



Sign Me Up!

Weekday Preschool

6 weeks - 23 months Registration Form

Child's Info:

First Name _____

Last Name _____

Date of Birth _____ Age _____

Gender _____

Parent/Guardian Information:

Name: _____

Address: _____

City, Zip Code: _____

Primary Phone: _____

Email: _____

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

Session Options

My child is:

- Rolling
- Sitting independently
- Crawling
- Pulling to stand
- Walking

My child will attend:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Monday Lunch Bunch |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Tuesday Lunch Bunch |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Wednesday Lunch Bunch |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Thursday Lunch Bunch |

Note:

A non-refundable fee of \$100 must accompany this form. Checks payable to Sherwood Oaks Christian Preschool.

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 2018-2019

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

Policy Statement to Parents

Copy of Child's Immunization Records

Video Release Form



SHERWOOD OAKS preschool & kindergarten

Growing faith, family, and fundamentals.

Spring, 2018

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. To complete the registration process, please complete and return all of the colored forms in this packet along with a copy of your child's immunization record. Once you have turned in all of your paperwork and paid the \$100 registration/activity fee, your child will be confirmed in a class. 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 children enrolled in the M-W or the M-W-F classes will be on Wednesday, August 15.

Orientation Day for children enrolled in the T-Th, M-Th, M-F classes will be on Thursday, August 16.

Orientation will be from 9:00 - 10:30 a.m. for all preschoolers. Children will be accompanied by a parent the entire time. You will enter our CHILDREN AND FAMILIES entrance, find your child's classroom, and sign them in. Parents will then proceed upstairs to the chapel for a meeting with the director. While children participate in special activities, parents will receive a 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 15. Mrs. Glasscock will have a short parent orientation meeting at the beginning of the day in her classroom. The class will be on regular schedule from that day and following. Class will begin at 9 a.m. and end at 1 p.m.

The first full morning of school for M-Th, M-W, M-W-F, and M-F classes will be on Monday, Aug. 20.

The first full morning of school for T-TH classes will be on Tuesday, August 21.

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

Serving Him,
Marie Robertson

Sherwood Oaks Christian Church Weekday Preschool/Kindergarten 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.

I. GENERAL

A. The Weekday Preschool is conducted under the guidance of the eldership of Sherwood Oaks Christian Church. Direct oversight is provided by an elder, an attorney (member of Sherwood Oaks Christian Church) and the children's minister.

B. Preschool is not an appropriate location to resolve parental conflict arising between separated or divorced parents. Only the parent delivering the child to preschool will be permitted to pick up the child unless prior written arrangements have been made with the Weekday Preschool director. Preschool is not intended to be the site of parent-child visitation for the non-custodial parent.

C. A data card for each child will be completed by each parent to include a point of contact in the event of an emergency or illness during preschool. A medical history of childhood diseases, medications, allergies and similar information will be required.

D. If parents would like to provide treats for the preschool class on show-and-tell day or a child's birthday, the teacher must be notified in advance. Toys and other objects brought to school should be age appropriate and appropriate to the church environment.

II. CLASS CONDUCT

A. Classes will begin and end promptly. As a courtesy to the teachers, please arrange for delivery and pick-up of your child in a prompt manner.

B. As a courtesy to the other children in the class, a child with a childhood disease or other communicable illness should be held out of class. If your child becomes ill, please inform the director of the preschool so that we may watch for signs of illness in the other children.

C. You will be notified of field trips in advance. You will be requested to authorize your child's participation. Adequate adult supervision (teachers or parent volunteers) will be provided. Examples of field trips include visits to Wonderlab, a fire station, library, and BUGS. Children should be dressed appropriately for the planned field trip. Extra clothing items should be clearly marked to identify the owner.

D. The Weekday Preschool is designed to assist children in knowledge, skills, and behavior. Discipline is intended to encourage the child's growth, not punish. Discipline will be maintained through gentle admonishment.

III. STUDENT CONDUCT

Children mature at different rates and exhibit different levels of social skills and disciplined behavior. The Weekday Preschool staff will make all reasonable efforts to work within each child's level of maturity. If a child's behavior is unreasonably disruptive to the class, the parent or guardian may be notified and requested to discuss with the Weekday Preschool director the appropriate steps to ensure that the child is able to participate in the entire preschool program. If disruptive behavior continues, the parent or guardian may be requested to attend class with the child and assist in modifying the behavior. In extreme cases of disruptive behavior, the parent or guardian will be asked to withdraw the child from the Weekday Preschool program.

IV. FEE/TUITUION AND PAYMENT SCHEDULE

A. Payment is due the first day of each month.

- 2-day classes \$115.00
- 3-day classes \$170.00
- 4-day classes \$230.00
- 5-day classes \$265.00
- Kindergarten class \$285.00

B. A late fee of \$5.00 charged per week will be charged if tuition is not paid by the first week of each month.

C. There will be no reduction in fees due to extended vacation or illnesses.

D. Lunch Bunch: \$5.00 per day (Monday through Thursday only) PAID IN ADVANCE in one of two ways. You may purchase a semester pass or pay on a space available basis. Lunch Bunch participants bring their own packed lunch and cold water is served with their lunch. Lunch Bunch is an opportunity for students to enjoy unstructured play and share fun-filled experiences with other students. In an effort to maintain a positive atmosphere, behavior of students during Lunch Bunch is consistent with the student conduct policy outlined in this guideline.

E. There will also be a fee charged for consistent late pick-up. We recognize that things happen but if you continue to arrive late for your child, there will be an additional fee charged. You will get one warning before the fee charge.

V. SCHOOL CALENDAR

A. The Weekday Preschool/Kindergarten calendar follows the MCCSC calendar in regard to 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 a.m. regardless of the day of the week. Please listen to local radio stations Spirit 95.1 or WBWB 97.6 for weather closings. The Weekday Preschool is not bound to extend the preschool year due inclement weather closings.

B. The following calendar does not include field trips and special events in classrooms:

August 6 - 17	Two weeks staff preparation (no school)
August 8	Faculty Meeting
August 15	First Day of Kindergarten
August 15	Orientation Day 9-10:30(MWF,MW)
August 16	Orientation Day 9-10:30 (M-F, M-TH, TTH)
August 20	First day of school
August 27	Lunch Bunch begins (M-TH)
September 3	No School (Labor Day)
October 8-9	No School Fall Break
November 6	No School Election Day
November 19-23	No School Thanksgiving Break
December 21 - Jan. 6	No School Christmas Break
January 7	Classes Resume
January 21	No School Martin Luther King, Jr. Day
May 7	No School Election Day
March 11-15	No School Spring Break
April 19	No School Good Friday
May 21	Last Day of School

MONEY MATTERS
S OCC Weekday Preschool 2018-2019

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 short 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 school day of each 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 in spite of closings for bad 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 the a few minutes of a fun filled story time to end the hour.

Prices do change from first to second semester simply because we attend more days in the second semester. Below are the Lunch Bunch prices for first semester only:

FEES:

1 day per week:

Monday	\$65
T	\$70
W/TH	\$75

2 day:

M/W	\$130
T/TH	\$140

4 day:

M-TH	\$260
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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 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:

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: _____

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, 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 _____

Health Information Sheet

Please list any known illnesses or allergies: _____

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.

Parents Signature: _____

Date: _____ (Please turn card over)

Health Information Sheet

Please list any known illnesses or allergies: _____

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.

Parents Signature: _____

Date: _____ (Please turn card over)

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:

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:
