

**Agapeland Preschool and Kindergarten**  
**Selah Covenant Christian Schools**  
A ministry of Selah Covenant Church

**REGISTRATION PROCEDURES**  
**2015-2016**

- A. Complete entire registration packet, which includes:
1. Enrollment Form
  2. Family and Social History
  3. Medical Form
  4. Medical Information
  5. Consent Form
  6. Shirt Order Form, with payment
  7. Immunization Records
- B. Submit the entire enrollment packet with nonrefundable registration fee:  
\$60.00.
- C. You will be contacted after processing of registration packet.  
The decision of the Admissions Committee is final.

**Notice of Nondiscriminatory Policy to Students**

Agapeland Preschool/Kindergarten/Selah Covenant Christian School does not discriminate against students on the basis of race, color, or national/ethnic origin when administering admission decisions or any school programs or policies.

Received: Date _____ Time _____ Received by _____
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# Agapeland Preschool-Kindergarten

Selah Covenant Christian Schools

A Ministry of Selah Covenant Church

560 McGonagle

Selah, Washington 98942

2015-2016

"Now we . . . are the children of promise"

Galatians 4:28

Phone: 509-697-6116

www.selahcov.com

## WHAT IS AGAPELAND?

Agape is the Greek word meaning God's love for people. At Agapeland Preschool and Kindergarten, our goal is that every child should know that God loves him. Biblical standards of behavior are taught daily through memory verses, Christian songs, prayer, Bible stories, and by being shown love. In preschool classes, readiness skills are developed through hands-on, developmentally-appropriate literacy, math and science activities. Kindergarten children are prepared to enter the first grade classroom with a good academic and spiritual foundation.

### PRESCHOOL CLASSES

<b>Preschool AM</b>	9:00—11:00 am	\$78.00/month (9 monthly payments)
<b>TuTh</b>	138 instructional hours/year	For children 3-years-old by August 31, 2015
<b>Preschool AM</b>	9:00—11:30 am	\$120.00/month (9 monthly payments)
<b>MWF</b>	247.50 instructional hours/year	For children 4-years-old by August 31, 2015
<b>PreK PM</b>	12:30—3:00 pm	\$150.00/month (9 monthly payments)
<b>MTuWTh</b>	332.50 instructional hours/year	For children 4-years-old by August 31, 2015

### KINDERGARTEN-PreK

<b>Kindergarten-PreK</b>	8:45—11:45 am	\$210.00/month (10 monthly payments)
<b>MTuWThF</b>	525 instructional hours/year	Combined class for Kindergarten and PreK students For children 5-years-old by August 31, 2015 (Kindergarten) For children 5-years-old by January, 2016 (PreK)

**A registration fee (\$60.00) is required** to reserve a place for each child in the preschool. This fee is for supplies and insurance. The registration fee is non-refundable. All students are required to have a **school shirt** which will be worn on field trips and other special school functions.

**The first tuition payment will be due August 1.** This deposit will be kept in reserve by the preschool until the final payment (May) is due at which time the deposit will be applied to that payment. If your child withdraws prior to May 1, the deposit will be refunded, providing all other payments are up-to-date.

**Second tuition payment** is due the first day of school.

Tuition is due the first of the month and is delinquent by the 10th. A \$5.00 late fee will be added if payment is not received by the 10th.

**Sibling Discount:** A family who has more than one child attending Agapeland / Selah Covenant Christian School this year is given a 10% per month discount for the second and subsequent children.

**Church Member Discount** (when at least one parent is a member of Selah Covenant Church): A 15% discount is given to each student in the family attending Agapeland /Selah Covenant Christian School.

**Immunizations** shall be current at the time of enrollment. Immunization records will be required for all children.

**Children must be potty-trained.**

**Supplies and Snacks:** To help keep our tuition low, parents are asked to provide some supplies and snack items as requested.

You will receive a letter in late June confirming your registration, class placement, and orientation dates in September. Another letter in August will provide further details concerning orientation.

If you have any questions, you may contact Linda Leigh (457-4648/697-6116/lmleigh@msn.com).



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## ENROLLMENT FORM

<b>Preschool</b>		
_____ T/Th	9:00—11:00am	(three-years-old by Aug. 31, 2015)
_____ M/W/F	9:00—11:30am	(four-years-old by Aug. 31,2015)
_____ Pre-K PM	12:30—3:00pm	(four-years-old by Aug. 31,2015)
<b>Kindergarten-PreK</b>		
Combined Kindergarten & PreK		
_____ M/T/W/Th/F	8:45—11:45am	(five-years-old by Aug. 31, 2015-Kindergarten) (five-years-old by Jan. 2016-PreK)

Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_ Boy ( ) Girl ( )

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

FATHER \_\_\_\_\_ email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

MOTHER \_\_\_\_\_ email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

OTHER CHILDREN IN FAMILY (Names and ages)

Boys \_\_\_\_\_

Girls \_\_\_\_\_

CHURCH PREFERENCE \_\_\_\_\_ Member Yes No

I WOULD LIKE MY CHILD TO BE CALLED \_\_\_\_\_

How did you learn about Agapeland? \_\_\_\_\_

\_\_\_\_\_ Newspaper \_\_\_\_\_ Telephone book \_\_\_\_\_ Friend \_\_\_\_\_ Internet \_\_\_\_\_ Other

Referred by \_\_\_\_\_

# FAMILY AND SOCIAL HISTORY

Child's Name \_\_\_\_\_

The preschool and kindergarten years are vitally important--lifetime attitudes, habits, etc. are being formed in these years. Parents are the child's best teacher, the preschool/kindergarten is just an extension of the home.

To help us understand your child and plan for his/her specific needs, we would appreciate you giving us the following information, which is **confidential**. If there is any question you consider too personal, do not feel obligated to answer the question. Please keep us current on any important circumstances in your child's life, ie. new baby, move, death of pet, divorce.

1. Has your child had previous schooling or group play experience-- Sunday School, day care, neighborhood, preschool, etc.? \_\_\_\_\_
2. Does your child have difficulty being separated from parent? \_\_\_\_\_  
Never been left                      Somewhat reluctant                      Separates easily
3. Does your child have any special fears at this time? \_\_\_\_\_
4. How would you describe your child's personality? \_\_\_\_\_
5. Does mother work outside the home? \_\_\_\_\_
6. Has there been a death or serious accident in your family or neighborhood recently?  
Who and/or what? \_\_\_\_\_
7. Has there been a divorce in your family or neighborhood recently?  
Friend of family \_\_\_\_ Parent of child's friend \_\_\_\_ Parents \_\_\_\_ Other relatives \_\_\_\_\_
8. As a parent, if you are divorced, describe custody/visiting arrangements. If there are restrictions in regard to visiting rights, attach an explanatory signed statement concerning what rights the other parent has.
9. If your child is adopted, does he/she know? \_\_\_\_\_ At what age did you adopt your child? \_\_\_\_\_  
Are there other details you would like us to know? \_\_\_\_\_
10. Does your child usually have breakfast/lunch before preschool/kindergarten? \_\_\_\_\_  
How would you describe your child's eating habits? (Poor, good, will try new foods, etc.)
11. What kind of discipline do you use in your home?
12. Share what you expect from your child's preschool/kindergarten experience
13. Share any other information you feel we should know.

# Medical Form

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mother or Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Father or Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

If medical care is necessary, call:

Doctor: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, and in the event you are not able to be reached, please list 3 emergency contact names and phone numbers:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

In the event of an illness or accident which requires immediate treatment at a time when a parent cannot be located, I give permission for Agapeland /SCCS staff to authorize such treatment. This is done with the understanding that every attempt will have been made to contact the parents, the student's physician, and other persons listed for emergency contact.

I hereby give authority to any hospital or doctor to render immediate aid as might be required for this student's health and safety. I understand that the expense of this service will be my responsibility. I hereby give the school the authority to render care or first aid in the case of an illness or injury.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Student's Name \_\_\_\_\_

### Medical Information

Does your child have any chronic disease?

Does your child have a medical history of any of the following(check all that apply):

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Allergy to bee stings | <input type="checkbox"/> chicken pox |
| <input type="checkbox"/> hepatitis             | <input type="checkbox"/> concussion  |
| <input type="checkbox"/> epilepsy              | <input type="checkbox"/> diabetes    |
| <input type="checkbox"/> allergies             | <input type="checkbox"/> asthma      |
| <input type="checkbox"/> heart murmur          | <input type="checkbox"/> headache    |
| <input type="checkbox"/> measles               | <input type="checkbox"/> other       |

Does your child take any daily medications?

Does your child have any drug allergies?

Does your child have special medical needs?

KNOWN ALLERGIES AND/OR SPECIAL INSTRUCTIONS (include possible reactions and treatment)

For Food Allergies: Complete Food Allergy Action Plan Form

Foods to Avoid: \_\_\_\_\_

Appropriate Substitutes: \_\_\_\_\_

Symptoms to look for: \_\_\_\_\_

Medications needed in case of allergic reaction: \_\_\_\_\_

Other Allergies (include symptoms & treatment): \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Other Special Instructions or Additional Comments:

Please provide current Immunization Records.

Or,

A signed waiver with regard to vaccination requirements is on file due to:

- Personal reasons
- Medical reasons
- Religious beliefs

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# CONSENT FORM

STUDENT'S NAME \_\_\_\_\_ TEACHER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This Consent form will be valid for the school year of September, 2015 through June, 2016.

We compile a Class List with names, addresses and telephone number of students in each class. If you choose, you can then use this list to make car pooling arrangements, play dates, etc. Because some people do not care to have their addresses and telephone numbers published, your address and telephone number will not be included on this list without your permission.

**Check the box if you give your permission.**

I give permission for my address to be included in the Class List.

I give permission for my telephone number to be included in the Class List.

Selah Covenant Church maintains a website ([www.selahcov.com](http://www.selahcov.com)) which also has a section for Agapeland / Selah Covenant Christian School. On this website you can find information about the school. We also want to include photos of activities from our classes. Only photos of those children whose parents have given permission will be included. No personal information (including names) will be published.

I GIVE my permission for photos of my student to be included on the Selah Covenant Church/Agapeland/SCCS website. No names of students will be included.

## Field Trip Permission

Agapeland/SCCS classes occasionally leave the school for field trips. You will be notified when your student's class will be leaving the school for such a trip. Reasonable efforts will be made to ensure each student's safety and adequate adult supervision will be provided. When needed, parents will be asked to provide transportation and supervision. Those providing transportation will be expected to have adequate insurance coverage.

I GIVE my permission for my student to participate in class field trips.  
If I do not give permission, I will keep my student home on days of field trips.

## Photo Permission

I GIVE my permission for my student to be included in evaluations and pictures connected with the school program.

## Picking Up Your Child

These adults are authorized to pick-up my child from school. Children will not be released to anyone not on this list. Photo ID may be asked for.

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# AGAPELAND T-SHIRT & Sweatshirt ORDER FORM

Child's Name \_\_\_\_\_ Teacher \_\_\_\_\_

Parent \_\_\_\_\_ Phone \_\_\_\_\_

*T-shirts are available in Youth and Adult sizes and are 50% Cotton/50% Polyester.*

**Colors:** red, purple, royal blue, gray

**Youth Sizes:**  
 x-small = 4-5  
 small = 6-8  
 medium = 10-12  
 large = 14-16

**Adult Sizes:**  
 small = 34-36  
 medium = 38-40  
 large = 42-44  
 x-large = 46-48

	T-shirt	Sweatshirt	
Youth	\$14.00	\$17.00	
Adult	\$16.00	\$22.00	

Style of shirt t-shirt/sweatshirt/polo	Size Specify youth or adult & size	Color	Quantity	Total cost

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**Total Qty. \_\_\_\_\_ Total \$ \_\_\_\_\_**

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***Payment is due at time of registration. Shirts will be delivered in Fall.  
 All students are to have a school shirt. You may purchase additional shirts.***

*If you already have an Agapeland shirt for your child, you do not need to purchase another. Put your child's name at the top of the form and check here if you already have a shirt. \_\_\_\_\_*