Review & Date:

Principal: _____

Business Administrator: _____

Office Administrator: _____

Student Name: _____

Anchor Christian Academy

Part-time PRESCHOOL

Registration Packet

2026-2027

$4400

Please read carefully.

The following forms need to be completed in full and returned to the ACA office at the time of enrollment.

- ☐ **Background Information**
- ☐ **Student Health**
- ☐ **Child Enrollment Authorization**
- ☐ **Allergy Care Plan**
- ☐ **Billing Information/Financial Contract**
- ☐ **Student Information**

Anchor Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

BACKGROUND INFORMATION

Student's Full Name: _____ Other last name used: _____

Does the student have any diagnosed or suspected learning disabilities or special educational requirements? ⬜No ⬜Yes

Please specify: _____

Is there a court order in effect limiting the presence of or removal of this student by any persons or person during school hours? ⬜No ⬜Yes* ** Please provide a copy of the court order to our office.*

How did you hear about Anchor Christian Academy?

_____

Were you referred? By whom? _____

Does your family attend church regularly? ⬜No ⬜Yes

Name of church: _____

STUDENT HEALTH INFORMATION

Does your child have any health problems (including any concerns or physical limitations that would affect P.E. or recess)? ⬜No ⬜Yes

Please specify: _____

Is your child regularly taking any medications? ⬜No ⬜Yes

Please specify: _____

Does your child have a bee sting allergy? ⬜Unknown ⬜No ⬜Yes ⬜Mild ⬜Severe

Does your child have a food allergy? ⬜Unknown ⬜No ⬜Yes ⬜Mild ⬜Severe

If yes to either of the above, please specify:

_____

_____

_____

Does your child have any other allergies? ⬜Unknown ⬜No ⬜Yes ⬜Mild ⬜Severe

If yes, please specify:

Release Information

I hereby give my consent for _____ (child's full name) to receive emergency medical treatment as may be considered necessary in the opinion of the attending physician(s) or paramedic(s) during the school year. In an emergency, ACA has my permission to call an ambulance or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.
Signature of *both* parents required: (please circle the title that applies)

_____

Father /Stepfather/Legal Guardian Date

_____

Mother/Stepmother/Legal Guardian Date

Throughout the year, student photos and videos are posted on our public social media sites (FB & IG) and on our school website. They may also be shared on ClassDojo, which is a program staff and teachers use to communicate with ACA families; it is a private site. Photos with names are only shared in our yearbooks. Please indicate below your preferences:

Share photos/videos on: ⬜ Facebook/Instagram/website (public) ⬜ ClassDojo (school community only) ⬜ Yearbook

_____ _____

Parent/Legal Guardian Signature Date

Allergy Care Plan

Date Received by Child Care:

CHILD INFORMATION

Child's Full Name **Group/Classroom**

EMERGENCY CONTACTS

**The parent must be notified immediately of any suspected allergic reactions, or if the child came in contact with the allergen even if a reaction did not occur.*

Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #

CHILD'S ALLERGY INFORMATION

My child has a severe allergy to:

Describe signs and <u>symptoms</u> of an allergic reaction (including asthma, if applicable):

How to avoid the allergen and <u>prevent</u> an emergency:

EMERGENCY RESPONSE PLAN

List the <u>steps and procedures to follow during an emergency</u> related to your child's allergy:

MEDICATIONS*

Medication Authorization Form must be completed for each medication

Describe symptoms that would prompt emergency medication to be given.

- ☐ Antihistamine
- ☐ Inhaler
- ☐ Epi-pen
- ☐ Other

List medication to be given during an emergency:

Name of Medication	Dosage	Directions	Expiration Date

**If epinephrine is administered, emergency medical services must be contacted immediately, and OCC within 5 days.*

SIGNATURES

Parent or Guardian Signature Date

Health Care Provider Signature (recommended) Date

Child Enrollment Form

Oregon Department of Early Learning and Care

Child's Name (Last, First)		Child Nickname
Date of Birth	Date Entered Care	Age at Entry

ALLERGY ALERT | Does your child have allergies? ☐ YES* ☐ NO *If yes, please complete an allergy care plan.

Parent or Guardian Contact Information

Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Work Address (Street, City, Zip)	Work Phone

Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Work Address (Street, City, Zip)	Work Phone

Required Emergency Contact Information- person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Non-Emergency Contact Information- person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Medical Contact Information

Insurance Provider and Policy Information (if applicable)	
Child's medical provider(s) or emergency care facility	Phone

Parent or Guardian Authorizations

Please list any restrictions to permission of the following:

My child may be taken on neighborhood walks. ☐ Yes ☐ No Note: A signed permission slip is required for all field trips out of the neighborhood.

My child may use sunscreen ☐ Yes ☐ No My child may apply their own sunscreen under adult supervision. ☐ Yes ☐ No

My child may be photographed and/or recorded for publicity or news purposes: ☐Yes ☐ No This applies to: ☐ On-site ☐ Off-site photography and video.

My child may participate in special occasions/celebrations including when food is served as part of the celebration. ☐ Yes ☐ No

I have reviewed a copy of this child care facility's current license certificate. ☐ Yes ☐ No

I have received a written copy of the program's child care policies. ☐ Yes ☐ No

In an emergency, the child care facility has my permission to call an ambulance or transport my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child must be notified as soon as possible.

Parent/Guardian Signature	Date

Has your child previously been in child care? ☐ Yes ☐ No If yes, what type of care and for how long?

Child General Information – please include any information that will assist us in providing quality care for your child

General likes and dislikes
Eating habits and schedule
Sleeping habits and schedule
Developmental and health history that could affect the child's participation in child care
Interactions with other children
How does your child like to be comforted?
Child's home language
Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?
Does your child have any special needs (IFSP, IEP etc.)? ☐ **Yes*** ☐ No **If yes, please complete a written care plan.**

Child Medical Information

Does your child have any chronic health issues or specific care needs (such as previous serious illnesses or injuries)? ☐ **Yes*** ☐ No **If yes, please complete a written care plan.**
Does your child regularly need medication, or have medications prescribed for continuous, long-term use? ☐ Yes ☐ No If yes, why?

Other Children in the Home

Name	Age	School or other information you want to share:
Name	Age	School or other information you want to share:
Name	Age	School or other information you want to share:
Name	Age	School or other information you want to share:

Enrollment form annual review or update(s). A center must have the parent or guardian review, update, and sign or initial the enrollment form at least annually. Please date and initial below anytime the enrollment information is reviewed and/or updated.

Date: _____ Parent initials: _____

Date: _____ Parent initials: _____

Date: _____ Parent initials: _____

ACA Financial Contract 2026-2027

(One contract per family)

Student name: _____ Grade: _____
Student name: _____ Grade: _____
Student name: _____ Grade: _____
Student name: _____ Grade: _____
Parent name(s): _____

Party responsible for bill:

Name: _____

Tuition: $ _____

Email for statements: _____

OFFICE USE ONLY

Date paid : _____

Registration paid: $ _____

Tuition paid : $ _____

Book fees paid: $ _____

Payment made by: ☐ Cash ☐ Check

Check #: _____

Business Administrator initial: _____

Referred by: _____

Billing Plan (choose one): ⬜ Pay in full (by Sep. 5th) ⬜ 9 month (Sept-May) ⬜ 12 month *(payments must start in June)* (June-May)

TUITION INFORMATION

Admission Process
To enroll your child into ACA, you must complete and return the application form and registration fee. The registration fee is due at the time of the enrollment.

Fee Schedule (Due upon return of enrollment application):

Registration Fee:	$150*	($300 max family cap)	*NON-REFUNDABLE
Book Fee (3rd-8th):	$75*		*NON-REFUNDABLE

2026-2027 Yearly Tuition

Part-TimePreschool $4400

Please circle enrollment preference: 5-Day Noon Dismissal or 3 Full Days

Multiple child discount: the oldest child enrolled will be charged full tuition. 10% discount for additional children.

Full payment discount: 5% off when full tuition is paid in advance.

Military, law enforcement officer, and full-time senior pastor discount: 5% off tuition

****Discounts cannot be combined****

Referral reward:
Referrals are a big part of growing our Anchor Christian Academy family, so we want to thank you for helping. A statement credit of $100 will be applied for each new family you refer. The credit will be applied after the new student(s) has attended for 30 days. You must be named as the referring party on their enrollment form.

Tuition payments are due on the 5th of each month. ***Any payments not received by the 5th will be considered past due. A 5-day grace period is offered. If payment is not received by the 10th a late fee of $25 will be assessed.*** If it is not possible for payments to be made on time, *it is the responsibility of the parents to notify the school* to work out an agreeable payment plan.

I, the undersigned, for good and valuable consideration, the receipt of which is hereby acknowledged, agree, promise, and covenant as follows:

- That I owe Anchor Christian Academy the sum of $ _____ for the above named student(s) for the above named school year which will be paid as follows:
  ⬜ 9 month ⬜ 12 month.
- That all payments shall be made to Anchor Christian Academy at its business office, placed in the office drop box, or sent through the mail.

I, acknowledge and agree:

- *That because Anchor Christian Academy must hire teachers on a full year basis, this is a one year contract, registration and book fees are non-refundable, and after 30 days I am responsible for the full amount of the annual contract whether or not my child(ren) completes the year at Anchor Christian Academy.* _____ **(initial)**
- To pay Anchor Christian Academy **a late charge in the amount of $25 if tuition is not paid by the 10th of each month.** _____ **(initial)**
- That Anchor Christian Academy has the right to accelerate the payment of all tuition and may demand payment in full at any time that the aforesaid payments are not made in a timely manner. Further, Anchor Christian Academy, upon five (5) days written notice to me has the right to cease to provide services to any student whose tuition is not paid in a timely manner as agreed to herein. Accounts 20 days past due can be sent to collections.
- That Anchor Christian Academy may withhold the above named student's report card and diploma until all financial obligations owing to ACA resulting directly or indirectly from enrollment of the above named student(s) have been paid in full.
- That for the purpose of any suit, action and arbitration brought to collect any sum due hereunder, the losing party agrees to pay the prevailing party's costs and disbursements and attorney fees related to said proceedings. Further, in the same manner, if an appeal is taken from any decision of an arbitrator and trial court, the losing party agrees to pay to the prevailing party the prevailing party's costs, disbursements, and attorney fees on all appeals.
- All returned checks are subject to a $40.00 service charge.

I, THE UNDERSIGNED, HAVE READ AND AGREE, BY MY SIGNATURE BELOW, TO THE TERMS OF THIS PAYMENT PLAN.

Dated this _____ day of _____, in the year _____.

_____ _____

Parent Signature Parent Signature

_____

ACA Representative

2026 – 2027 STUDENT INFORMATION CARD

Student Information

Student's Date of Birth: _____

Student's Full Name: _____ Nickname: _____
Last Name First Name Middle Name

Grade: ⬜K3 ⬜K4 ⬜K5/Kindergarten ⬜1st ⬜2nd ⬜3rd ⬜4th ⬜5th ⬜6th ⬜7th ⬜8th

Ethnicity: ⬜African-American ⬜Asian/Pacific Islander ⬜European-descent ⬜Native American ⬜Hispanic/Latin American ⬜Other: _____

Residence Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Home/Cell Phone: _____ Student lives with: _____

Parent/Guardian Contact #1

Name: _____ Relationship to student: _____
Address: _____
Home phone: _____ Cell phone: _____
Work place: _____ Work phone: _____
Email: _____

Parent/Guardian Contact #2

Name: _____ Relationship to student: _____
Address: _____
Home phone: _____ Cell phone: _____
Work place: _____ Work phone: _____
Email: _____

Student *MAY* be released to:

Name: _____
Best contact #: _____
Relationship to student: _____

Name: _____
Best contact #: _____
Relationship to student: _____

Name: _____
Best contact #: _____
Relationship to student: _____

Student ***MAY NOT* be released to:**

Full Name: _____
Relationship to student: _____

Full Name: _____
Relationship to student: _____

Full Name: _____
Relationship to student: _____

*If a child is not allowed to be released to his/her biological parent, please provide legal documentation for school records.