

PRE-SCHOOL APPLICATION

2008-2009

KNOXVILLE CHRISTIAN SCHOOL

11549 Snyder Road, Knoxville, TN 37932

Phone: 966-7060 Fax: 671-2148

PLEASE FILL OUT THIS APPLICATION IN ITS ENTIRETY

Class applying for: _____ **PK-3** (must be 3 yrs old and **potty trained** when enrolling anytime during the school year)

_____ **PK-4** (must be 4 yrs old by **September 30**)

Please check one: _____ Full time (M-F) _____ Part time (M, W, F) _____ Part time (T, TH)

_____ Half Day (M-F) _____ Half Day (M, W, F)

ADMISSION REQUIREMENTS: Please provide the following in order for registration to be complete:

_____ Application completely filled out on both sides

_____ Copy of Insurance

_____ Registration and material fees

_____ Copy of Birth Certificate

_____ TN Certificate of Immunization (green card)

_____ Copy of Social Security Card

_____ Blue Emergency Card

DATE OF APPLICATION _____ **REFERRED BY** _____

Student's full name _____ **Name called by** _____

Street Address _____ **City, State, Zip code** _____

Phone Number _____ **Social Security Number** _____

Date of birth _____ **Age at next birthday** _____ **Place of birth (city/county & state)** _____

Name and Address of last school attended _____

Parent Information:

Mother's name, address, & phone # _____

Mother's Occupation _____ **Employer** _____ **Work phone #** _____

Father's name, address, & phone # _____

Father's Occupation _____ **Employer** _____ **Work phone #** _____

Email Address (Optional) _____

Parental marital status: _____ parents married _____ parents separated _____ parents divorced

_____ mother deceased _____ father deceased _____ mother remarried _____ father remarried

If divorced this question must be answered. Legal custody is awarded to:

_____ **Mother** _____ **Father** _____ **Both** _____ **Other**

With whom does the applicant reside? _____

Please list names and ages of siblings:

_____ Name _____ Age _____ Name _____ Age

_____ Name _____ Age _____ Name _____ Age

Applicant's physician _____ **Phone #** _____

Address _____
Street City State Zip Code

List all known allergies of student (food, medicine, insects, etc) _____

List the Name, Phone #, and Relationship of persons authorized to pick up your child other than the parents:

Emergency Contacts:

Please list two adults, other than parents, who may be contacted in case of emergency. A separate "Emergency Card" will need to be filled out for quicker access.

Name	Relationship	Phone Number	Name	Relationship	Phone Number
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In case of emergency, specify which hospital you want us to take your child to _____

List the Name, Address, and Phone # of 3 references who know you and the applicant:

1. (Active Church Leader) _____
2. _____
3. _____

MEDICAL INFORMATION:

Attach a separate sheet of paper if any of the following need detailed explanations:

Has your child ever been asked to withdraw from a school? ____ yes ____ no

Explain _____

Does student have physical, emotional, or social problems? _____ Explain _____

Are there any legal, home, marital, or spiritual problems affecting the applicant? _____ Explain _____

Does the applicant have medical problems (allergies, diabetes, etc.) that need observation? _____

Does the applicant take medicine on a regular basis during the school day? _____ Please list _____

Has your child had asthma or wheezing? ____ Does your child have tubes in his/her ears? ____ yes ____ no

Does your child have any of the following: ____ Speech problems? ____ Hearing problems? ____ Vision problems?

Does your child get along with other children? ____ yes ____ no

Does your child have seizures, fits, or shaking spells? ____ yes ____ no

Does child eat breakfast at home? _____ Child's appetite is ____ good ____ fair ____ poor

Is child potty trained? _____ Does child take nap daily? ____ If yes, what time and how long? _____

List the usual times for drop off and pick up _____

Give any other information that will aid us in caring for your child _____

Are you interested in a "Summer Program" service? _____ If yes, please inform the front office.

ATTENTION PARENTS:

Please contact the school office if you would like to be a part of our "Working Knights" parents group and/or if you have any expertise or talent that you could offer KCS. (865) 966-7060

2008-2009 FEE SCHEDULE AND RESPONSIBILITY CONTRACT

Registration and Materials Fee:

This fee may be refunded only if application is denied or if family moves from the area prior to the first day of the school year.

\$120 - Registration Fee for all students annually (non-refundable)

\$30 - Material Fee

Tuition Schedule:

All tuition is to be paid the first day of each month. This program is not based on a week-by-week payment plan. The tuition for Pre-school will be divided into equal payments from August 1 through May 1. When enrolled, the full tuition is due every month whether your child attends or does not attend. The full tuition is due during the 10-month school year even when KCS is not in session for holidays, snow days, etc.

PLEASE CHECK ONE:

- _____ \$4500 per year for full time (Mon – Fri) - \$450 per month
- _____ \$3500 per year for part time (M, W, F, 8:00-3:00) - \$350 per month
- _____ \$3500 per year for half days (Mon – Fri, 8:00-12:00) \$350 per month
- _____ \$2900 per year for part time (T, TH, 8:00-3:00) - \$290 per month
- _____ \$2900 per year for half days (M, W, F, 8:00-12:00) \$290 per month

IMPORTANT: Children that are registered for “half days” must be picked up promptly by 12:00 or there will be an after school care fee charged. Children registered for “full days” must be picked no later than 3:15 or there will be an after school care fee charged.

For Office Use Only:

Date application received _____ Date interviewed and screened _____

Date Registration Fee received _____ Check # _____ Cash _____ (give receipt)

All paperwork mentioned on side 1 received _____

Please Read and Sign:

Applications will be reviewed in the order received. Acceptance will be based on class vacancy and interview results. To ensure effective communication, please notify the school office of any address/phone changes or if you elect to change your plans about enrollment.

I, the undersigned parent or guardian of the above-named student, hereby apply for the student's admission in Knoxville Christian School. I further agree that the statements included in this agreement shall apply as long as the said student may be continuously, on a year-to-year basis. I agree, if the student is accepted and enrolled, to be responsible for the student's financial account in accordance with the financial policy of the said Knoxville Christian School, as it currently exists or as it may be modified.

I further covenant and agree with Knoxville Christian School that I will hereafter indemnify, keep indemnified, and save harmless the said school from all actions, proceedings, claims, demands, costs, damages, and expenses which may be brought or claimed from Knoxville Christian School and its board members, administrators, teachers, and staff, or which may be incurred as a result of illness, accident, or misadventure to the above-named student while enrolled at any time at said school from this date forward, involving any and all school-connected activities, including field trips and extended student tours. I further agree to be responsible for any avoidable damage or vandalism to school property caused by this student due to willful negligence on the student's part.

I understand that Knoxville Christian School reserves the right to deny admission or continued enrollment to the above student whose enrollment is deemed by school officials not to be in the best interest of the school, this student, or other students, but that such decision is not based on race, color, national or ethnic origin.

I further agree that teachers, staff, and administrators will act in the place of parents and grant to them the right to exercise reasonable restraint and necessary disciplinary control over the above-named student for the purpose of guiding and training the student to be a responsible citizen in society. I hereby pledge my full cooperation with all teachers and administrators of Knoxville Christian School for all school policies and rules, as they now exist and as they may be revised, and affirm that I will be responsible for assuring the cooperation of this student in respecting such policies and regulations, also.

Parent signature

Date

Please sign below stating that you have received a copy of the “Summary of Licensing Requirements for Child Care Centers.”

Parent signature

Date