



Sign Me Up!

Weekday Preschool & Kindergarten

Child's Info:

First Name _____ Last Name _____

Date of Birth _____ Age _____ Gender _____

Child lives with:

____ Both Parents ____ Mom ____ Dad ____ Guardian

Parent/Guardian Information:

Name: _____

Address: _____

City, Zip Code: _____

Primary Phone: _____

Work Phone: _____

Email: _____

T-Shirt Size: (Circle One)
2T 3T 4T 5T 6T

Please fill out the reverse side of this card with your Weekday Preschool & Kindergarten preference.

Session Options

Two Year Olds (24-30 months)

Birthdate February 1, 2015 - July 31, 2015

- 2 Day (Mon/Wed) 2 Day (Tue/Thu)

Three Year Olds (30-36 months)

Birthdate August 1, 2014 - January 31, 2015

- 2 Day (Mon/Wed) 2 Day (Tue/Thu)

Regular Preschool

Children turning 3 by August 1

- 2 Day (Tue/Thu) 3 Day (Mon/Wed/Fri)

Kindergarten Readiness

Designed for 4 and 5 year olds

- 2 Day (Tue/Thu) 4 Day (Mon-Thu)
 3 Day (Mon/Wed/Fri) 5 Day (Mon-Fri)

Kindergarten

- 5 Day (Mon-Fri)

Half-day morning kindergarten programming from 9:00 am-1:00 pm.
Children must be 5 by August 1.

Note:

A non-refundable fee of \$100 must accompany your registration.
See the brochure for fee details for each session.

Sherwood Oaks Weekday Preschool/Kindergarten
2700 East Rogers Road
Bloomington, IN 47401
812-335-3847
Fax Number: 812-335-3849
E-mail: mrobertson@socc.org

STUDENT INFORMATION PACKET 2019-2020

All colored documents are to be completed and returned with registration form.

Letter to Parents

Health Information Card (bright yellow)

Student Information Sheet (purple)

Pick Up Authorization (blue)

Parental Consent Form (lt. yellow)

Liability Form (orange)

Class Directory Permission Slip (green)

Money Matters

School schedule

Copy of Child's Immunization Records

Video Release Form (dark blue)

Field Trip Authorization (bright green)

Spring, 2019

Dear Preschool/Kindergarten families,

It's that time of year to start thinking about the next school year. Thank you for your interest in our school. This registration packet contains forms and policies that you need to become familiar with. There is also a parent's handbook available online with additional information. To complete the registration process, please complete and return all the colored forms in this packet along with a copy of your child's immunization record. Once you have turned in all your paperwork and paid the \$100 registration/activity fee, your child will be confirmed in a class and will be sent a confirmation e-mail in May. Around mid-August, you will receive a postcard from your child's teacher to remind you of the first day of school.

Orientation Day for *Kindergarten* will be on Tuesday, August 13.

Orientation Day for children enrolled in the *M-W* or the *M-W-F* classes will be on Wednesday, August 14.

Orientation Day for children enrolled in the *T-Th*, *M-Th*, *M-F* classes will be on Thursday, August 15.

Orientation will be from 9:00 - 10:30 a.m. for all classrooms. Children will be accompanied by a parent the entire time. You will enter our Door #4 (Kid's and Families Entrance), find your child's classroom, and sign them in. For all our preschool parents, we will proceed upstairs to the chapel for a meeting with the director. While children participate in special activities, parents will receive an orientation packet with information for the year. Following the meeting with the director, parents will also have a short meeting with their child's teacher.

The first full morning of *Kindergarten* will be on Wednesday, August 14.

The first full morning of school for *M-Th*, *M-W*, *M-W-F*, and *M-F* classes will be on Monday, Aug. 19.

The first full morning of school for *T-TH* classes will be on Tuesday, August 20.

Please feel free to contact us here at the preschool if you have any further questions!

Serving Him,
Marie Robertson

Weekday Preschool Policy Statement to Parents

Mission Statement

The Sherwood Oaks Christian Church Weekday Preschool is an outreach program designed to foster the spiritual, academic and social growth and development of your child.

Policy Statements

There are Student/Parent Handbooks available on our website or you can obtain a paper copy from the director's office.

School Calendar

The Weekday Preschool calendar follows the MCCSC calendar regarding most school closings, seasonal breaks and holidays. If there is a 2-hour delay for MCCSC schools, the Weekday Preschool will begin classes at 11:00 a.m. regardless of the day of the week. The Weekday Preschool is not bound to extend the preschool year due inclement weather closings. The following calendar does not include field trips and special events in classrooms:

August 5 - 16	Two weeks staff preparation (no school)
August 7	Staff Meeting
August 13	Kindergarten Orientation 9-10:30am
August 14	First Day of Kindergarten
August 14	Orientation Day 9-10:30am (MWF,MW)
August 15	Orientation Day 9-10:30am (M-F, M-TH, TTH)
August 19	First day of school
August 26	Lunch Bunch begins (M-TH)
September 2	No School (Labor Day)
October 14-15	No School (Fall Break)
November 5	No School (Election Day)
November 25-29	No School Thanksgiving Break
December 19 - Jan. 5	No School Christmas Break
January 6	Classes Resume
January 20	No School Martin Luther King, Jr. Day
March 16-20	No School Spring Break
April 10	No School (Good Friday)
May 5	No School (Election Day)
May 21	Last Day of School

MONEY MATTERS

SOCC Weekday Preschool 2019-2020

A registration/activity fee of \$100.00 is due at registration and serves to confirm your child's placement in a class. This is not a supply fee. It helps to defray the cost of field trips, shirts, buckets, scrapbooks and special crafts. Your child's teacher will give you a concise list of supplies to bring in the first weeks of school.

Tuition is due the first week of each month. You will not receive a bill, so your timely payment is kindly appreciated. There is a \$5.00 late fee per week if paid after the first week of the month. Payment is collected at your classroom teacher's sign-in table the first week of the month or in the director's office.

The monthly fee schedule is as follows starting with the month of August through the month of April. There will be no tuition payment for the month of May.

2-day \$115 per month or \$1035.00 yearly
3-day \$170 per month or \$ 1530.00 yearly
4-day \$230 per month or \$2070.00 yearly
5-day \$265.00 per month or \$2385.00 yearly
Kindergarten/5 day \$285.00 per month or \$2565.00 yearly

Although the number of days in session varies from month to month, the tuition does not vary. Also, snow days that result in unscheduled school closings do not affect tuition. We make every effort to keep your costs reasonable. You will find that our tuition is less than that of many other preschools. We feel that the quality of our program and teachers is top notch and salaries must be paid despite closings for severe weather.

An optional after school program for the preschool classes called **Lunch Bunch** is offered M-TH from 11:55-1:00 and costs \$5 per day. Children bring a sack lunch from home (no drinks, please). A semester pass guarantees your child's spot in the program and comes with discounts. Note that unused days on passes will not be refunded or rolled over to the next semester. The hour is filled with 30 minutes of unstructured play time in either the gym or outside, lunch, and a few minutes of a fun filled story time to end the hour.

LIABILITY RELEASE FORM

In consideration for participation in activities sponsored by Sherwood Oaks Christian Church, the undersigned, for myself and my child, hereby release and forever discharge Sherwood Oaks Christian Church, from any and all actions, causes of action, claims and demands, known or unknown, which I or my child participating in activities sponsored by Sherwood Oaks Christian Church. I acknowledge that there is no worker's compensation or accident insurance furnished by Sherwood Oaks Christian Church.

This release of liability is binding on the undersigned, the child of the undersigned participating in activities sponsored by Sherwood Oaks Christian Church, all persons claiming through the undersigned or said child, and the heirs, personal representatives and assigns of the undersigned and said child.

I have read, understood, and consent to all parts of the Liability Release Form:

Name of Child Participant: _____ (Printed Name)

Parent/Guardian: _____
(Printed Name) (Signature)

Date: _____

PARENTAL CONSENT FORM

Name: _____ Age: _____ Birth Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Parents: (Work or Cell)

Mom: _____ Dad _____

To Whom It May Concern:

The undersigned does hereby give permission to our child, _____, to attend and participate in activities sponsored by Sherwood Oaks Christian Church.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of a physician or dentist licensed under the provisions for the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our(my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Sherwood Oaks Christian Church.

Hospital Insurance: Yes _____ No _____

Insurance Company: _____

Policy Number: _____

Participant: _____

Father: _____

Mother: _____

Legal Guardian: _____

Emergency Phone Number: _____

In the space below, please list any allergies or special medical problems your child may have: _____

I have read, understood, and consent to all parts of the Parental Consent Form:

Name of Participant: _____

Parent/Guardian: _____

Date: _____

Sherwood Oaks Christian Church Video Release Form

I consent to the use of my child's name, voice, image, likeness, and any and all attributes of his/her personality, in, on or in connection with any film, audio tape, video tape, audio-visual work, photograph, illustration, animation, or broadcast, in any media or embodiment, now known or unknown, including, without limitation, all formats of computer readable media, produced by or for the benefit of Sherwood Oaks Christian Church (SOCC). I further consent to the use of my child's name, voice, image, likeness, and any and all attributes of his/her personality in any advertising or promotional material created or used in connection with Children's Ministry promotional videos, and each such item of advertising or promotional material will be considered a "Work" for purposes of this agreement.

I irrevocably assign to SOCC (a) any and all claims of copyright I may have in and to Children's Ministry promotional videos, and (b) the exclusive and perpetual right throughout the world to use, print, produce, publish, copy, display, perform, exhibit, transmit, broadcast, disseminate, market, advertise, sell, lease, license, transfer, modify, and create derivative works from Children's Ministry promotional videos in any media or format, now known or unknown, for any purpose whatsoever.

I waive any right to inspect or approve the content of Children's Ministry promotional videos.

I agree that SOCC will have no obligation to utilize the authorizations and rights I grant to SOCC hereunder.

I hereby release, discharge, and agree to hold harmless SOCC, its legal representatives and assigns, all persons acting under its authority, and those for whom it is acting, from all claims, causes of action and liability of any kind, now known or unknown, in law or in equity, based upon or arising out of Children's Ministry promotional videos or this agreement including, without limitation, claims of libel, slander, invasion of privacy, right of publicity, defamation, trademark infringement, and copyright infringement.

I represent and warrant that I am over the age of eighteen (18) years, I am the parent and/or legal guardian of the child named below, and that the authorizations and rights granted hereunder do not conflict with or violate the rights of any third party.

This agreement will be binding upon my heirs, successors, representatives, and assigns.

Sign: _____ Date: _____

PLEASE PRINT BELOW

Name of Parent or Legal Guardian: _____

Name of Child: _____

Address: _____

Telephone: _____

Email: _____

Sherwood Oaks Weekday Preschool/Kindergarten
Pick Up Authorization

Please list below the people authorized to pick up your child from Weekday
Preschool.

Your child's name: _____

Name Contact #	Relationship to child
1.	
2.	
3.	
4.	
5.	

Parent's signature: _____ Date: _____

**Sherwood Oaks Weekday Preschool/Kindergarten
Student Information Sheet**

The following information will help your child's teacher break the ice at the beginning of school and will be helpful when choosing snacks, books, and activities for the class.

Student Name: _____

Does your child have brothers or sisters? (please give names and ages)

Favorite outdoor activities:

Favorite Bible stories:

Favorite books:

Favorite foods:

Television shows he/she likes:

Special toys or hobbies:

Other information you would like to share:

Field Trip Authorization

I, _____ (Parent's Name) give SOCC
Weekday Preschool employees, permission to take my child,
_____ (Child's Name) on field trips during the
2019-2020 school year.

I hereby release, indemnify and hold SOCC Weekday Preschool harmless from any
claims from injuries to my child, which was not the result of gross negligence or
neglect by any School agent or employee.

Parent Signature

Date

Permission Slip for Inclusion in Class Directory

Each class would like to publish a class directory so that all of you can contact each other for parties or other non-preschool social activities. These are not to be used for business purposes or shared with anyone not affiliated with SOCC Weekday Preschool. If you prefer not to have your name included, please indicate below.

Yes, please include my name and child's name, address, email, and phone number in the class directory.

Name _____

Child's Name _____

No, I prefer not to be included in the class directory.

Name _____

Child's Name _____

STUDENT NAME:

PARENT(S): _____

HOME PHONE: _____ WORK: _____

CELL PHONE:

THE FOLLOWING PEOPLE ARE ALLOWED TO PICK UP MY CHILD:

1. _____

2. _____

3. _____

ALLERGIES: YES OR NO

IF YES, PLEASE LIST:

HEALTH INFORMATION SHEET

Please list any illnesses: _____

Family Doctor: _____ Phone: _____

Other information: _____

Please list two people we can contact in case of emergency:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

IN CASE OF EMERGENCY, AND YOU CANNOT BE LOCATED, WE WILL CONTACT ONE OF THE ABOVE NAMES. IF THEY CANNOT BE REACHED, WE WILL CONTACT YOUR FAMILY DOCTOR TO SECURE MEDICAL ATTENTION. I HEREBY, GIVE MY PERMISSION FOR YOU TO SEEK MEDICAL ATTENTION WHEN NEEDED.

Parent's Signature: _____

Date: _____

(Please turn card over)