

LITTLE LAMBS

PRESCHOOL

of
Bundy Canyon
Christian School



Enrollment Packet A

Preschool



“Raising young disciples to love and know Christ”

Our number one goal as a Christian school (BCCS) is to create an environment for your child to come to know Jesus Christ as their personal Lord and Savior! We endeavor to teach children that they can have a personal relationship with the Lord Jesus Christ by reading God's holy word, his Bible, through prayer and by practicing the teachings of Jesus Christ, God's only Son. The way we accomplish this is by educating your child in the ABEKA God centered curriculum, biblical literature classes and in their relationships with their Christian teachers, staff, and peers.

It is our desire that each family that enrolls their child at BCCS also attend church and follow the teachings of our Lord Jesus in their home and personal lives, however, this is not mandatory. Children learn best when families and school & staff send the same clear message regarding what is required of them as students and individuals. By working together, it is our hope to train your child to become a success: academically, socially and spiritually.

We have put together this packet with those goals and desires in mind. If you have any questions whatsoever, please do not hesitate to contact us.

ENROLLMENT REQUIREMENTS:

- Completed Enrollment Packets (A & B)
- Birth certificate
- Immunization record



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of Bundy Canyon

Christian School



Payment of application & matriculation fees

BUNDY CANYON CHRISTIAN SCHOOL • 23411 bundy canyon road • wildomar, ca 92595
Phone(951) 674-1254 • fax (951) 674-2444 • email: bccswlkr@cs.com • website: www.mybccs.org

Today's Date: _____

Date Enrolled: _____

Child's Full Name:

FIRST MIDDLE LAST NICKNAME

Home Address:

STREET CITY ZIP

Age: _____ DOB: _____

Birthplace:

Class Enrolled: PS2____ PS3____ PK4____ Childs Race: _____

(IRS Requirement for 501c3 Corp.)

Has your child ever been dismissed from any preschool or day care? Yes No If yes why?

Which program are you enrolling your child in? F/T P/T Which days? M T W TH F

Are you currently attending church? Yes No If so? Regularly Occasionally

Why is your child currently living with?

Father's Name:

Place of Employment:

Address:

Work Phone:

Cell: Phone:

DOB: _____ SSN#:

Email:

CDL#: _____ EXP:



LITTLE LAMBS



PRESCHOOL of Bundy Canyon Christian School

Mother's Name:

Place of Employment:

Address:

Work Phone:

Cell: Phone:

DOB: _____ SSN#:

Email:

CDL#: _____ EXP:

Person(s) to contact in case of EMERGENCY or illness: (other than parents/legal guardians)

NAME	RELATIONSHIP	HOME/CELL PH.	WORK PH.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

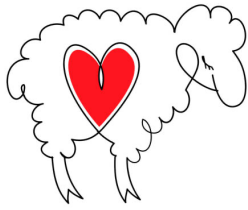
Person(s) **NOT ALLOWED** to pick up child:

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

BIRTH CERTIFICATE & IMMUNIZATION RECORDS ARE REQUIRED TO COMPLETE REGISTRATION

PRESCHOOL ENROLLMENT AGREEMENT

I understand that the standards of Bundy Canyon Christian School (BCCS) do not tolerate profanity, obscenities in word or action, possession of drugs, alcohol, tobacco products, sexual harassment, dishonor of the Word of God, disrespect to the personnel of school or continued disobedience to the established school



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policies. I also understand that the school reserves the right to expel any student who fails to comply with the established regulations and discipline (see Handbook).

_____ Initials

I understand that arrangement of payment of the Preschool Program (PS Prgm) Fees and for other financial obligations must be completed before my child's first day in the program. Please note that BCCS observes all National Holidays (See School Calendar) and are accounted for in your PS Prgm Fees. In other words, you will be billed for all national holidays that fall on your child's regularly scheduled day.

_____ Initials

The school's financial policies are as follows:

***ONE-TIME PAYMENT IN FULL:** Full payment of PS Prgm fees for the year are to be made directly to school by August 1st, you will receive a 10% discount on first child rate only

_____ Initials

***REFUND POLICY OF PAID PRESCHOOL FEES:** I understand that if I withdraw my child from the PS Prgm before the end of the year that I will only receive a 50% refund of the remaining portion of that year's payment.

_____ Initials

***WEEKLY INSTALLMENT PAYMENTS:** The PS Prgm fee is a fixed amount (See Rate Sheet) is payable in weekly instalments due, Monday of current week.

_____ Initials

***WITHDRAWAL:** I understand a written notification must be given to the school office 2 weeks prior to withdrawing my child from the PS Prgm. Failure to do so will result in being charged for that 2 week period regardless of attendance.

_____ Initials

I understand that the enrollment (space) I have reserved for my child will be charged to my account regardless of by child's attendance, whether for absence or illness unless otherwise notified and approved by office.

_____ Initials

I understand I need to give written notice to the office in order to change or update my child's enrollment (reserved space) because of limited space.

_____ Initials

***PAST DUE ACCOUNTS:** I understand that if I fall behind on my daycare payment and/or any other financial obligation to BCCS, that I will immediately contact the school office and enroll in a repayment plan in order to keep my child as a student at BCCS. I understand that BCCS reserves the right to disallow my student from attending classes if my daycare tuition account I not kept current. BCCS will make every effort to keep all students enrolled in our program in keeping with the vision of, "Raising young disciples to love and know Christ."

_____ Initials

Circle the days and write the hours your child will be attending BCCS Preschool Program:

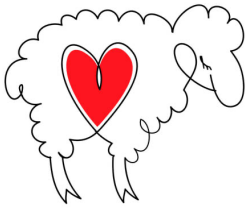
MON

TUES

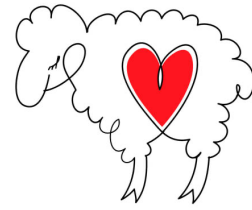
WED

THURS

FRI



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(CHILD'S NAME)

(SIGNATURE OF PARTY RESPONSIBLE FOR PAYMENT)

(PARTY'S SSN)

DATE: _____

AUTHORIZATION AND CONSENT TO TREATMENT OF MINOR
(Pursuant to California Civil Code Section 25.8)
AND
MEDICAL INSTRUCTIONS

I/we, the undersigned Parent(s)/Guardian(s) of

(Student's Name)

a minor, do hereby authorize **BUNDY CANYON CHRISTIAN SCHOOL** as agent for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, which is deemed advisable by, and is to be rendered under the provisions of the Medical Practice Act on the Medical Staff of a local hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific authority and power on the part of our aforesaid agent to give consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his best judgment may deem advisable. In the absence of parent or guardian, the above-mentioned agent is authorized to make decisions concerning the positive health and welfare of this minor.

This authorization shall remain effective while the above minor is in the care of **BUNDY CANYON CHRISTIAN SCHOOL** until _____, 20____ or unless sooner revoked in writing and delivered to said agent.

Witness _____ Father

(Signature) _____

Witness _____ Mother

(Signature) _____

Date _____

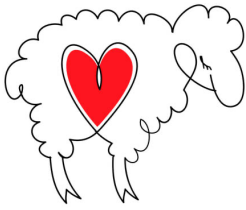
Name and address of person who will care for the child in an emergency:

Name/Relationship _____ Address _____ Phone _____

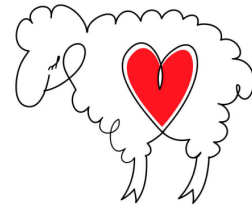
Name/Relationship _____ Address _____ Phone _____

Name/Relationship _____ Address _____ Phone _____

MEDICAL INSURANCE:



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Name of Insurance Company

Subscriber ID/Policy/Group Number

Telephone

Physicians

Name _____ Address _____ Phone _____

*Please attach a copy of the child's medical card.

MEDICAL CONDITIONS/HEALTH DISABILITIES:

Please state any medical condition(s)/health disabilities that we need to be aware of:

_____.

Please list all medication(s) your child may/will be taking while at school:

_____.

Please explain exactly how medicine is to be administered by school staff and any other procedures we should follow:

_____.

Date: _____

Parent/Guardian: _____

Relationship: _____

(Signature Required)

Sign In Policy

Dear Parent/Guardian:

It is imperative that your child be signed in and out of the Preschool every day. This is a legal issue, as well as a safety issue. Each child **must** be signed in and out daily.

Licensing Tittle 22, Regulation 101229.1 states that the person who signs the child in/out, must sign his/her full legal signature and shall record the time of day. The person who drops off and picks up the child must be 18 years of age or older. Children cannot be released to or by a sibling who are younger than 18. A full legal signature is key; initials will not be satisfactory.

The school is not able to obtain medical attention for any child who has not been signed in. Your signature releases your child to our care.

In addition, in the event of an emergency, if a teacher is injured or incapacitated, emergency personnel will only be able to go by the sign-in sheets to ensure that all children are safely accounted for.



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Please help us comply with the law and keep your children safe. Sign them in and out daily with your full signature. If you fail to do so you will be required to return to the school to sign in your child.

Please sign below to indicate that you understand and have recieved this document.

Thank you for your cooperation. Please contact the office should you have any additional questions.

Sincerely,

Phyllis Walker,
 Preschool Director

I understand the importance of signing my child(ren) in and out of the Preschool daily. I also understand that I may be contacted and required to return to the school to sign in my child should I forget to do so.

 ___ CHILD'S NAME

PARENT/GAURDIAN SIGNATURE

 DATE

Information Release Form

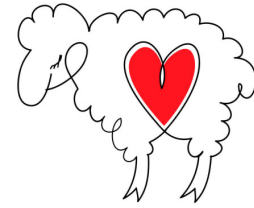
Dear Parents:

According to the California Privacy Act, schools are not permitted to release names, addresses and/or telephone numbers to any group or organization requesting such information except for the news media without the consent of the parent.

Occasionally, we will be calling on parents for help with class parties, field trips and fund-raising activities. A volunteer parent or other person in charge may need to contact you for help. In addition, at various times, parents call to get phone numbers or addresses of their child's classmates for parties



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and/or other special occasions.

Yes, you may release my child's information. My phone

is: _____.

No, I do not want my child's name, address or phone number released.

In addition, we would also like your permission to use your child's photo and/or first name only for use on our Website, Facebook Page, Annual Yearbook and/or for advertising purposes. Please sign below letting us know your preference regarding the use of your child's first name and photo.

Yes, you may use my child's first name and/or photo.

No, you may not use my child's first name or photo.

Also, this year our school is using the REMIND phone (texting) App to notify parents of emergency and other school/class related information. If you would like to be added to our REMIND list and you want to receive text messages, please indicate below and give us your cell phone number. However, you must download the App to your cell phone and join "Bundy Canyon Christian School Family" to begin receiving our texts. (Please see REMIND flyer).

Yes, you may send me text messages. My cell phone is:

_____.

No, I do not want to receive text messages.

Name of Child: _____

Grade: _____

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

Please sign and return to your child's teacher or the office. Thank you for your consideration.

Sincerely,

Phyllis Walker,
 Preschool Director



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Preschool Rate Sheet

Preschool hours 6AM to 6PM, Monday – Friday

Annual Registration Fee of \$100.00 per student due at time of registration. (non-refundable)

Annual Educational Materials Fee per student due at time of registration as follows:

INITIAL RATES THAT APPLY

\$100 - 2 & 3 Year Old Class

\$125 - 4 Year Old Class

DAILY FEE P/T 8:30 AM to 12:30 PM

DAILY FEE F/T 6AM to 6PM

1st Child, 2 or 3 days - \$40 _____

1st Child, 2 or 3 days - \$45 _____

2nd Child, 2 or 3 days - \$35 _____

2nd Child, 2 or 3 days - \$40 _____

3rd Child, 2 or 3 days - \$30 _____

3rd Child, 2 or 3 days - \$30 _____

WEEKLY FULL TIME 6 AM to 6 PM, 4 or 5 Days

1st Child - \$150 _____

2nd Child- \$130 _____

3rd Child - \$115 _____

WEEKLY P/T HALF-DAY 8:30 AM to 12:30 PM - \$125 _____

*CHILDREN NOT POTTY TRAINED – ADD \$5 PER DAY _____

IMPORTANT INFORMATION

Daily fee due first day attending. _____Initials

Weekly fee due each Monday. _____Initials

Payments are due each Monday for the coming week of attendance. _____Initials

Payments (checks only) may be left at the Preschool or the Office drop box.

_____Initials

All credit card payments accepted at school office or by phone. _____Initials

All children must be picked up by 6:00PM. A late fee of \$5.00 will be charged for every 15 minuts past 6:00PM _____Initials

Preschool open 52 year round, excluding National Holidays. _____Initials

We reserve the right to refuse service- Office may call parent or guardian to come and pick up if daily or weekly fee is not paid on designated day. _____Initials

You will be billed a flat rate according to scheduled days of attendance.

_____Initials

ALL CHECKS MUST BE MADE TO BUNDY CANYON CHRISTIAN SCHOOL _____Initials



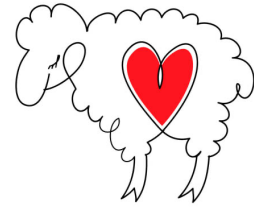
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I, _____, have read, understand, and agree to the above information.

(PRINT NAME)

CHILD'S NAME

PARENT/GUARDIAN SIGNATURE

DATE