

Please use Blue or Black Ink Only

# FAITH CHRISTIAN SCHOOL

## RE-ENROLLMENT AGREEMENT

<b>OFFICE USE ONLY</b>	
Date	_____
Application	_____
App. Fee	_____
Reg. Fee	_____
Tested	_____
Interview	_____

Date \_\_\_\_\_

School Year \_\_\_\_\_

Method of Payment: Payment in Full  10 Monthly Payments

### STUDENT INFORMATION

List children enrolling in Faith Christian School next year:

Name preferred (nickname, abbreviation, etc.) \_\_\_\_\_ Grade: \_\_\_\_\_

Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

### INFORMATION UPDATE

Father/Guardian \_\_\_\_\_

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

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Separated \_\_\_\_\_

If divorced who has legal custody? Father \_\_\_\_\_ Mother \_\_\_\_\_ Joint \_\_\_\_\_ Other \_\_\_\_\_

### HEALTH INFORMATION OR ADDITIONAL CONCERNS

Please note any important health information that might be important for school personnel to note in an emergency or that might affect a student's participation in activities.

Emergency Contact \_\_\_\_\_

Notes: \_\_\_\_\_



Complete both sides of card.  
**Information and Emergency Health Card**

Student Name (Last, First, Middle Initial) Preferred Name Grade M/F Birth Date

Student Address Phone

Parent's E-mail Address

Father/Guardian Home Phone

Address Cell Phone

Employer Position Business Phone

Mother/Guardian Home Phone

Address Cell Phone

Employer Position Business Phone

Marital Status:  Married  Divorced  Remarried  Separated  Widow/Widower  Single

If divorced, who has legal custody?  Father  Mother  Joint Other

Give **3 LOCAL PEOPLE** whom we could call in case of emergency when you or the caregiver cannot be reached.

Name	Address	Phone	Relationship
1.			
2.			
3.			

Caregiver Phone

Church Attending Phone

Church Address Pastor

Family Physician Phone

Hospital Preferred

Permission to use: Tylenol Advil Neosporin

Allergies, Medications, or Other Concerns:

Insurance Company Policy Number

Insured's Name In Case of Emergency Contact

**Parent Permission and Medical Release**

I hereby give permission to Faith Christian School staff to obtain any necessary medical treatment or hospital care for the above mentioned child in the event of an emergency. I understand that all reasonable safety precautions will be taken at all times by the Faith Christian School staff. I also understand that if medical attention is needed, every reasonable attempt will be made to notify me and/or the emergency person.

Signature of Parent or Guardian



*Diligence • Excellence • Accountability*

### **PICK UP LIST**

In an on-going effort to safeguard your child, we are implementing a pick up list. Only people who are on this list will be allowed to take your child off the school premises. If you want someone not on this list, to pick up your child, the child or driver must have a written note with your signature or they will not be released to them.

Students Name \_\_\_\_\_ Home Phone \_\_\_\_\_

	NAME	PHONE	RELATIONSHIP TO STUDENT
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## STATEMENT OF COOPERATION

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

In making this application, we affirm our commitment to the policies, procedures, and Statement of Faith as listed below:

- A. Although children of many Christian denominations make up the Faith Christian School student body, each student and parent enter with the awareness that all teaching will be based upon the school's Statement of Faith.
- B. Faith Christian School accepts the doctrine of "in loco parentis" (or in the place of the parents). We emphatically view the school, home, and local church as a partnership and the school's primary function to assist parents in fulfilling their responsibility to "train up a child in the way they are to go." (Prov. 22:6)

Furthermore, I/we agree:

- 1. To authorize Faith Christian School to exercise its prerogatives as explained above in its role "in loco parentis" on behalf of my child. I/We understand that this includes permission: (a) to discipline as deemed wise and expedient for my child; (b) to counsel my child Biblically; (c) to be counseled Biblically when matters of my child's welfare arise. (Proverbs 13:24; 19:18; 29:15; Ephesians 6:1-2; Hebrews 12:6)
- 2. That, if our son/daughter is involved in any disciplinary action, or should become involved in any trouble with other students, or should a misunderstanding arise between my student and the teacher, we will endeavor to settle any grievances quickly and according to scriptural principles (Matthew 18 and Galatians 6).
- 3. That assessments will be made to cover damage to school property (including breakage of windows, abuse of books, etc.)
- 4. That the school may at any time dismiss a student who, in the opinion of the administration, has a scholastic or conduct record that does not fit into the spirit of the school, regardless of whether or not the student conforms to the specific rules and regulations of the school. I understand that attendance at Faith Christian School is a privilege and not a right.
- 5. To pay tuition according to the schedule or to other arrangements that shall be made. I/We understand that report cards may be withheld if required payments are not made or arranged for. I/We also understand that if my account is past due, and no arrangements have been made, my child will no longer be able to attend Faith Christian School.
- 6. To give permission for my child to take part in all school activities, including school sponsored field trips away from the school premises and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.
- 7. To help my child with homework when necessary and cooperate with the academic goals of the school.
- 8. To give the school permission (in case of emergency) to provide or obtain appropriate medical help for my child.

**I have read or will read the above Statement of Cooperation and the Parent/Student Handbook and fully understand and agree to support the conditions and terms as stated. (Signature required by both parents)**

\_\_\_\_\_  
Signature of father or guardian / Date

\_\_\_\_\_  
Signature of mother or guardian / Date

**STUDENT(S)** \_\_\_\_\_  
**SCHOOL/GRADE** \_\_\_\_\_

---

**CONSENT FOR RELEASE  
OF PERSONALLY IDENTIFIABLE INFORMATION**

For the purpose of this release, personally identifiable information shall be limited to the student's name, photograph, video, yearbook, school website, or newsletter of student.

I, the undersigned, \_\_\_ **do** \_\_\_ **do not** give permission to Faith Christian School staff to release personally identifiable information from the above named student for the sole purpose of use in the class photograph, school or local newspaper or other media, school programs, personal or class recognition, involvement in school activities, as well as approved fund raising and support requests from parent organizations.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**PARENT'S CODE**

1. I will pray earnestly for Faith Christian School.
2. I will cooperate fully in the educational functions of FCS doing my best to make Christian education effective in the life of each of my children that he or she may love and serve the Lord Jesus Christ all of his or her life. I will not take up the offense of my child.
3. I will pay all of my financial obligations to FCS on or before the date due. If I am ever unable to pay on time, I will notify the Bookkeeper in advance, a) Giving a reasonable explanation for the delay, and b) stating when payment can be made.
4. I will support the school by gifts in addition to my tuition payments and fees, as the Lord enables. As God has prospered us, may we be faithful to Him.
5. I will undertake volunteer duties and responsibilities for FCS as opportunities arise and as God provides time and strength.
6. I will recommend FCS to other Christian families as opportunities arise.
7. I will attend meetings and parent functions of the school regularly, and will make every effort to have my child present at all school programs.
8. If I become dissatisfied with the school in any respect, I will seek to resolve the matter with the person or persons most directly involved rather than to spread criticism or hold a negative attitude in my heart. I will go to the teacher first, Principal second, School Board last. (Not Church Leadership).
9. I will seek the advancement of FCS in all areas. I will speak positively about the school in the community and support all school efforts to accommodate my child.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PARENTAL PERMISSION  
"ACCIDENTS" REQUIRING TEACHER AID**

Occasionally children will have an "accident" when they cannot reach a restroom in a timely fashion. In such a case, the school has purchased several sets of clothing for a child's use. However, wet clothing may be too hard for a young child to remove on his/her own. With your permission, the child's teacher or aide would be available to aid in this process. In all cases the school secretary would attempt to reach a parent/guardian to let them know of the "accident."

If your child does use school clothing, please wash it and return it to the school the following day. The wet clothing will be sent home in a dark garbage bag.

Please sign the following permission slip if you are willing for school personnel to help your child change wet clothing. If you would rather be notified so that you could bring dry clothing, please also indicate below.

-----

I hereby give permission for school personnel to help my child change wet clothing during the school year.

Parent Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_

Preschool       Kindergarten

Dated: \_\_\_\_\_

I prefer to be called and to either come pick up my child or to bring him/her dry clothing.

Parent Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_

Preschool       Kindergarten

Dated: \_\_\_\_\_

-----

My child will be potty-trained by the first day of school.    \_\_\_\_ yes

Parent Signature \_\_\_\_\_

Volunteer Hours –  
Parent Teacher Fellowship

I understand that Faith Christian School is dependent upon each family's participation and assistance. As such, each family is expected to give of their time by volunteering in the classrooms, on the playground, working on fund-raisers, doing repairs, cleaning, or any other involvement that helps the school and its students.

I understand that I am responsible to keep track of the hours I work and turn them into the office. On June 15<sup>th</sup> my account will be charged \$10.00 for every hour short of what is required for my family. I understand that I will pay for all charges to my account as a result of insufficient hours worked.

Preschool.....\$100.00 or 10 hours per family (5 hours towards auction)

Kindergarten ..... \$200.00 or 20 hours per family (5 hours towards auction)

1<sup>st</sup> – 8<sup>th</sup> ..... \$300.00 or 30 hours per family (5 hours towards auction)

Parent hours may be recorded on the bottom of your payment slip or you may pick up vouchers from the school office. Each family will keep track of their own hours on the honor system. The vouchers should be mailed or turned into the school office at the beginning of each month in order to receive appropriate credit. Reminder invoices with current status will be sent out in January with a final billing for any balance due being sent out in June.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Here is a list of possible areas in which to volunteer. You are not limited to these, however this will give you an idea of areas that would be helpful. Remember, even baking cookies for your child's class, or driving for a field trip is a good way to get hours. If you have any trouble thinking of ways to volunteer just talk to your child's teacher. Please check the following areas in which you would enjoy serving at FCS.

- |                                                          |                                                         |
|----------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Hot lunch volunteer             | <input type="checkbox"/> Playground supervision         |
| <input type="checkbox"/> Christmas Program helper        | <input type="checkbox"/> Open House helper              |
| <input type="checkbox"/> Correcting for teachers         | <input type="checkbox"/> Kindergarten Graduation helper |
| <input type="checkbox"/> Campbell Soup labels/Box Tops   | <input type="checkbox"/> Auction Volunteer              |
| <input type="checkbox"/> Refreshments for Special Events | <input type="checkbox"/> Office assistant               |

Public Health Fact Sheet:  
Center for Child and Family Health  
Oregon Health Division

**IMMUNIZATION REQUIREMENTS:  
Children Starting Daycare or School Outside the Home**

Questions & Answers

**Does my child need shots?**

Yes, In fact, your baby needs the first shot soon after delivery; then at 6 weeks of age the childhood series continues. Your child also needs a vaccine given by drops in the mouth. These drops prevent polio.

**Where are shots required?**

Shots are required by law for children at babysitters, daycares, preschools, and schools. Nearly every place that cares for your child outside the home requires shots.

**Why are shots required?**

Two reasons: 1) To protect your child. 2) To protect other children.

Shots prevent diseases that sometimes kill or permanently hurt children and adults. Measles, mumps, rubella, pertussis, tetanus, diphtheria, *Haemophilus influenzae* type B (Hib), and hepatitis B can each be prevented.

**What vaccines does Oregon require?**

Vaccines against measles, mumps, rubella, diphtheria, tetanus, polio, varicella, and hepatitis A & B are required. For children under 60 months of age, protection against *Haemophilus influenzae* type b (Hib) disease is also required.

You will need to make sure that almost all the doses are received by age 2. You'll need to return to the clinic with your child several times. Doing so on time, by schedule is important. But if you forget, just get in. Your child won't need to restart (see schedule on back page).

**What records are required?**

In the clinic you'll get a yellow booklet. It's called the "Parent Maintained Record."

Keep it. File it. Don't lose it. You'll always want to keep it and be able to find it. You'll need it. Take it to your clinic when you go. The doctor will fill it in.

This record is very important! Every daycare, preschool, school needs information about the shots your child received. They must keep a form on file that shows how well your child is immunized. They must report once a year to their local health department.

This form is called the "Certificate of immunization Status" (CIS) form. Every shot your child receives needs to be written on this pink form. You'll take information from your yellow booklet and put it on the pink form.

**What should be on the pink form record the facility keeps on file?**

The name of your child, your name, address, date of your child's birth, place of birth, and the month and year each shot was received.

**What if my child hasn't had any shots or only a few of those required?**

At least one shot against each disease will be needed before going into a place of childcare or education. Your child may be kept out of school if she or he needs more doses, or if information is missing.

**What if my religion forbids immunization?**

There will be a place on the permanent record form to sign and you will need to follow guidelines through the health department requirements on watching video(s) and printing out certificate.

**What do I do if my child is too sick for shots?**

You'll find a place on the pink form for "medical exemptions." This must be signed by your child's doctor. The reason for the exemption must be clearly stated. The exemption must be ok'd with the local health department. The reason for the exemption must meet national standards.

**How much do shots cost?**

The cost varies. At local health departments required vaccines are available free. However, you will most often be asked to pay for the work it takes to set up and give the shots. Many people prefer their family doctor.

**Where can I get them?**

At your family doctor or the county health department.

**How many doses should my child get?**

This will vary depending on your child's age. The following list is what most 5-year-old children will need to get before kindergarten:

- 5 doses of diphtheria/tetanus vaccines (D/T)

- 4 doses of polio (TOPV)

- 1 dose of measles, mumps, and rubella (MMR) after 12 months of age (preferably at 15 months of age)

- 1 additional dose of measles when entering kindergarten

- 1-4 doses of *Haemophilus influenzae* type b (Hib) vaccine. No doses required if a child is over 5 years of age.

- 3 doses of hepatitis B

- 1 dose of varicella (or your child has had the chickenpox disease)

- 2 doses of hepatitis A

Immunizations are for everybody!