teacher: _____



West Valley Christian Preschool 2017-2018 Handbook Agreement

Access the full preschool handbook at
<http://www.wvchristianschool.org>

Parents, please sign, initial, and Return This Page with Registration Papers

- ____ / ____ WVC Preschool is not licensed to care for sick children. If my child is sent home due to illness or contagious symptoms, they will not be sent to school the following day.
- ____ / ____ If a child is ill they will be cared for in the preschool office to minimize the chances of spreading illness. The individual designated to be called first on the Emergency Information and Immunization Record form will be notified of the child's illness and will be required to make arrangements for the child to be picked up with in 1 hour of notification.
- ____ / ____ WVC Preschool is not able to give children over the counter medication. If a child needs prescription medication to be given, a Medication Consent form must be filled out by the parent/guardian. **Medications must be in the original prescription bottle with the child's full name on it.**
- ____ / ____ I understand that WVCP does not prorate monthly fees if my child is absent due to illness, staying with a relative or friend, on a family trip, or for any other reason presented to our office. This policy ensures the child's place in our enrollment and ensures that we are sufficiently staffed to provide consistent care.
- ____ / ____ I understand that WVCP reserves the right to dismiss any student who is habitually harmful to self or others, disruptive, disrespectful, or destructive to property. **All discipline is to be done off the school campus.**

I have read and fully understand all the information in this Handbook and agree to its contents.

Child's Name

Mother/Guardian's Signature

Date

Father/Guardian's Signature

Date

West Valley Christian School

16260 W. Van Buren Street Goodyear, AZ 85338 Phone (623) 234-2104 FAX (623) 234-2199

Statement of Faith

We believe the Bible to be the inspired, only infallible, authoritative, inerrant Word of God (II Tim. 3:16, II Pet. 1:20).

We believe there is one God, eternally existent in three persons: Father, Son and Holy Spirit (I John 5:7, Matt. 28:19).

We believe in the deity of our Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension to the right hand of the Father, and His personal return in power and glory (Philippians 2:6-11; Luke 1:36-38; 1 Peter 3:18; Hebrews 2:9; Acts 2:23-24; Hebrews 8:1; Matthew 26:64; Hebrews 10:37; Luke 21:27).

We believe that for salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential (Romans 5:12-19; I John 3:5-8; Titus 3:5).

We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life (John 16:8-10; I Cor. 3:16, 6:19; Romans 8:4-8).

We believe in the resurrection of both the saved and the lost: the saved unto the resurrection of life, and the lost unto the resurrection of damnation (John 5:28-29; Matt. 25:46; I Thessalonians 4:17; Rev. 20:11-15, 21:8, 22:11).

We believe in the spiritual unity of believers in our Lord Jesus Christ (I Cor. 12:12-27).

We believe that God wonderfully and immutably creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God (Genesis 1:26-27). We believe that rejection of one's biological sex is a rejection of the image of God within that person.

We believe that the term "marriage" has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture (Genesis 2:18-25). We believe that the institution of marriage is established in scripture as an ordinance that points the world to the relationship God desires for His church (Ephesians 5:25-27, Revelation 19:7-9, Revelation 21:2-9, Isaiah 54:5).

We believe that in order to preserve the function and integrity of West Valley Christian School as an extension of the Body of Christ, and to provide a biblical role model to the community, it is imperative that all persons employed by West Valley Christian School in any capacity agree to and abide by all points put forward within this statement of faith (Matthew 5:16, Philippians 2:14-16, 1 Thessalonians 5:22).

I/We affirm and agree with the West Valley Christian School statement of faith.

Parent Signature: _____

Date: _____

Parent Name (printed): _____

Student Name(s): _____

West Valley Christian School

16260 W. Van Buren Street Goodyear, AZ 85338 Phone (623) 234-2104 FAX (623) 234-2199

Getting to Know You and Your Child

Student Name: _____ Birthdate: _____

Parent's Names: _____

Siblings' Names & Ages: _____

Family's Home Church: _____

Family Pet: Type _____ Name _____

Does your child live with both parents? _____ If no, please describe the child's living situation. _____

Developmental History

Does your child have any special needs? _____

Has your child had any serious illness and/or hospitalization?

Does your child have any unusual birthmarks or birth defects?

Does your child favor a left or right hand? _____

Social Relationships

How would you describe your child loving, moody, helpful, joyful, all of the above?

What are your child's favorite toys or activities? _____

What does your child fear? _____

How is your child comforted? _____

How does your child express anger and frustration? _____

What would you like your child to gain from his/her preschool experience? _____

Is there anything you would like us to know about your child? _____

Parent's Signature: _____ Date: _____



West Valley Christian School

Church Leadership Recommendation

Applicant Information	
Recommendation For _____	Grade _____ Date _____
Parent(s) Name _____	Telephone _____
Church Leader Information	
Name _____	Leadership Role _____
Church Name _____	Phone Number _____
E-mail _____	

The above named student/family has applied for admission to West Valley Christian Preschool. We would welcome any comments or insights you have regarding his/her character and spiritual life. We have found a church leadership perspective quite valuable in getting to know an applicant better and helping us to determine if West Valley Christian Preschool is an appropriate placement. Thank you for your cooperation.

In what capacity and for how long have you known the applicant and or family?	
Monthly participation/church involvement.	<input type="checkbox"/> 4+ times per month <input type="checkbox"/> 3 times per month <input type="checkbox"/> 1-2 times per month
In what congregationally related activities is this child and/or family typically involved?	
Do you recommend the family for admission to West Valley Christian Preschool?	<input type="checkbox"/> Enthusiastically <input type="checkbox"/> Yes <input type="checkbox"/> Yes, with reservation <input type="checkbox"/> No

Please share with us any specific concerns or highlights you have on the character of this applicant.

Note: Although rarely requested, a parent/guardian has the legal right to view their student's file. If you wish this information to remain confidential, please indicate by checking the box.
Please return this form directly to the family in a sealed envelope or mail/fax to
 WVCP Attn. Preschool Admissions, 16260 W. Van Buren Street Goodyear, AZ 85338 (623)234-2104 Fax (623)234-2199

Parent statement to be filled in if unable to obtain recommendation from church leadership. Please choose one.	
<input type="checkbox"/> "We have not attended church consistently and do not have an individual that can provide a recommendation from church leadership."	
<input type="checkbox"/> "We are unable to obtain a recommendation due to: _____."	
Parent signature _____	Date _____
Printed Name _____	



West Valley Christian Preschool

Back to School List

Here is a checklist of what your child will need on their first day of preschool:

- _____ Lunchbox (All Children)
- _____ Morning Snack and Lunch (1/2 Day Students)
- _____ Morning Snack, Afternoon Snack, and Lunch (Full Day Students)
- _____ Water Bottle- write child's name on bottle (1/2 Day and Full Day Students)
- _____ Complete Change of Clothes in a Labeled Ziploc Bag (All Children)
- _____ Sleep Mat (No fabric mats. Must be a material that can be disinfected, i.e. plastic) (Full Day Students)
- _____ Blanket and Sheet for Mat (Full Day Students)

Back to School Donations: (No need to put child's name on items. They will be used for a whole class supply)

<input type="checkbox"/> 1-2 Boxes Kleenex	<input type="checkbox"/> 1-2 Cans Clorox wipes
<input type="checkbox"/> 2 Rolls Paper Towels	<input type="checkbox"/> 1 Box Jumbo Size Crayons
<input type="checkbox"/> 1 Box Washable Markers	<input type="checkbox"/> 2 or more Glue Sticks
<input type="checkbox"/> 1 Water Color Paint Set	<input type="checkbox"/> Play Dough (Can be from the Dollar Store) OR, a bag of flour
<input type="checkbox"/> 1 Pack of Colored Pencils (Pre-k only)	<input type="checkbox"/> 1 Pack of Multi-Colored Construction Paper
<input type="checkbox"/> 1-2 Reams of White Copy Paper	<input type="checkbox"/> 1 Can Lysol Spray Disinfectant
<input type="checkbox"/> 2 Bottles White and Clear Glue	No backpacks please 😊

West Valley Christian Preschool

2017-2018 EVENTS CALENDAR

August 2017	7	Back To School Night, 5:30PM
	9	1 st Day of School
September		<i>Every Friday in September is wear Yellow Day (Cancer Awareness)</i> <i>During September, various community helpers are invited to visit</i>
	1	No School – Professional Development for Teachers
	4	No School – Labor Day
	11	Grandparents' Day: P3 Classes
	12	Grandparents' Day: Pre-k Classes
	20	What Do I want to be? Day
	26	Cooking Class – Stop Light Cookies
October	5	Wear Your Color Day: P3 Blue & Pre-k Orange
	6	No School – Professional Development for Teachers
	9-13	No School – Fall Break
	25	Cooking Class – Animal Pizza Muffins
	26	Early Release 11:15, Parent Teacher Conferences 12:00-7:00PM
	27	Early Release 11:15, Parent Teacher Conferences 12:00-3:00PM
November	2&3	No School – ACSI Conference
	8	Wear Your Color Day: P3 Green & Pre-k Brown
	21	Bring a Handful – Thanksgiving Treat
	22-24	No School – Thanksgiving Break
December	5	Wear Your Color Day: P3 Yellow & Pre-k Red
	8	Early Release 11:15, Professional Development for Teachers
	20	Preschool Christmas Program, 9:00AM
	22	Early Release 11:15 / Christmas Party & PJ Day, No Aftercare Available
	25-Jan 5	No School – Christmas Break
January 2018	8	School Resumes
	10	Eat lunch with your child - Pre-K classes
	11	Eat lunch with your child - P3 classes
	12	Wear Your Color Day: P3 Purple & Pre-k Blue
	15	No School – Martin Luther King Jr. Day
	23	Snow Day, wear a beanie to school
	26	Cooking Class – Crunchy Apple Boats
February	2	No School – Professional Development for Teachers
	14	Valentine's Day Class Party
	14	Sock Hop: Girls wear pink socks and Boys wear red socks
	19	No School – Presidents' Day
	22	Cooking Class – Yogurt Parfaits
	23	<i>Family Special: Preschool Art Exhibit</i>
March	2	Book Character Day and Parade, Dr. Seuss Day
	8	Wear Your Color Day: P3 Brown & Pre-k Green
	9	No School – Professional Development for Teachers
	14	Cooking Class – Dr. Seuss Hats
	23	<i>Family Special: Egg Hunt</i>
	26-30	No School – Spring Break
April	2	No School, Easter Monday
	3	School Resumes
	5	Each lunch with your child - P3 classes
	6	Each lunch with your child - Pre-K classes
	10	Wear Your Color Day: P3 Black/White & Pre-k Purple
	13	Early Release 11:15
	24	Cooking Class – Dirt Cups
May	2	Wear Your Color Day: P3 Rainbow & Pre-k Black/White
	11	Early Release 11:15, Professional Development for Teachers
	16	Cooking Class – Fish in a River
	21-24	Spirit Week
	24	<i>Family Special: Preschool Promotion Picnic & Water Day</i>
	24	EARLY RELEASE 11:15, LAST DAY OF SCHOOL