

Thrive Preschool Application Form

Registering for the 20____ - 20____ school year

Child's Full Name _____ Gender (circle) M F
Name usually called _____ Date of Birth _____
Home Address _____
Home Phone _____
Parent's Name: _____ Parent's Name: _____
Occupation _____ Occupation _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____
Email _____ Email _____

In which program do you wish to enroll your child?

3 year old program

Tues & Thurs from 8:30-12:00

4 year old program

Mon, Wed, Fri from 8:30-12:00

How did you hear about our school? _____

What expectations do you have for your child from his/her preschool experience?

Does your child have any specific needs of which our staff should be advised?

What, if any, previous preschool school experience has your child had _____

Does your child have any allergies, physical or emotional difficulties? If so, please explain. _____

Home-School-Church Relationship

Thrive Preschool stresses a Home-School-Church relationship. This means regular parental assistance in the preschool program. Are you willing to:

Read daily to your child? (circle) Yes/No

Reading to your child is essential in developing readiness skills which will prepare him/her for school.

Allow your child to participate in special programs, outings and field trips?

(circle) Yes/No

Are you willing to volunteer or help in any way? (circle) Yes/No

(circle all that apply) driving for field trips, preparing materials at home, in class helper

Attend Parent Teacher meetings? (circle) Yes/No

Does your family attend church? (circle) Yes/No How often? _____

Church now attending _____

Thrive Preschool philosophy of education acknowledges Jesus Christ as Crucified, Resurrected Lord and Savior, and the Bible as the written Word of God, containing all things necessary for the salvation and as the rule for ethics and morals.

Can you be supportive of this position? (circle) Yes/No

SIBLINGS

Name	Gender	Age

OTHER HOUSEHOLD MEMBERS

Name	Relationship to Child	Age

Play, Socialization and Emotional Development:

What is your child's favorite indoor activity: _____

What is your child's favorite outdoor activity: _____

How does your child get along with other children? _____

What other group experience has your child had (circle all that apply)?

None Preschool Sports Classes Play Groups Sunday School

Other: _____

How does your child show affection _____

Does your child usually accept new people easily? (circle) Yes No Unsure

Does your child have any fears? (circle) Yes No

If so, what are they? _____

Does your child have any food dislikes or eating problems? (circle) Yes No

If so, please explain: _____

What is your child's usual waking time?

__:__ AM

Child's usual bedtime? __:__ PM

Does your child currently nap at home?

(circle) Yes No

Approximate Time(s) and length of

nap(s): _____

Does your child take any medication(s)? (circle) Yes No

*** other than over-the-counter medications ***

If so, please list name of medication(s) and reason for taking: _____

Does your child have allergies?(circle) Yes No

If so, list allergens and typical reaction to these: _____

What technique(s) are used to discipline your child? : _____

What is your child's usual reaction to discipline? _____

Please list any other household situations that our staff should be aware of while working with this child _____

Please give any further information which you feel would help us better understand your child: _____

Please provide any additional information you feel will help us meet your child's needs while in our care. _____

Name of Child _____ circle: **MWF/TTH** Date of Birth _____

Emergency and Parent Contact Form

The following information is to be used in case of an emergency where a Physician(s) or Hospital(s) attention is required:

THE FOLLOWING INFORMATION IS FOR THE 20__-20__ SCHOOL YEAR

Name of Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Best way to contact: _____

Gender: Male _____ Female: _____

Parents/Guardians Names _____

Mom's Cell/WK _____ Dad's Cell/WK: _____

Mom's Email _____ Dad's Email: _____

Phone in case of Emergency: _____

For 20__-20__ School Year: Age: _____ Date of Birth: _____

Allergies, Medications, Medical Info, or Special Info (directions) PLEASE PRINT: _____

Emergency Contact Information

If you are unable to contact me in the event of a problem, emergency or question, please contact the following individual(s) at the below listed address for instruction or information:

(Please include names of those who are allowed to pick up your children from preschool.)

Name: _____

Address: _____

Phone #: _____

Relationship to child: _____

Name: _____

Address: _____

Phone #: _____

Relationship to child: _____

Name: _____

Address: _____

Phone #: _____

Relationship to child: _____

Physician: _____ Address: _____

Phone #:(____) _____ - _____

Dentist: _____ Address: _____

Phone #:(____) _____ - _____

Name of Child _____

circle: **MWF/TTH**

Date of Birth _____

CHRISTIAN COMMITMENT FORM

Thrive Preschool is a Christian preschool with a discipleship emphasis. Thrive Preschool is interested in maintaining a partnership with our parents regarding the standards and criteria of a Christian learning structure that involves the entire family. This is supported by the school philosophy, as stated below:

School Philosophy

Thrive Preschool has high spiritual and academic standards and includes the development of the whole person spiritually, mentally, socially, physically, and emotionally. Emphasis is placed on learning about God and the truths of God's Word in relationship to man and his world; recognizing that the way to God comes through personal faith in Jesus Christ; and Christian maturity comes by application of the truths of the Bible in all areas of life.

All individuals are expected to conduct themselves in a way that will not raise questions regarding their Christian testimonies. A Christian lifestyle should reflect the Biblical perspective of integrity and appropriate personal and family relationships, conduct and moral behavior, along with regular attendance/and involvement in a church .

The decisions made by, be Thrive Preschool half of its employees and students, will be made within the framework of the Bible and our understanding of its application to our lives. It is the goal of that all participants Thrive Preschool will have a lifestyle where "...He might have the preeminence." *Colossians 1:18*
I have read the above information and agree that it is true and accurate. I agree with philosophy and the Thrive Preschool requirements set forth in this Commitment Form. By my signature below, I affirm my support of Thrive Preschool,

I understand that Christian education is a partnership which involves the home, school, and church working together to train and nurture the child. The Board and preschool staff are committed to providing my child with a Christian education in a loving and supportive environment, challenging each student according to his gifts and abilities, and training him in godliness as outlined in the discipline policy. Therefore, my cooperation is expected in:

- Faithful prayer, regular tuition payments
- Attendance at parent-teacher conferences
- Practical help through involvement in fundraisers, and various volunteer activities to benefit my child.

Mother's Signature

Date

Father's Signature

Date

Name of Child _____

circle: **MWF/TTH**

Date of Birth _____

Tuition and Fees

Registration Fee: \$35.00

Supply Fee: \$35.00

3's Program Monthly Rate \$235 4's Program Monthly Rate \$280 M-F Monthly rate \$480

Tuition is based on a 10 month school year any payments that are received after 5th of each month will need to include a \$25 late charge. The first non-refundable tuition payment must be received in August. The first Tuition payment and all fees must be received in full prior to the 1st day of school. Registrations are received on first-come, first-served basis. Any registrations received after classes are full will be placed on a waiting list. Return completed form with a **non-refundable \$35** in cash or check made out to Thrive Preschool, LLC. In the memo section write the child's name.

AGREEMENT

By signing below, I acknowledge the following:

I have read the Thrive Preschool Handbook and I understand and agree with the policies, procedures and regulations set forth in the handbook. Specifically, but not limited to, the discipline Policy, Payment Policy and Tuition Schedule. In addition, in the event of an emergency and the emergency contacts listed above are unable to be reached, I hereby authorize the Director consent to administer emergency treatment on behalf of my child, upon the advice of the attending physician or dentist.

All employees of Thrive Preschool are mandated reporters and are legally obligated to notify Department of Health and Human Services in the event a situation arises that may questionable.

I, the undersigned, believe the above information to be true and correct to the best of my knowledge. I also agree to provide Thrive Preschool, LLC with updated information as need while my child is in care.

Signature of Parent/Guardian

Date

Photo Permission Form

I give Thrive Preschool permission to take my child's picture. The picture will be used for artwork, website, advertisements or promotion events, fundraiser, etc.

Child's Name

Signature of Parent/Guardian

Date

Please return your completed application with a \$35.00 application fee to :

Thrive Preschool, LLC
26808 Anchor Lane
Valencia, CA 91355

If you have any questions or would like to speak to someone about our programs, please call 661-510-4917 or email director@thrivepreschool.com.

"In Christ are hidden all the treasures of wisdom and knowledge." Colossians 2:3