

## Enrollment Process

All the forms do not need to be completed at once. The first step in the enrollment process is to complete the paperwork due at registration with the registration fee. This will guarantee your child's enrollment. Next you need to schedule a visit with the Early Childhood Director, Julie Long, by either emailing or calling the school. During the visit you and your child will meet Mrs. Long, observe the classroom, learn the benefits of attending our outstanding Early Childhood programs, and have an opportunity to ask any questions that you might have. If you've already had a child enrolled in one of our programs the visit may be skipped at the Director's discretion. The other forms will be due before the first day of school.

### Due at time of registration:

- ☐ Preschool or Early Kindergarten Early Registration Form with registration fee.
- ☐ Family Lifestyle Policy
- ☐ Statement of Faith
- ☐ Early Childhood Contract
- ☐ Schedule a visit with the Early Childhood Director, Julie Long

### Due before 1<sup>st</sup> day of school:

- ☐ Child's Physical Form from Health Provider
- ☐ Immunization Form from Health Provider
- ☐ Parent Pickup Release
- ☐ Child Health Exam Form for Parents to Complete
- ☐ Early Childhood Discipline Policy
- ☐ Early Childhood Emergency Medical Consent
- ☐ Food Allergy Action Plan (if applies to your child)
- ☐ ACS Volunteer Form
- ☐ ACS Background Check Forms (must be completed for parent(s) to drive for field trips)

### Documents included in packet that do not need to be returned

- ☐ 2015-16 Tuition Schedule
- ☐ Preschool & Early Kindergarten Schedule
- ☐ Health Young Children Policy
- ☐ Student Vision Card

If at any time in this enrollment process you have any questions, please don't hesitate to contact me. I am looking forward to getting to know you and your child.

**Julie Long**

**ACS Early Childhood Director**

**Phone: 515 233-0110**

**Email: [preschool@ameschristianschool.org](mailto:preschool@ameschristianschool.org)**

# Ames Christian School

# Early Childhood Registration Form

925 South 16<sup>th</sup> Street  
Ames, Iowa 50010

[www.ameschristianschool.org](http://www.ameschristianschool.org)

Telephone (515) 233-0772  
Fax (515) 232-0005

## Early Childhood Registration Form

School Year 20\_\_\_\_ - 20\_\_\_\_

Please complete this form and return it with the registration fee. The registration fee is non-refundable.

### Student Information

Child's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Preferred Name \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Ethnicity \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

Student Lives With (check one): Mother & Father \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

### Parent Information

Father's First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail \_\_\_\_\_

Father's Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail \_\_\_\_\_

Mother's Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_

### Grandparent Information

Mother's Parents:

\_\_\_\_\_  
Name(s) (both if married)

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Father's Parents: \_\_\_\_\_

\_\_\_\_\_  
Name(s) (both if married)

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Church Information

Church Home: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Church Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Photo Release** I (circle one) DO / DO NOT give my permission for photos of my students(s), including those taken at ACS sponsored events to be used for promotional materials, on the ACS website, ACS social media sites (Facebook and Twitter), or submitted for publication in local newspapers.

### Half Day Preschool or Early Kindergarten – Please check

Three Year Olds \_\_\_\_\_ Tuesday-Thursday 8:30-11:15am

Early Kindergarten \_\_\_\_\_ Monday-Friday 12:00-2:45pm

Four Year Olds \_\_\_\_\_ Monday-Wednesday-Friday 8:30-11:15

### Full Day Preschool Preference – Please check

Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Days Attending: M T W Th F

Is your child potty trained? Yes No

Does your child nap? Yes No Average Length of Nap \_\_\_\_\_

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Why do you wish to enroll your student in Ames Christian School? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any other information which would be beneficial to us in further understanding your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We have read the Early Childhood Handbook and Healthy Young Children Policy. We accept and agree to follow the policies and regulations. We release Ames Christian School Early Childhood from any liabilities for injuries or illnesses resulting from circumstances beyond its control.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Family Lifestyle Policy

Ames Christian School's biblical role is to work in conjunction with the home to mold students to be Christ like. Of necessity, this involves the school's understanding and belief of what qualities or characteristics exemplify a Christ like life. ACS reserves the right, within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student if the conduct within a particular home or the activities of the student are counter to or are in opposition to the biblical lifestyle taught by ACS. This includes, but is not limited to, participating in, supporting or condoning sexual immorality, homosexual activity or bisexual activity; promoting such practices; or being unable to support the moral principles of the school. We believe the definition of biblical marriage is strictly limited to the covenant relationship between one man and one woman. (Romans 1:27, Genesis 2:18-24, I Corinthians 6:19,20)

The ACS Board of Education requires that each family enrolling children in ACS must sign and agree with the above statement.

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Statement of Faith

1. Belief in the authority and reliability of the Bible as the inspired and infallible Word of God. The Bible is the complete and final revelation of God concerning all matters of faith, truth and practice. All truth is God's truth (II Timothy 3:16; II Peter 1:20-21).
2. Belief on the omnipotent, omniscient and omnipresent God who is sovereign over all (Revelation 4:2; Psalm 45:6; 139:8; Isaiah 66:1). His sovereignty is seen in acts of creation (Genesis 1:1,31), salvation (John 6:44), and continual care (Matthew 10:29-31; Hebrews 7:25).
3. Belief on the Trinity, of the one true God (Matthew 28:19), the deity of Jesus Christ (I Timothy 3:16; John 1:1; 10:30), His virgin birth (Luke 1:30-35), sinless life (Romans 8:3; Hebrews 4:15), miracles (Mark 1:27; John 2:11), atonement for our sins by His blood sacrifice (Matthew 26:28), His bodily resurrection (John 20:1-9), ascension, His personal return in power and glory (Mark 16:19, 13:26).
4. Belief in the Holy Spirit as teacher of God's Truth (John 14:17) and as giver of new life in Christ who unites all believers in Christ (Titus 3:5).
5. Belief that man is the crown of God's creation. God endowed man with His image and gave him the responsibility to rule the earth (Genesis 1:26-27).
6. Belief that sin has severely broken the relationships between God and man (Romans 3:23), man and himself, man and other men (James 4:1), and man and nature (Romans 8:20-22).
7. Belief that Jesus Christ, the eternal Son of God, came to earth to offer cleansing for man's sin, and to heal these broken relationships through His cross (Romans 5:1-2).
8. Belief that man cleansed through Christ must seek to live out his life in total commitment to Jesus Christ as Lord of life, which involves reestablishing all the original relationships God intended for him (Ephesians 4:1).
9. Belief in a need for clearly defined goals and objectives centered in the Word of God for the development and growth of the whole person (spiritual, mental, emotional, social and physical) and for the establishing of proper priority in an individual's life (Proverbs 1:7; I Corinthians 10:31).
10. Belief that God established the family as the basic unit of society. Parents are ultimately responsible for the instruction and discipline of their children. The Christian school is simply an extension of the educational process of the family and the church, providing a supportive basis of encouragement. (Ephesians 5:22-33; Proverbs 22:6).
11. Belief that a personal commitment to Jesus Christ and God's Word is necessary for those who are involved in the educational process (faculty, staff, administration and board) (II Timothy 3:16).
12. We believe a true Christian is one who has received Jesus Christ as Savior and Lord by faith. We believe good works to be the inevitable result of true faith (Romans 10:9; Ephesians 2:8; James 2:17-18; I John 2:3-4).

## Early Childhood Contract

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ames Christian Early Childhood agrees to offer educational services under this contract in accordance with ACS's Statement of Faith and Educational policies. I, the undersigned, agree to pay ACS appropriate fees and tuition as outlined in this contract.

Parents Names: \_\_\_\_\_ Start date \_\_\_\_/\_\_\_\_/\_\_\_\_

**REGISTRATION FEE (non-refundable)**

A non-refundable registration fee of \$125.00 (\$75.00 if registered by February 28th) is due with the completed registration packet.

**HALF DAY PRESCHOOL TUITION -check one**

Annual tuition paid either in full August 1, or in 10 monthly payments beginning August 1<sup>st</sup> – May 1<sup>st</sup> (1<sup>st</sup> of each month). **The monthly payment will be considered delinquent after the 10<sup>th</sup> of each month, and a late fee of \$10.00 will be assessed for every week payment is late.**

- |   |  |
|---|--|
| <input type="checkbox"/> 3's – two mornings/week      | \$1,350 or \$135 per month (Tuesday - Thursday)      |
| <input type="checkbox"/> 4's – three mornings/week    | \$1,750 or \$175 per month (Monday-Wednesday-Friday) |
| <input type="checkbox"/> 4/5's – five afternoons/week | \$3,000 or \$300 per month (Monday-Friday)           |

**PAYMENT PLAN – check one**

- ☐ Paid in full by check by August 1
- ☐ Paid in full by ACH payment by August 1
- ☐ 10 monthly payments by check August 1- May 1 (1<sup>st</sup> of each month)
- ☐ 10 monthly payments by ACH August 1 – May 1 (1<sup>st</sup> of each month)

**FULL DAY YEAR ROUND PRESCHOOL CHARGES - check one**

Payment is due the Monday of each week. **The weekly payment will be considered delinquent by Wednesday, and a \$10 late fee will be charged each week until balance is paid.** The fee is not reduced for absenteeism, including snow days and holidays. You will be credited one regular vacation week per fiscal year (July 1-June 30) if you notify the office, in writing or by email, and list the week you would like to have the credit applied. You will also not be charged for the week of Christmas. *\* Families pulling their child from the program during summer months will be charged a \$175 non-refundable fee to hold the child's place if they wish to return to the program in August.\**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> 3 -5 Year Old Full-Time | <input type="radio"/> \$175 per week |
| <input type="checkbox"/> 3-5 Year Old Part-Time  | <input type="radio"/> \$150 per week |

**PAYMENT PLAN – check one**

- ☐ Paid weekly by check
- ☐ Paid by ACH every Monday

# Ames Christian School

# Early Childhood Contract

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Telephone (515) 233-0772  
Fax (515) 232-0005

## Authorization for ACH:

I request and authorize Ames Christian School to charge my bank account as indicated above. If the payment date lands on a holiday or weekend, the amount will be transferred on the next business day. I agree that ACS' rights in respect to such transfer shall be the same as if it were a regular check drawn on the bank and signed by me personally. This authority is to remain in effect until revoked in writing by me, and until ACS receives such notice, I agree that ACS shall be fully protected in honoring my payment selections.

**Please request the ACH form from the office and attach a voided check.**

## LATE PICK-UP FEE

A late pick up fee will be charged to your account if you arrive more than 15 minutes after preschool ends. This charge is \$5 for each five minute increment late, and is charged per student. If there are more than three occurrences of late pickup, ACS reserves the right to terminate the contract.

## LATE PAYMENT FEES AND INSUFFICIENT FUNDS FEE

I further understand payments are subject to a \$15 charge for checks and ACH's returned due to insufficient funds. If monthly or weekly payments are delinquent, a \$10 per week late fee will be charged until the balance is paid. **If payment is in arrears by 30 days, the student(s) will not be allowed to attend class until all accounts are brought up to date.**

## TUITION STATEMENTS

Your billing and payment information can be viewed on the ACS website through "InfoDirect" under Resources/InfoDirect. A login ID and password will be provided for you at registration or at parent orientation in August.

## TERMINATION POLICY

Either ACS or the parent may terminate this contract by giving a two week notice. Payment is required for the two week period regardless of attendance. The contract may be terminated immediately by ACS if a child is absent for two weeks without notice or if payments remain delinquent.

## SIGNATURES

Upon receipt of the COMPLETED and SIGNED contract, the office will process your payment plan.

Parent/Guardian (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date: \_\_\_\_\_

I am assuming payment responsibility of this student(s) account. If paying by an ACH payment, my signature confirms my consent to process payment from my bank account information provided with this contract.

Signature: \_\_\_\_\_

## MONTHLY Debit Authorization Agreement

I (We) hereby authorize Fidelity Bank (Huxley, Iowa) to automatically withdraw the amount designated below from my checking account.

Payment Amount to be Withdrawn: \$\_\_\_\_\_

Checking Account Number:\_\_\_\_\_

My Banks' Routing Number:\_\_\_\_\_

Name of Bank:\_\_\_\_\_

Bank Street Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_

I (We) authorize the said amount to the Ames Christian School account #604983 on the 1<sup>st</sup> day of each month.

Transfer Schedule: (form must be submitted to ACS 10 days prior to the first transfer date)

Start Date:\_\_\_\_\_

Final Transfer Date:\_\_\_\_\_ (10 month billing cycle ends in May)

**\*\*Please attach voided check to this form\*\*** (new check required yearly)

The authority is to remain in effect for the months that I (we) have indicated on this form or until Ames Christian School has received notification from me (or from either of us) of its termination in such manner as to afford Ames Christian School a reasonable time to act on it.

Printed Name(s):\_\_\_\_\_

Signature:\_\_\_\_\_ Date:\_\_\_\_\_ Phone Number:\_\_\_\_\_

Co-Signature:\_\_\_\_\_ Date:\_\_\_\_\_ Phone Number:\_\_\_\_\_

Authorization for ACH:

***I have authorized ACS to electronically transfer my tuition and fees from my account. If payment date lands on a holiday or weekend, the amount will be transferred on the next business day. I request and authorize ACS to charge my bank account as indicated above. I agree that ACS's rights in respect to such transfer shall be the same as if it were a regular check drawn on the bank and signed by me personally. This authority is to remain in effect until revoked in writing by me; and until ACS receives such notice, I agree that ACS shall be fully protected in honoring my payment selections.***



## Parent Pick-Up Release Form

To better ensure the safety of your child, we are asking that all parent/guardians fill out this Pick-Up Release Form. We realize that there may be times when someone other than yourself may need to pick up your child at school and you were unable to send a note or call the school to notify us. Please complete the form at the bottom of this page and return it to the office. If we do not know the person coming to pick up your child, we will ask for identification. If the person coming is not on the list, we will not release your child to that person. We still ask that, if possible, you write a note or call the school if someone other than yourself will be picking up your child.

If this form is not returned we will not release your child to anyone other than the parent/guardian. If you have any questions, please call the school.

Please list all people who are allowed to pick up your child.

Name	Relationship to Child
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Print Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Infant, Toddler, Preschool Age – Child Health Exam Form

### **PARENTS/GUARDIAN COMPLETE PAGES 1 and 2 – Child Information**

Child's name		Child's birthdate	Name of center, provider, or preschool	
		Telephone #		
Parent 1 name		Parent 2 name		
Child home address #1			Telephone # 1	
Child home address #2			Telephone #2	
Where parent # 1 works	Work address		Home phone # Work # Pager # Cellular # Home email Work email	
Where parent # 2 works	Work address		Home phone # Work # Pager # Cellular # Home email Work email	
<b>In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care center is unable to immediately make contact with the parent/guardian. <input type="checkbox"/> YES <input type="checkbox"/> NO</b> <b>During an emergency the child care provider is authorized to contact the following person when parent or guardian can not be reached.</b>				
Parent/Guardian Signature: _____ Date _____ Alternate emergency contact person's name: _____ Relationship to child: _____ Phone number: _____				
Child's doctor's name	Doctor telephone # 1		Hospital choice	
Doctor's address	After hours telephone #		Does child have health insurance? <input type="checkbox"/> Yes, Company _____ <b>ID #</b>	
Child's dentist's name	Dentist Telephone # 1		Does child have dental insurance? <input type="checkbox"/> Yes, Company _____ <b>ID#</b>	
Dentist's Address	After hours telephone #		<input type="checkbox"/> <b>NO, we do not have health insurance.</b> <input type="checkbox"/> <b>NO, we do not have dental insurance.</b> <input type="checkbox"/> <b>Please help us find health or dental insurance.</b>	
Other health care specialist name	Telephone #			
Type of specialty				

Child Name:

## PARENTS COMPLETE THIS PAGE

**Parents:** Tell us about your child's health. Place an **X** in the box ☐ if the sentence applies to your child. Check *all* that apply to your child. This will help your doctor plan your child's physical exam.

### Growth

☐ I am concerned about my child's growth.

### Appetite

☐ I am concerned about my child's eating / feeding habits or appetite.

### Rest -

☐ I am concerned about the amount of sleep my child needs.

### Illness/Surgery/Injury - My child

☐ had a serious illness, injury, or surgery.  
*Please describe.*

### Physical Activity - My child

☐ must restrict physical activity.  
*Please describe.*

### Development and Learning

☐ I am concerned about my child's behavior, development, or learning.  
*Please describe:*

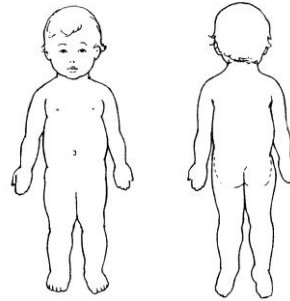
☐ **Medication** - My child takes medication. List the name, time medication taken, and the reason medication prescribed.

**Child's Name:** \_\_\_\_\_

**Body Health** - My child has problems with

☐ Skin, birthmarks, Mongolian spots, hair, fingernails or toenails.

Map and describe color/shape of skin markings  
birthmarks, scars, moles



- ☐ Eyes \ vision, glasses
- ☐ Ears \ hearing, hearing aides or device, ear-aches, tubes in ears
- ☐ Nose problems, nosebleeds, runny nose
- ☐ Mouth, teething, gums, tongue, sores in mouth or on lips, mouth-breathing, snoring
- ☐ Frequent sore throats or tonsillitis
- ☐ Breathing problems, asthma, cough, croup
- ☐ Heart, heart murmur
- ☐ Stomach aches, upset stomach, colic, spitting up
- ☐ Using toilet, toilet training, urinating
- ☐ Bones, muscles, movement, pain with moving
- ☐ Mobility, uses assistive equipment
- ☐ Nervous system, headaches, seizures, or nervous habits (like twitches)
- ☐ Needs special equipment. *Please describe:*

☐ **Allergies** - My child has allergies (food, medicine, fabric, inhalants, insects, animals, etc.).  
*Please describe.*

Parent questions or comments  
for the health care provider:

## Iowa Child Care Infant, Toddler, Preschool Age – Child Health Exam Form

### HEALTH PROFESSIONAL COMPLETE THIS PAGE<sup>1</sup>

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Age today: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Height/Length: \_\_\_\_\_

Weight: \_\_\_\_\_

Head Circumference—for children age 2 yr and **under**: \_\_\_\_\_

Blood Pressure—start @ age 3 yr: \_\_\_\_\_

Hgb or Hct—anytime between 6-9 mo: \_\_\_\_\_

Blood Lead Level—start @ 12 mo: \_\_\_\_\_

### Sensory Screening:

Vision: Right eye \_\_\_\_\_ Left eye \_\_\_\_\_

Hearing: Right ear \_\_\_\_\_ Left ear \_\_\_\_\_

Tympanometry (may attach results) \_\_\_\_\_

### Developmental Screening<sup>2</sup>:

Developmental screening results: \_\_\_\_\_

Autism screening results: \_\_\_\_\_

Psychosocial/behavioral results: \_\_\_\_\_

Developmental Referral Made Today: ☐ Yes ☐ No

### Exam Results: (*n* = normal limits) otherwise describe

HEENT

Oral/Teeth

Oral Health/Dental Referral Made Today: ☐ Yes ☐ No

Heart

Lungs

Stomach/Abdomen

Genitalia

Extremities, Joints, Muscles, Spine

Skin, Lymph Nodes

Neurological

Space is available on back page for detailed comments or instructions pertaining to enrollment at child care or preschool.

<sup>1</sup> Iowa Child Care Regulations require an admission physical exam report within the previous year. Annually thereafter, a statement of health condition signed by an approved health care provider. The American Academy of Pediatrics has recommendations for frequency of childhood preventative pediatric health care (RE9939, March 2000) [www.aap.org](http://www.aap.org)

<sup>2</sup> Developmental screening procedures were expanded to include autism, developmental surveillance, and psychosocial/behavioral screening July 2009 by the Iowa EPSDT Medicaid program. Toll-free 800-383-3826.

**Immunization:** may attach a copy of Iowa Department of Public Health Immunization Certificate

DtaP/DTP/Td

Hepatitis B

HIB

Influenza

MMR

Pneumococcal

Polio

Varicella

Other

TB testing (only for high-risk child)

**Medication:** health professional authorizes the child may receive the following medications while at child care or preschool: (include over-the-counter and prescribed)

Medication Name

Dosage

☐ Cough medication

☐ Diaper crème:

☐ Fever or Pain reliever:

☐ Sunscreen:

☐ Other

Other Medication should be listed with written instructions for use in child care.

### Referrals made:

☐ Referred to **hawk-i** today 1-800-257-8563

### Health Provider Assessment Statement:

☐ The child may participate in developmentally appropriate child care/preschool with **NO** health-related restrictions.

☐ The child may participate in developmentally appropriate child care/preschool **with the following restrictions:**

May use stamp

Signature \_\_\_\_\_

Circle the Provider Credential Type: MD DO PA ARNP

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

Telephone: \_\_\_\_\_

## Health Care Provider comments or instructions:

### Iowa Health Care Provider -- Guide to Iowa Recommendations for Preventive Pediatric Health Care<sup>3</sup>

Health Provider's Guide		AGE <sup>4</sup>											
		1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	2 yr	3 yr	4 yr	5 yr
<b>History:</b>	Initial and Interval	●	●	●	●	●	●	●	●	●	●	●	●
<b>Physical Exam</b>		●	●	●	●	●	●	●	●	●	●	●	●
<b>Measurement:</b>	Height/ Weight	●	●	●	●	●	●	●	●	●	●	●	●
	Head Circumference	●	●	●	●	●	●	●	●	●			
	Blood Pressure												
<b>Nutrition</b>	Assess/Educate	●	●	●	●	●	●	●	●	●	●	●	●
<b>Oral Health Assessment<sup>5</sup></b>		●	●	●	●	●	●	●	●	●	●	●	●
<b>Development and Behavioral Assessment</b>		●	●	●	●	●	●	●	●	●	●	●	●
	Developmental Screening					●			●		●		
	Autism Screening								●	●			
	Developmental Surveillance	●	●	●	●		●	●		●		●	●
	Psychosocial/behavioral Assessment	●	●	●	●	●	●	●	●	●	●	●	●
<b>Sensory Screen:</b>	Vision	S	S	S	S	S	S	S	S	S	O	O	O
	Hearing <sup>6</sup>	S	S	S	S	S	S	S	S	S	S	O	O
<b>Immunizations:</b>	per Iowa schedule <sup>7</sup>	●	●	●	●	●	●	●	●	●	●	●	●
<b>Lab:</b>	Hemoglobinopathy/Metabolic Screen	● <sup>8</sup>											
	Hematocrit or Hemoglobin					→	→	→	→	→	→	→	→
	Urinalysis												●
	Lead Test						●		◆	◆ <sup>9</sup>	◆	◆	◆
	Cholesterol Screen									◆	◆	◆	◆
	TB test <sup>10</sup>						◆	◆	◆	◆	◆	◆	◆
<b>Family Guidance:</b>	Injury Prevention	●	●	●	●	●	●	●	●	●	●	●	●
	Child Car Seat Counseling	●	●	●	●	●	●	●	●	●	●	●	●
	Tricycle Helmet Counseling									●	●	●	●
	Sleep Position Counseling	●	●	●	●	●	●						
	Nutrition & Physical Activity Counseling	●	●	●	●	●	●	●	●	●	●	●	●
	Violence Prevention	●	●	●	●	●	●	●	●	●	●	●	●
	Child Development Guidance	●	●	●	●	●	●	●	●	●	●	●	●
		1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	2 yr	3 yr	4 yr	5 yr

Key: ● = to be performed

◆ = to be performed for high-risk children

→ = Range in which the task may be completed

S = Subjective, by history

O = Objective, by standard testing

<sup>3</sup> The periodicity schedule was revised July 2009 by the Iowa Medicaid EPSDT program. [http://www.idph.state.ia.us/hpcdp/epsdt\\_care\\_for\\_kids.asp](http://www.idph.state.ia.us/hpcdp/epsdt_care_for_kids.asp)

<sup>4</sup> If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

<sup>5</sup> Oral Health Assessment consists of dental history; recent concerns, pain or injury; visual inspection of hard and soft tissues of oral cavity; and dental referral based on risk assessment. [http://www.idph.state.ia.us/hpcdp/oral\\_health.asp](http://www.idph.state.ia.us/hpcdp/oral_health.asp) or toll-free: 866-528-4020.

<sup>6</sup> Infants born in Iowa should have record of results from newborn hearing screening. <http://www.idph.state.ia.us/iaehdi/default.asp> or toll-free 800-383-3826.

<sup>7</sup> Iowa Immunization program 1-800-831-6293.

<sup>8</sup> All newborns should receive metabolic screening during neonatal period. [www.idph.state.ia.us/genetics](http://www.idph.state.ia.us/genetics)

<sup>9</sup> Lead testing should be done at 12 & 24 months. Testing may be done at additional times for children determined at risk.

Lead program 1-800-972-2026.

<sup>10</sup> TB testing for only at-risk children, Iowa TB program 1-800-383-3826.

## **Discipline Purpose**

Discipline should encourage and enhance daily growth in each child's spiritual, mental, emotional, social and physical life. Its purpose is to promote security and safety for each child in the school.

## **Classroom Environment**

The use of discipline helps to ensure an orderly environment which promotes security and safety for each child and is conducive to learning.

## **Discipline Procedure**

The ACS Early Childhood staff use the Love and Logic Discipline System. The children are allowed to do anything that does not cause a problem. If they cause a problem they are asked to fix it. Each teacher seeks to reinforce positive choices demonstrated by the child by verbal praise, granting privileges and positive touch. Redirection or the "Kindness chair" is used for inappropriate choices exhibited by small children. The "Kindness chair" is used to remove a child from the group for inappropriate behavior (such as hitting, tantrums...). A staff member talks with the child and informs them they may return to the group activities when they are calm. The child initiates re-entry to the regular classroom activity. If these actions prove ineffective and inappropriate behavior is repeated:

1. Staff will report behavior along with strategies used to the Director.
2. The Director will observe the child and meet with the Lead Teacher to develop a behavior management plan.
3. Parents will be asked to come in to discuss the plan.
4. Plan will be implemented.
5. If the discipline plan is ineffective in producing desired behavior in the child's life or the child becomes violent to themselves or others the Director will request that the parents(s) find alternative education placement for their child.

Discipline is a life time process. The responsibility of the teacher is to model appropriate behavior because we are told in Luke 6:40, "a student is not above his teacher, but everyone who is fully trained will be like his teacher." In 2 Corinthians 3:3 we are told that "teachers are a letter from Christ, written not with ink but with the Spirit of the Living God, not on the tablets of stone but on tablets of human hearts."

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Ames Christian School

925 South 16<sup>th</sup> Street  
Ames, Iowa 50010

# Early Childhood Emergency Medical Consent

[www.ameschristianschool.org](http://www.ameschristianschool.org)

Telephone (515) 233-0772  
Fax (515) 232-0005

## Early Childhood Emergency Medical Consent (This form must be presented upon admission for treatment)

This form allows parents and guardians to authorize the provision of emergency treatment for \_\_\_\_\_ (child's name) who becomes ill or injured while under program authority when parents or guardians cannot be reached.

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (phone number) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Doctor \_\_\_\_\_ (physician) at \_\_\_\_\_ (phone number) or Doctor \_\_\_\_\_ (dentist) at \_\_\_\_\_ or, in the event the designated practitioners are not available, then by another licensed physician or dentist; and the transfer of the child to \_\_\_\_\_ (preferred hospital).

### Parent/Guardians/Custodians with Whom the Child Resides:

Name _____	Relationship to Child _____
Address _____	Home Phone _____ Cell Phone _____
Employer _____	Email Address _____
Work Phone _____	Work Hours _____

Name _____	Relationship to Child _____
Address _____	Home Phone _____ Cell Phone _____
Employer _____	Email Address _____
Work Phone _____	Work Hours _____

### Persons to Contact in Case of Emergency if Parents are Unavailable, and are authorized to Pick Up Child:

Name _____	Relationship to Child _____
Address _____	Home Phone _____ Cell Phone _____
Employer _____	Email Address _____
Work Phone _____	Work Hours _____

Name _____	Relationship to Child _____
Address _____	Home Phone _____ Cell Phone _____
Employer _____	Email Address _____
Work Phone _____	Work Hours _____

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in our care?

\_\_\_\_\_

\_\_\_\_\_

### Information:

Physician Name _____	Dentist Name _____
Street Address _____	Street Address _____
City, State _____	City, State _____
Phone# _____	Phone# _____
Date of Blood Lead Screening _____	Date of last dental exam _____
Date of last hearing Screening _____	Date of last vision screening _____
Date of Last Tetanus _____	Known Allergies _____
Present Medication _____	
Insurance Company _____	Policy Holder's I.D. _____

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Volunteer Form

Whatever you do, work at it with all your heart, as working for the Lord, not for men, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving. Colossians 3:23-24

There are over 50 households represented at Ames Christian School. If we each participate in at least one of the following opportunities to serve, the tasks would be light and the blessing eternal. Please put your initials next to the task to specify which spouse is signing up.

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_ Mother's E-mail: \_\_\_\_\_

ACS has 6 events and 4 fundraisers a year. Please select the committee(s) you would be willing to be a serve on:

\_\_\_\_\_ Fall Fundraiser – August/September

\_\_\_\_\_ Bike-A-Thon – April or May

\_\_\_\_\_ Family Tailgate/Grandparents' Day – September

\_\_\_\_\_ Golf Outing Fundraiser – May

\_\_\_\_\_ Fall and/or Spring Book Fair – September/April

\_\_\_\_\_ Classroom Showcase / Dinner – March

\_\_\_\_\_ Christmas Gala Fundraiser – December

\_\_\_\_\_ Facilities

\_\_\_\_\_ Christmas and/or Spring Receptions – December / April

\_\_\_\_\_ Technology

I would be willing to help with:

\_\_\_\_\_ Advertising/Marketing

\_\_\_\_\_ Music Programs Set Up/Clean Up

\_\_\_\_\_ Assist Office Staff (Mailing, Stuffing...)

\_\_\_\_\_ Provide Cookies for Events

\_\_\_\_\_ Provide Childcare while Others Volunteer

\_\_\_\_\_ Sewing Costumes and/or Help with Musicals

\_\_\_\_\_ Box Tops / Campbell's for Education Labels

\_\_\_\_\_ Track & Field Day Volunteer

\_\_\_\_\_ Cleaning/Organizing

\_\_\_\_\_ Scholastic Book Fair

\_\_\_\_\_ Conference and Teacher Appreciation Week Meals

\_\_\_\_\_ Lunchroom Helper (11:15am-12:15pm)

\_\_\_\_\_ Provide Childcare for Conferences

Circle Days Available (M, T, W, Th, F)

I would be willing to be a volunteer resource person and my area of expertise is: \_\_\_\_\_

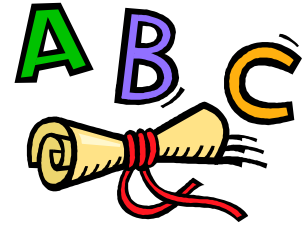


*Invest in Your Child's Future*

<b>Half Day Preschool &amp; Early Kindergarten</b>	<b>Monthly Tuition 10 Equal Monthly Payments(AUG. - MAY)</b>	<b>Early Registration Fee -before March 15 (non-refundable)</b>	<b>Regular Registration Fee -March 15 &amp; after (non-refundable)</b>
3 Year Old Preschool 2 Day Program Tuesday & Thursday Morning	\$135.00	\$75.00	\$125.00
4 Year Old Preschool 3 Day Program: Monday, Wednesday, Friday Morning	\$175.00	\$75.00	\$125.00
4-5 Year Old Early Kindergarten Monday-Friday Afternoon	\$300.00	\$75.00	\$125.00
<b>Full Day Year Round Preschool 7:00 am-5:30 pm</b>	<b>Weekly Tuition Due Every Monday</b>	<b>Early Registration Fee -before March 15 (non-refundable)</b>	<b>Regular Registration Fee -March 15 &amp; after (non-refundable)</b>
3-5 year old (21 hours or more )	\$175.00	\$75.00	\$125.00
3-5 year old (20 hours or less)	\$150.00	\$75.00	\$125.00
<b>Multiple Child Discounts:</b> <b>(First child must be enrolled in grades K-6 for your Preschool child to qualify for this tuition discount)</b>			
<b>10% Tuition Discount for Second Child</b> <b>20% Tuition Discount for Third Child</b> <b>30% Tuition Discount for Fourth Child</b> <b>Additional 10% Tuition Discount for Each Subsequent Child Per Family</b>			
<p>*All numbers are shown on a per student basis. Enrollment is on an annual basis and registration fees are due at the time of enrollment. <b>All registration fees are non-refundable.</b></p> <p>Tuition payments for Half Day Preschool and Early Kindergarten are due by the 10<sup>th</sup> of each month in 10 equal monthly payments (first payment August 1<sup>th</sup> and last payment May 1<sup>st</sup>). <u>A late fee of \$10.00 is applied to each unpaid account after the 10<sup>th</sup> of each month, and is charged each week until the balance is paid.</u></p> <p>Full Day Preschool fees are due on a weekly basis each Monday. <u>A late fee of \$10.00 is applied to each unpaid account on the Wednesday of each week until the balance is paid.</u></p> <p>All non-sufficient funds checks will be charged \$25.00 to each account. <b>Automatic Debit Authorization is available and encouraged for consistent tuition payments.</b> Please call the office if you have any questions.</p>			

## Morning Preschool Schedule

- 8:30 to 8:45 – Sign in/Table Activities
- 8:45 to 9:00 – Attendance, Calendar, Weather, Prayer
- 9:00 to 9:15 – Story time (Letter Theme)
- 9:15 to 9:30 – Large group game/Activity
- 9:30 to 9:45 – Craft time
- 9:45 to 10:15 – Center Time/Small groups
- 10:15 to 10:30 – Show and Tell/ Story
- 10:30 to 10:45 – Snack
- 10:45 to 11:10 – Outside
- 11:10 to 11:15 – Dismissal



## Early Kindergarten

- 12:00 to 12:15 – Sign in/Table Activities
- 12:15 to 12:30 – Attendance, Calendar, Weather, Prayer
- 12:30 to 12:45 – Story time (Letter Theme)
- 12:45 to 1:00– Math Pals (t/th)/Reading Pals (m/w/f)
- 1:00 to 1:15 – Craft time
- 1:15 to 1:45 – Center Time/Small groups
- 1:45 to 2:00 – Show and Tell/ Story
- 2:00 to 2:15 – Snack
- 2:15 to 2:40 – Outside



2:40 to 2:45 – Dismissal

## Healthy Young Children Policy

These health policies are a collaborative effort with: Administration for Children, Youth and Families, American Academy of Pediatrics, Division of Maternal and Child Health, U.S. Department of Health and Human Services, Georgetown University Child Development Center, Massachusetts Department of Public Health, and Des Moines Christian School, Urbandale Iowa.

### Health Guidelines and Policies

To maintain a safe and healthful environment for your child and those around him/her, the following guidelines have been established. When your child has one of the following symptoms or illnesses or has a communicable disease, he/she may not attend the center. If your child develops one of these symptoms, you will be contacted to take your child home. For illnesses requiring medications, your child must be on the medication for 24 hours before returning.

#### VOMITING

(This should not be confused with spitting up due to sinus drainage.) Children will be dismissed immediately from the center and will need to be picked up. They may return 24 hours after the last vomiting episode.

#### DIARRHEA

When a child has loose stools and is not able to get to the bathroom in time, you will be asked to pick your child up and he/she must be diarrhea free for 24 hours before returning.

#### FEVER

Children will be sent home when their temperature is 99.4 degrees under the armpit. Children must be fever free for 24 hours (without fever reducing medication) before returning.

#### STREP THROAT

Children may return to school 24 hours after beginning antibiotic treatment.

#### PINK EYE

In the case of suspected pink eye, you will be asked to pick up your child and he/she may return to the center 24 hours after medication has been applied to the affected eye.

#### CHICKEN POX

The child may return to the center after all lesions have scabbed over. This takes approximately seven days from the onset of the first lesion.

#### HAND, FOOT AND MOUTH DISEASE

Children are exposed and contagious before they break out, so there is no need to be removed from the center. Symptoms may last 7-10 days. However, if blisters on hands are weeping, and if blisters are found in the mouth, your child will be sent home.

#### IMPETIGO

This rash is round, oozy, and red. It may be flat, honey-crusted and itchy. Child will be sent home and may return 24 hours after being on medication.

#### LICE

Parents will be notified when their child has lice. The child may return after being treated with medicated shampoo. Depending on the shampoo used, treatment may be one or two washings at the onset. Treatment must be repeated in 7 days.

### SUNSCREEN

We apply sunscreen to all children for outdoor play. Parents need to provide sunscreen labeled with the child's name.

### GENERAL SYMPTOMS

When your child has one of the following symptoms or illnesses, you will be contacted immediately. Your child will not be allowed to stay in the center, especially if combined with a low grade fever. You will need to pick your child up as soon as possible, whether it is at naptime, lunch, or close to your closing work time, etc.

- Unusual spots or rashes
- Sore throat or trouble swallowing
- Infected skin
- Unusually dark, tea-colored urine
- Headache and stiff neck
- Severe continuous coughing
- Swollen glands
- Unusual or uncharacteristic behavior such as:
  - Crankiness
  - Inactivity/lethargy
  - Excessive crying
  - Paleness
  - Uncomfortableness
  - Loss of appetite
  - Ear pain or drainage
  - Other localized pain

**The above information is to serve only as basic guidelines. According to the center's license guidelines, the center staff must assess children's health daily. Staff is not medically trained to diagnose health conditions. At any time if it is felt a more professional assessment of a child's health is in the best interest of that child, or others in the center, the child will be required to leave, as stated in the above policies. It is advisable to have a back-up plan to have your child picked up. If you cannot be reached, we will call the emergency pickup person(s) you have named on your child(ren)'s enrollment form.**

The center will take all necessary precautions to prevent further spread of infections, illnesses, etc., as issued by the State of Iowa health guidelines. To maintain a healthy environment for **all** children, parents should notify the center when their child has contracted a communicable disease.

**Thank you for your cooperation. Together we will provide a safe and healthy environment for your child and all children at our center.**