



**Parent/Guardian Information**

**Parent/Guardian 1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Occupation/ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

( ) Custodial Parent (If married, mark both parents)

Marital Status: ( ) Married ( ) Single ( ) Divorced ( ) Separated ( ) Widowed

Relationship to Child: ( ) Mother ( ) Father ( ) Grandparent ( ) Foster Parent

Mark All that Apply: ( ) Child Lives With ( ) Emergency Contact ( ) Authorized Pickup

**Parent/Guardian 2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Occupation/ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

( ) Custodial Parent (If married, mark both parents)

Marital Status: ( ) Married ( ) Single ( ) Divorced ( ) Separated ( ) Widowed

Relationship to Child: ( ) Mother ( ) Father ( ) Grandparent ( ) Foster Parent

Mark All that Apply: ( ) Child Lives With ( ) Emergency Contact ( ) Authorized Pickup

Who **does not** have permission to pick up your child? If applicable, a copy of supporting court documents must be on file.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Church Information**

Does your family attend church at Summit LIFE Church? ( ) No ( ) Yes

If not, where do you attend? \_\_\_\_\_



**Emergency Contacts & Authorized Pick Up Persons:**

**Contact/Pick Up**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Relationship to child:: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Occupation/ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

- Emergency Contact
- Authorized to pick up with parent confirmation
- Authorized to pick any time without a call to the parents

**Emergency Contacts & Authorized Pick Up Persons:**

**Contact/Pick Up**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Relationship to child:: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Occupation/ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

- Emergency Contact
- Authorized to pick up with parent confirmation
- Authorized to pick any time without a call to the parents

**Emergency Contacts & Authorized Pick Up Persons:**

**Contact/Pick Up**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Relationship to child:: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Occupation/ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

- Emergency Contact
- Authorized to pick up with parent confirmation
- Authorized to pick any time without a call to the parents



**Getting To Know Your Child**

Has your child been in school before? ( ) No ( ) Yes, if yes what type (play based, Montessori, etc.) \_\_\_\_\_

Are there any siblings?

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

What are 3 adjectives that best describe your child? \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

How is your child most easily settled when upset or afraid? How do they share their feelings/emotions? \_\_\_\_\_

What languages are spoken at home? What is your child's primary language? \_\_\_\_\_

What are some activities your child loves to do outside of school? \_\_\_\_\_

Provide a brief description of your child's disposition. \_\_\_\_\_

What motivates your child? What are their interests? \_\_\_\_\_

Do you have any concerns about your child that would be useful for his/her teacher to know? \_\_\_\_\_

What are your hopes/goals/expectations for your child at Summit LIFE Preschool? \_\_\_\_\_

Does your child know:

	Limited Exposure	Familiar	Proficient
Basic Shapes:	1	2	3
Colors:	1	2	3
ABC's:	1	2	3
Numbers:	1	2	3



**Child's Health Information**

Does your child have any special health concerns? ( ) No ( ) Yes

If yes, please specify: \_\_\_\_\_

Does your child have any allergies or food sensitivity, including drug reactions or prone to any type of allergies? ( ) No ( ) Yes

If yes, please specify: \_\_\_\_\_

Does your child take any regular medications? ( ) No ( ) Yes

If yes, please specify: \_\_\_\_\_

**Child Medical Insurance Coverage**

Insurance company name: \_\_\_\_\_

Member/Policy number: \_\_\_\_\_

Policy holder name: \_\_\_\_\_ Employer name: \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

**Has your child had any of the following childhood illnesses? ( ) No ( ) Yes**

(circle what applies)

- Asthma      Bronchitis      Chicken Pox      Diabetes      Heart Disease
- Hepatitis      Impetigo      Measles      Mumps      Polio
- Epilepsy      Cough      German Measles      Scarlet
- Fever
- Tuberculosis      Whooping      Other \_\_\_\_\_

**Does your child have problems with any of the following? ( ) No ( ) Yes** (circle what applies)

- Constipation      Convulsions      Diarrhea      Fainting Spells      Worms
- Frequent Colds, Ear Infections or Sore Throats      Lice
- Ringworm
- Skin Rash      Soiling      Upset Stomach      Urinary
- Problems
- Other \_\_\_\_\_

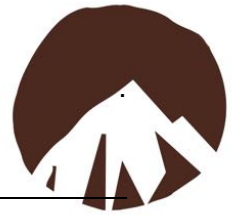
Does your child have any speech, hearing or visual problems? ( ) No ( ) Yes

If yes, please specify: \_\_\_\_\_

Has your child been formally assessed for any of the above? ( ) No ( ) Yes

If yes, please specify: \_\_\_\_\_

Has your child had any surgeries? ( ) No ( ) Yes



If yes, please specify: \_\_\_\_\_

Would there be any restrictions to playing or activities? ( ) No ( ) Yes

If yes, please specify: \_\_\_\_\_

**Consent to Medical Care and Treatment of Minor Children**

I hereby grant any Summit LIFE Preschool (SLP) employee and/or volunteer permission to administer basic first aid in the event that it becomes reasonably necessary in the sole discretion of SLP, including the need for basic over-the-counter medication if such need arises.

**Parent/guardian signature** \_\_\_\_\_

When deemed reasonably necessary by SLP, I hereby grant permission to SLP and its employees and/or volunteers to seek and secure any medical attention or treatment for my child including hospitalization, if in SLP's or an employee or volunteer deem such action is necessary. I hereby further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed and/or deemed necessary by a licensed physician or healthcare provider when deemed necessary or advisable by the physician or health care attendant to safeguard my child's health. I further consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve my child's life or health. I waive my right of informed consent to such treatment, I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment if in the opinion of SLP such need is reasonably necessary under the circumstances.

**Parent/guardian signature** \_\_\_\_\_

**Indemnification**

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Summit LIFE preschool and Summit LIFE church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury to my child while enrolled at SLP. I hereby release and agree to hold harmless, defend, and indemnify SLP and Summit LIFE church, its directors, employees, volunteers, and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages except those caused entirely by the gross negligence or intentional conduct of SLP and all related entities or affiliates that my child or I may suffer as a result of my child's participation and/or enrollment at SLP.



**Financial responsibility for medical cost and expenses**

I agree to assume responsibility for all medical, transportation, rescue and other related expenses incurred on behalf of my child.

Parent/guardian signature \_\_\_\_\_

**Payment contract**

Effective August 2022, my child is enrolled in the preschool 4 day class for the September-May 2022-2023 school year at Summit LIFE Preschool.

I understand that my child’s registration fee is a one time payment of \$150.

Tuition payments are made on the cycle of August 5 to April 5 (School year is September-May). If you enroll after this time, you will pay the current month's tuition along with the following month's tuition. For example if starting November 1, you would pay November tuition and December tuition on November 5. If you start in the middle of the month, that month would be prorated.

Payments for the 2022 to 2023 school year will begin on August 5 and end on April 5. The full monthly tuition payment is due on the fifth of every month.

A \$10 per day late fee will be assessed on payments received two or more days past the agreed-upon due date. Preschool services will be denied if payment is delinquent for more than five days. Please speak with the director for extenuating circumstances.

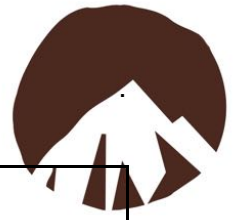
A 30 day written notification is required for child care termination. If proper notification of termination is not provided you are still responsible for the full tuition cost. Enrollment may not be terminated after April 30, 2023.

I have read and agree with the statement above.

Preschool 4-day class is Monday - Thursday, 8:30 AM - 12:30 PM.

I agree to the tuition cost and understand that all payments will be collected on the fifth of each month.

Student per month	School year	Application fee
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\$450	\$4050	\$150
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Parent/guardian signature \_\_\_\_\_

**Discipline Policy**

Praise and positive reinforcement are effective methods of behavior management for children. When children receive positive and understanding interactions rooted in the gospel and the purpose of obedience and honoring their teachers and parents, they develop problem solving skills, self-control and discipline.

Parents will be notified and conferences will be scheduled if particular disciplinary problems occur. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right, after meeting with the parents and documenting continued behavior problems and interventions, to terminate childcare services.

Child's Full Name \_\_\_\_\_

I have read and understood the discipline policy stated above for Summit LIFE Preschool.

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

**Class Expectations**

- Looking Eyes
- Listening Ears
- Quiet Mouth/Kind Words
- Gentle Hands and Feet
- Loving Heart



### Mission/Belief Statement Alignment

The mission of Summit Life Church is to make disciples from all ethnic backgrounds, mobilizing them for LIFE. This requires a commitment to declare the truth of God's glory through the study of His word and demonstrate the truth of God's grace through living out His word. SLP supports this by partnering with families who seek to make disciples of their children.

#### **WE BELIEVE LIFE CAN BE DEFINED AS:**

**Loving God passionately.** First, we believe that God is the center of LIFE. Regardless of one's culture or background love is what drives and motivates marriage, career, community, and hobbies. Jesus stated that the first and greatest commandment is to love God. This is why we are committed to making and mobilizing disciples who are in love with God. God's love was demonstrated on the cross. We find LIFE when we respond to God's love by laying our lives at the foot of His cross. Where there is love for God there is LIFE and where there is LIFE there is love for God (Matt. 22:37; John 10:10; Rom. 5:8).

**Investing in others selflessly.** Second, we believe out of a LIFE centered on loving God, people will intentionally and selflessly invest in others. At the center of the church's purpose is a love for God and a love for people. After stating the greatest commandment Jesus continued stating the second greatest commandment is to love people. Our love for God is best demonstrated in our investment in people. The word investment, implies giving something of worth. We believe our love for God overflows into a love for people demanding that we give our time, treasure, and talents for the sake of others (Luke 6:27-36; 1 John 3:16; 4:7-8).

**Fulfilling your call uniquely.** Third, we believe each person is created uniquely by God. The gifts, talents, passions, and desires of each person is as unique as each snowflake that falls to the ground. There is not, nor will there ever be, two of you. God created you for His glory and LIFE is found when you use your gifts, talents, passions, and desires for His glory. We believe at the center of abundant LIFE is fulfilling your God given purpose which will further cultivate a love for God and a love for people (Col. 1:16; Eph. 2:10).





**Embracing God's mission completely.** Lastly, we believe as each person is created uniquely by God; each person is created uniquely for God. Our unique purpose is part of a larger tapestry woven together by God's providential hand. This purpose is realized as we embrace God's mission in the spheres of influence He has providentially placed us in- calling others to LIFE (Matt. 28:18-20; Luke 19:10; Col. 1:18-23).

## **THEOLOGICAL UNITY DRIVES MISSIONAL CLARITY**

Our commitment to declare God's glory and demonstrate God's grace is firmly grounded in our belief and confidence in the inerrancy of Scripture. For unity to exist in any fellowship of believers it must include not only a unity of purpose in ministry but also a unity of belief in theology. The following doctrines of "eternal significance" form the basis for our shared doctrinal beliefs. There are three "hills" we consider eternally significant:

### **HILL 1**

We believe in the Trinity. Trinitarian view of God teaches that God the Father, God the Son, and God the Holy Spirit are equal in essence, distinctive in person (Is. 44:6; Matt. 28:19; 1 Cor. 12:4-6; 2 Cor. 13:14); God the Father (Deut. 6:4; Eph. 4:4-6; John 10:30-36) God the Son (John 1:1-4; 14; Col. 1:15-17, 2:9) God the Holy Spirit (John 14:16-17, 26; 1 John 5:7-8)

### **HILL 2**

We believe that the Bible is totally true and trustworthy. It is "God-breathed", and has been divinely protected from error. As a result, it contains everything we need for life and godliness. It is:  
Authoritative Accurate Authentic Sufficient

### **HILL 3**

Salvation is accomplished by a sovereign God who, through the gracious work of the Holy Spirit, regenerates sinners, leading them to repentance, faith, and forgiveness. Salvation is made available to men and women solely on the basis of faith in the atoning work of Jesus Christ's. Salvation is available through Jesus Christ alone. Jesus is not one of many ways to God; He is the ONLY way to God. The Gospel reveals (Rom. 3:10-26): Right view of Sin- separates us from God and condemns us to literal hell Right view of Self- created in God's image, but sinner by nature and practice Right view of Salvation- through Christ alone and sustained by Him alone.

## **DOCTRINAL DISTINCTIVES**

1. We believe in the Trinity. God the Father, God the Son, and God the Holy Spirit are equal in essence and distinctive in person.
2. We believe in the virgin birth, sinless life, vicarious death, and bodily resurrection of Jesus Christ.



3. We believe that Jesus took our place on the cross and paid the sin debt that we owed God. This substitutionary atoning work makes forgiveness of sin possible for all of humanity.
4. We believe that salvation is by faith in Jesus Christ alone, plus nothing and minus nothing. The conditions of salvation are repentance and faith.
5. We believe in a literal heaven to be gained and a literal hell to be shunned.
6. We believe that the Bible is totally true and trustworthy. It is “God-breathed”, and has been divinely protected from error. As a result, it contains everything we need for life and godliness.
7. As a cooperating Southern Baptist congregation, we affirm the 2000 Baptist Faith and Message as our general statement of belief.

- My family is in alignment with Summit LIFE Church’s Mission Statement and Beliefs.

Parent(s) Signature \_\_\_\_\_

- We align with the following exceptions:

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## **Summit LIFE Preschool**

**ONLY authorized personnel  
allowed on or around the  
premises and within the building  
during the hours of operation**

**Doors are locked & building is  
closed between the hours of  
8:30am-12:30pm Mon-Thurs**



# **ID Badge required for all staff and volunteers**

**Contact the Preschool Director in case of emergency or a circumstance that would require you to enter the building during the hours posted above**

## **Parent Volunteer Commitment and Responsibilities**

I commit to volunteering two times a month to support the teacher and students in learning and tasks such as :

- check in
- check out
- Set/up tear down
- Classroom management
- Small group facilitating
- Responsible to find a sub if I am sick or unable to volunteer on the day I am scheduled for
- Checking front and back locks once all students are checked in
- I will commit to:
  - Background check prior to volunteering
  - Wearing an ID badge when I am volunteering

Whether or not I am volunteering, I will sign up to bring a classroom snack two times a month.

## **Policies**

To ensure the safety of our students and families, only authorized pick-up persons who are documented on the enrollment forms may drop off or pick up their child.

Volunteers and church staff are the only individuals allowed on the premises during school hours.

The building will be locked during school hours to prevent unauthorized people from entering the building.



If there is a delay or a student is going to be late, contact the teacher so they can plan accordingly.

A background check must be complete in order for a parent or guardian to volunteer in the classroom.

ID badges must be worn during school hours to ensure safety.

My family and I have read and are in agreement with these policies.

Parent/guardian signature \_\_\_\_\_