



Spencer Christian School

Preschool/Kindergarten Enrollment Application

NEW Student Application Process

- ✓ Submit* the following to reserve placement:
 - Preschool Enrollment Application **
 - Admission Contract
 - Registration fee
 - Personal Information Profile (PK only)
 - Emergency medical treatment form
 - Authorized pick-up list
 - Immunization record or waiver
- ✓ We will contact Junior Kindergarten and Kindergarten families to schedule an interview/assessment.
- ✓ Upon acceptance, you will receive confirmation from the school office.

RETURNING Student Application Process

- ✓ Submit* the following to reserve placement:
 - Preschool Enrollment Application **
 - Admission Contract
 - Registration fee
- ✓ If needed, please complete:
 - **Updated** emergency medical treatment form
 - **Updated** authorized pick-up list
 - **Updated** immunization record or waiver

You will receive your family's annual invoice for the school year via email:
Preschool – July/August • Junior Kindergarten – June/July • Kindergarten – May/June

** Returning students may submit application during the month of January (enrollment is first-come/first-served starting February)*

** New students may submit application for upcoming school year starting February 1st at 9am*

*** Please notify office if your child turns six by August 1st – superintendent letter will be sent to your county of residence.*

Preschool/Kindergarten
Elementary/Middle School
High School

Melanie Winstead
Cindy White
Mindy Druin

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Preschool Enrollment Application

☐ New Enrollment ☐ Re-enrollment

Please indicate the class in which you would like to enroll your child:

☐ 3 y/o preschool AM

☐ 3 y/o preschool PM

☐ 4 y/o preschool AM

☐ 4 y/o preschool PM

☐ Junior Kindergarten AM *

☐ Junior Kindergarten PM *

PK Morning Session T/W/Th 9am-12pm

PK Afternoon Session T/W/Th 1pm-3:30pm

* (admission assessment is required for acceptance)

Date of Application: _____

Spencer Christian Church Member? ☐ Yes ☐ No

If no, church affiliation _____

Child's Name: _____

Prefers to be called: _____

Date of Birth: _____

Gender: _____ Race: _____

Address: _____

City: _____ Zip: _____

Allergies/Health or Medical Concerns: _____

Other special information about your child: _____

Child lives with: (circle one)

Mom and Dad

Mom

Dad

other: _____

Names and ages of brothers/sisters: _____

Father (or guardian): _____

Address: _____ City: _____ Zip: _____

Place of Employment: _____ Work #: _____

Mobile # _____ Home #: _____

Email: _____ Home Church: _____

Mother (or guardian): _____

Address (if different): _____ City: _____ Zip: _____

Place of Employment: _____ Work #: _____

Mobile # _____ Home #: _____

Email: _____ Home Church: _____

Preferred email for Financial Correspondence:

☐ Mom

☐ Dad

Preferred email(s) for other School Correspondence:

☐ Mom

☐ Dad

☐ Both

Emergency Numbers

These numbers will be called first in an emergency!! (Please list number and to whom it belongs)



Applicant's name: _____

Please read, sign and date each section for each child applying for preschool admission.

Tuition Contract

	Registration (non-refundable)	Annual Tuition	Payment Months	Monthly Installments	First Payment Due
AM Preschool 9:00 am – 12:00 pm	\$125	\$2025	9 (Sep-May)	\$225	Sep 1 st
PM Preschool 1:00 pm – 3:30 pm	\$125	\$1800	9 (Sep-May)	\$200	Sep 1 st
AM Jr Kindergarten** 9:00 am – 12:00 pm	\$125*	\$2350	10 (Aug-May)	\$235	Aug 1 st
PM Jr Kindergarten** 1:00 pm – 3:30 pm	\$125*	\$2100	10 (Aug-May)	\$210	Aug 1 st

* Registration fee includes book fee

** Placement will be confirmed after required Admission Assessment and/or Teacher Conference

I AGREE TO:

- Pay an annual registration fee per child at the time of enrollment. **This is a non-refundable fee.**
- Pay tuition according to the schedule as listed above.
- Pay the monthly tuition installment during the first week of each month. A late charge of \$25 will be assessed on the 10th day of the month if payment is not received.

Parent/Guardian Signature: _____ Date: _____

Parent Handbook Receipt Form

I have fully read the handbook provided to the parents/guardians and agree to follow all guidelines and policies established by Spencer Christian School. I am aware of all the health requirements, discipline policies and medical emergency procedures. I agree to provide any change of information immediately to the school office.

Parent/Guardian Signature: _____ Date: _____

Photo and Contact Information Permission

- I give my permission to Spencer Christian School to use my child's photo for advertisement purposes. Yes ☐ No ☐
- I give permission to Spencer Christian School to publish my contact information in a **school-wide directory**. The directory will only be distributed to school families and is not to be used for solicitation purposes. Yes ☐ No ☐

Medical Permission

I give my permission to Spencer Christian School staff to take whatever steps are necessary in the event of a serious accident or illness. In the event of an emergency, SCS may release my child to a medical professional. SCS is not an allergen-free school. It is the responsibility of the parent and child to be capable of avoiding allergens and treating reactions. Physical education courses, school performances, recess, sports, and other school-sponsored activities contain risk of physical injury. I agree that my child may participate in all school activities. I release and hold harmless Spencer Christian School, its agents, employees, successors, and assigns from any and all liability for loss, injury, damage, or claims arising out of my child's participation.

- Please list/update any Allergies or Health issues on the Authorization for Emergency Medical Treatment form.

Parent/Guardian Signature: _____ Date: _____

Immunization Record

Please obtain the most recent copy of your child's immunization record and **submit a copy with this application**. An appropriate religious or medical waiver will also be accepted. (KRS 214.034/KRS 214.036)

Parent/Guardian Signature: _____ Date: _____

PERSONAL INFORMATION PROFILE

Please fill out all forms completely.

DEVELOPMENTAL HISTORY

This information will help your child continue their developmental progress in the classroom and help the teacher prepare for the school year. Thank you for filling out all information completely!

Do you currently have, or have you previously had, any concerns about your child's development in the following areas (please check the appropriate box for *each area of development*):

DEVELOPMENTAL AREA	No concerns in this area of development	CURRENT CONCERNS	PAST CONCERNS	PLEASE DESCRIBE ANY CURRENT OR PAST CONCERNS:
COMMUNICATION				
FINE MOTOR				
GROSS MOTOR				
SELF-HELP				
COGNITIVE/ PROBLEM-SOLVING				
SOCIAL SKILLS				
EMOTIONAL DEVELOPMENT				

Does your child currently, or did they previously, receive early intervention or therapy services? (speech therapy, occupational therapy, physical therapy, developmental intervention, nutrition services, etc.). If so, please list the type of therapy/service and the developmental goal(s) being addressed (communication, articulation, fine motor, sensory integration, etc.)

How does your child communicate (crying, pointing, single words, phrases, sentences)?

Do other adults (outside the child's home) understand your child's method of communication most of the time? _____

Can your child be relied upon to indicate his/her bathroom wishes? _____

The child's request word or words for using the bathroom _____

Over →

HEALTH HISTORY

Does your child have any physical limitations? _____

Does your child have any dietary restrictions or eating problems? Vegetarian? _____

Other: _____

May your child have special treats or snack? _____

Does your child have any allergies? _____

SOCIAL AND EMOTIONAL INFORMATION

Has your child had other preschool or group play experience? _____ If so, where? _____

What was your child's reaction? _____

What are your child's favorite indoor play activities? _____

What are your child's favorite outdoor activities? _____

Does your child have special fears that you're aware of? _____

What method of discipline is used in your home? _____

What is your child's usual reaction? _____

How would you describe your child's personality? _____

Please list here any other information you would like to share about your child's development or anything else that might be helpful for the teacher to know in preparing for the school year:



Authorization for Emergency Medical Treatment

I, _____ (parent) of _____ (address),
City of _____, County of _____, Kentucky, am the father/mother/legal
guardian of _____ (child's name), a minor who attends and/or
participates in activities with Spencer Christian School, located at 5720 Taylorsville Road, Fisherville, KY 40023.

In the event that all reasonable attempts to contact me at _____ (phone number), have been
unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. _____ (preferred physician)
at _____ (phone number), or Dr. _____ (preferred dentist), at
_____ (phone number), or, in the event that they are not available, by any licensed
physician or dentist; and
2. The transfer of the child to _____ (preferred hospital) or any other hospital
reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or
dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

The following information is needed by any hospital or practitioner not having access to the child's medical
history:

Allergies: _____

Medication being taken: _____

Date of last tetanus shot: _____

Physical Impairments: _____

Insurance Company: _____

Policy Number: _____

Policy Holder: _____

Other pertinent facts to which a physician should be alerted: _____

Dated: _____

Signature

Printed Name



Name of Child(ren): _____

Below is a list of persons authorized to pick up your child from Spencer Christian School. Under no circumstances will your child be allowed to leave the property except for those names listed below. We reserve the right to check identification.

Please list parent's names too!

1. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____
2. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____
3. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____
4. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____
5. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____
6. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____
7. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____