



2720 Crystal Water Way Las Vegas, NV 89117
702-270-2141

Info@angelschristianacademy.com

Child's Name: _____ **Birth date:** _____

Circle Program: Infant Toddler Discovery Pre-school Pre-school Pre-Kindergarten NV Ready Pre-K

Start Day: _____

APPLICATION FOR ENROLLMENT 2023-2024

Please fill out this application completely. Accurate information is necessary so that we may best serve your child. It is the parent/guardian's responsibility to notify our front office immediately of any changes of information. We will not give out your personal information to any unauthorized personnel.

Parent/Guardian (1): _____ **SS#:** _____ **Relationship:** Mother Father Guardian

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Cell No.: _____ **E-mail:** _____

Employer: _____ **Employer's Address:** _____

Employer's No.: _____ **Work hours:** _____

Parent/Guardian (2): _____ **Relationship:** Mother Father Guardian

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Cell No.: _____ **E-mail:** _____

Employer: _____ **Employer's Address:** _____

Employer's No.: _____ **Work hours:** _____

Who is the Child's Legal Guardian? _____ **Circle Status:** Married Single Divorced Widowed

Approximate drop off time AM: _____ **Approximate pick up time PM:** _____



Emergency Contacts

Who may NOT pick up the child?: _____

(Please provide photo for administration)

CUSTODY *Please provide legal custody agreement if applicable per law legal parents must be given access to the child unless there is a legal custody arrangement in place.

Who is authorized to pick up the child? Permission to pick up for emergency and/ or as needed:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

_____ **I authorize the use of my child's photo to be posted on Angels Christian Academy social media accounts.**

Date: _____ Parent signature: _____

Allergies

Does your child have any allergies? NO ___ YES ___ **Epi-Pen required? Yes / No**

Please list allergy and reaction to each



Angels Christian Academy Tuition Agreement

*** Registration is non-refundable**

At the time of your child’s enrollment and every August thereafter, you will be asked to sign a new tuition agreement for the coming year and pay the annual registration fee.

Tuition Payment Procedures:

- Infant, Toddler, Pre-School, and Pre-Kindergarten tuition is paid weekly, bi-weekly or monthly.
- Your child’s tuition is due in advance of attendance the first day of the week your child attends – No Refunds will apply.
- There is no tuition reduction granted for absences, holidays, or a reduction in hours of daily attendance.
- In case of illness the tuition must be paid by close of business Tuesday of the current week to avoid late fee.
- In case of vacation the tuition must be left before departure to hold the child’s place; a two-week notice is required to both the child’s teacher and the school office.
- Tuition payments that are past due beyond 5 days may result in your child being withdrawn from enrollment.
- Any return checks will incur a \$25.00 RETURN CHECK FEE. After two (2) returned checks, only and/or money orders will be accepted.
- A LATE FEE of \$25 will be charged for payments received after close of business of due date.
- Your scheduled days are fixed. For any changes, a “Change of Information” notice must be emailed 1-2 weeks prior to the next attendance.

My child, _____ is enrolled in the following program:

Infant	Toddler	Discovery Preschool	Preschool	Pre-K	NV Ready Pre-K
		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> Full <input type="radio"/> Half-days		
		<input type="radio"/> Monday <input type="radio"/> Tuesday <input type="radio"/> Wednesday <input type="radio"/> Thursday <input type="radio"/> Friday			

Weekly tuition for which is \$ _____

I have read this form and agree to the tuition agreement and agree to abide by these rules and policies.

*The above information is subject to change without prior notice.

Parent/Guardian Name

Date

Parent/Guardian Signature

Date

ACA Administration _____

Fees & Tuition Policies

Fees Policies

- **REGISTRATION FEE** must be paid in full at time of enrollment and annually each August thereafter. **No refunds will apply.**
- **DROP-IN FEE is \$125.00 and due upon arrival.** Our drop in arrangement is provided as a courtesy, for emergency situations to assist our parents and is subject to availability.
- Any returned checks will incur a \$25.00 RETURN CHECK FEE. After two (2) returned checks, only cash and/or money orders will be accepted.
- A LATE FEE of \$25.00 will be charged for payments received after close of business of due date.
- Children not picked up by 6:00 p.m. (12:00 p.m. for half-day students) will incur a fee of \$1.00 per minute and will be due at time of pick-up.
- Children exceeding 10 hours in attendance in a day will incur a fee of \$1.00 per minute.

Initial: _____

Tuition Policies

- Infant, Toddler, Pre-School, and Pre-Kindergarten Tuition is posted weekly.
- Your child's tuition is due in advance of attendance the first day of the week your child attends – No refunds will apply.
- **There is no tuition reduction granted for absences, holidays, or a reduction in hours of daily attendance.**
- In case of vacation the tuition must be left before departure to hold the child's place; a two-week notice required to both the child's teacher and the school office.
- Tuition payments that are past due beyond 5 days may result in your child **being withdrawn** from enrollment.

Initial: _____

General Policies

- Enrollment of more than one child from the same immediate family – 10% discount will apply (*Discount applied to the tuition of equal or lesser value*)
- Our discounts are not compounded.
- Out-of-state and two-party checks will not be accepted.
- Please refer to Angels Christian Academy Family Handbook for additional policies.
- **I have been notified of school closures and understand that tuition must be paid regardless of closures, illness or absence.**

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____



Admission Form

Child's Name: Last, First _____

Birth date (month/day/year) _____

Personal History

Type of Birth: Normal Premature; any complications? _____

Does the Child: Crawl Walk Has the child begun talking? Yes No

Does the Child speak: Words Sentences What language(s)? English Other _____

Health

What arrangements can you make for the child's care during illness? _____

What communicable diseases has your child had? Measles (big red) Measles(3 day) Mumps Chicken Pox
 Whooping Cough Other _____

Any serious illness or hospitalization? No Yes _____

Any physical disabilities? No Yes _____

Any known allergies? (Asthma, Hay fever) No Yes _____

Are there medications given regularly? No Yes _____

Are there any foods your child is allergic to? _____

Toilet Habits

Can your child be relied upon to indicate his/her bathroom wishes? Yes No

Does your child have frequent toilet accidents? Yes No

How does your child react to them? _____

Sleeping Habits

What time does your child go to bed? _____ Awaken? _____

What is the child's mood on awakening? _____

Does your child nap: In the morning In the afternoon

Give your child's nap schedule



Social Relationships

Does the child spend time with both parents? Yes No

If the parents are separated, how often does your child see the absent parent? _____

Has your child had experience playing with other children? Yes No

By nature, is your child: Friendly Aggressive Shy Withdrawn

Do you feel your child adjusts easily to a childcare situation? Yes No

Does your child enjoy being alone? Yes No

How does your child relate to strangers? _____

What makes your child angry or upset? _____

How does your child show his/her feelings? _____

Who does most of the disciplining? _____

What do you find is the best way of handling your child? _____

Is your child frightened by any of the following: Animals The Dark Storms Loud Noises

Other _____

In what ways can we help your child? (Please use other side of page if necessary.)

Does your child have an **IEP**? Yes ___ No ___ *If yes, please provide the school with the information.



Consent for Treatment

This is to certify that for the period that my child attends Angels Christian Academy, I hereby constitute and appoint: **Angels Christian Academy** my true and lawful attorney, for the purpose of authorizing treatment to, and the performance of any procedure determined to be necessary after consultation with the Emergency or Family Physician, on my children.

Child's Name Birthday Allergies/existing conditions Date of last Tetanus

Family Physician: _____ Telephone: _____

Address: _____

Parent/Guardian: _____
(signed)

Witnessed By: _____

Witnessed By: _____

(This form must be signed by two witnesses)



Insurance Verification

I certify that my child _____ has full health and accident coverage with:

Name of Carrier: _____

Policy Number: _____

Expiration Date: _____

This policy covers all accidents and/or injuries that may be sustained while engaging in any activities during the school day while attending Angels Christian Academy. In the event of any charge or cancellation of the above policy or substitution of the policy for another, I will immediately notify the school in writing such action and provided updated information.

Signature: _____

Date: _____

.....

Approval for Emergency Transportation

This is to certify that the parents/guardian of (Student's Name): _____

give full permission to Angels Christian Academy's authorized staff to call ambulance service or otherwise provide emergency transportation to a medical facility for evaluation and/or emergency medical treatment, if deemed necessary by the authorized staff.

Parent/Guardian's Name: _____

I understand that all efforts by Angels Christian Academy will be made promptly attempt to contact the parent(s)/guardian(s) listed on the emergency contact list on file for the student. However, the school will not withhold a student for emergency transport pending parent/guardian approval. If the school causes emergency transport to occur, the undersigned release Angels Christian Academy from responsibility for all cost, liabilities, and/or damages associated with medical transport and/or treatment.

Signature: _____ Date: _____



Permission to Release Information

Date: _____

I understand that the time my child, _____
is in the facility, that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare, or other governmental officials.

Signature of Parent/Guardian

Date

.....
I do not give permission to release information about my child as set forth in the statement. I realize that the Bureau of Services for Child Care has access to my child's record as the licensing agent.

Signature of Parent/Guardian

Date



Media Release Form

Student _____

Program/Grade _____

Photo/Videotaping/Media/Newspaper/Website Permission Release

Throughout the year, Angels Christian Academy may be taking pictures and videotaping during classroom and/or school activities. As such, in some instances ACA might like to use some of these photos or videos (such as on our website, social media or school bulletins).

Based on the foregoing, I authorize Angels Christian Academy to use any photograph(s) or video(s) of my son/daughter/grandchild for any type of school/display publications. I release all rights and claims of any nature, which my student, family and I may have in connection the photographs or videos.

YES, I authorize Angels Christian Academy to use any photograph(s) and/or video(s) of my son/daughter/grandchild.

NO, I do not authorize the use of any photograph(s) or video(s) of my son/daughter/grandchild.

Off-Campus Activities

YES, I grant permission for my student to participate in all school field trips. The school will advise the parent/caregiver in advance of all trips. I understand that I may revoke this permission at any time. If I desire to take this action, I must notify the School Administrator of Angels Christian Academy in writing prior to the field trip(s).

NO, I do not grant permission for my student to participate in any field school field trips. I am aware that when there are field trips my student must remain home.

Signature: _____ Date: _____



Summary of Facility Complaints Compliance

Childcare facilities must fill out a standardized form listing a summary of complaints the facility has received in the last 12 months. This form is to be given out to newly enrolled families and upon request from parents who are considering enrolling their child in the facility.

NRS 432A.178

I, _____, am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

Parent Signature

Date



Dear ACA Families,

For the safety and welfare of all children at Angels Christian Academy, please be aware that we use pest control services. In addition, air fresheners are on campus and used throughout the building.

Printed Name

____/____/____
Date

Signature



ACA Handbook Policies Agreement

I have received and read a current copy of the Family Handbook. In doing so, I acknowledge and agree to all the policies and procedures.

I also realize that during my child's enrollment at Angels Christian Academy I will be informed from time to time of various changes in school policies. I understand that Angels Christian Academy reserves the right to change policies at any time.

_____	_____
Child's Name	Date
_____	_____
Parent/Guardian Signature	Date

Please return this form to the front office prior to your child's first day and keep a copy for your records. Thank you!



Medical Report

Name of Child _____
Date of Birth

Tests and Immunizations:

Tested For:	Date:	Results:
<input type="checkbox"/> Tuberculosis (Skin Test)	_____	_____
<input type="checkbox"/> Tuberculosis (Chest X-ray)	_____	_____
Other (Specify)		
_____	_____	_____
_____	_____	_____

Immunization Schedule: Immunization shall be administered in accordance with medical practices as recommended by the Clark County Health District and/or the Academy of Pediatrics.

Type of Immunization	Date of Immunizations	Booster Date
<input type="checkbox"/> Rubella	_____	_____
<input type="checkbox"/> Measles	_____	_____
<input type="checkbox"/> Mumps	_____	_____
<input type="checkbox"/> Whooping Cough	_____	_____
<input type="checkbox"/> Diphtheria	_____	_____
<input type="checkbox"/> Tetanus	_____	_____
<input type="checkbox"/> Poliomyelitis	_____	_____
Other (Specify)		
_____	_____	_____
_____	_____	_____

Findings and Recommendations:

Findings: (Exam revealed the following significant physical and emotional conditions)

Recommendations: The individual was found free of communicable diseases and otherwise physically and emotionally fit for a facility caring for minors.



Date

Physician Signature

Phone/ Address _____

Our Philosophy

Angels Christian Academy is a privately owned faith-based preschool. We believe in working directly with you, the family to maximize your child's level of education and learning experiences. As a Christian school we foster kindness, love, tenderness and understanding through our methods of teaching. You will see this is evident when you spend some time with our students and teachers. We strive to teach traditional morals and respect while challenging our students everyday with age-appropriate curriculum. We encourage our families to communicate with our staff so we can partner together every day to ensure your child is well cared for, loved, and has the solid foundation of faith and education that we provide each day.

Core Values: Each day our students are taught 6 core values through our methods of teaching, modeling and overall program approach.

1) Teach them to give: **2 Corinthians 9:7** says:

"Each man should give what he has decided in his heart to give, not reluctantly or under compulsion, for God loves a cheerful giver."

2) Teach them to Care: **Matthew 5:16**

"In the same way, let your light shine before others, that they may see your good deeds and glorify your Father in heaven."

3) Teach them to Listen: **Proverbs 19:20**

"Listen to advice and accept instruction, that you may gain wisdom in the future"

4) Teach them to Love: **John 15:12**

"Love each other as I have loved you."

5) Teach them to Serve: **1 Peter 4:10** "Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms."



6) Teach them to Forgive: **Colossians 3:13**

“Forgive as the Lord forgave you”

Our Daily Virtues:

- | | | |
|----------------------|------------------------|------------------------|
| 1) Love | 4) Respect | 7) Faithfulness |
| 2) Patience | 5) Kindness | |
| 3) Discipline | 6) Self-Control | |

_____ Parent acknowledgment of daily Christian teaching and learning.

Parent
Initials