International Christian Academy Preschool

8100 Westcliff Drive Building 8106 • Las Vegas, Nevada 89145
• Telephone 702 242-1069 • Fax 702 673-4771 www.icalv.com
A Ministry of the International Church of Las Vegas

REGISTRATION CHECK LIST

Registration packet

Please be sure to fill out completely, including start date, daily schedule, any known allergies, emergency contacts and authorized escorts.

Registration fee of $75 (non-refundable, non-transferable)

Please be prepared to pay this when you turn in the registration paperwork. This will guarantee a space for your child.

Shot record

Nevada Licensing requires a current shot record for every child in our care at anytime. ***We need this on your child's first day of attendance.***

Physical Exam form

Nevada Licensing allows a 30 day grace period to get this turned into us. Please be aware that if we do not receive it within this time frame, ***your child may not attend preschool.*** There are forms available in the office for your convenience.

Parent Handbook

Please read the Parent handbook, then sign and return the last page.

Emergency Management Plan

Please read the Emergency Management Plan, then sign and return the last page.

Tuition payment

All accounts must be kept current. Tuition is due prior to your child's attendance. Payment must be received before your child is dropped off each week.

Book/Materials Fee

There is a $50 non-refundable book/materials fee for pre-kindergartners,

and a $25 non-refundable book/materials fee for the Lions and Lambs classes.

Thank you for choosing ICA Preschool. We are happy to welcome you to our family. We take seriously our job of caring for children with Jesus' love. We look forward to serving you and your child.

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PRESCHOOL REGISTRATION FORM

CHILD'S INFORMATION

Child's Full Name: _____ Religion: _____ Sex: _____

Home Address: _____

Street City State Zip

DOB: _____/_____/_____ Home Phone: (_____) _____

PARENTAL / GUARDIAN INFORMATION

Father's Name: _____

Home Address: _____

_____

Home Phone: (_____) _____

Work Phone: (_____) _____

Cell Phone: (_____) _____

Employer: _____

Mother's Name: _____

Home Address: _____

_____

Home Phone: (_____) _____

Work Phone: (_____) _____

Cell Phone: (_____) _____

Employer: _____

AUTHORIZED ESCORTS: (Other than Parents) Persons who may be called in an emergency.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

In the event of an accident or illness to the child, I hereby authorized the operator of this facility to secure any necessary medical aid and/or treatment from:

Doctor: _____

Name Address Phone

Hospital/Clinic: _____

In the event I cannot be contacted immediately for notification or shall fail or refuse to remove the child affected with communicable disease or other valid reason after notification of illness and request for removal of the child: I understand that the appropriate authorities may remove my child from the premises of this preschool facility. Furthermore, I agree to be directly responsible for all costs and expenses connected with the examination, diagnosis, treatment and removal of child.

Date: _____ Signature of Parent/Guardian: _____

International Christian Academy PRESCHOOL

CHILD'S PRE-ADMISSION HISTORY

Child's Full Name: _____ Religion: _____ Sex: _____

PARENT'S

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

Living with Child? _____ Living with Child? _____

Occupation: _____ Occupation: _____

Circle all that apply: mother is deceased / father is deceased / parents are divorced / parents are separated

BROTHER'S / SISTER'S

Name: _____Age: _____ Name: _____Age: _____

Name: _____Age: _____ Name: _____Age: _____

DEVELOPMENT

Walked at: _____Months Began talking at: _____ Months Toilet trained at: _____ Months
Any problems you feel need to be assessed: _____

MEDICAL HISTORY

Has child been under regular supervision of a Physician? Yes No

Give approximate dates child has had the following:

Chicken Pox _____	Asthma _____	Rheumatic Fever _____
3 Day Measles _____	10 Day Measles _____	Hay Fever _____
Epilepsy _____	Whooping Cough _____	Poliomyelitis _____

Other serious or severe illnesses or accidents: _____
Any allergies that staff should be aware of: _____

DAILY ROUTINES

What time does child: Wake-Up _____ Go to Bed _____ Nap _____
Eating – usual hours: _____
Any food dislikes: _____
Toilet habits: Bowel Movements Regular _____ Usual Time _____
Any urination problems: _____
Word used for: Bowel Movements _____ Urination _____

PERSONALITY

Parent's evaluation of child: _____
_____
Has the child had any prior group play of school experiences: _____
_____
Age group child prefers playing with: _____
Does child have any special needs/fears: _____

PLANNING GUIDE

What do I want my child to gain from his/her preschool experience: _____
_____
Reason for requesting child care (if different from above): _____
_____
Plan for care when child is ill: _____
Any special talent or hobby you would consider sharing with the children? _____
_____
How did you hear about us? Friends___ Sibling attends ICA___ Yellow Pages___ Kids Directory___
We attend ICLV___ Website___ Other_____

THANK YOU FOR CHOOSING OUR PRESCHOOL!

Date: _____ Signature: _____

International Christian Academy Preschool

CONTRACT

START DATE: _____

Child's Name _____ DOB ____/____/____

Address _____ City _____ Zip_____

Father's Name _____ Mother's Name _____

Home Phone _____ Business Phone _____ Ext. _____

I WOULD LIKE TO CONTRACT FOR THE FOLLOWING SERVICES:

Teacher _____Class _____Age _____ Starting ____/____/____

Class Key:

2 - 3 yrs	Lambs
3 - 4yrs	Lions
Pre K	Bumblebees
Pre K	Angels
Pre K	Good News Bears

	FULL DAY	HALF DAY
Monday	From _____ to _____	From _____ to _____
Tuesday	From _____ to _____	From _____ to _____
Wednesday	From _____ to _____	From _____ to _____
Thursday	From _____ to _____	From _____ to _____
Friday	From _____ to _____	From _____ to _____

International Christian Academy Preschool

PERMISSION TO RELEASE INFORMATION

I understand that during the time my child, _____ is in the care of International Christian Academy Preschool, the director may be asked for information regarding my child.

- ☐ I hereby give my permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

- ☐ I do not give permission to release information about my child as set forth in the aforementioned statement. I realize that the Bureau of Services for Child Care has access to my child's record as the licensing agent.

_____ _____

Signature of Parent or Guardian **Date**

Field Trip Permit

- ☐ I understand that during the year my child may take part in field trips and educational excursions, either by bus, private car, or on foot. I further understand that my child will be chaperoned by a responsible adult at all times away from the facility.

Should any accident occur while my child is away from the facility on the aforementioned trip, I shall not hold the child's caretaker, members of the facility and its employees, nor any participating adult liable.

- ☐ I do not wish my child to take part in the aforementioned field trips or educational excursions.

_____ _____

Signature of Parent or Guardian **Date**

I, _____, am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

_____ _____

Signature of Parent or Guardian **Date**

International Christian Academy Preschool

FINANCIAL AGREEMENT

I UNDERSTAND THAT FEES FOR ALL SERVICES ARE DUE IN ADVANCE OR ON THE DAY THAT SERVICE IS PROVIDED AND THAT THE FOLLOWING POLICIES ARE IN EFFECT. I UNDERSTAND THAT THIS AGREEMENT IS NOT AN INCLUSIVE LIST OF ALL POLICIES AND I UNDERSTAND THAT I AM RESPONSIBLE FOR READING AND ADHERING TO ALL POLICIES IN THE INTERNATIONAL CHRISTIAN ACADEMY PRESCHOOL HANDBOOK.

1. A $75 non-refundable, non-transferable annual registration fee is due at the time of registration.

2. All accounts must be kept current. Tuition is due prior to your child's attendance. Payment must be received before your child is dropped off each week. **Weekly tuition payments must be made current by the end of each week. Delinquent accounts will receive notification of the balance due. All accounts that are not made current by the last day of the week will be notified not to return to ICA Preschool until the account delinquency is corrected. Once the balance is paid in full, your child may return based upon availability.**

3. A maximum of two weeks vacation time will be allowed, for **Full-time students only**, at no charge with prior written notice on the sick/vacation form. Vacation time over and above the allowed two weeks will be charged at the normal weekly rate.

4. A fee of $25.00 will be charged on all returned checks. After two checks have been returned for NSF reasons, a Money Order or Cashier's Check will be required for payment. Our facility is unable to receive cash as payment.

5. **For Full-time students**, after the third consecutive day of illness, your child's account will be charged 50% of the current weekly rate. Two weeks of sick time will be allowed annually.

6. Children absent without notice for more than one week will be dropped from our roster. Re-enrollment at a later date will be dependent upon vacancies. A registration fee will be charged.

7. After 6:00pm, a fee of $1.00 per minute per child will be charged, due upon picking up the child. If a child is not picked up by 6:30pm, Child Haven will be called. Our facility closes at 6:00pm and should your child be picked up after hours on a frequent basis, your child will be dropped from our program.

8. There is no credit for Holidays. Our facility is only closed 11 full days and 2 half days throughout the entire year. Due to licensing regulations, we are unable to provide make-up days.

9. All paperwork must be filled out and signed prior to the first day of school.

10. At least one week's notice is needed when voluntarily withdrawing a child from the preschool. A tuition charge for one week will apply should you fail to give a one week notice.

THANK YOU FOR CHOOSING US. WE LOOK FORWARD TO SERVING YOU!

Parent Signature _____ Date _____

Parent Social Security Number _____

IN CASE OF EMERGENCY FORM

(Persons to contact if we can not reach the students parents/guardians)

NAME _____

ADDRESS _____

RELATIONSHIP _____ HOME PHONE _____

CELL PHONE _____ WORK PHONE _____

AUTHORIZED TO PICK UP YES____ NO____

NAME _____

ADDRESS _____

RELATIONSHIP_____ HOME PHONE_____

CELL PHONE _____ WORK PHONE _____

AUTHORIZED TO PICK UP YES____ NO____

NAME _____

ADDRESS _____

RELATIONSHIP_____ HOME PHONE_____

CELL PHONE _____ WORK PHONE _____

AUTHORIZED TO PICK UP YES____ NO____

NAME _____

ADDRESS _____

RELATIONSHIP_____ HOME PHONE_____

CELL PHONE _____ WORK PHONE _____

AUTHORIZED TO PICK UP YES____ NO____

NAME _____

ADDRESS _____

RELATIONSHIP_____ HOME PHONE_____

CELL PHONE _____ WORK PHONE _____

AUTHORIZED TO PICK UP YES____ NO____

VACATION/SICK POLICIES

There is an allowable two weeks of vacation/sick time per year for Full-time students only. Full-time is when a student attends preschool 5 days a week exceeding 4 hours each day and pays Full-time tuition.

VACATION POLICY

As stated earlier in this handbook, a Vacation/Sick form must be turned into the office 1 week prior to leaving for vacation. **Full-time students only are allowed two weeks of vacation per year**.

SICK POLICY

Full time students only, following three consecutive days of illness, will be credited 50% of the weekly tuition upon completing a vacation/sick form and turning it into the office the day your child returns to school. Full time students are allowed two sick weeks per year. As stated earlier in this handbook, if your child is out of school due to illness, please call and let us know the type of illness.

PRESCHOOL HOLIDAYS

Our facility has a very minimal amount of days when the facility is closed for holidays. We have listed the holidays for your convenience in the handbook. There is no credit for holidays and due to licensing regulations we are unable to provide make up days should the holiday fall on your child's regular scheduled day.

A part time student is a student that attends preschool 5 days a week or less not exceeding 4 hours each day. **There is no vacation/sick allowance for part time students**. Payment is required even if your child is absent. Due to licensing regulations regarding enrollment, children may attend on their scheduled days only, even though he/she may have been absent on their scheduled day(s).

Should you voluntarily withdraw your child or should your child not attend for over a week without notice a $75 re-registration fee will apply should you be able to re-enroll your child in our program.

I understand and will adhere to the policies stated above.

_____ _____

Parent Signature Date

INTERNATIONAL Christian Academy Preschool

Statement of Cooperation

It is understood that my child's attendance is a privilege and not a right: and that if at any time his/her conduct or cooperation with the school's authorities are not in compliance with the school's requirements, the school reserves the right to require attendance of parental training classes or to terminate, at it's discretion, my child's enrollment. In the attempt to achieve the maximum for the students here we must work together as parents and educators. In the event we do not have a harmonious relationship with a parent or if a parent is sowing discord among other parents, the parent sowing discord will be asked to find another school for their child/

children. It is our desire to protect the school, parents, and students from any unacceptable behavior, negative influence or gossip that tears down the work that God has given us. Causing discord or having a divisive attitude is not in the Spirit of Christ. "There are six things the Lord hates, seven that are detestable to him: haughty eyes, a lying tongue, hands that shed innocent blood, a heart that devises wicked schemes, feet that are quick to rush into evil, a false witness who pours out lies and a man who stirs up dissension among brothers." Proverbs 6:16-19 "I urge you, brothers, those who cause divisions and put obstacles in your way that are contrary to the teaching you have learned. Keep away from them. For such people are not serving our Lord Jesus Christ, but their own appetites. By smooth talk and flattery they deceive the minds of naïve people." Romans 16:17-18

I pledge not to interfere with the school in efforts to administer discipline to my child in accordance with the standards the school has set.

I pledge to assist in any area to help reinforce the schools efforts in "bringing up my child in the Lord." Proverbs 22:6

If my child is voluntarily withdrawn or is requested to withdraw by the school, it is understood and accepted that no refund of registration fee, book fee or tuition will be made.

_____ _____

Signature of Parent Date

PUBLICITY PERMIT

2011-2012

Name of Student

_____

Dear Parents:

Throughout the school term, we are asked to take part in local publicity releases by way of pictures and newspaper articles. If you do, or do not, want your child's picture or name to be used in such publicity releases, indicate your desire below. This is excluding yearbook pictures.

_____ **I give permission for** my child having his or her picture and/or name used in connection with the public relations program of International Christian Academy/International Church of Las Vegas.

_____ **I do not want** my child having his or her picture and/or names used in connection with the public relations program of International Christian Academy/International Church of Las Vegas.

Signature of parent/guardian/custodial

_____

Date ___/___/___

ICA Preschool
Referral Program 2011-2012

Referring family receives a 10% discount toward one child's tuition.

Referring Family _____

Parent's Name _____

Child's Name _____

Parent's Signature _____

Date ___/___/___

Family Referred _____

Parent's Name _____

Child's Name _____

Parent's Signature _____

Date ___/___/___

To qualify for the discount, the signed referral must be submitted within 30 days of the enrollment date.

Discount is valid August thru June of the year referred only.

Referral total can be:

- Up to 50% of annual tuition
- If referral discounts total more than $600,00 in one school year this amount will have to be reported on IRS Form 1099

The child referred must pass the entrance exam and enroll in ICA in order for the referring family to receive the discount. If the student leaves the school the discount ends.

This referral discount will not be applied for students currently attending ICA Preschool.