



Sylvan Way Christian Schools

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

OFFICE USE ONLY

Enroll Date: _____ Start Date: _____
Class Placement: _____ Last Date: _____
Ck #: _____ Amount: _____
Records Sent to: _____
Sent Date: _____

STUDENT APPLICATION

I am enrolling my child in:

- Preschool (Choose program) 2 ½ Year Old Program, 3 Year Old Program,
 4 year Old Program, Pre-Kindergarten Program
- Elementary/Middle School _____ (Indicate Grade Level)

Adventure Club: *Please check the box below, if you will be using this service. Charged at an hourly rate.*

- Elementary Only (Before & After Care school care)

Child's Name _____
Last First MI Nickname

Address _____
City State Zip Home Phone _____

Male Female Date of Birth: ____/____/____ (A copy of your child's birth certificate is required.)

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	

Previous School: (For students entering 1st grade through 8th grade)

School Name	Address / Phone

CHILD'S PRIMARY CARE

Please help us to understand your family, so that we may understand his / her situation, and whom to contact if there is a need during school hours.

Biological Parents Are: Married Single Divorced Separated Widowed Other _____

If your child lives with two separate families during the school year, please describe the situation below:

Primary Parent Information: (Continued on inside page)

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

Home Phone: _____ Cell: _____

(1) **Parent's Information Continued:**

Email Address: _____
Place of employment _____ Title _____
Work address _____ Phone _____
Work Days & Hours _____

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

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: _____
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

ADVENTURE CLUB ONLY: (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: _____
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 school 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 read and understand the **Disaster Plan** and **Pesticide Policy** for Sylvan Way Christian Daycare.
(Posted in each room for Adventure Club and Daycare Drop-In students.)

Parent Signature _____ Date _____

FINANCIAL INFORMATION

I understand and agree to the following:

1. **The enrollment fee is non-refundable.**
2. The family registration fee will be credited to my account in September but is non-refundable if I withdraw my child. (Elementary and Middle School only.)
3. No credit will be given for vacation taken during the school year.
4. The first month's tuition **must** be paid prior to my child(ren) entering the school and is **non-refundable**.
5. A \$20.00 bookkeeping fee will be charged for returned checks and a \$20.00 late fee will be assessed for payments received after the 10th of the month.
6. If my monthly payment is not paid by the 20th of the month, I understand that my child(ren) may be suspended from school until my account is current.
7. I understand that my account can be sent to a collection agency if I fail to pay all tuition & fees due to the school.
8. I have read and understand the financial agreement as outlined above.
9. Tuition and Adventure Club 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.

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