

Requirements for Enrollment in Preschool:

- 1. Completed enrollment packet**
- 2. Pay the enrollment fee**
- 3. Provide a copy of child's up-to-date immunizations**
- 4. Provide a copy of child's current physical examination report from physician.**
- 5. Child must be toilet trained.**

Other important information to note:

- 1. For lunches, you may use an insulated lunch bag or other bag of your choosing. We do not refrigerate lunches.**
- 2. For full day students – you must provide/purchase a small, zipper-free nap roll (available on Amazon). We provide a closed cell yoga mat that you take home weekly to clean. If your child damages their yoga mat, you will be charged \$10 to replace it (the health department requires mats free of damage).**
- 3. We are a total nut-free facility, which includes anything made in a facility that processes nuts. We have included a list of nut-free snack suggestions.**
- 4. We will explain to you our procedure regarding giving prescription or over-the-counter medications.**
- 5. Please provide an extra set of clothes that may be kept in a Zip-Loc bag in your child's cubby.**

Parent or Guardian Signature

Date

Summit Ridge Christian School

A ministry of
SUMMIT CHRISTIAN CHURCH
Phone (775) 424-5437
APPLICATION FOR ENROLLMENT

Child's Name _____ Male/Female _____ Birth date _____
Home Address _____ Phone _____
City _____ State _____ Zip code _____

Parent Information: Married Single Separated Divorced

Mother's Name _____ Cell Phone _____
Occupation _____ Employer _____
Mother's Address (If different from child's home address) _____

Work or alternate phone _____
E-mail address _____

Father's Name _____ Cell Phone _____
Occupation _____ Employer _____
Father's Address (If different from child's home address) _____

Work or alternate phone _____
E-mail address _____

The following people are authorized to pick up my child. Each adult will need to select their own password and ID code and it should be kept confidential.

Parent(s) _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Has your child had previous preschool experience? _____
If so, where? _____

I hereby affirm that I have read the Summit Ridge Handbook. I certify that I consent to and will submit to all governing policies of the school, including all applicable policies in the Summit Ridge handbook. (Initial) _____

I understand that my child must be toilet trained upon enrollment. (Initial) _____

Parent of Guardian Signature

Date

**SUMMIT RIDGE CHRISTIAN SCHOOL
EMERGENCY INFORMATION**

Child's Name _____

In case of emergency or inability to contact the undersigned parent, you are hereby authorized to contact:

Name _____

Address _____

Phone _____ Relationship _____

In case of emergency, accident, or illness to my child, I authorize Summit Ridge Christian School to secure any necessary medical aid and/or treatment from:

Hospital/Emergency Room _____ Phone _____

Doctor _____ Phone _____

Dentist _____ Phone _____

I further agree to pay for any services rendered or any treatment necessary. _____ initial

Please describe any serious drug or food allergies, illnesses, injuries, operations, physical limitations, or traumatic experiences pertaining to your child:

Has your child had chicken pox? _____ If yes, please give month and year _____

I hereby grant permission for my child to use all play equipment and participate in all the activities of the school. Initial _____

I hereby grant permission for my child to be included in evaluations connected with the school program. Initial _____

I hereby grant permission for my child to be photographed. Pictures will not be used with social media but could be used for such things as parent programs, slideshows, etc. Initial _____

I hereby grant permission for my child to be photographed for educational, promotional, and marketing material. This includes: slideshows, publications, presentations, Summit's websites, brochures and Summit's other media sources. Initial _____

Please label all jackets and water bottles with your child's name. Summit Ridge is not responsible for lost or damaged items of clothing or toys.

Parent or guardian Signature

Date

REMIND PROGRAM

In an effort to communicate more effectively, Summit Ridge Christian School is using a program where we can notify you via text in the event of a delayed start or school cancellation. We will also use this program to remind you of special events, holiday closures, or other important information. We believe this is an excellent way to communicate with you, and we promise we will not text you unnecessarily! We use a program called Remind, which is what Washoe County School District uses. It is helpful to download the Remind app. With your approval, we will invite you to the join Remind for the classroom/program that your child is in.

Child's name _____

Parent's name(s) _____

_____ I give Summit Ridge Christian School permission to text me via the Remind program. I would like reminders to be sent to the following CELL phone number(s):

Cell phone service provider _____

_____ I do not wish to receive text reminders about school delays, closures and events. I understand I will have to check local news or Summit Ridge's Facebook page or signs at the school in regard to school delays, cancellations, special events, and holiday closures.

Thank you and please see the front desk if you have any questions or concerns!

**SUMMIT RIDGE CHRISTIAN SCHOOL
TUITION POLICY STATEMENT**

Summit Ridge Christian School is a non-profit ministry of Summit Christian Church. Tuition is vital to our existence as this is our only source of revenue. In order to provide the highest possible quality care for your child, the following policies must be maintained:

1. A \$100 non-refundable enrollment fee is due at the time of enrollment and upon annual registration thereafter.

2. TUITION/LATE FEES:

- ALL TUITION IS DUE AND PAYABLE BEFORE OUR CHILDCARE SERVICE IS PROVIDED. _____ INITIAL
- Tuition is due on or before your child's first day of scheduled attendance each week. The current week's tuition must be paid in order for you to drop off your child.
- Tuition may be paid with cash, check, debit or credit card. We accept Visa, Discover, or Master Card at the front desk. You may make payments online at myprocare.com.
- If payment was not made on time, you will be assessed a \$25 late fee and you will be asked to pay the \$25 late fee and your weekly tuition before you drop off your child. _____ INITIAL
- Tuition may be paid weekly, bi-weekly, bi-monthly, or monthly as long as it is paid PRIOR to the service being provided. For example, if you pay one month at a time, and pay on the first of September, you are paying for the month of September, not August. You will have a CREDIT on your account until the month's end when your balance becomes \$0.
- If past due tuition is not paid in full by the end of the month, attendance may be terminated until the past due balance is paid in full.
- There is a \$25 fee assessed on all returned checks.

3. Tuition is determined according to the schedule contracted for your child and continues whenever a child is absent. There is no credit for scheduled school closings and holidays, illness, or family vacations, or behavior exclusions.

4. The school is closed on the following Federal holidays: New Year's Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Independence Day, Labor Day, Nevada Day, Veteran's Day, Thanksgiving & Family Day, and Christmas (with one additional day). The tuition for the schedule you have chosen will remain the same during holiday weeks.

5. A two-week written notice is required if your child is to be withdrawn from Summit Ridge Christian School. If proper notice is not given, tuition will be charged for two weeks beyond the child's last day of attendance.

6. Requests for schedule changes should be submitted via email at summitridge@summitnv.org. Those requests asking to reduce the schedule must give a two-week notice. Those asking to increase the schedule will be granted on a space-available basis.

7. Additional days may be requested and are granted on a space-available basis. Extra charges are assessed for any time in addition to the child's regular schedule. Late pick up fees will be charged at the rate of \$1 per minute for half day children not picked up by 12:30 PM and full-day children not picked up by 6:00 PM. After the 3rd offense, it's \$10 for every 5 minutes.

My signature represents my understanding, acceptance and agreement with the above stated policies.

Parent or Guardian Signature

Date

SUMMIT RIDGE CHRISTIAN SCHOOL

Financial Contract Agreement

- 1. I understand that if I do not pay my account with Summit Ridge Christian School in full, my account may be assigned to a collection agency.**
- 2. I understand that if my account is assigned to a collection agency, the collection agency will charge a fee that may be as much as 50% of the amount I owe to Summit Ridge Christian School. I agree that if my account is assigned to a collection agency, Summit Ridge may add the amount of the collection agency's fee to the amount that I owe. I agree to pay this additional amount.**
- 3. I understand that the addition of a collection agency's fee to my unpaid balance will result in my owing a sum substantially more than the amount owed under my tuition agreement.**
- 4. I understand and agree that in the event legal action is commenced to enforce my financial obligations hereunder, I will pay court and attorney's fees.**

Name: _____

Signature: _____

Date: _____

SUMMIT RIDGE CHRISTIAN SCHOOL

LIABILITY RELEASE WITH PARENTAL CONSENT FOR MEDICAL/EMERGENCY TREATMENT AND TRANSPORTATION AND INDEMNITY AGREEMENT (of a Minor Child)

CHILD'S NAME _____ DATE OF BIRTH _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child/student, hereby consent to the participation by the child in supervised activities conducted by Summit Ridge Christian School (SRCS) and to the participation of the child in all events related to said activities.

Initials

The undersigned hereby further authorize(s) any of the staff, employees, agents, volunteers and representatives of SRCS to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child in the event that the undersigned(s) lawful parent(s) and/or guardian(s) are unreachable. Health care may include, but not be limited to; the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures.

Initials

The undersigned(s) hereby further authorize(s) emergency transportation by either SRCS representatives or by ambulance or other emergency vehicle, if deemed necessary by SRCS representatives.

Initials

If there is no medical emergency, the SRCS representatives will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment.

Initials

Notwithstanding other provisions in this consent form, SRCS shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

Initials

SRCS cares greatly for the children engaging in its activities. However, accidents do happen. The undersigned(s) assume(s) all risk of injury, harm, property damage, and wrongful death to the child incurred through the child's participation in SRCS activities and agree(s) to release, indemnify, defend and forever discharge Summit Ridge Christian School and its staff, employees, agents, volunteers and representatives of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect to property damage, death, injury, loss or damage to the child, howsoever caused, arising by the child's participation in SRCS activities and/or use of any facility or equipment of Summit Ridge Christian School.

PARENT/GUARDIAN NAME _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____

SUMMIT RIDGE CHRISTIAN SCHOOL

Delayed Start and School Closure policy

effective October 2019

- If Washoe County School District calls a delayed start, Summit Ridge will also call a delayed start (we delay from our opening time of 6:30)
- If Washoe County calls a school closure, Summit Ridge will be on a 2 hour delay and will open at 8:30.
- The preschool will operate normally from 8:30 – 6:00.
- ANCHOR POINT STUDENTS ONLY:
 - Anchor Point will have a stay at school day (8:30 – 6:00)
 - For AP students who were already scheduled for before and/or after care, the difference in tuition will be charged to total a full day rate
 - For AP students who were not scheduled - you may add the day if space is available; the daily rate will need to be paid at drop off
- Summit Ridge reserves the right to call a delayed start, early closure, or school closure based on the safety conditions of the facility with our top priority being the safety of our children.
- We will do everything possible to remain open, but if we find it absolutely necessary to close the school, your tuition will be prorated for that week.
- We will notify you of a delay or closure as soon as possible via the Remind App, or you can check our Facebook page.

PARENT SIGNATURE _____

DATE _____

Progressive Discipline Policy

The children at Summit Ridge Christian School are taught to respect themselves, others, physical space, and materials. While it is considered normal behavior for some young children to occasionally yell, scream, hit, kick, throw things, and bite, we also recognize that these behaviors are a serious concern when they become a child's habitual way of responding to stress and frustration. When we see this pattern, a behavior plan must be put in place.

If disruptive or aggressive behavior begins (including but not limited to: hostile verbal behavior, injury causing behaviors such as repeated intentional kicking/hitting of students or staff, spitting on/biting students or staff, repeated flipping/throwing of items intended to harm such as toys or chairs, tantrums) and cannot be deterred within 30 minutes, a staff member will call with a **warning** that the behavior is occurring. After another 30 minutes, if the behavior has not stopped, we will call to inform you that your child must be picked up within an hour.

Recurring disruptive/aggressive behavior:

1. If the child has to be sent home a **second time** for behavior, he/she will miss the remainder of school for the day and an additional day of class.*
2. If the child has to be sent home a **third time** for behavior, he/she will miss the remainder of school for the day and 2 additional days of class.*
3. If the child has to be sent home a **fourth time** for behavior, they will not be allowed to return to classes at Summit Ridge.*

The process below will be followed when we notice a child may need a behavior plan put in place:

1. Incident reports will be kept to seek out triggers and patterns for repeated undesired behavior to help us modify the classroom environment to improve the behavior.
2. A meeting will be scheduled between parents, administration, and teachers, to discuss a plan of action to increase positive behavior.
3. If necessary, an evaluation will be recommended for the child and the parent will be supplied contact information for the evaluation.
 - The parent will have one week to make the appropriate connection and no more than 2 weeks until the child is seen.
 - All documentation must be provided to the office.
 - Failure to respond in a timely manner may result in the child's suspension or expulsion from the program.
4. We may bring in a mental health/behavioral specialist to observe your child (with your approval).
5. Our goal is to avoid the need to suspend/expel a child by identifying behavior issues early and connecting children with appropriate resources to help them to be successful.

Summit Ridge provides a loving, peaceful, Christian atmosphere and reserves the right to dismiss a child who is continually disruptive to this environment.

*Please note that refunds/credits will not be issued for days in which the child was sent home for behavior issues.

Child's Name

Parent's Name

Parent Signature

Date

SUMMIT RIDGE CHRISTIAN SCHOOL

Spiritual Development Policy

Summit Ridge Christian School, a ministry of Summit Christian Church, desires to be a life-changing school. We believe that a personal relationship with Jesus is life-changing. We want to know Jesus more deeply ourselves and we also want others to know Him. To this end, we will base our teaching on the following Christian beliefs:

- The Bible is the Word of God.
- God is the creator of all things, seen and unseen.
- Every human being has been created in the image of God which makes them a very special person in God's eyes.
- There is only one God who eternally exists in three persons; the Father, the Son, and the Holy Spirit.
- Sin entered the world through Adam and Eve and Romans 3:23 states "For all have sinned and fall short of the glory of God."
- God, because of His great love, sent His Son, Jesus Christ, to die on the cross for the penalty of our sins.
- We are forgiven from our sins only by a personal faith in the Lord Jesus Christ.
- Every individual is in need of this Savior, Jesus Christ.

We will teach these beliefs as a vital part of our program, using the following materials and activities:

- Bible stories will be read to the children.
- Bible games and puzzles will be available during child-directed times.
- Each classroom will have an age-appropriate Bible.
- Christian songs and music will be played and taught.
- Prayer will begin the day and will be said prior to lunch and snacks. Teachers will also be available to pray for or with children at the child's request.
- Love and forgiveness will be emphasized.
- Staff will model Christianity to the children.

My signature here represents my understanding, acceptance and agreement with the above stated policy:

Parent or Guardian Signature

Date

Summit Ridge Christian School

Parental Consent Form for Sunscreen Application

Name of Child: _____ Date: ____/____/____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of skin cancer later in life.

Therefore, I give my permission for the staff of Summit Ridge to apply Rocky Mountain Sunscreen to my child as specified below when he/she will be playing outside, during the months of June, July, and August. I understand that the sunscreen will be applied at approximately 11:00am to all full-day students. It is my responsibility to apply sunscreen at home prior to my child's arrival at Summit Ridge.

Please check one of the following:

YES Summit Ridge Staff may apply Rocky Mountain Sunscreen, certified by the AMC Cancer Research Center as a quality sun protection product, to my child as described above.

NO Due to medical reasons, do not apply Rocky Mountain Sunscreen to my child under any circumstances. I will apply sunscreen when necessary.

More information may be found at rmsunscreen.com. We strongly recommend that you consult with your child's physician to make sure he/she does not have an allergic reaction to Rocky Mountain Sunscreen.

Parent or Guardian's Full name (Please Print)

Parent or Guardian's Signature

Date

SUMMIT RIDGE CHRISTIAN SCHOOL

Immunization Requirements

Nevada law requires that children enrolled in a child care facility within the State be fully immunized against certain diseases. These diseases include:

- ✓ Diphtheria**
- ✓ Tetanus**
- ✓ Pertussis**
- ✓ Polio**
- ✓ Measles**
- ✓ Mumps**
- ✓ Rubella**
- ✓ Hepatitis A**
- ✓ Hepatitis B**
- ✓ Varicella, if they have not had chicken pox**
- ✓ Prevnar (PCV-7)**

In order to ensure the health and safety of all who attend Summit Ridge Christian School, we ask that you provide proof of immunization for your child. If your child was immunized in the state of Nevada, we can get his/her records from WebIZ. If not, you must provide us with proof of immunization prior to his/her attending our school.

If your child has not received the necessary immunizations due to a religious or medical objection, a signed release must be placed in your child's file prior to enrollment. The medical objection release requires a physician's statement and signature.

Thank you for your time and effort in providing this information.



7075 PYRAMID HWY.
SPARKS, NV 89436
PH: (775) 424-KIDS (5437)
FAX: (775) 424-5430

PHYSICAL EXAM FOR SUMMIT RIDGE CHRISTIAN SCHOOL
(must be filled out by Doctor or Nurse)

Child's Name _____ Date of Birth _____

Child Care Provider: **Summit Ridge Christian School**

Significant Health History (major health problems, etc.): _____

Allergies: _____

Current Medications: _____

Over-the-counter medication this child may have include:

Type

Frequency

Dosage

A physical exam was performed on: _____

Comments:

Signature of Physician or Registered Nurse

Date

No Nut Policy

On September 12, 2011, Summit Ridge adopted a “NO NUT Policy”. This is for the safety of the children with mild to life-threatening nut allergies. Please do not send nuts of any kind in snacks, lunches, or birthday treats. This also includes any foods that have been processed in a factory that contains or processes nuts.

Lunches and snacks will be checked daily. If there are peanut/tree nut products in your child’s lunch we will remove them from the classroom and hold them until you pick up your child. Thank you for your cooperation in keeping Summit Ridge a safe place for all of our children.

Below is a list of suggested snacks. Please read the ingredient label of any snack, whether chosen from this list or not, to ensure that it does not contain any of the following... peanuts/tree nuts, peanut/tree nut butter, peanut/tree nut oil, peanut/tree nut flour, peanut/tree nut meal, or any of the statements “May contain traces of peanut/tree nuts” or “Manufactured in a facility that also processes peanuts and/or tree nuts”.

The following suggested snacks are nut-free:

Fruits

All fresh fruit, Dole Fruit bowls, Del Monte Fruit To-Go Cups, Sun-Maid Raisins (not chocolate covered), Applesauce cups, Motts Fruit Blasters, Applesauce Tubes.

Vegetables

All fresh vegetables including: Carrots with Dip; Celery Sticks with Cream Cheese or Dip.

Proteins

Cheese - sliced or cubed, cream cheese, cheese sticks (a serving size per the container); Lunch meat (a serving size per the package); Vienna Sausage - three or four sausages; Jerky (a serving size per the container); Yogurt, any flavor (a serving size per the container), Gogurt, Danimals, etc; ½ of a sandwich – WOW Butter and Sun Butter are acceptable substitutes for peanut butter and can be found at Wal-Mart.

Crackers

Honey Maid – Cinnamon, Honey Grahams, & Sticks; Ritz Crackers (plain, not sandwiches); Keebler Club Crackers (original only, not sandwiches); Nabisco Saltines; Triscuits; Wheat Thins; Pepperidge Farm Cheddar Goldfish (only plain, pretzel or cheddar, NOT Cinnamon Grahams); Sargento-Mootown Crackers & Cheese Dip; Keebler Town House Crackers; Sportz Cheddar Crackers; Kraft Handi-Snacks Cinnamon Crackers with Applesauce Dip; Kraft Handi-Snacks with Cheese Dip.

Cookies

Nilla Wafers; Oreos & mini Oreos (Not Mint-Creme); Chips-A-Hoy (not minis); Bisco Wafers; Teddy Grahams; Pepperidge Farm - Milano, Chessmen, Shortbread, Sugar Cookies; Keebler - Butter Cookies, Grasshoppers; Nabisco - Barnum Animal Crackers; Oatmeal & Iced Oatmeal; Cameo Cookies, Fig Newtons; Kool Stuff Strawberry Seas Bars; Hostess Ho-Ho’s & Twinkies; Rice Krispies Treats (plain only); Sugar Twists.

Jell-O & Puddings

Hershey Chocolate Pudding Tubes; Kraft Handi-Snacks - Wacky Gels, Vanilla & Chocolate Pudding; Hunts - Juicy Gels, Vanilla & Chocolate Pudding; Jello - Gelatin Cups, X-treme Jello Tubes, Vanilla, Chocolate, & Oreo Pudding.

In addition to the nut restrictions, please do not send sodas, candy or chewing gum. While this policy will not address all allergies, it will reduce the danger of one of the most life-threatening allergy issues. Thank you for helping us keep your children safe!



YOU MAY NOT KNOW THIS.....

We have a Parent Portal where you can:

- Make tuition payments using a debit or credit card
- See all billing and payment history
- Update your contact information
- See your child's past and current schedules and attendance

It is very easy to use:

1. Go to www.myprocare.com
2. Enter your email address (must be the one we have on file for you)
3. You will then be sent a code and asked to create a password