



**KING'S WAY**  
LEARNING CENTER

# REGISTRATION INFORMATION

## 2018-2019

Welcome to King's Way where our Mission Statement reads...

*"King's Way partners with families to provide a Christ-centered education for the whole child leading to life change in each student".*

We are excited that you are considering joining our Learning Center family where we love to learn, and learn to love.

### REGISTRATION FORMS and FEES

- Registration fees are payable at the time of registration.
- Registration & School Year fees are listed on the Financial Contract.
- Applications must be turned in to the Learning Center office.
- The Registration fee is non-refundable unless the application is not accepted or space is not available.

**Tuition payments are due by the 5th of the month:** Monthly tuition is based on a 12-month payment plan for full-time students (September – August) and on a 10-month payment plan for AM/PM Classes and School-Age students (September – June). A \$25.00 late fee will be assessed to all accounts not paid by the 10<sup>th</sup> of the month. A returned check fee of \$25.00 will be charged for NSF checks. It is highly recommended to complete the "Tuition Express Payment" form, which will automatically withdraw tuition on the 5<sup>th</sup> of each month.

**In the event of a waiting list,** every effort will be made to contact parents on the waiting lists within 24 hours of a student space becoming available on a class roster, but will be filled on first come first serve basis.

**Questions** - Contact the Learning Center @ 360.574.1614 ext. 6975 or [andreareed@kwcs.org](mailto:andreareed@kwcs.org).

### **Enrollment Checklist**

- Enrollment Forms completed and signed.
- Emergency Medical Authorization** form completed and signed ( **Must be updated each year**).
- Financial Contract** completed and signed.
- Certificate of Immunization** completed and signed for all **New families**.
- Tuition Express** Payment Form completed and voided check attached.
- Registration packet and applicable enrollment fee turned in to the Learning Center office to secure your fall placement.



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## RECRUITMENT INCENTIVE PROGRAM POLICIES 2018-19

We recognize that the best advertisement for our school comes from our own King's Way families! This referral program is our way of saying thank you for promoting King's Way to your friends, families, and co-workers.

The program is open to ALL King's Way Christian School families (including Grandparents) and KW employees.

The prospective family must fill in the name of the referring person on their **INITIAL** application Enrollment forms are available at any school office or on our website: <https://www.kwcs.org/admissions/learning-center-registration>

- KW families or employees will receive \$125 for each Learning Center student who enrolls **Part-time**, is accepted, and continues to attend King's Way in good standing for current academic year. A check will be issued to the Referring Family in June.
- KW families or employees will receive \$250 for each Learning Center student who enrolls **Full-time**, is accepted, and continues to attend King's Way in good standing for current academic year. A \$125 check will be issued to the Referring Family in February, and another \$125 check will be issued in August.
- KW families or employees will receive \$500 for each K-12th grade referred student who enrolls, is accepted, and continues to attend King's Way in good standing for one full school year. A \$250 check will be issued to the Referring Family in February, and another \$250 check will be issued in June.
- Families who receive financial aid or assistance are not eligible for this program.
- For a former King's Way student to be considered a referred student, he/she must have attended another school for a minimum of one school year and then have successfully re-enrolled at KW, upon completing the new student enrollment process.

**Questions? Please call our office at 360.574.1614 ext.6975**



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## 2018-19 ENROLLMENT FORM

### ◆ STUDENT INFORMATION

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth:    /    /    Age: \_\_\_\_\_ Nickname (if any): \_\_\_\_\_  Male  Female

### ◆ FAMILY INFORMATION

<b>Primary Household (Student's Primary Residence)</b>		Email:
Parent/Guardian:	Relationship:	
Cell #: (    )	Cell Carrier:	Home #: (    )
Occupation:	Employer:	Work #: (    )
Parent/Guardian:		
Cell #: (    )	Cell Carrier:	Email:
Occupation:	Employer:	Work #: (    )
Address:	City, State:	Zip:

#### Check Any That Apply To Applicant:

- Father is deceased     Mother is deceased     Parents are divorced     Parents are separated

<b>Secondary Household (If applicable)</b>		Email:
Parent/Guardian:	Relationship:	
Cell #: (    )	Cell Carrier:	Home #: (    )
Occupation:	Employer:	Work #: (    )
Parent/Guardian:		
Cell #: (    )	Cell Carrier:	Email:
Occupation:	Employer:	Work #: (    )

Address:

City, State:

Zip:

### ◆ EMERGENCY CONTACTS AND AUTHORIZED PICK-UP

In the event that above-named child is ill/injured and **parent/guardian cannot be reached**, we will contact persons **in the order** they are listed below. Only people listed on this form are authorized to remove your child from the Learning Center unless prior written notice is given by Parent/Guardian.

#### Secondary Emergency Contact's Information (If Parent/Guardian Is Not Available)

Name:

Relationship:

Cell #: (    )

Address:

City, State Zip:

#### All Other Emergency Contacts and Authorized to Pick-Up

Name:

Relationship:

Cell Phone #

Home Phone #

_____	_____	(    )	(    )
_____	_____	(    )	(    )
_____	_____	(    )	(    )
_____	_____	(    )	(    )

**\*If applicable, please attach a copy of legal documentation regarding restrictions of non-custodial parents.\***

### ◆ OTHER INFORMATION

Previous childcare/preschool, if any:

Do you have any special talents or occupational experience that you would be willing to share with the Learning Center?

Would you be willing to be a volunteer in your child's class?  Yes  Not at this time

### ◆ SLEEPING

**Children in all day care are required to have a quiet rest time during the day, although they are not required to sleep.**

Does your child nap?  Yes  No If yes, please list nap time? From: \_\_\_\_\_ to: \_\_\_\_\_

What helps your child prepare to rest/sleep (back rubs, music, blanket, etc)?

### ◆ CHURCH AFFILIATION

Attend church regularly?

No. If no, would you like someone to contact you about church services and/or activities?  Yes  No

Yes. If yes, where? \_\_\_\_\_

Church Name

City

### ◆ DIAPERING/TOILET HABITS

Is your child in diapers?  Yes  No

Is your child potty trained?  Yes  If no, is your child training to use the toilet?  Yes  No

### ◆ KWCS PHOTO / WEB PAGE RELEASE

My child may be included in photos for school publications, advertisements, website, videos and slide productions. Their name will not be included in conjunction with any photos. Every effort will be made to honor this release, however King's Way is not liable for identifying all students in large group photos.

Yes  No

### ◆ FIELD TRIP PERMISSION

My child has permission to attend off-site scheduled field trips. Notification of field trips will be given in advance. Transportation will be in van or bus.

Yes  No

### ◆ HAND SANITIZER

My child has permission to use hand sanitizer products (only if my child is over twenty-four months old) when hand washing facilities are not available, after proper hand washing, or in place of proper hand washing if hand washing facilities are not available.

Yes  No

### ◆ REGISTRATION FEES

All applications must be accompanied by the applicable registration and school year fees, which are non-refundable unless the application is not accepted or space is not available.

### ◆ PARENT HANDBOOK POLICY

I acknowledge I have reviewed and read the Parent Handbook. Posted at:

<https://www.kwcs.org/wp-content/uploads/2016/10/KWLC-Parent-Handbook-2016-17.pdf>

### ◆ STATEMENT OF NON-DISCRIMINATION

King's Way Learning Center does not discriminate on the basis of race, color, national, and ethnic origin in administration of its admissions policies, scholarship and athletic programs or any other school-administered program.

### ◆ FUTURE RE-ENROLLMENT DISCLAIMER

As a parent of a King's Way Learning Center Pre-K student, I understand that enrollment in King's Way Learning Center does not guarantee enrollment in King's Way Christian School's Kindergarten program.

### ◆ VERIFICATION OF INFORMATION

By signing below I acknowledge that I have provided information that is true and accurate.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ◆ REFERRAL

If you were referred by a family already attending King's Way, please provide their first and last name along with their contact phone number.

Referred by: \_\_\_\_\_

# Emergency Medical Care Authorization and Health Information 2018-2019

Student Name:	Date of Birth: / /
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First

Middle

Last

I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child, listed above, by a licensed physician or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health and well-being, after the school has made every effort to contact me. I accept all financial responsibility for necessary treatment and services.

**\*If your child has a life threatening illness or Chronic Health Condition, please notify the Learning Center so an individualized Plan of Care is on file prior to attendance.**

Parent/Guardian:	Date: / /
Signature	Relationship

Physician:	Clinic	Phone: ( )
Address:	City/State:	Zip:
Date of Last		
Do you have a dentist? <input type="checkbox"/> Yes. <input type="checkbox"/> No, not yet. Physical:		
Dentist:	Clinic	Phone: ( )
Address:	City/State:	Zip:

1. Does your child have any Chronic Health Conditions? (check all that apply)  Asthma or other respiratory problems  
 Seizure disorder  Diabetes  Frequent ear infections  Heart condition  Skin problems

Any other conditions? \_\_\_\_\_

Has your child been seen in the emergency room or hospital for this condition?  Yes  No

If yes, please explain: \_\_\_\_\_

2. Does your child have any allergies to:  Medications  Food (Please list)  Bee Stings

Other: \_\_\_\_\_

Please explain the type of reaction: \_\_\_\_\_

Does your child require an Epi-pen?  Yes  No Benadryl?  Yes  No

3. Has your child had any serious illness, operation, hospitalizations, or injuries?

Yes  No If yes, please explain: \_\_\_\_\_

4. Does your child have an inhaler?  Yes  No

Medications?  Yes: \_\_\_\_\_  No

Does the medication need to be given at school?  Yes  No

**\*If yes, Medication can only be given at the Learning Center with a signed permission form by a parent or guardian.  
If it is a prescription we must have a signature from the physician. Forms are available at the front office.**

5. Does your child have any limitations or disabilities?  Yes  No

If yes, please explain: \_\_\_\_\_

6. Has your child had any problems with vision?  Yes  No    Glasses?  Yes  No    Contacts?  Yes  No  
 Has your child had any problems with hearing?  Yes  No    Ear tubes?  Yes  No

If yes, please explain: \_\_\_\_\_

*Note: For the safety of your child, this information will only be shared with those who have a need to know.*

## POLICY REMINDERS

**NUG FREE  
CENTER**

With the new school year approaching we would like to remind you of the Learning Center policies regarding wellness, outside time and late pick up.

### ◆ WELLNESS POLICY

For the health and safety of all Learning Center children and staff, please do not bring your child to school if he/she has a suspected illness or is too tired to participate in daily activities. The parent, legal guardian, or other person the parent authorizes shall be notified immediately when a child has any sign or symptom that requires exclusion from the facility. The Learning Center may ask the parents to consult with the child's health care provider. Please inform the front office or your child's teacher of the advice received from your health care provider.

The following are WA State's guidelines for health and illness.

#### **Keep a child home from school if:**

- The child has had a fever of 100 degrees or higher AND also has one of the following symptoms: earache, headache, sore throat, rash, or fatigue that prevents participation in regular activities over the last 24 hours.
- The child is vomiting or has vomited in the past 24 hours 2 or more times.
- If the child has diarrhea – three or more watery stools in the past 24 hours.
- Open, oozing, or draining rash/sore that cannot be covered by bandages.
- Communicable skin disease such as: impetigo, pink eye, or scabies. Please notify the school at once if your child has been exposed to a communicable disease.
- If the child has lice or nits.
- Children can return 24 hours after antibiotics have been administered.

### ◆ OUTSIDE TIME

We believe that the outdoors are an extension of the classroom, therefore we set time aside in the morning and afternoon for the children to go outside. The classes will be out even if for a short period of time so please dress your child for the weather. Children will not be allowed to stay indoors while their class is outdoors. If your child is too ill to participate in outside activities, please keep your child home.

### ◆ POLICY FOR LATE PICK-UP

Our center closes at 6:00pm. We ask that parents cooperate in picking their children up on time. If for some emergency a parent should be delayed, please call the Center and inform the staff as soon as possible. Late fees will be automatically assessed and charged to your account in the event of a late pick-up at the following rate:

1-5 min. late = \$5

6-10 min. late = \$10

11-15 min. late = \$15, etc.