



10 South Green Drive | Athens, OH 45701 | 740.592.4516
amazinggracepreschool@gmail.com

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These forms must be completed to enroll you child at Amazing Grace Preschool. A non-refundable registration fee of \$35.00 must accompany this form. Upon receipt of the necessary information and the fee, your child will be guaranteed a place in our program.

Please complete and return all of the following forms:

- * application
- * health record/emergency transportation authorization
- * copy of immunization record
- * physical examination form
- * parent pick up permission form

1. Parent/Guardian's Name _____
Parent/Guardian's Address _____
Home Phone _____
Father's Employer _____ Phone _____
Mother's Employer _____ Phone _____
2. Child's Name _____ Child's Age _____
Birth Date _____ Siblings & Ages _____
3. School District in which the student lives _____
4. Is there any special home situation that might help up better understand your child?

5. Please check any of the following areas that apply to your child
 Hyperactivity/Inattentive Physical Handicap Speech Difficulties
 Biting Spitting Kicking/Hitting Frequent Ear Infections
6. Family History of Learning/Reading Difficulties _____
7. Medications Taken Regularly _____
8. Allergies (what type) _____
9. Is there any additional information that can that help us in the classroom? (Explain.) _____

Amazing Grace Preschool Programs

Pre K-4 Class –

Children must be four (4) years old by August. This class uses a Christian Curriculum and meets five days a week for three hours from 8:30 – 11:30 a.m. Skills needed for Kindergarten are emphasized. The monthly fee is \$215.00 per month. This program coincides with the public school schedule for starting date and ending date. There is a one-time book fee of \$35.00 to be paid at the time of enrollment. If you need more hours of care than this, you would be enrolling in the full time or half time program, depending on choice and situation. The \$215.00 fee is only for children staying in the 3 hour classes.

3 yr. old Class (Children must be potty trained) -

These classes also use a Christian Curriculum and include a Bible story time , craft time, free play and focus on developmentally appropriate skills. We are very excited about our children. Many parents who have had their children attend our program rave about our quality of instruction teamed with loving discipline. We serve two nutritious snacks daily.



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Before & After School Care (Kindergarten to 7 years)

Children will get on the school bus(Athens City Schools) in the morning and/or get off the bus in the afternoon with supervision. Once enrolled in the before & after care school program, care for snow days, holidays, or other closed school days will be available for an extra \$10.00 per day.

Fees for preschool are

Full time service (more than 25 hours/week) - \$430.00 per month.

Half time service (25 hours or less/week) - \$275.00 per month.

Part time service (15 hours or less/week) - \$215.00 per month.

If you occasionally go over the 15 hours or 25 hours, you will be billed the next program rate for that day. If this situation continues you will be ask to enter your child in the half or full time program. We also give a 10% reduction in tuition for a second child in our program

Fees for Before & After Care are

Before Care (7:30 – When the bus comes) - \$50.00 per month.

After Care (Children get off the bus – parent pick up) - \$100.00 per month.

Before & After Care (Morning & Afternoon) - \$150.00 per month.*

*Snow days, holidays, other closed school days - \$10.00 extra per day.

Your signature is your moral and legal agreement to pay said fees.

Program Selected _____ Child's name and age _____
(Full/Half/Part/Before & After care)

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____

Amazing Grace Preschool

Mission Statement & Statement of Faith

Mission Statement:

The mission of Amazing Grace Preschool is to

- 1) provide students with a quality education,
- 2) stress a historical Biblical Christian worldview,
- 3) encourage character development in a Christian atmosphere.

Statement of Faith:

We believe in the Biblical account of creation; the fall; God's efforts to reach out to man; man's need for salvation; God's redemptive plan of grace through the virgin birth, life, death, and resurrection of Jesus Christ; the work of the Holy Spirit; the second coming of Christ; and the final judgment.



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I understand Amazing Grace Preschool's Mission Statement and Statement of Faith. In addition I understand that my child will be taught in accordance with these statements and will encourage and support my child to the best of my ability in his/her Biblical education.

Parent/Guardian signature _____ Date _____

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT
 Child Care Centers and Type A Homes

Child's Name (print or type)	Date of Birth
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This is to certify that I have examined this child and their health records and found that:

- This child has had the immunizations required by section 3313.671 of the Revised Code for admission to school, or has had the immunizations recommended by the state department of health according to the child's age, or is to be exempted from these requirements for medical reasons. Please note exemptions:

Immunizations(*) (enter month, day, and year)					
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					

* The immunizations above, are recommended immunizations. Please consult your child's physician for more information.

- 2) Based upon medical history and physical condition at the time of this examination, this child is in suitable condition for participation in group care.
- 3) List any limitations or health conditions (including allergies, daily medications, dietary restrictions) _____

Recommended Assessments/Screenings:

Vision: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	Hearing: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Dental: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	Lead: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
BMI: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	Other: _____

Signature of examining Physician / Certified Nurse Practitioner	Date of Examination
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Ohio Administrative Code rules 5101:2-12-37 and 5101:2-13-37 require that this examination be given no more than twelve months prior to the date of admission to the child care facility.

Name of Physician /Certified Nurse Practitioner	Telephone Number ()
Street Address	
City, State and Zip Code	

Amazing Grace Preschool

Permission to Pick Up Child Form

Please list the names of people to whom you give permission to pick up your child other than parents or legal guardians. These people must be at least 16 years old and have a photo ID with them.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

If you are unable to pick up your child, please send a note or call the school to let us know the name of the person who will be picking up your child. This person must be at least 16 years old and have a picture ID when he/she picks up the child.

The child must be picked up no later than 5:30 p.m.



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Parent/Guardian Signature

Date

Amazing Grace Preschool

Picture Release Form

I hereby grant permission for my child, _____,
to be photographed or videotaped while involved in activities connected with
Amazing Grace Preschool. Please check one box in each category (classroom and website).



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Photographs/Videotaping for the classroom

- Any picture of my child may be taken for use by teachers or student teachers for classroom projects, scrapbooks or portfolios.
- Please only photograph my child from the side or back for classroom use.
- Please take no photographs of my child for classroom use.



Photographs for the website (amazinggracepreschool.org)

- Any picture of my child may be taken to use on the school's website.
- Please only photograph my child from the side or back for the website.
- Please take no photographs of my child for website use.
