

Somerset Christian School 708 Stoystown Rd. Ste. 2, Somerset, PA 15501

Phone: 814-443-1960 FAX: 814-443-9830

PRE-KINDERGARTEN APPLICATION FOR ADMISSION

AM program (8:00am-11:30am)

**STUDENT’S FULL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Male Female Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Choose one**: 3-days a week 4-days a week 5-days a week

If less than five days a week, which days are you interested in attending?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(street address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(city, state, zip)

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student lives with: \_\_\_\_\_\_ Both biological parents \_\_\_\_\_Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian

\_\_\_\_\_\_ Stepparent \_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Attendance: \_\_\_\_ Weekly \_\_\_\_ Occasionally \_\_\_\_ Seldom

Name of Church:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling Info: (name, age, and school)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT INFORMATION

Father/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL INFORMATION

Does the child have a history of physical or emotional conditions, or a learning disability which may require professional attention?

\_\_\_ No \_\_\_ Yes Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the child participated in any special learning/tutoring program? \_\_\_ No \_\_\_Yes

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student participated in any gifted learning programs? \_\_\_\_ No \_\_\_\_ Yes

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any additional information you think we should know? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After reading and initialing all policies listed, please sign below.

ENROLLMENT policies

By signing below, I agree to the enrollment policies: In making application, I state that I am in agreement with the Statement of Faith and Philosophy of Education of SCS. As a parent, I agree to: cooperate with SCS in the enforcement of disciplinary procedures, encourage habits of promptness, and encourage positive attitudes toward the school by my conversation and attitude. I will be faithful in prayer and I will support excellence in education for each student. I believe the Bible commands us to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the Biblical injunctions of I Corinthians 6:1-8, Matthew 5:23-24 and Matthew 18:15-20. Therefore I agree that any claim or dispute arising out of, or related to, this agreement or to any aspect of the school relationship, including any statutory claim, shall be settled by Biblically based mediation.

**(Your initials below indicate that you have read and agree to the policies below.)**

**\_\_\_\_\_ ACTIVE INVOLVEMENT IN LOCAL CHURCH:** Somerset Christian School is an extension of the home and relies on a partnership with parents to teach children a Biblical worldview. We believe a consistent message from home, church and school will result in developing Godly character and values. Therefore, as you enroll, it is our understanding that you are actively involved in a local church, which teaches its members to live consistently with Biblical standards.

\_\_\_\_\_ **SICK CHILDREN:** If a child is sick with any of the following symptoms or any other contagious illness, he/she will be unable to attend school or Afterschool daycare. Symptoms include, but are not limited to: a fever of 100.4 degrees; vomiting; undiagnosed rash; diarrhea; strep throat; contagious conjunctivitis; and chicken pox. Children must not exhibit symptoms for 24 hours or have a physician’s statement before they may return to school or Afterschool daycare.

**\_\_\_\_\_ UNSUPERVISED CHILDREN:** Unsupervised students will be placed in Before School Care and Afterschool Daycare. Every student, Preschool-12 must be supervised. Non-bused students dropped off before 8:00am or picked up after 3:00pm are required to be in the care of an adult or in the Before School Care or Afterschool Daycare.

**\_\_\_\_\_ SCS HANDBOOK:** We have read the SCS Handbook and will support the policies and regulations contained therein.

**\_\_\_\_\_ FUNDRAISING:** We recognize that tuition payments cover only a portion of school expenses. The remaining portion must be raised by monetary contributions and fundraising events. We recognize our support of these events is necessary to the operation of the school.



After reading and initialing all policies listed, please sign below.

financial policies

By signing below, I agree to the financial policies:

*I understand the registration fee is non-refundable. I understand the withdrawal policy and my obligation to follow through with my financial commitments of tuition and all fees as detailed in this contract. I understand my child’s records will not be released until our SCS financial obligations are fulfilled.*

(Your initials below indicate that you have read and agree to the policies.)

\_\_\_\_\_ ENROLLMENT FEE: An enrollment fee of $35 per student is due at the time of application and is non-refundable. If the school denies your acceptance, you will be refunded the enrollment fee. This is a one-time fee due at time of initial enrollment at SCS.

\_\_\_\_\_ TUITION: Tuition fees, paid in TEN monthly installments, are due the 1st Monday of each month, beginning August 1, 2016, with the final payment due May 1, 2017. A $25 late charge will be added if payment is not received by the 10th of the month. Any family falling more than two months behind in tuition payments must contact the bookkeeper. Failure to do so may result in the family being asked to withdraw from the school.

\_\_\_\_\_ VOLUNTEER/PARENT HOURS: Pre-K parents are required to complete 10 parent hours. Volunteer hours may be completed between July, 2016 and May 31, 2017. Families must have a minimum of half their service hours completed by January 31st to be eligible for priority registration for the next year. All service hours must be completed before May 31st to be eligible to re-enroll. **If hours are not completed by May 31st, you will be billed $15.00 per hour for each remaining hour.**

\_\_\_\_\_ WITHDRAWAL POLICY: If a student withdraws from SCS for any reason, the parents remain responsible for that month’s complete tuition. If the withdrawal is at the School’s request, tuition for the remainder of the month will be refunded on a pro rata basis.

\_\_\_\_\_ *TUITION ASSISTANCE*: A tuition assistance program has been established to assist qualifying families**. The School Board intends that no family committed to Christian education be denied that opportunity because of financial need.** The distribution of monies within this program is dependent upon the amount of funds available on an annual basis. Families requiring assistance should make application on forms available through the school office within the application period. You must reapply each year if assistance is needed.

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Father/Guardian Signature and Date Mother/Guardian Signature and Date