

UNITED FAITH

Christian Preschool

United Faith Christian Academy and Preschool
8617 Providence Road Charlotte, NC 28277 • 704-541-1742 Ext. 213 • 704-540-7926 (fax)

2019-2020 PRESCHOOL STUDENT APPLICATION

Returning Students: Check box and submit completed forms to the Academy Office with registration fees of \$200.00.
(Fees include \$150 Application Fee and \$50 Supply Fee.)

New Students: Check box and submit completed forms to the Academy Office with your registration fees of \$225.00. (Fees include \$175 Application Fee and \$50 supply fee.)

Applications will not be processed until ALL forms are submitted and fees are paid.

Student's Legal Name _____
Last First Middle

Name child prefers to be called: _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Gender _____ Age _____

FAMILY INFORMATION (please print clearly in black or blue ink)

Father or Male Guardian

Name (Dr./Mr./Rev.) _____

Home Address _____

City/State/Zip _____

Cell _____ Work _____

Employer _____

Email _____

Church Attending _____

Mother or Female Guardian

Name (Dr./Mrs./Rev.) _____

Home Address _____

City/State/Zip _____

Cell _____ Work _____

Employer _____

Email _____

Church Attending _____

Applicant resides with (check one) Father and Mother Father and Step-Mother Step-Father and Mother

Father only Mother only Guardian (specify relationship to child): _____

If parents are separated or divorced, which parent has legal responsibility for:

- First person to contact in school related matters/concerns _____
- School fees/tuition _____
- Receiving school communications _____

Siblings: _____ Age _____ School _____

Siblings: _____ Age _____ School _____

How did you hear of United Faith Christian Preschool? _____

We are requesting enrollment for the following class and time: (Children must be appropriate age by Aug. 31. Check one.)

____ Preschool 2's (24 - 35 months) PLEASE SELECT _____ Full Day (9:00am - 3:00pm) OR _____ Half Day (9:00am - 1:00pm)

____ Preschool 3's (36 - 47 months) PLEASE SELECT _____ Full Day (9:00am - 3:00pm) OR _____ Half Day (9:00am - 1:00pm)

____ Preschool 4's (48+ months) PLEASE SELECT _____ Full Day (9:00am - 3:00pm) OR _____ Half Day (9:00am - 1:00pm)

We are requesting enrollment for the following number of days per week: (please check one)

____ 3 days/week (Tuesday, Wednesday & Thursday) available for Preschool 2's & 3's only OR

____ 4 days/week (Monday-Thursday) available for Preschool 3's & 4's only OR

____ 5 days/week (Monday-Friday) available for Preschool 2's, 3's & 4's.

Conditions of Application:

I would like my child to enroll at United Faith Christian Academy for the 2019-20 school year. By signing this application, I agree to and understand the provisions below.

1. I agree to fully comply with the rules and policies outlined in the United Faith Christian Preschool Handbook. I will adhere to and support the policies of UFCP (including any revisions) without reservation. I understand and will see that the children who are enrolled at United Faith Christian Preschool will adhere to the appearance policies, student code of conduct, and general policies in the United Faith Christian Academy Parent/Student Handbook.
2. I understand that it is my responsibility as the parent or legal guardian to ensure daily transportation to and from school. I will provide to the school in advance, written consent should I have someone other than myself provide transportation for my child.
3. Families must be current with their 2018-19 tuition to qualify for re-enrollment for the 2019-20 school year.
4. I agree to pay tuition in full or via a payment plan ending by May 31, 2020.
5. If I withdraw my child prior to August 1, 2019, I agree to pay the \$200 withdrawal fee (Preschool Families). Families that withdraw their child after August 1, 2019 will be responsible for one month's tuition and the withdrawal fee.
6. **New Students Only:** I agree to pay the (non-refundable) application fee of \$175 and supply fee of \$50 at the time of application.
7. Should any legal action for any reason be taken against UFCA or UFCP, or any employee or agent thereof on my child's behalf, and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages, and other costs that UFCA/UFCP or its agent should incur to defend itself against such action.
8. A fee of \$50.00 will be charged to your account for all NSF drafts. A late fee of \$50/month will be assessed to all accounts not current by the 15th of each month. Records will not be released to the family until all financial obligations have been satisfied.
9. Contact information is published in our school's family directory and is for the use of enrolled families only. Photos or videos containing your child's picture may be used for school promotional purposes.
10. **Non-Discrimination Policy:** United Faith Christian Academy and Preschool admits students without regard for race, color, ethnic or national origin and entitles all students to the rights and privileges, programs and activities made available to students at the school. Students are admitted, however, based on their desire for a Christ-centered education and with the understanding that all Christian Standards of the school be upheld.

I/we certify that I/we have read and understand all of the information on this application, including the withdrawal policy. The information I/we have provided is correct.

Father/Guardian Signature Date

Mother/Guardian Signature Date

FOR OFFICE USE ONLY:	Amt.	V/MC
NEW STUDENT FEES \$225		
Application \$175 + Supply \$50	_____	_____
RETURNING STUDENT FEES \$200		
Application \$150 + Supply \$50	_____	_____
All fees are non-refundable.		
Date Application Received:	_____	Initials: _____

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Phone: 704-541-1742 ext. 213 Fax: 704-540-7926
Email: chick.efird@ufca.org

Parent Questionnaire (2019-2020) for all Preschool Applicants

The more we know about your child, the better we can make their preschool experience. The below questions are intended to gather information for that purpose. Please fill out as thoroughly as possible. This information sheet is for all preschool classes. Please be aware that questions cover a wide range and not all will pertain to your child.

Child's Name: _____ Birth Date: _____ Sex: Male _____ Female _____

Preferred Name: _____ Primary Language Spoken at Home: _____

Known High Risk Allergies: _____

Known Allergies: _____

Child's Appetite: Good _____ Fair _____ Poor _____

Does your child have difficulties with vision, hearing, or speech? Yes _____ No _____ If yes, please explain: _____

How many hours of sleep does your child get at night? _____

Does your child use a pacifier or suck their thumb? Yes _____ No _____ If yes, which: _____

Does your child have a "blanket" or special "lovey" they carry? Yes _____ No _____

Does your child demonstrate any separation anxiety? Yes _____ No _____ If yes, please describe effective techniques that may help in transitioning: _____

How would you describe your child's interaction with other children their own age, (timid, aggressive, enters into activities quickly, reserved, etc.): _____

If your child is 3 years or older, are they potty trained? Yes _____ No _____

Any other information about your child that would be helpful for us to know: _____

Additional Comments: _____

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Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interaction from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, United Faith Christian Preschool will practice the following discipline and behavior management policy.

We:

1. DO praise, reward, and encourage children.
2. DO reason with and set limits for children.
3. DO model appropriate behavior for children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to children.
6. DO provide alternatives for inappropriate behavior.
7. DO provide the children with natural and logical consequences of their behavior.
8. DO treat children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their level.
11. DO use short supervised periods of "time-out" (Time-out is described below).
12. Do stay consistent in our behavior management program.

We:

1. DO NOT physically punish children.
2. DO NOT verbally abuse children.
3. DO NOT shame or punish children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave children alone, unattended, or without supervision.
8. DO NOT allow discipline of children by children.
9. DO NOT belittle children's parents, families, or ethnic groups.

"Time-Out"

"Time-Out" is the removal of a child for a short period of time (2 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "time-out" space, usually a chair, is located away from classroom activity but within the teacher's sight. During "time-out," the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown to the other children.

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and agree to the United Faith Christian Preschool Behavior Management Policy. I will request a meeting with the Preschool Director or Assistant Director if I need clarification of any stated information.

Date of Child's enrollment: _____

Signature of Parent or Guardian

(Date)



UNITEDFAITH

United Faith Christian Academy

Christ-centered • College Prep • PreK - 12th Grade

8617 Providence Road, Charlotte, NC 28277

Phone: 704-541-1742 · Fax: 704-540-7926

Email: admissions@ufca.org

2018-19 Medical Information and Emergency Release Form

Please note: Parent must complete this form and return to the UFCA Academy Office no later than August 1, 2018.
This form is required to be on file before the student will be allowed to attend school.

Student Name _____ / _____ / _____
Last First Middle Preferred

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____ Gender (please circle) M F Student Cell # _____ Grade Entering _____

FAMILY INFORMATION (please print clearly in black or blue ink)

	Name	Legal Guardian	Cell Number	Work Number
Mother		Y/N		
Father		Y/N		
Step-Parent		Y/N		

EMERGENCY CONTACTS (Two more contacts, other than listed above, is required)

Name: _____ Home: _____ Cell: _____

Name: _____ Home: _____ Cell: _____

	Name	Phone
Pediatrician/ primary care provider		
Hospital of choice		
Dentist		

Insurance: _____ Policy #: _____ Phone: _____

(In case of accident or serious illness, the school will attempt to contact the parent guardian. If the school is unable to contact the parent guardian or person designated above, the school will make necessary arrangements for immediate treatment. Payment of any fees will be assumed by the parent guardian.)

I hereby give my consent to any hospital and/or licensed physician or authorized provider to administer necessary emergency treatment to my child in the event such treatment is imperative and I cannot be contacted.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print) _____

HEALTH HISTORY

List any health information (past and present, such as diabetes, asthma, allergies, seizures, migraines, AD/ADHD, etc.) _____

Please Note: The following 4 conditions require an **Emergency Action Plan** (or similarly named document) **from your doctor's office**, signed by parent/guardian **and doctor**:
 Asthma Diabetes Seizures Allergies that may require an EpiPen

Does your child currently take any medications? No. Yes. (If yes, please list) _____

If yes, do the medication(s) need to be administered during school? No. Yes. (If yes, a required, doctor-signed Authorization to Administer Medications must be submitted. Form provided in Academic Office or at www.ufca.org under Parent Resources / Medical Forms)

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Physicians Statement/Immunization History

(Parent/Guardian to fill out.)

Child's Name: _____

Address: _____

_____ (city) _____ (state) _____ (zip)

Telephone # _____

Parents/Guardian Names: _____

.....
(Physician's Office to fill out.)

Chart Number: _____ Date of last physical exam: ____/____/____

Summary and finding of last physical exam: _____

Immunization History:

1. Is this child current with immunizations? Yes - No

If no, please explain:

2. Please attach a copy of child's immunization record to this form.

List any known allergies this child has. _____

Does this child have any known life-threatening allergies? _____

* If yes, please indicate allergen and emergency treatment: _____

*Note: If emergency medication is to be kept at the school, another form will need to be completed by the doctor before child may attend preschool.

Is there any reason this child should not participate in a typical preschool setting? _____

Doctor's Signature: _____ Date: ____/____/____

Doctor's Name Printed: _____

Address: _____

Telephone Number: _____