



Foundations
Christian Preschool

STUDENT APPLICATION

1380 S Valley Forge Rd – Lansdale, PA 19446

215-368-1100 Phone – 215-368-1003 Fax

STUDENT DATA

Name: (first)_____ (middle)_____ (Last)_____ Application Date:_____

Name That Student Prefers: _____ Gender: ☐ Male ☐ Female Birth Date: _____

Half or Full Day: ☐ Half Day ☐ Full Day **Days Per Week:** ☐ 5 Day ☐ 3 Day ☐ 2 Day

Grade to Enter: ☐ 2 1/2 & young 3's (if turning 3 after 10/1) ☐ K3 (must turn 3 before 10/1) ☐ K4 (must turn 4 before 10/1)

School Year: 20____ - 20____ Start Date _____

Ethnicity: ☐ African American ☐ Caucasian ☐ Native American ☐ Asian ☐ Hispanic ☐ Other _____

Last School Attended (if any): _____ School Phone: _____

Are there special circumstances regarding the student's general health or learning abilities? If yes, please explain: _____

Father's Name: _____ Mother's Name: _____

Legal Guardian: ☐ Both Parents ☐ Father ☐ Mother ☐ Other _____

Student Lives With: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Church: _____ Attendance: ☐ Regular ☐ Infrequent ☐ No Attendance

Father's Info: Cell Phone: _____ Work Phone: _____

Employer: _____ Email: _____

Mother's Info: Cell Phone: _____ Work Phone: _____

Mother's Employer: _____ Email: _____

Home Phone: _____

Siblings: (include name, age and school)

Preferred Emergency Call #: _____ Referred by: _____

ADMISSION CHECKLIST

The following items are necessary for enrollment Foundations Christian Preschool:

- ☐ 1. A completed and signed application
- ☐ 2. A personal interview with the administrator including student and parents or guardian
- ☐ 3. Registration fee
- ☐ 4. An original birth certificate/passport (A copy of the certificate will be made and placed in the student's file)
- ☐ 5. An up-to-date immunization record before entry
- ☐ 6. Physical

EMERGENCY INFORMATION AND TREATMENT RELEASE

FAMILY INFORMATION			
Child's Grade _____			
Last Name of Child:	First Name:	Middle	Date of Birth:
Address:			Home Phone:
Father's Name:	Work Phone:		Father's Cell:
Mother's Name:	Work Phone:		Mother's Cell:
Who would you like contacted first in the event of illness or injury?			
MEDICAL INFORMATION			
Student's Primary Care Physician (PCP):		Physician Phone:	
Student's Dentist:		Dentist Phone:	
Specify special health conditions of student (i.e. Asthma, seizure history, etc.) or any special required care needed.			
Medical Allergies:	Chronic Illness:		Other:
Does your child have an epi pen? __Yes __No <i>New written doctor's orders/action plan and new epi pen must be submitted to the school staff nurse by Orientation</i>		Does your child have an inhaler? __Yes __No <i>New written doctor's orders/action plan and new inhaler must be submitted to the school staff nurse by Orientation</i>	
MEDICATION AUTHORIZATION			
I authorize Calvary Baptist School to administer an age-appropriate dosage of the following medications as needed to my child. Please check "Yes" or "No" for each item below:			
Ibuprofen (grades 6-12) __Yes __No	Mylanta (age 12-grade 12) __Yes __No	Benadryl (age 6-grade 12) __Yes __No	
Acetaminophen (i.e. Tylenol) __Yes __No	Kaopectate (age 12-grade 12) __Yes __No	Itch cream ie hydrocortisone __Yes __No	
Chewable Antacid (age 12-grade 12) __Yes __No			
NOTE: Any medication (prescription or over-the-counter) to be given during school hours must be delivered by a parent/guardian to the school office. Medication must be in original packaging and must include a note identifying the drug, dosage, and time to be administered. The note must also be signed and dated by a parent/guardian or the student's PCP. Any medication (prescription or over-the-counter to be given long term (over 3 weeks) must be accompanied by a note from the student's PCP.			
LOCAL EMERGENCY CONTACTS			
List two responsible adults who in the case of an emergency will assume responsibility for your child if parents/guardians cannot be reached. Must be someone other than parents.			
Name/relationship:		Daytime Phone:	
Name/relationship:		Daytime Phone:	

Parent/Guardian Signature _____

Date _____

STUDENT DATA

I understand that Foundations Christian Preschool reserves the right to expel any child who fails to comply with the established regulations and discipline. I give permission to administer such discipline as the school deems wise and expedient for my child with parental consent.

_____ Yes / No

I agree that any pictures taken of my child at Foundations Christian Preschool may be used for promotional purposes, including stories, news, advertising, and church/school web sites and Facebook account.

_____ Yes / No

I agree if emergency care is deemed necessary and I cannot be contacted, I authorize the staff member in charge to act on my behalf in granting permission for my child to receive emergency treatment.

_____ Yes/No

One of the reasons Foundations Christian Preschool exists is to teach and promote biblical values and lifestyles. While we do not require parents to subscribe to a doctrinal position, as an institution and a ministry of Calvary Baptist Church, we devoutly hold to a core set of beliefs which form the basis of what we advocate and teach our students. These beliefs can be found in our doctrinal statement and are represented in the literature we publish about FCP. By enrolling your child(ren) at Foundations Christian Preschool, you understand and consent to our efforts to teach these beliefs to them and to oppose the teaching of beliefs to the contrary.

_____ Yes/No

I agree to pay tuition according to arrangements that shall be made to conclude all required payments on or before the end of the school year. I agree to pay any assessments that are made to cover damage to school property caused by my son/daughter. I agree to keep my financial obligations current (including any and all miscellaneous billing) and will contact the school office if a balance remains unpaid after the due date. I understand that students may not attend Foundations Christian Preschool if a balance exceeds 60 days past due. I understand that report cards and cumulative records will be withheld if required payments are not made.

_____ Yes / No

I understand that my child will not be considered enrolled until all payment and requested documents are received and recorded by the school office.

Signature of Parent/Guardian _____ Date _____

Print Name _____

FINANCIAL INFORMATION

■ Tuition payment options for Preschool:

- ☐ Yearly (payment due August 15) 4% discount
- ☐ 9-month (payments due September - May)

■ I am willing to make an extra monthly donation of ____ \$5.00, ____ \$10.00, ____ \$25.00, or _____ to help fund the Calvary Baptist School Tuition Scholarship Program for needy students who would otherwise be unable to attend CBS.

■ Preschool New Student Enrollment Fee: \$100.00 per child, non-refundable, due at time of enrollment

For office use only

Received By / Date: _____ / _____ Check # (Cash) Amount: _____ / _____

Processed By / Date: _____ / _____ Trans. Req. Submitted: _____ / _____

Reg: _____ Cur: _____ Reo: _____ Ref: _____ Sch: _____ Spr: _____ Stat: _____