

Highland Christian School Application for 2020-2021

Student's first name _____

Student's last name _____

Preferred name at school _____ M F

Office Use

Date of Birth _____/_____/_____ Age _____ Home Phone _____
Month Day Year

Address _____

City _____ State _____ Zip Code _____

Resides with: Both parents Mother Father Other _____

Names of Siblings _____

Mother's Information

First Name: _____ Last Name: _____

Cell Phone Number: _____ email: _____

Work Number: _____

Father's Information

First Name: _____ Last Name: _____

Cell Phone Number: _____ email: _____

Work Number: _____

Local Emergency Contacts/School Release (other than parents):

In the case of an illness or emergency and I cannot be reached by Highland Christian School, I authorize HCS to call or release my child to the following individuals and or allow them to pick up my child from school.

First Name: _____ Last Name: _____

Relationship to child: _____ Phone number: _____

First Name: _____ Last Name: _____

Relationship to child: _____ Phone number: _____

Out of State/Country Emergency Contact:

First Name: _____ Last Name: _____

Relationship to child: _____ Phone number: _____

Parent/Guardian Signature _____ Date _____

Printed Name: _____

Office Use: Date	Reference #/Total	Registration	Material Fee	June	Tuition
Allergies: No <input type="checkbox"/> Yes <input type="checkbox"/>			Immunization Record: <input type="checkbox"/>		
Procure Account Name:		Tuition ExpressForm: <input type="checkbox"/>		Previous Class:	

Highland Christian School
2020-2021
Child & Family Information

Children must be restroom independent (with the older 2s's/young 3's classes as the exception). This means that your child must be able to tell their teacher they need to use the restroom, get their clothes on and off by themselves to use the toilet, and wash their hands independently.

Is your child toilet trained/independent in the bathroom? No Yes

Allergy Information

Does your child have food or other allergies? No Yes

If yes, please list the allergy: _____

Have your doctor sign and return a medical authorization to provide medicine form.

Developmental Information

Has your child been seen by a speech therapist or an occupational therapist?

No Yes If yes, please explain. _____

Do you have any concerns we should be aware of? No Yes If yes, please explain.

What would you like for your child to gain from their preschool experience?

Family Information

Are you a returning family to Highland Christian School? No Yes Current class _____

Church membership or attendance (name of church) _____

Are you a pastor? No Yes

Words to describe your child _____

School/daycare most recently attended _____

How did you hear about our school? _____

If other than English:

Primary language spoken at home _____

Words in your home language we should know _____

Highland Christian School
2020-2021
Medical Consent & Physician Information

If your child needs emergency medical care or treatment and is less than 18 years old, hospitals and other medical providers are required to contact you for authorization before they treat your child, except in the case of life-threatening situations. Only a parent or legal guardian can give this authorization. You can help ensure that your child receives any necessary emergency treatment when you cannot be reached by completing this Medical Consent and information form. The completed, signed form will be kept in your child's records in the Highland Christian School office. In the event of a medical emergency, this record will accompany your child so that prompt emergency care or treatment may be administered.

CHILD'S INFORMATION

Full Legal Name: _____

Date of Birth: _____

Does your child have food or other allergies? No Yes

If yes, please list the allergy: _____

Chronic Illnesses or other information that may be relevant for medical treatment:

Regular Medication and Dosage: _____

Have your doctor sign and return a medical authorization to provide medicine form.

Physician's Name: _____

Physician's Phone Number: _____

Hospital Preference: _____

I, _____, as parent or legal guardian, authorize all medical, surgical, diagnostic and hospital procedures, including administration of drugs or medicine, as may be performed or prescribed by a treating physician, dentist or other health care provider for _____ (child's name) if I cannot be reached in the case of an emergency.

I also authorize Highland Christian School to call 911 if any staff member determines that my child is in need of immediate medical attention. I agree that my medical insurance plan is the primary plan to pay any treatment given to my child and that I am responsible for all expenses incurred on behalf of my child, including without limitation any expenses not covered by my medical insurance.

Parent/Guardian Signature _____ Date _____

**Highland Christian School
2020-2021
Parental Consents**

Child' Name: _____ Date of Birth _____/_____/_____

MEDICAL CONSENT

Initial

I hereby give permission that my child, (listed above) may be given emergency treatment by a qualified child care provider at Highland Christian School, 15022 NE Bel-Red Road, Bellevue WA 98007. When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or ambulance attendant when deemed necessary to safeguard my child's health. I waive my right of informed consent to such treatment. I give my permission for my child to be transported by ambulance to an emergency facility for treatment. I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered in an emergency. In case of emergency, I give my permission to transport my child to a safer location.

DISASTER PLANNING

Initial

Highland Christian School has implemented a plan for major emergency situations such as an earthquake. PLEASE NOTE: IT IS IMPORTANT THAT STUDENTS NOT LEAVE WITHOUT SIGNING OUT as our staff needs to account for all students. Search and Rescue teams may put their lives in danger looking for students who are not present as a result of not properly being released from school.

If my child requires medication, I will send to school at least three full day's dosage of each medicine and include a letter from his/her physician giving permission to administer this medicine in the event of an emergency of more than a day's duration.

PHOTOGRAPH & CLASSLIST PERMISSION

Initial

I give my permission for my child to be photographed during class or during school sponsored activities. I further give permission for photos of my child to be used by the school for publicity or educational purposes. Children's names will never be used.

I give permission for my child's information (birthdate, phone number and parent's names) to be included on the class list that will be handed out to other parents or guardians of children in the school. I understand Highland will not hand out this information to advertisers or any other solicitors.

RELEASE AND WAIVER OR LIABILITY

Initial

In exchange for my child named above being allowed to participate in Highland Christian School, I as parent or guardian waive and I release and discharge Highland Christian School, Highland Covenant Church and its directors, officers, employees, volunteers, members and agents from any and all claims, damages or expenses arising from or related to my child's participation in the school. I also agree to indemnify, hold harmless and defend Highland Covenant Church and each of the other parties listed above with regard to such claims, losses or expenses, including without limitation any claims made by or on behalf of my child.

Parent/Guardian Signature _____ Date _____

2020-2021 Financial Agreement

Annual Tuition Program Rate	Young 3's Classes:	2 days	\$3000	3 days	\$4250
Morning Preschool Classes:	2 days	\$3000	Afternoon Preschool Classes:	2 days	\$2600
	3 days	\$4250		3 days	\$3600
	5 days	\$6500		5 days	\$5850
Morning Pre-K Classes	3 days	\$4250	Afternoon Pre-K Classes:	5 days	\$5850
	5 days	\$6500			

The registration fee & material fee are due at time of registration. Tuition for the last month of the year is collected at the beginning of the year for the preschool's financial security and in order for us to keep tuition down for all families. HCS does not give refunds or transfer money to other families' accounts. If you need to withdraw from the school, before the end of the school year, you may use unused fees as a donation. All tuition payments are to be made by online payment.

Last month's tuition (June 2021) is due by June 1, 2020 to guarantee that your child's spot is not assigned to another child. June's tuition is non-refundable and is not assignable to another month or family. You will not pay for the last month of school if you have paid consecutive months throughout the academic year.

Tuition is set depending on the financial needs of the school for the year, so each month is an equal payment adding up to the total tuition dues. As such, the school cannot afford to lower tuition for families due to illness, vacation, holidays, etc.

Tuition and reoccurring payments

- Payments are made through Tuition Express processing system. Please see reverse page for bank payment set up.
- First tuition payment is due June 1 or at time of registration if registering after June 1.
- Payments are due monthly August 20 through April 20.
- \$50 late charge in addition to the tuition amount after the 25th.
- \$50 fee charged for returned checks (NSF fee).
- Payments are due and processed at the 20th of the month whether your child is here or not.
- If payment is not received by the 1st of the month, your child may be dropped from the class.

I have read and agree to these financial guidelines:

Parent/Guardian Signature _____ Date _____





Highland Christian School has chosen the safety and convenience of Tuition Express® – a payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT.

I (we) hereby authorize Highland Christian School to initiate debit entries to my (our) Checking or Savings Account, indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days minimum written notice. I (we) will pay an NSF fee of \$50 for any payment the bank deems non-sufficient funds. Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Bank Account

First Name Last Name Phone #

Bank or Credit Union Name

Checking Savings

Routing Transit Number Account Number

Authorized Signature Date

Child's Name Class

Office Use:

Date

Initials:

Procure Account Name: