Academic Excellence on a Christian Foundation

2020-2021
ADMISSIONS APPLICATION

Preschool Director: Beth Heyne, heyneb@shilohchristian.org
Assistant Preschool Director: Paula Schumaier, paula.shumaier@shilohchristian.org

SHILOHCHRISTIAN.ORG
STUDENT INFORMATION

Full Legal Name ___________________________ Date of Birth ________________ M/F ____________

Nickname/prefers to be called _________________________________________________________________

Home Address ________________________________________________________________________________

City_________________________ State________________________ Zip ______________

Home Phone ___________________________ Age __________________________

FAMILY INFORMATION

Father/Guardian (You may indicate "same" for the fields that are the same as the child's.)

Full Name: Mr./Dr./Rev. ________________________________________________________________

Home Address ________________________________________________________________________________

City_________________________ State________________________ Zip ______________

Home Phone ___________________________ Cell Phone __________________________

Email Address ________________________________________________________________

Employer___________________________________________ Phone __________________________

Circle One: Biological Father    Stepfather    Adoptive Father    Guardian

Mother/Guardian (You may indicate "same" for the fields that are the same as the child's.)

Full Name: Ms./Mrs./Dr./Rev. ________________________________________________________________

Home Address ________________________________________________________________________________

City_________________________ State________________________ Zip ______________

Home Phone ___________________________ Cell Phone __________________________

Email Address ________________________________________________________________

Employer___________________________________________ Phone __________________________

Circle One: Biological Mother    Stepmother    Adoptive Mother    Guardian
Parents are:

___ Married      ___ Separated     ___ Divorced     ___ Single Parent     ___ Mother Deceased
___ Father Deceased    ___ Mother Remarried    ___ Father Remarried

With whom does the student live?   ___ Both Parents    ___ Mother    ___ Father     ___ Other___________________

To whom should school correspondence be sent?   ___ Both Parents   ___ Mother   ___ Father   ___ Other__________

Child Release
People, other than parents, allowed to pick up student.

Name _______________________ Relationship to child _____________ Contact number ____________

Name _______________________ Relationship to child _____________ Contact number ____________

Name _______________________ Relationship to child _____________ Contact number ____________

* These people are NOT allowed to pick up my child.

Name _______________________ Relationship to child _______________________________________

Name _______________________ Relationship to child _______________________________________ 

Emergency Contacts
If parents cannot be reached, these people can be contacted in an emergency.

Name _______________________ Relationship to child _____________ Contact number ____________

Name _______________________ Relationship to child _____________ Contact number ____________

Grandparents

Name____________________________________ Name____________________________

Address________________________________ Address________________________________

Phone__________________________________ Phone________________________________

Siblings

Name       Age       Birthdate

_________________________________
2020-2021 PROGRAM SELECTION & PAYMENT PLAN

FACTS System for Preschool Tuition/Payments
All families are expected to pay their tuition and miscellaneous bills through our FACTS SIS system. Families must register and manage their financial obligations to SCS with this system. There is an annual cost for each SCS family for this system; $20 if paying tuition in one payment, or $50 if paying tuition in 10 monthly payments. We do accept payments at the school in the form of cash, check and credit card. Credit card charges will incur a processing fee. All returned checks will incur a processing fee.

Withdrawal
Families must submit a written notice of withdrawal form to the Preschool Director. The withdrawal notice must be given two weeks prior to the 5th of the month, to avoid the next month’s tuition payment. Families that pay in full, and follow the two week notice policy will receive a prorated tuition credit. The first tuition payment is due on August 5th. Families must withdraw from SCS in writing to the Preschool Director, two weeks prior to this date, to avoid a tuition charge.

Registration Fee
The $175 Registration fee submitted with your application is non-refundable. This fee will be used for purchasing classroom snacks, GOLD assessment portfolios, Handwriting Without Tears materials, as well as other fees associated in the enrollment process.

Some classes fill quickly and enrollment is limited. If more than one class will work with your schedule, please indicate your first choice with a 1 and your second choice with a 2. Enrollment in a class is based on several factors such as teacher recommendation from JR classes, DOB, children of Shiloh Staff, affiliation with Shiloh, as well as the time and date the application was submitted.

Junior Preschool Classes

______ Jr. Preschool Tu/Th AM from 8:15 am-11:00 am
This class is designed for three-year-olds and would also be a good fit for those who have not previously been in a group setting. The goal of this class is to encourage cooperative play, the development of social skills, and positive group interactions in a Christ-centered, child-focused setting. Students from this class generally transition well to the Advanced Junior class or a part-time Pre-K class the following year. Children must turn three on or before July 31 and be fully potty trained prior to the new school year in order to enroll in this class

☐ I prefer to pay a monthly fee of $205.00 due by the 5th of each month, with the first payment due August 5.
☐ I prefer to pay in full with a payment of $2,009.00, which includes a 2% discount, due August 5.

______ Advanced Jr. Preschool M/W/F AM from 8:15 am-11:00 am
This class is primarily for older three-year-olds and younger four-year-olds who will turn four during the first half of the school year. It is also a nice option for families who choose to spend three years in our program (Junior, Advanced Junior, and then Pre-K). Students from this class will go on to one of our Pre-K classes the following year. The goal of this class is to introduce an academic, Christ-centered, child-focused environment in more of a structured setting, while encouraging cooperative play, development of social skills, and positive group interactions. Students in this class will use a structured Handwriting curriculum. Children must turn three on or before July 31 and be fully potty trained prior to the new school year in order to enroll in this class.

☐ I prefer to pay a monthly fee of $250.00, due by the 5th of each month, with the first payment due by August 5.
☐ I prefer to pay in full with a payment of $2,450, which includes a 2% discount, due August 5.
Some classes fill quickly. If more than one class will work with your schedule, please indicate your first choice with a 1 and your second choice with a 2. Enrollment in a class is based on several factors such as teacher recommendation from JR classes, DOB, Shiloh affiliation (staff & current families) as well as the time and date the application was submitted.

Pre-Kindergarten Classes

______ Pre-Kindergarten M/W/F ½ Day Morning Session from 8:15 am-11:00 am
OR
______ Pre-Kindergarten M/W/F ½ Day Afternoon Session from 12:15 pm-2:45 pm
This class is designed for children ages four and five. Most children from this class will go on to kindergarten the following year. Students will work on a variety of kindergarten readiness skills and will be age-appropriately challenged in all areas of development to prepare them for kindergarten. Students must turn four on or before July 31 prior to the new school year in order to enroll in this class.

☐ I prefer to pay a monthly fee of $250.00, due by the 5th of each month, with the first payment due by August 5.
☐ I prefer to pay in full with a payment of $2,450, which includes a 2% discount, due August 5.

______ Pre-Kindergarten Tu/Th Full Day from 8:15 am-2:45 pm
This class is designed for children ages four and five. Most children from this class will go on to kindergarten the following year. Students will work on a variety of kindergarten readiness skills and will be age-appropriately challenged in all areas of development to prepare them for kindergarten. Please consider your child’s personality and ability to handle a structured full day schedule when looking at this option. Students must turn four on or before July 31 prior to the new school year in order to enroll in this class.

☐ I prefer to pay a monthly fee of $300.00 (not including hot lunch fees), due by the 5th of each month, with the first payment due August 5.
☐ I prefer to pay in full with a payment of $2,940.00, which includes a 2% discount, due August 5.

______ Pre-Kindergarten M/W/F Full Day from 8:15 am-2:45 pm
This class is designed for children ages four and five. Most children from this class will go on to kindergarten the following year. Students will work on a variety of kindergarten readiness skills and will be age-appropriately challenged in all areas of development to prepare them for kindergarten. Please consider your child’s personality and ability to handle a structured full day/every day schedule when looking at this option. Students must turn four on or before July 31 prior to the new school year in order to enroll in this class.

☐ I prefer to pay a monthly fee of $415.00 (not including hot lunch fees), due by the 5th of each month, with the first payment due August 5.
☐ I prefer to pay in full with a payment of $4,067.00, which includes a 2% discount, due August 5.

______ Pre-Kindergarten Monday through Friday Full Day from 8:15 am-2:45 pm
This class is primarily designed for older four-year-olds and five-year-olds who will go on to kindergarten the following year. This can also be a good option for those who have already completed a year of Pre-K. Students will work on a variety of kindergarten readiness skills and will be age-appropriately challenged in all areas of development to prepare them for kindergarten. Please consider your child’s personality and ability to handle a structured full day/every day schedule when looking at this option. If you think your child might attend another year of Pre-K the following year, please choose one of our other Pre-K options this year. Children must turn four on or before July 31 prior to the new school year in order to enroll in this class.

☐ I prefer to pay a monthly fee of $630.00 (not including hot lunch fees), due by the 5th of each month, with the first payment due August 5.
☐ I prefer to pay in full with a payment of $6,174.00, which includes a 2% discount, due August 5.
Before School Care Option – Please indicate your intentions. ENROLLMENT IS LIMITED
☐ Yes, I intend to enroll my child in the Before School Care Program from 7:45-8:15 AM.
(Fees are due by the 5th of each month.)

Circle one of the following choices:

a) Occasional Care ($10.00/day)  b) Everyday Care (M-F $150/mo., MWF $100/mo., & Tu/Th $70/mo.)

Little Hawk Kids’ Club – Please indicate your intentions. ENROLLMENT IS LIMITED
Siblings of Shiloh K-12 students will have priority enrollment in our Little Hawk Kid’s Club. The Little Hawk Kid’s club will bridge the dismissal gap from 2:45-3:10 pm. Students in the Little Hawk Kids’ club will be brought down to the Commons area at 3:05 pm. A preschool staff member will supervise the students in this group. Dismissal will be from the Commons area by 3:15 pm.
☐ Yes, I intend to enroll my child in the Skyhawk Kid’s Club from 2:45 pm-3:15 pm.
(Fees are due by the 5th of each month.)

Circle one of the following choices:

a) Everyday Care (M-F $40/mo.)  b) MWF ($30/mo.)  c) Tu/Th ($20/mo.)

Emergency Care Authorization – Must be completed.
Authorization of Medical Care/Emergency Care for: ________________________________
The undersigned, who are the parents or guardians having legal custody of the above-named minor, hereby authorize Shiloh Christian Preschool, as caregiver of the above-named minor, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the provisions of the Medical Practice Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to said minor by a dentist under the provisions of the Dental Practice Act. The undersigned further authorize Shiloh Christian Preschool to have the above named minor released into the custody of its representative, should hospital care no longer be required. This form is to be used in an extreme EMERGENCY, when said parents or guardians or individuals authorized by the parents or legal guardians cannot be or are unavailable to be contacted.

Physician: ____________________________ Contact Number: ____________________________

Dentist: ______________________________ Contact Number: ______________________________

Name of Insurance Company: __________________________________________________________

Policy Number: _________________________________ Insurance Phone#: _______________________________

For administrative use only: Enrollment Date: __________ Check # or Receipt: __________
The identification of this child has been verified. As proof, the child’s parent has provided:
☐ Copy of child’s birth certificate, passport, or other __________________________
☐ Statement of Health Form
☐ Immunization form or Certificate of Exemption

Signature of Preschool Director: ________________________________
Child Information Form

At Shiloh Christian Preschool, we would like to get to know your child as best as possible before he or she comes for the first day of preschool. This form is designed to give us a glimpse of your child's personality, needs and capabilities. It will also give parents an opportunity to share any concerns or comments to ensure that we can fully and effectively meet the needs of your child.

1. What expectations do you have for your child this year?

2. Please list your child's greatest strengths. Are there any areas of concern?

3. Please circle any words that would describe your child's personality: energetic, shy, outgoing, reserved, quiet, confident, nurturer, independent, serious, kind, conscientious, outspoken, sensitive, adaptable, friendly, excitable, organized, assertive, aggressive

4. Is this your child's first group experience? YES NO Does he/she like to play with others or independently?

5. Does your child have any limitations (speech, learning, physical) we should know about? YES NO
   If yes, what are they?

6. Is your child on an IEP or other plan? YES NO If yes, please include a copy.

7. Does your child receive any services from Sanford, St. Alexius, Red Door, Pediatric Therapy Partners, etc.? YES NO If yes, what services (OT, PT, Speech, Play Therapy)?

8. Does your child have any separation anxiety or fears? YES NO If yes, what comforts him/her?

9. How does your child demonstrate he/she is angry/frustrated? (please circle) Crying, hitting, biting, pinching, pouting, yelling/screaming, aggression towards objects, aggression towards self/others, removes self to be alone. Does your child frequently demonstrate these behaviors? YES NO

10. What kind of behavioral intervention does your child best respond to? Do you have any concerns in this area?

11. Have you ever had to remove your child from daycare/preschool due to behavioral concerns? YES NO
    If yes, please explain.

12. Please explain if you have had any changes within the last year. (example: a move, new baby, new child care, etc.)

13. Is your child completely potty trained and out of diapers or pull-ups? YES NO *All students must be out of diapers/pull-ups and be potty trained before school starts. Is your child able to use the bathroom independently? YES NO What assistance, if any, is necessary? (We are happy to help teach students how to button, zip, etc.)

14. Does your child have any allergies? YES NO If yes, to what is he/she allergic? How does it manifest itself? How is it treated? (*An allergy protocol form & medical release form will be provided before school starts.)

15. Does your child vomit easily or have a strong gag reflex? YES NO

16. Does your child need to be prepared ahead of time when transitioning to a new activity? YES NO

17. In your opinion, do you feel your child is physically and emotionally ready for preschool? Any other needs we should be aware of?
Permission to Participate & Release of Information

Please indicate your approval for the following:

☐ I grant permission for our family information to be published in a classroom address book, (ex: name, phone number, email address-for classroom use only).

☐ I grant permission for my child's name and/or image to be included in Shiloh Christian School public communication tools including, but not limited to, school publications such as printed and electronic newsletters, the school website, and social media communication tools.

☐ I grant permission for my child to be included in news coverage (such as radio, TV or newspaper) of Shiloh Christian School events, awards, or special interest stories. In cases of news coverage of public events such as sporting events, concerts, etc., Shiloh is not able to control media coverage of your student.

* We do our best to protect your child’s privacy. However, Shiloh is not able to control social media activity by preschool families. We ask that the privacy and rights of our families be respected and that pictures of students, other than your own, not be posted to social media.

PARENT/GUARDIAN AGREEMENT

- I understand that if I do not comply with the guidelines and policies of Shiloh Christian Preschool's Handbook, different arrangements for preschool may be required.
- I agree to pay the registration fee and monthly tuition/tuition in full. I agree to pay fees for additional programs my child participates in (Before School Care, Hot lunch Program, etc.), late payment fees, or late pickup fees.
- If my child's behavior or needs compromise the care of other children in the classroom, I understand that different arrangements for preschool may be required.
- I authorize Shiloh Christian School/Preschool to secure medical treatment for my child in an emergency where immediate action is required to preserve the health or life of the child. Reasonable attempts will be made to contact parents/guardians or the emergency contacts if parents/guardians cannot be reached.

By signing below, I confirm my knowledge, acceptance and responsibility for the information & policies explained within this Admissions Application and Shiloh Christian Preschool's Handbook.

Father or Legal Guardian ________________________________________ Date _____________

Mother or Legal Guardian ________________________________________ Date _____________

Please indicate any affiliation with Shiloh Christian School:

___Current Shiloh Preschool-12th Grade Family  ___Current Staff or Board Member  ___Former Preschool Family

How did you hear about Shiloh Christian Preschool?

___Friend  ___Shiloh Website  ___Newspaper  ___Advertisement  ___Other ___________________
We would love to have you as part of our Shiloh family for the K-12 education of your children. Enrollment is limited, but as a family already enrolled in our preschool you can reserve your seat during Priority Re-Enrollment Month in January before we begin Open Enrollment in February. Please let us know your interest below.

☐ YES, we plan on attending Shiloh after preschool.
☐ MAYBE, we would like more information about Shiloh (K-12) over the course of our preschool experience.
☐ NO, we do not plan on attending Shiloh beyond preschool.
* Please feel free to share reasons:

**SHILOH CHRISTIAN SCHOOL’S DECLARATION OF FAITH**

- We believe in Jesus Christ, fully God and fully man (John 1:1-18; Phil. 2:6-8), His virgin birth (Mt. 1:18-25; Lk. 1:26-38), His sinless life (2 Cor. 5:21; Heb. 4:15), His miracles (Jn. 30:30,31), His substitutionary and atoning death through His shed blood on the cross (Rom. 5:1-12; 2 Cor. 5:16-21; Heb. 9-10), His ascension to the right hand of the Father (Acts 1:9-11; 7:55,56; Eph. 1:20-23), and His personal, physical return in power and glory (Zech. 14; Rev. 19).

- We believe in one infinite God (Ps. 90:2; 1 Tim. 1:17) in whom are three persons – Father, Son and Holy Spirit (Matt. 28:19, 2 Cor. 13, 14, Eph. 1:3-14).

- We believe in the ministry of the Holy Spirit (John 14:16), who is fully God (Acts 5:3,4); that He indwells every born-again believer (Rom. 8:9-11; 1 Cor. 6:19), giving power to live a godly life (Gal. 5:22,23; Eph. 4:30; 1 John 2:20-27).

- We believe that the Bible is the only verbally, fully inspired Word of God (2 Tim. 3:16; 2 Pet. 1:20,21), inerrant and infallible in matters of both fact and faith (Mt. 5:17; John 10:35); that is has absolute authority over all earthly wisdom (1 Cor. 1:18-31) and that it teaches us what we are to believe and how we are to live (James 1:19-27).

- We believe that man has a sinful nature from conception (Ps. 51:5; Ps. 58:3), is totally dead in sin (Eph. 2:1), unable to save himself (Tit. 1:15,16), and in need of a Savior (Rom. 3).

- We believe salvation consists of the remission of sins, the imputation of Christ’s righteousness and the gift of eternal life received by faith alone, apart from works (Eph. 2:8, 9; Tit. 3:5). All who repent of their sins and believe on the Lord Jesus Christ, being freely justified by the Father are born again by the Holy Spirit (Romans 1-5; Eph. 1:3-14)

- We believe in the existence of Satan (Luke 11:18), his warfare against God (Acts 26:18, 2 Cor. 4:4; 1 John 3:8-10), and his defeat on the cross (Col. 2:15) for eternity (Rev. 20:10).

- We believe in the literal, supernatural creation (Gen. 1,2; Job 38-41) – everything existing according to God’s power (Col. 1:15, 17).

- We believe in the resurrection of the saved unto everlasting life and blessedness in heaven (Dan. 12:2; John 5:28-29; 14:1-3; Rev. 21,22) and in the resurrection of the lost unto everlasting conscious punishment in hell (Rev. 20:11-15).

- We believe The Church is the Body of Christ, composed of all born-again believers (Eph. 4:1-16; 5:25-27; Col. 1:18), meeting together in local assemblies for worship and fellowship (Acts 2:42-47; Phil. 1:1; 1 Th. 1: Rev. 1:4).
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