



2500 W. 18<sup>th</sup> Avenue, Eugene, OR 97402  
541-686-8655  
[wcsoffice@willamettechristian.com](mailto:wcsoffice@willamettechristian.com)  
[www.yourwcs.com](http://www.yourwcs.com)

## PRESCHOOL 3's Class APPLICATION CHECKLIST

Please use this checklist to guide you through the Enrollment Process:

The following documents must be submitted before enrollment can be finalized:

- \_\_\_\_\_ New Student Application (*one per student*)
- \_\_\_\_\_ Student Health Form
- \_\_\_\_\_ Annual Parent Commitment Form
- \_\_\_\_\_ Code of Conduct Form
- \_\_\_\_\_ Copy of student's immunization record
- \_\_\_\_\_ Copy of student's birth certificate
- \_\_\_\_\_ Tuition Contract
- \_\_\_\_\_ \$100 New Student Fee (*non-refundable*)
- \_\_\_\_\_ \$275 Annual Fee (*up to \$75 refundable for the snack portion*)

Mail or bring all paperwork along with your fees to the school office. The person(s) listed as financially responsible on the application must sign the tuition contract.

Upon receiving all the application forms, the parents/guardians will be contacted to set-up an informal student evaluation with the Pre-Kindergarten teacher. Following the evaluation, an appointment will be scheduled for an interview with the School Administrator. The interview is the last step in the admission process; once it is complete, the office will notify you of acceptance.

**Enrollment is not complete, nor is the student's class place secured, until the completion of all forms and all applicable fees have been paid.**



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## NEW STUDENT APPLICATION

Today's Date \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_

/ /  
Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ Current Age: (years and months) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone #1 \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_ Best Email \_\_\_\_\_

Gender: ☐ Male ☐ Female

Home Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

United States Citizen? ☐ Yes ☐ No Ethnicity: ☐ Anglo ☐ Asian ☐ Bi-Racial ☐ Hispanic ☐ Native American ☐ Other

Is English the student's first language? ☐ Yes ☐ No If not, what is the first language? \_\_\_\_\_

How did you hear about Willamette Christian School? \_\_\_\_\_

Please list names of immediate family members who are or have attended WCS: \_\_\_\_\_

I authorize my student's name, address & phone number to be listed in the student directory. ☐ Yes ☐ No Initial: \_\_\_\_\_

## FAMILY INFORMATION

Family's Faith Denomination: \_\_\_\_\_ Church Attended \_\_\_\_\_

Marital Status: ☐ Married ☐ Divorced\* ☐ Remarried ☐ Widowed ☐ Separated\* ☐ Single

**\*If divorced or separated, please attach proof of Guardianship.**

The student applying lives with: ☐ Father/Guardian ☐ Mother/Guardian ☐ Both

Who has legal custody of this child? ☐ Father/Guardian ☐ Mother/Guardian ☐ Both

If parents are divorced or separated, to whom should correspondence be sent?

☐ Father/Guardian ☐ Mother/Guardian ☐ Both ☐ Other (specify): \_\_\_\_\_

Who is financially responsible for this child? \_\_\_\_\_

### Father/Guardian:

Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: / /

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

### Mother/Guardian:

Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: / /

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

Work Phone \_\_\_\_\_

*Students may be filmed, videotaped, or photographed by a WCS employee or contract service professional. Your admission to WCS serves as permission for use of your student's image by WCS and its constituents. Please initial if no permission is granted. Initial:*



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## STUDENT ACADEMIC HISTORY

Please list the last school your student has attended: *(name, city, state)* \_\_\_\_\_

Has your student had any academic challenges in school? If so, briefly explain. If applicable, include any information about having to repeat any grades or academic probation.

\_\_\_\_\_

Has there been an IEP written for your student or any testing or formal academic or behavioral evaluation done? *(Attach a copy of the IEP)*

\_\_\_\_\_

Has your child had any disciplinary difficulty in school? ☐Yes ☐No If so, briefly explain.

\_\_\_\_\_

Has the student ever been suspended or expelled from school? ☐Yes ☐No If so, briefly explain.

\_\_\_\_\_

## EMERGENCY INFORMATION

In the event of an emergency or if your student needs to be picked up from school, Willamette Christian School will contact one of the following people based on the order in which they are listed.

Name	Relationship	Home or Cell Phone No.	Work Phone No.
1.			
2.			
3.			
4.			

People authorized only to pick up children (in addition to those listed above):

1.			
2.			

**With this application I am enclosing the applicable enrollment fees which are all nonrefundable.**

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

### ***Non-Discriminatory Policy:***

Willamette Christian School admits students of applicable age, regardless of sex, race, color, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. We welcome students of all races and nationalities who willfully submit to the Statement of Faith.



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## STUDENT HEALTH FORM

Today's Date \_\_\_\_\_

This information will enable us to be aware of any health-related concerns or emergencies that may arise. This is kept confidential in your child's cumulative health folder for professional use only.

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Medical Treatment Release

In the event of an emergency and I am unavailable, I authorize school personnel to make arrangements for my child to receive medical care, including required transportation in an ambulance to the nearest hospital or treatment facility. I authorize the physician and/or dentist named below to undertake such care as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician and surgeon. I agree to bear all costs incurred.

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

Parent/Guardian Printed Name: \_\_\_\_\_

May Tylenol (or equivalent brand of Acetaminophen) be given to the student if needed? ☐ Yes ☐ No

Please Initial \_\_\_\_\_

### Medical Service Information

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

#### Insurance Information:

Does your student have medical insurance coverage? ☐ Yes ☐ No

Insurance Company: \_\_\_\_\_ Membership No. \_\_\_\_\_ Group No. \_\_\_\_\_

Primary Insured: \_\_\_\_\_ Primary Insured's Membership No. \_\_\_\_\_

Does your student have dental insurance coverage? ☐ Yes ☐ No

Insurance Company: \_\_\_\_\_ Membership No. \_\_\_\_\_ Group No. \_\_\_\_\_

Primary Insured: \_\_\_\_\_ Primary Insured's Membership No. \_\_\_\_\_

In the event of emergency transport, your student will be taken to River Bend Hospital in Springfield, OR unless otherwise directed by emergency personnel.

### General Information

Student's blood type: \_\_\_\_\_

Current medications taken (list both prescription & nonprescription medications including vitamins/herbs):

Drug name \_\_\_\_\_ Dose \_\_\_\_\_ Administered at school? ☐ Yes ☐ No

Drug name \_\_\_\_\_ Dose \_\_\_\_\_ Administered at school? ☐ Yes ☐ No

Drug name \_\_\_\_\_ Dose \_\_\_\_\_ Administered at school? ☐ Yes ☐ No

Drug name \_\_\_\_\_ Dose \_\_\_\_\_ Administered at school? ☐ Yes ☐ No



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## STUDENT HEALTH FORM (continued)

Does your student:

**Wear glasses?**

☐ Yes ☐ No

**Contacts?**

☐ Yes ☐ No

**Have hearing loss?**

☐ Yes ☐ No

**Use hearing aids?**

☐ Yes ☐ No

**Have a history of:**

☐ Asthma

☐ Bee Sting Allergy

☐ Diabetes

☐ Epilepsy

☐ Heart Condition

Please enter date or age of occurrence or diagnosis for the following:

Measles \_\_\_\_\_ German Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Mumps \_\_\_\_\_ Neurological Problems \_\_\_\_\_ TB Contact \_\_\_\_\_

Scarlet Fever \_\_\_\_\_ Orthopedic Problems \_\_\_\_\_ Convulsive Disorder \_\_\_\_\_

Serious Injury \_\_\_\_\_ Frequent headaches \_\_\_\_\_ Other \_\_\_\_\_

Does your student have any allergies? If none, write "none". Please be specific, attach additional sheets as needed. \_\_\_\_\_

Are there any medical conditions that would limit your child's normal school activities?

☐ Yes ☐ No

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

### Emotional/Psychological Information

Has your student experienced a recent significant loss of a loved one or other emotional distress? ☐ Yes ☐ No

(Loss of grandparent, pet, divorce, etc.)

If so, please explain. \_\_\_\_\_

Is your student currently under the care of a child psychologist/counselor? ☐ Yes ☐ No If so, please explain. \_\_\_\_\_

Does your student have problems with temper tantrums or emotional outburst?

☐ Yes ☐ No

Does your student show signs of hyperactivity or attention difficulties?

☐ Yes ☐ No

Has your student been diagnosed with an attention deficit disorder?

☐ Yes ☐ No

☐ ADD

☐ ADHD

Has your student been diagnosed with a sensory integration disorder?

☐ Yes ☐ No

☐ SPD

☐ Autism

☐ PDD

### Other

Please note any additional comments or concerns you would like us to know about your student's health. If you need more space, feel free to add another page.



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## ANNUAL PARENT COMMITMENT

Today's Date: \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_ Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

### EACH PARENT OR LEGAL GUARDIAN MUST READ AND INITIAL EACH PARAGRAPH.

We understand and agree that it is a privilege to attend Willamette Christian School and therefore we will uphold the school with a positive attitude and our prayers.

_____	We place our trust in Willamette Christian School, its administration, faculty, and staff and will work together in a spirit of unity between the school and home.
_____	We promise to encourage obedience to the rules and policies, as stated in the Parent & Student Handbook, and to foster an attitude of respect for the Christian culture and life which are maintained at Willamette Christian School.
_____	We pledge to support the school administration and teaching staff in decisions made in the education of our student.
_____	We promise to promote a positive view regarding the school program to all we converse with and to address the appropriate school personnel (per steps outlined in the Parent & Student Handbook) with any concerns we may have throughout the school year.

### Spiritual and School Philosophy

_____	We understand and agree that our child will be taught to worship one God – Father, Son, and Holy Spirit – and to honor the Bible, as God's only written word. Our child will be taught that the God of the Bible is a personal God and that through Christ's death and resurrection one can have a personal relationship with Him. We understand that the school will accept students of varying religious backgrounds, but that <b>all</b> students must comply with all behavior, dress, and spiritual requirements as established from time to time by the school administration and board.
_____	We have read and agree with the school's Statements of Faith and Philosophy. We will give active support to the school program in every way possible and make a sincere effort to attend, participate, and volunteer in school functions.

### Conduct and Standards

_____	We agree to accept and support all rules and regulations of Willamette Christian School and authorize the school to administer the disciplinary methods stated in the Parent & Student handbook. We understand the standards of the school will not tolerate profanity, obscenity in word or actions, or any type of action or harassment from students or parents that are deemed disrespectful or harmful to school staff or students. We understand that parents who behave in this manner to a staff member will be asked to leave the campus and may be banned from the campus.
_____	We will expect our child to comply with school regulations. We will withdraw our child or accept the school's right to dismiss them if we become unable to support these policies, procedures, and rules. We realize that the school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process of the school.
_____	We understand that damage to school property by the student due to willful negligent means will be directly charged to my account.
_____	We give permission for our child to take part in all regular school-day activities, including school-sponsored trips. We release the school from liability because of any injury at school or during any school-associated activity.



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## ANNUAL PARENT COMMITMENT (continued)

### Tuition Payment Policies

_____	We have read and will abide by the school's policies in regard to tuition payments, attendance policies, withdrawal policies and policies regarding refunds and/or non-refundable fees as stated on the Tuition Contract and in the Parent & Student Handbook.
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### Dispute and Reconciliation

_____	<p>We understand that expectations and perceptions may, at times, come into conflict. In Christian relationships, the priority of love should direct all our actions as a reflection of the loving submission of Christ to the Father. The way we resolve conflicts and perceive offenses will demonstrate the reality of Christ to a watching secular society. (John 13:34-35)</p> <p>The school has specific requirements for all aspects of conflict resolution, including (but not limited to) student-to-student conflict, student-to-teacher conflict, parent-to-teacher or parent-to-parent conflict. We acknowledge our requirement to follow the procedures as outlined in the Parent &amp; Student Handbook.</p>
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### Medical Release

_____	We, the parents/guardians, authorize Willamette Christian School to call emergency services (911) in case of an accident and to arrange for an emergency medical care doctor in case the parent is not immediately available. Any physician called by Willamette Christian School, paramedics, or hospital emergency service may treat and/or take necessary measures for the health and well-being of the child. It is understood that a conscientious effort will be made to notify the parents before such action will be taken.
_____	We, the parents/guardians, will accept responsibility for the cost of any medical service, physician, or hospital care.
_____	We understand the school's insurance is secondary to parent insurance for school related accidents.

### Signatures

We acknowledge by signing this agreement, it is for a limited duration, and that all rights and privileges herein terminate upon the expiration date of the academic year applied for, unless terminated sooner. We understand that we are responsible for all financial obligations as set forth in the school's financial policies.

***The signature of both parents/guardians is required unless a court has appointed legal custody to only one.***

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



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## CODE OF CONDUCT COMMITMENT FORM

Today's Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

We believe it is important to affirm our partnership, family and school, in providing the best possible educational environment for your student. Parents are to discuss this document and the expectations listed with their student. This form must be signed and dated before the student will be allowed to attend classes.

### Code of Conduct

Individual behavior is a vital aspect of school life, based on a sense of personal responsibility and having respect for others. Students at Willamette must be willing to conduct themselves with a spirit of cooperation, courtesy, and consideration of others.

Students at Willamette must:

- Generally have a positive attitude toward teachers, peers, and all school staff and volunteers.
- Practice cheerful obedience to all in authority.
- Arrive on time to school and all classes.
- Bring required materials to school each day and to each class throughout the day (Middle School).
- Complete all assignments and expected tasks.
- Be respectful to others in and out of the classroom.
- Be truthful and honest in all behavior.
- Be respectful of individual, school, and church property.
- Use appropriate language at all times.
- Follow all school rules and regulations.

Willamette expects full cooperation from both student and parent in the education process. Lack of student or parent cooperation may result in permanent dismissal. When misconduct occurs, corrective measures that are appropriate to the student's age level will be used to help the student change the behavior. Please refer to the Parent & Student Handbook for specific information.

I have read the rules stated above, understand my responsibility and will ensure my student's adherence to the rules.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

I have read the rules stated above and have discussed them with my parents.  
(Only **3rd through 8th** grade students need to sign.)

Student's signature \_\_\_\_\_ Date \_\_\_\_\_





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## TUITION CONTRACT for 2016-2017 School Year PRESCHOOL 3's Class

**Required Fees:** All fees are per student and non-refundable.

❖ New Student application fee	\$100.00
❖ Annual fee (Up to \$75 for snacks refundable)	\$275.00

**Annual Tuition:** Tuition does not cover lunches or after hours care, please see additional information for details & costs. Milk is provided during lunchtime for full day students, however.

**\*Half day is 8:20 am – 11:40 pm, Full day is 8:20 am – 3:30 pm.**

5 day per week program: Monday through Friday

Half Day: \$3,225.00 Full Day: \$4,475.00

4 day per week program: Monday through Thursday only (no day exchanges allowed)

Half Day: \$2,900.00 Full Day: \$4,025.00

2 day per week program: Tuesday/Thursday only (no day exchanges allowed)

Half Day: \$1,580.00 Full Day: \$2,160.00

### General Tuition information:

Tuition is based on the annual school calendar and is due in full prior to the first day of school. To help families, WCS offers monthly payment plans and will be using the management system of SMART Tuition for the 2016-2017 school year. A one-time annual administrative fee of \$50 will be charged by SMART and due with the first payment. Please note, debit or credit card payments made through SMART will incur a 2.65% fee from SMART.

Statements are mailed or e-mailed to parents before the 1<sup>st</sup> of the month, they are also available 24/7 through the SMART website. Payments are due by the 10<sup>th</sup> of each month, a late fee of \$65 will be assessed if the monthly payment is not received by then. If payment isn't received by the 25<sup>th</sup> of the month, a notice will be sent. The student(s) *will not* be allowed to return to school after the 1<sup>st</sup> day of the next month until the account is paid in full, unless arrangements are made.

### Billing Options:

- 10 Monthly payments: August 2016 through May 2017
- Payment in full: discounts are offered for payments made with cash or check only. If paid on or before June 1, 2016, a 2% discount will be applied. If not paid in full by 07/01/2016, the family will be enrolled in SMART to make monthly payments.

### Please list each student enrolling in the Pre-3's program:

Student Name \_\_\_\_\_ Tuition/program selected: \_\_\_\_\_

Student Name \_\_\_\_\_ Tuition/program selected: \_\_\_\_\_

A 2% discount may be taken if an older sibling is enrolled in grades K-8<sup>th</sup>. Attach this page to K-8 contract.



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**Withdrawal Information and Refund Policy:**

- Once the enrollment process is complete (forms and fees submitted, evaluation and interview complete) a written notice is required 30 days in advance of intention to withdraw a child from school. If 30 days' notice is not given, the responsible party will be charged for all school days within thirty days following the date of the child's withdrawal regardless of attendance on those days.
- All fees are non-refundable. Tuition is pro-rated on a daily basis in accordance to the signed tuition contract.
- There will be no tuition deductions or allowances made for those days on which the school is closed due to holidays, vacations, teacher work days, or closure due to weather conditions. No deduction or allowances will be made for absences from school except in the case of severe illness or hospitalization, subject to School Administrator approval.

**Parent Pledge:**

I have carefully read the rules for enrollment and do agree to comply with all terms and regulations expressed in the Willamette Christian School Parent & Student Handbook. I accept and support the school's statement of faith and philosophy. I also agree to be bound by the school to pay all tuition and fees required in accordance with the financial policies of the school.

I understand that each monthly installment is due in full on the 10<sup>th</sup> day of each month and any remaining balance is subject to a \$65 late fee. Willamette Christian School policy states that accounts which have become 30 days past due shall result in the student(s)' dismissal. I understand that I will be assessed a fee of \$35.00 for any personal checks issued by me which are returned from the bank for insufficient funds. I also understand that if any two (2) of my personal checks are returned due to insufficient funds I will be required to make all future payments with cash, cashier's check or certified funds. I understand 30 days' notice needs to be given with intention to withdraw my child(ren) or I will be subject to the withdrawal and refund policy listed above.

**NOTE: Both parents/guardians must sign this agreement if both are listed as "financially responsible" on the registration form.**

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

\_\_\_\_\_  
Social Security No.  
(required, confidential)

\_\_\_\_\_  
Driver's License No.  
(required)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Social Security No.  
(required, confidential)

\_\_\_\_\_  
Driver's License No.  
(required)

\_\_\_\_\_  
Date

**Tuition Payment Calculation – to be filled out with the Financial Manager.**

Total annual tuition (from front page) \$ \_\_\_\_\_

Payment if full (cash or check only) by 06/01/2016, 2% discount amount \$ \_\_\_\_\_

Additional discount (Principal approval for staff & minister) \$ \_\_\_\_\_

**Final annual tuition calculation:** \$ \_\_\_\_\_

Monthly payment amount 10-month plan: \$ \_\_\_\_\_ Parent(s) initials: \_\_\_\_\_

**Office Use Only:**

Entered into Excel Tuit Rev? ☐ Yes ☐ No Entered into SMART? ☐ Yes ☐ No