



For Office Use Only:

Date of Application: ____/____/____

Date of Reservation Payment: ____/____/____

Date of Follow-Up Letter: ____/____/____

Pre-Kindergarten New Student Application for Admission

For your student to be considered for enrollment at Yakima Adventist Christian School, please complete the following:

Step One: Data Collection

- Complete the attached New Student Application Packet.

Step Two: Document Provision

Provide the office with a copy of the student's:

- Birth Certificate
- Immunization Record
- Recent Physical Exam

Step Three: Financial Arrangements

- Sign and return the Financial Agreement Form.
- Pay the reservation fee of \$125 per student.



Pre-Kindergarten Application for Admission 2020-21

Please complete this form to the best of your ability.

Student Name: _____ Date of birth: _____

Place of Birth: _____ Gender (circle): Male Female

Student's address: _____

Parent/Guardian information

Marital Status: Married Divorced Separated Other (Please Explain): _____

With whom does the student live? _____

Contact One: Parent Guardian

Name: _____

Address: _____

Email: _____

Phone: _____

Mobile Phone: _____

Have you been baptized into the Seventh-day Adventist Church?

Yes No

If yes, where is your membership currently held?

Contact Two: Parent Guardian

Name: _____

Address: _____

Email: _____

Phone: _____

Mobile Phone: _____

Have you been baptized into the Seventh-day Adventist Church?

Yes No

If yes, where is your membership currently held?

Does your student have a "no contact" or restraining order to protect them from another adult? Yes No
If yes, copies of official custody and "no contact" or restraining order paperwork must be on provided to the school.

Does your student have any allergies, asthma, or other special medical needs of which the school should be made aware?

Yes No

If yes, explain: _____

In addition, the office will provide you with an additional medical questionnaire packet. It must be completed and signed by the parent and physician before the student may attend school.

Program Choice

- Extended Day (___ am to ___ pm)
- Half Day (Morning, M-F)
- Full Day (M-F)

- 3 Full Days
 - 3 Half Days (Morning)
- If 3 days, which days? Please circle: Mon. Tues. Wed. Thurs. Fri.

Additional Program Options

I am interested in the following additional options:

Early Morning Care (beginning at 7:00 a.m.)

Late Afternoon Care (until 6:00 p.m.)

Vacation Care (During scheduled school vacations)

Summer Day-Camp
(A modified school program during the summer)

Data Collection:

Has the student attended another school or day care? _____

If yes, where? _____

Does student have any developmental or learning disabilities? Yes No

If yes please, specify: _____

Is there anything we should know about this child that would be of help in our handling situations here at school?

Emergency Contacts (Other than Parent/Guardian):

Name: _____

Address: _____

Phone (Home): _____ Phone (Cell): _____ Phone (Work): _____

Doctor: _____

Address: _____

City, State, Zip: _____ Phone: _____

Dentist: _____

Address: _____

City, State, Zip: _____ Phone: _____

Please read the pre-kindergarten student handbook for additional information and guidelines.

_____ (initial) **1. Pre-Registration:** I understand that the \$125 reservation fee is non-refundable.

_____ (initial) **2. Financial Commitment:** I have read and understand that I am responsible for tuition and other fees as explained in the student handbook.

I understand that a financial plan signed by the person responsible for the tuition bill will need to be submitted to the school before the student begins classes. **Yes** **No**

_____ (initial) **3. Payment Options:** Please indicate which option you intend to utilize.

Cash or Check: to be turned in to the office by the 15th of the month.

Electronic Check: a form will be completed to authorize Yakima Adventist Christian School to initiate either an electronic debit or to create and process a demand draft against your bank account. You will need to fill out and sign a form.

Debit or Credit Card: this option can be completed at the office or online. There will be a 3% surcharge.

_____ (initial) **4. Immunization:** **Yes** **No** The office has received my student's most current immunization record. If you have selected "no," please attach an updated record to this readmission application.

_____ (initial) **5. Photo/Video Release:** I grant YACS permission to use photographs of my student in papers, magazines, and/or online on the school or other church-related sites.

_____ (initial) **6. Library & Textbooks:** I commit to paying the school's replacement fee if any textbooks, library books, or Kindles (grades 5-10) are misplaced or misused beyond normal wear and tear.

_____ (initial) **7. Dress Code:** I have read and understand the YACS dress policy in the student handbook and will help my child understand and abide by the rules.

_____ (initial) **8. Code of Conduct:** I have read the "Code of Conduct" policy in the student handbook and will ensure my student understands these rules.

_____ (initial) **9. Technology:** I have read the "Technology" policy in the student handbook and will ensure my student understands these rules.

_____ (initial) **10. Safe Student:** I have read the "Safe Student" policy in the student handbook and will ensure my student understands these rules.

_____ (initial) **11. Health Physical:** I understand that my new student is required to undergo a health physical and turn in the report to the office.

Parent/Guardian Name: _____ Date: _____

Signature: _____



Continuing Consent to Treatment and Authorization to Release Information:

We, the undersigned parent or guardian of _____, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of the following physician, _____, M.D., or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required, and is given to authorize either Yakima Adventist Christian School (to which the custody of the minor has been entrusted) or the physician to exercise their best judgement as to the requirement of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to Yakima Adventist Christian School.

We, the undersigned, hereby authorize any hospital, physician, or other person who has attended to or examined the minor to provide to the General Conference Insurance Service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and to provide copies of all hospital or medical records. A copy of this authorization shall be considered as effective and valid as the original.

Signed by:

Guardian: _____ Date: _____

Guardian: _____ Date: _____

Non-Dairy Permission

Your signature below grants permission for your child, named below, to have *no* dairy products. The substitutes may contain but are not limited to soy and rice milk to replace cow's milk.

My child, _____ may/must (circle one) have non-dairy foods this school year.

Parent or Guardian Signature

Date



Child Personality & Development Profile

Have your preschooler complete this box by writing his/her responses:

My favorite color is _____ My favorite food is _____

My favorite thing to do is _____ My favorite toy or game is _____

I do not like _____

I am afraid of _____

I want to be _____ when I grow up.

In my family, we follow these rules _____

If I don't follow the rules, this is what happens _____

Does your preschooler usually take a nap? _____ If so, how long _____

Does your preschooler usually use his/her right or left hand? _____

What languages do you speak in your home? _____

Which language is your primary language? _____

How much time does your preschooler typically spend doing each of the following activities daily?

____ Reading/Looking at Books ____ Singing or Using Musical Instruments

____ Playing Inside ____ Playing Outside

____ Playing with other children ____ Coloring

____ Watching TV ____ Playing Electronic Games (computer, iphone, DS Wii, etc.)

Do you have any concerns about your child's ability to: (If yes, please provide details on the back of this sheet.)

- Speak clearly and be understood by people who are not members of your family?
- Separate from you?
- Interact with other children?
- Control his/her behavior and emotions?
- Use crayons, pencils, and scissors correctly?
- Manipulate small objects appropriately?
- Concentrate on one activity for more than five minutes at a time?
- Follow simple directions (It's story time, please go sit on the chair.)?
- Follow multi-step directions (Please change your shoes and wash your hands.)?

What would you like your child to learn in pre-kindergarten? _____



Marketing Questionnaire:

We are so glad that you are interested in becoming a part of our community! How did you find out about Yakima Adventist Christian School? Mark all that apply:

- From a friend (please specify): _____
- From an advertisement in the *Playdate* magazine
- From a Facebook post
- From an internet search
- Other (please specify): _____