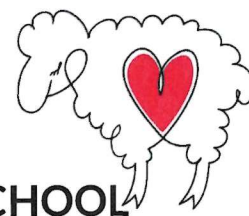




LITTLE LAMBS PRESCHOOL OF BUNDY CANYON CHRISTIAN SCHOOL



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. We accomplish this by educating your child in the ABEKA God centered curriculum, biblically based 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 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.

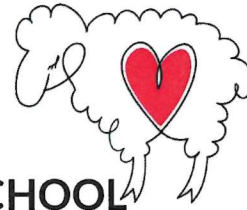
We have put together this packet with those goals and desires in mind. If you have any questions whatsoever, please do not hesitate to contact us.

ENROLLMENT REQUIREMENTS:

- Completed Enrollment Packets (A & B)
- Birth Certificate
- Immunization Record
- Copy of your California Driver's License (A copy can be made in school office)
- Copy of Proof of Residency – Utility bill, Vehicle Registration, Bank Statement, etc. (A copy can be made in school office)
- Payment of Registration & Matriculation Fees



LITTLE LAMBS PRESCHOOL OF BUNDY CANYON CHRISTIAN SCHOOL



Today's Date: _____

Date Enrolled: _____

Child's Full Name: _____

Home Address: _____
FIRST MIDDLE LAST NICKNAME

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 ____

Who is your child currently living with? _____

Father's Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____

Email: _____

Place of Employment: _____

Work Phone: _____

DOB: _____ SSN#: _____

CDL#: _____ EXP: _____

Mother's Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____

Email: _____

Place of Employment: _____

Work Phone: _____

DOB: _____ SSN#: _____

CDL#: _____ EXP: _____

FINANCIAL RESPONSIBILITY PARTY SSN#: _____

☐ Mother ☐ Father

Date: _____

SIGNATURE of Financially Responsible Party

Person(s) Authorized to pick up and 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



LITTLE LAMBS PRESCHOOL OF BUNDY CANYON CHRISTIAN SCHOOL



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 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).

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.

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 for the remaining portion of that year's payment.

WEEKLY INSTALLMENT PAYMENTS: The PS Prgm fee is a fixed amount (See Rate Sheet) and is payable in weekly installments. Each payment is due on the Monday of the current week. Failure to pay within two business days will result in the charge of a \$20 late fee.

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. I understand that upon disenrollment, all fees, charges, and invoices, must be paid in full. Failure to do so will result in a \$5 fee being applied to your account per child monthly until account is paid in full.

ATTENDANCE: I understand that the enrollment I have reserved for my child will be charged to my account regardless of my child's attendance, whether for absence or illness, unless otherwise approved and acknowledged by the office. All children must be picked up by 6:00PM. A late fee of \$10.00 will be charged for every 15 minutes past 6:00PM per child. A written or emailed notice must be submitted to the office not later than two weeks for all vacations and planned absences. Failure to do so will result in the billing of your account regardless of attendance.

CHANGE OF ATTENDANCE: I understand I need to give written two-week advance notice to the office in order to change or update my child's enrollment because of limited space. Failure to do so will result in the billing of your account regardless of attendance.

PAST DUE ACCOUNTS: I understand that if I fall behind on my Extended Daycare/Tuition payments and/or any other financial obligation to BCCS that I will immediately contact the school 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 BCCS if my account is not kept current. BCCS will make every effort to keep the student enrolled at BCCS as long as the parent(s) is making an honest, consistent attempt to pay on their past due tuition account and/or repayment plan schedule. **I understand that if my account falls 60 days behind on any given fee, charge, or invoice, my account will receive a \$30 late fee and will be sent directly to a 3rd party collection agency for further processing.**

I have read, agree, and understand all terms listed in the above "Preschool Enrollment Agreement."

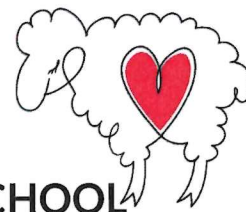
(SIGNATURE OF PARTY RESPONSIBLE FOR PAYMENT)

(PARTY'S CDL#)

Date



**LITTLE LAMBS
PRESCHOOL
OF
BUNDY CANYON CHRISTIAN SCHOOL**



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.

Date_____

Witness_____ Father(**Signature**)_____

Witness_____ Mother (**Signature**)_____

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: (Please attach a copy of your child's Medical Card)

Name of Insurance Company_____ Subscriber ID/Policy/Group Number_____ Telephone_____

Physicians
Name_____ Address_____ Phone_____

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: _____



LITTLE LAMBS PRESCHOOL OF



BUNDY CANYON CHRISTIAN SCHOOL

Sign In and Drop Off Policy

Arrival at Bundy Canyon Christian School's Little Lambs Preschool is a thoughtful process that helps children confidently transition from home to school each day. Because of this we ask that Parents drop off their child by 9:00 am. Doing this allows children to build on a consistent routine while also preparing them for future success when they go into kindergarten. If you are running behind, please call the school office. You will not be allowed to drop off your child any later than 9:30am.

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 Title 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.

Please help us comply with the law and keep your children safe. Sign them in and out daily with your 6-digit code that the school provides for each person you have deemed authorized for pickup (see pp. 2). 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 received this document.

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

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.

By signing below I agree and understand the above "Sign in and Drop off Policy."

PARENT/GUARDIAN SIGNATURE

CHILD'S NAME

DATE



**LITTLE LAMBS
PRESCHOOL
OF
BUNDY CANYON CHRISTIAN SCHOOL**



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 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 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.

Name of Child _____ Grade: _____

Parent/Guardian Signature: _____

Print Parent/Guardian Name: _____

Date: _____



LITTLE LAMBS

PRESCHOOL

OF

BUNDY CANYON CHRISTIAN SCHOOL



Preschool Rate Sheet

(As of 7/1/23)

Preschool is Open 52 weeks year-round, excluding weekends and National Holidays, Mon- Fri 6:00am-6:00pm

INITIAL FEES (Non-Refundable)

Annual Registration Fee	2 & 3 Year-Old Classes Matriculation Fee	4 Year-Old Class Matriculation Fee
*Due at Registration July 1 st	*Due Aug 1 st	*Due Aug 1 st
\$150	\$125	\$150

Full Time - 6:00am-6:00pm Day Care Weekly Rates

Type of Enrollment	5 Days	4 days	3 Days	2 Days	1 Day
1st Child *Youngest enrolled	\$210	\$195	\$160	\$120	\$65
2nd Child *2 nd Youngest enrolled	\$189	\$175	\$144	\$108	\$65
3rd Child Rate *All other children enrolled	\$178	\$165	\$136	\$108	\$65

Part Time - 8:30am-12:30am Day Care Weekly Rates

Type of Enrollment	5 Days	4 days	3 Days	2 Days	1 Day
Part Time	\$180	\$160	\$130	\$100	\$50

Important Information and Terms

- Daily fee due first day attending.
- Weekly fee due each Monday, unless falling on holiday, (then next business day) and is for current week of attendance.
- Payments in form of check only may be left at the Preschool or the Office drop box.
- All credit card and cash payments may be made at school office. There is a 4% credit card processing fee per transaction.
- You are billed automatically each week**
- according to the days you signed up for whether child is present or not.**
- We reserve the right to refuse service to those not up to date on payments. Office may call parent or guardian to come and pick up my child if daily or weekly fee is not paid on designated day.
- All checks must be made payable to: BUNDY CANYON CHRISTIAN SCHOOL or BCCS

Circle the days your child will be attending:

MON

TUES

WED

THURS

FRI

I wish to enroll my child in the Full Time ☐ or Part Time program ☐ at BCCS Preschool Program.
(Initial box that applies)

I agree to pay \$ _____ each Monday for my child's enrollment at Little Lambs Preschool of Bundy Canyon Christian School. I agree, read, and understand all terms set forth by the "Preschool Rate Sheet".

STUDENT'S NAME (Print): _____ DATE: _____

Signature of Financially Responsible Party

SSN: (Last Four Digits)