



Sylvan Way Christian Schools

900 Sylvan Way
Bremerton, WA 98310
(360) 373-5028 * (360) 373-3337 Fax
www.sylvanwaychristian.org

DAYCARE / PRESCHOOL APPLICATION

OFFICE USE ONLY

Enroll Date: _____ Start Date: _____
Class Placement: _____
Last Date: _____
Records Sent to: _____
Sent Date: _____

Daycare: (Choose the age appropriate program)

- Infant Room (6 weeks – 11 months) – **Full Time Care Only**
- Toddler 1 (12 – 20 months) – **Full Time Care Only**
- Toddler 2 (21 – 29 months) – **Full Time Care Only**
- Daycare (30 months to 5 years of age) – **Select time of care below:**
- 5L (5days/7-10hrs/day) 4L (4days/7-10hrs/day) 3L (3days/7-10hrs/day)
- 5S (5 days/5-7hrs/day) 4S (4days/5-7hrs/day)

Preschool: (If your child is 2 ½ yrs. of age or older, they may enroll in preschool. For children also enrolling in daycare, preschool is an additional monthly fee.)

- 2 ½ year old class (child must be 2 ½ yrs. of age by 8/31 of the current year.)
- 3 year old class (child must be 3 yrs. of age by 8/31 of the current year.)
- Pre-Kindergarten-4 year old class (**3 days/week**) Pre-Kindergarten-4 year old class (**4 days/week**)
(child must be 4 yrs. of age by 8/31 of the current year to enroll in Pre-Kindergarten classes.)

Child's Name _____
Last First MI Nickname

Male Female Date of Birth: ____/____/____

Child's Primary Physical Address _____

Family Mailing Address _____

City _____ State _____ Zip _____ Home Phone _____

Primary Email Address: _____

(By completing this field you will receive emergency & informational emails from SWCS in partnership with schoolreport.org)

Child's Ethnic Origin (Please Check One):	<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian	

CHILD'S PRIMARY CARE

Please help us to understand your family; your child's living situation, and whom to contact if there is a need during the hours your child is in our care. *ie...Monday – Wednesday with dad, Thursday through Sunday with mom, etc...*

Biological Parents Are: Married Single Divorced Separated Widowed Other _____

If your child lives with two separate families during the time your child is in our care, please describe the situation below:

Primary Parent Information: (Continued on inside page)

(1) Parent's Name: _____ Father Mother Other _____

Home Phone: _____ Cell: _____

(1) Parent information cont...

Place of employment _____ Title _____
Work address _____ Phone _____
Work Days & Hours _____

(2) Parent's Name: _____ **Father** **Mother** **Other** _____

Home Phone: _____ Cell: _____
Place of employment _____ Title _____
Work address _____ Phone _____
Work Days & Hours _____

Child's Non-Resident Parent (*child does not live with this parent*)

(3) Non-Res Parent's Name _____ **Father** **Mother** **Other** _____

Home Phone: _____ Cell: _____
Email Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

****Court ordered parental rights relationship, please describe: (Attach copy of parenting plan and or restraining order)**

Is this person an Emergency contact? Yes No Is this person authorized to pick-up? Yes No

Do you wish this person to receive classroom and school information? (ie..Newsletters, field trip info) Yes No
If yes, you must provide a mailing address above.

PERSONAL INFORMATION

Church currently attending: _____
If not currently involved with a church, would you like to receive information about local churches in our area? Yes No

PHYSICIAN AND DENTIST INFORMATION: (*Washington State Requirement*)

Child's Primary Care Physician: _____
(Must be the doctor's name, not the clinic / facility)

Physician's Office Address: _____
Physician's Office Number: _____ Date of last physical exam: _____

Child's Primary Dentist: _____
(Must be the dentist's name, not the clinic / facility)

Dentist's Office Address: _____
Dentist's Office Number: _____

PERMISSION FOR EMERGENCY CARE

I hereby give my permission for my child, _____, to be given emergency medical treatment by a qualified staff member at Sylvan Way Christian Schools.

I further give permission for my child to be transported by ambulance or car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to medical treatment and procedures, and surgical and hospital care to be performed for my child by a licensed physician when deemed necessary or advisable by that physician for the safeguard of my child's health.

Parent Signature: _____ **Date:** _____

EMERGENCY INFORMATION Please list the names of up to four individuals whom have the authorization to be contacted if you cannot be reached and / or have authorization to pick up your child in the event that you cannot.

Name	Relationship to Child	Daytime Phone #	Cellular Phone #	Please check applicable boxes.
				<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick-Up
				<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick-Up
				<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick-Up
				<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick-Up

MEDICAL INFORMATION

List any life threatening conditions:

Condition	Plan of Care

List any chronic health conditions that would restrict activities:

Condition	Plan of Care

List all allergies:

Allergies	Expected Symptoms	Method of Treatment

List all current medications: _____

List any health and or developmental concerns or issues: _____

List communicable diseases your child has had: (i.e....chicken pox)

Disease _____ Age _____ Disease _____ Age _____

Please read the back thoroughly and sign all applicable areas.

PARENT'S PLEDGE

I have read and understand Sylvan Way Christian Schools philosophy and objectives and pledge to support the school staff in achieving them.

I understand the Christian nature of the school and pledge to support it the best way I know how. If for some obscure reason I can no longer support this, I will transfer to another program.

I pledge to support the discipline policy outlined in the handbook. I will work with the staff to achieve the best possible growth and understanding in my child.

I understand that financial assessments will be made to cover damage to school property (including window breakage, abuse of materials or books, etc.)

I agree to pay tuition and fees in accordance with the arrangements made with the school.

I have received, read and understand the Daycare Parent Handbook.

I have read and understand the **Disaster Plan** and **Pesticide Policy** for Sylvan Way Christian Daycare.
(Posted in each room for Eagles Nest and Daycare Drop-In students.)

Parent Signature _____ Date _____

DAYCARE AND PRESCHOOL DISCIPLINE POLICY

In case of inappropriate or incorrect behavior, the following procedures will be followed:

1. The teacher will redirect child to a different area. If behavior continues, then
2. The teacher will remove child from the situation immediately.
3. The teacher will talk to the child to be sure he knows what behavior he is doing that is displeasing or inappropriate to the teachers or others involved.
4. The teacher will then place the child on a "think chair" for a short time (and away from other children) to "think over" the problem.
5. The teacher will return to the child in a few minutes (one minute per year of child's age) to talk to the child again about the situation that put them there. The child should understand the "behavior" problem. If the child does not remember, the teacher will remind them again about the problem and tell them that she hopes they will try to do better.
6. In cases where inappropriate behavior continues, the Daycare or Preschool director will contact the parents by telephone and utilize one of the following:
 - a. May have parent talk to the child on the phone for some additional reinforcement.
 - b. May conference to develop a strategy that will help improve the child's behavior.

I have read and agree with the above policies:

Parent Signature _____ Date _____

FINANCIAL INFORMATION

Childcare payments are due on the 1st of each month. If no payment is made by the 10th of the month, your account will be past due and assessed a late fee. Non-payment by the 20th of the month could result in your child not being allowed to attend the daycare. A written two-week notice must be given in order to receive a pro-rated refund.

Parent Signature _____ Date _____

PHOTOGRAPHING AGREEMENT

I DO AGREE _____ DO NOT AGREE _____ to give my permission to Sylvan Way Christian Schools for my child to be photographed in any program. Some photos may be saved for electronic media. I understand photos may be taken by: children, staff, professional photographers, news media or other parent. Pictures may appear on bulletin boards, newsletters, yearbook or children's files for legal documentation. I understand I will be notified if photos are to be used for publicity purposes and I have the right to refuse publication.

Parent Signature _____ Date _____

Thank you for choosing Sylvan Way Christian Schools