



# Riverfront Christian School

## Little Sheep Preschool

Riverton United Methodist Church

### 2013-2014



## Preschool Application

Office Use Only

Amt. Paid

Check/Cash

# \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

(Circle one) P3 (2-day program T/Th) K4 (3-day program M/W/F) K4 (5-day Program)

(Circle one) Half-Day or Full-Day Half-Day or Full-Day Full-Day Only

Full Name of Child \_\_\_\_\_  
First Middle Last

Home Telephone \_\_\_\_\_ Nickname \_\_\_\_\_

Full Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
(If Different) Street City State Zip

Age as of Sept. 30 \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Your child's immunization records (with all shots current) and birth certificate information must be on file with the school in order for your child to be permitted to attend Riverfront Christian School or Little Sheep Preschool. Please attach the record and documentation to this application when submitting it.

Medical conditions and/or allergies (including reactions to medication): \_\_\_\_\_

Current Medication \_\_\_\_\_  
( A 72-hour supply of life-sustaining medications should be kept at school.)

Please list any medical precautions and physical limitations or any medical conditions your child has of which the school should be aware:

Physician \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Under the Name of \_\_\_\_\_ Relationship \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

This document will be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care, or hospitalization may be required.

In case of emergency, I want the following individuals notified. They are permitted pick up my child from school.

Name	Relationship	Home Phone	Cell Phone	Work Phone	Email

Authorization: I authorize Riverfront Christian School, Little sheep Preschool, or its designee to transport the above named student by ambulance to a hospital emergency room for treatment in the event of serious illness or injury. I understand that I am financially responsible for cost incurred. Both parents need to sign form, unless child is in a single parent home.

\_\_\_\_\_  
Father/Guardian's Signature Date

\_\_\_\_\_  
Father/Guardian's Printed Name

\_\_\_\_\_  
Mother/Guardian's Signature Date

\_\_\_\_\_  
Mother/Guardian's Printed Name

**Privacy Statement:**

\_\_\_\_\_

No records or information will be released outside the school without parental consent. Faculty and staff will have limited access to these records. **Please notify the school office immediately of any changes during the school year.**

**Additional Student Information:**

\_\_\_\_\_

Place of Birth \_\_\_\_\_

Church attending \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Is student a member of this church?  Yes  No If yes, date of Baptism \_\_\_\_\_

Special Interests of student, including volunteer work, hobbies, musical/vocal talents, and athletics

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

**For First Time Applicants Only:**

\_\_\_\_\_

State Birth Certificate Number: \_\_\_\_\_ (for New Students Only)

Verified by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
(School Office Personnel Signature Only)

**Previous School History (for New Students Only)**

Name of School	City, State, Country	Grades/Focus of Study	Dates Attended

**Family Information:**

\_\_\_\_\_

Additional children in family (names and ages) \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ City/State \_\_\_\_\_

Position \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ City/State \_\_\_\_\_

Position \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Marital Status of Parents:  Married  Separated  Divorced  Never Married  Widowed

*If Divorced attach a copy of the custody and visitation agreement.*

**If divorced, please provide applicable information on any step-parents of the child.**

Step-Parent \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ City/State \_\_\_\_\_

Position \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Step-Parent \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ City/State \_\_\_\_\_

Position \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

55. E. Strasburg Road Front Royal, VA 22630 \* 540-635-8202 \* www.riverfrontchristian.com \* www.littlesheepreschool.com

**How did you hear about Riverfront Christian School or Little Sheep Preschool?**

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

**Have you seen advertising for Riverfront Christian School or Little Sheep Preschool?** \_\_\_\_\_

**If so, where?** \_\_\_\_\_

## Financial Statement:



Upon enrolling your child(ren) at Riverfront Christian School or Little Sheep Preschool, you are assuming responsibility for the **registration fee** and the **entire annual tuition**. Your signature indicates that you accept the moral as well as legal obligation for the registration fee, book fee, and total yearly tuition, all of which are **non-refundable**.

Tuition is due on the first of each month. It is extremely important that payments be made on time in order for the school to meet current financial obligations. **A late fee of \$35.00 will be charged on payments made after the tenth of the month.** Should circumstances arise which might make it difficult to pay your tuition on time, it is important that you discuss this in advance with the bookkeeper or school director.

The school reserves the right to withhold a student's report card and records if tuition payments are not current. If tuition payments are two months delinquent, the student may be suspended until payment is made.

We/I, the undersigned, understand and agree to the financial policy of the school set forth above. Both parents need to sign the form, unless the child is in a single parent home.

We/I agree to the above and place our signature to this on this day \_\_\_\_\_

\_\_\_\_\_  
Father/Guardian's Signature                      Date

\_\_\_\_\_  
Father/Guardian's Printed Name

\_\_\_\_\_  
Mother/Guardian's Signature                      Date

\_\_\_\_\_  
Mother/Guardian's Printed Name



**Riverfront Christian School**  
**Little Sheep Preschool**  
Riverton United Methodist Church  
**2013-2014**



## Parent and School Partnership Commitment Form

The philosophy of Riverfront Christian School and Little Sheep Preschool has been established upon the Biblical principle that God has given parents the primary responsibility for educating their children. Riverfront Christian School and Little Sheep Preschool's administration and teachers enter into a partnership with parents for students to provide an academic program from a Biblical perspective.

The Bible is the foundation for our curriculum. Its principles for living will be taught to our students daily during Bible and other academic classes, and students will be encouraged by their teachers to put these principles to use in their lives.

As parents of students at Riverfront Christian School and Little Sheep Preschool, the undersigned, agree to the following. I/we:

1. Have read the school wardrobe information and accept my responsibilities to make sure my child(ren) are wearing acceptable wardrobe items daily. (Uniform policy is available on the school website)
2. Authorize Riverfront Christian School to employ such love-motivated discipline as it deems wise and expedient for my/our child(ren), so long as no corporal correction (including paddling) is performed by any staff member.
3. **Understand that if my/our child's immunization records (with all shots current) and birth certificate information are not on file with the school office by September 3, my/our child(ren) will not be permitted to continue classes unless special arrangements are made with the Director.**
4. Understand that we are assuming responsibility for the **registration fee, book fee, and entire annual tuition** at Riverfront Christian School or Little Sheep Preschool. My/our signature indicates that I/we accept the moral as well as legal obligation for the registration fee, book fee, and total yearly tuition, all of which are **non-refundable**.
5. Understand that Riverfront Christian School and/or Little Sheep Preschool cannot keep parents or guardians who have a legal 50/50 custody agreement from picking up their children without proper legal documentation clearly stating otherwise.
6. Understand and accept the standards of the Riverfront Christian School and Little Sheep Preschool which do not tolerate profanity, cheating, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, or disrespect to the students and personnel of the school. I/we pledge to cooperate with the school in upholding all such standards.
7. Will help our child get the most out of school by helping him/her go to bed on time and to eat healthy meals. We will also make sure our child completes homework assignments and will help him/her study for tests and quizzes.
8. We will exercise care and loving wisdom about discussions with those who are not directly involved in a concern or problem.
9. Will faithfully support the school through my/our prayers and positive attitude, and should concerns or problems arise, we agree to work them out with the teacher or director.
10. **I/we will be actively involved with our child's education by volunteering approximately fifteen (15) hours during the school year.**
11. Riverfront Christian School and Little Sheep Preschool reserves the right to terminate the school relationship if this agreement policy is not signed and returned to the school. A copy will be returned to you for your reference.

\_\_\_\_\_  
Father/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian's Printed Name

\_\_\_\_\_  
Mother/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian's Printed Name

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