

# SHERWOOD CHRISTIAN ACADEMY Elementary Enrollment Packet

Welcome to Sherwood Christian Academy! To provide you and your family with the best services, we need the following information at enrollment:

- Enrollment form with Copies of Photo ID
- Service Agreement
- Center Policies
- Pick-up Authorization
- Discipline Policy
- Medical Information and Consent to Medical Care
- Immunization Record
- Birth Certificate
- \$200.00 Non-refundable registration fee for Kindergarten - Fourth Grade

You can find us on the web at: [www.sherwoodchristianacademy.com](http://www.sherwoodchristianacademy.com)

Thank you so much for your interest in Sherwood Christian Academy. We look forward to serving you and your family soon!

Sincerely,

Ronda Sobczak, Owner  
Sherwood Christian Academy

501-833-2277

## Kindergarten- Fifth Grade Enrollment Form

Name of Child: \_\_\_\_\_

Date Entered Care: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Race \_\_\_\_\_

Address: \_\_\_\_\_, City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email: (mom) \_\_\_\_\_ (dad) \_\_\_\_\_ Phone \_\_\_\_\_

*Allergy Alert: Does your child have allergies? Yes No To What?*

**Parent(s) or Guardian(s) Contact Information:**

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

Phone \_\_\_\_\_

Name/Nickname of child: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Name/Nickname of child: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Name/Nickname of child: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

**We always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents. These people are also authorized to pick up your child from the facility. Please list all phone numbers appropriate:** (These people will need to show photo ID before they will be allowed to pick up your child.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there anyone who has a legal restraining order prohibiting or limiting contact with your child?

If yes, please list his/her name and attach the required documentation.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Are there custody arrangements we need to be aware of? \_\_\_\_\_

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## **CHECKLIST**

1. Enrollment Fee
2. First weeks Tuition
3. Age appropriate items
4. Shot record
5. Enrollment packet
6. *Write child's name on ALL items*

### **Age Appropriate Items Needed for Classroom**

- (1) set of weather appropriate clothing, underwear, socks, and water bottle (preferably plastic).

**Child's name must be on all items above. Thank you.**

## Service Agreement

Name: \_\_\_\_\_ Date enrolled: \_\_\_\_\_

*Please print*

Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

I, \_\_\_\_\_ hereby enroll and agree to pay for my child's schedule and programs as listed below. I understand that I am reserving this space for my child, I agree to pay the fees set forth below for that space and understand that I will **NOT** receive a refund when my child misses a day (i.e. for illness, vacation, etc.).

I understand that this agreement incorporates, and is subject to, the policies and procedures of Sherwood Christian Academy, including all terms and conditions outlined in the Payment Policy and the Parent Handbook.

Programs/Fees:	Cost:
Enrollment Fee (paid annually, every February)	\$200.00 (NON-REFUNDABLE)
Educational Program	
<ul style="list-style-type: none"> <li>• Kindergarten - 5th grade Hours 7:45-2:45</li> </ul>	\$200 per week (\$8000 per school year)
Other Services *after care hours 2:45-5:30 * before care hours 7:00-7:45	\$35.00 Per week

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

My child WILL/ WILL NOT be attending after care

The \$35 fee will be deducted through Brightwheel every Friday.

## Center Policies

**Payment-** Payments are set up on Brightwheel App. You will be sent an invite via email and can put all of your banking information in. Payments can be set up weekly or monthly.

Please circle one:      Monthly (the 1st) or on Fridays

**Withdrawing from Center-** A two-week written notice is required for all withdrawals, or 2 weeks full tuition is due.

**Enrollment Fee-** Enrollment fee of \$200.00 for Kindergarten -Fourth grade due at time of enrollment. This fee is non-refundable. In addition to the initial fee, this fee will be paid annually every February. If you enroll mid-semester (January), there will be a \$100 enrollment fee, the \$200 re enrollment fee will be due in February.

**Illness-** Full tuition is due for absence due to illness. There will be NO interruption of payment for illness, scheduled or emergency closings or absence from the center. The center must be notified in the event your child is in contact and/or contracts a contagious illness. Alternative arrangements for child-care must be made until the danger to other children has passed.

### **Parent Handbook**

I, \_\_\_\_\_ hereby state I have received and read the SCA parent handbook and fully understand the contents thereof.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

### **PLEASE NOTIFY THE CENTER WHEN YOUR CHILD WILL BE ABSENT.**

FULL TUITION IS DUE FOR SCHEDULED CLOSINGS. Please see Parent Handbook for all closings. Rates have been calculated to accommodate these closings.

***Please initial here that you have received a copy of the parent handbook and closings for SCA:*** \_\_\_\_\_

**Legal Fees-** All legal & collection fees incurred in the collection of unpaid tuition is the responsibility of you, the client.

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

SCA Owner or Director: \_\_\_\_\_ Date \_\_\_\_\_

## Pick-up Authorization Form

The following people are authorized to pick up your child from the center in non-emergency situations - anyone other than the listed people must be called in to the office to make us aware. Everyone will be asked to provide a photo ID.

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### MEDICATIONS

All medications **MUST** be labeled with the child's name and date. Medication Log must be filled out by parent/guardian with signature and date, dosage, and time to be given daily. Prescription drugs and other medications required by the child must be in the original container and clearly marked with the child's name and dosage schedule. By signing below, you understand the above statement and allow a staff member to administer daily **ONLY** the medications logged-in.

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

SCA Owner/Director Signature: \_\_\_\_\_

# Sherwood Christian Academy

## DISCIPLINE POLICY

### Discipline

#### **Time-Out**

Time out can only be used for children two-years- old and up. The time limit for a child in time out must be no more than the child's age in minutes. If a child is two years-old they can only be made to sit in timeout for no more than two minutes. Children under the age of two can use independent play to be separated from problem areas. The child must be given a toy or an activity while in independent play.

#### **Progressive Classroom Discipline**

*Discipline techniques are examples to be used with children and are not the "end all" of discipline possibilities. There are exceptional situations for everyone. This is to give everyone the same information base to build from. Consequences should fit the severity of the behavior.*

The following steps and techniques will accomplish this goal:

1. **Ignoring** – To be utilized as a teaching tool to help children learn to solve their own problems when a small situation between classmates presents. This technique means that the teacher notices that the situation is present, they are close by, unobtrusively listening and observing, ready to intervene with distraction, redirection or more, should the situation call for it. Ignoring as a behavior technique does not mean we are not listening or supervising.
2. **Distraction** – The teacher changes the subject content or the activity to a more appropriate subject or activity.
3. **Redirection** – Teacher redirects or addresses unacceptable choices of behavior and asks for acceptable ones.
4. **Time Out** – The teacher goes to the child and asks them (in a quiet voice tone) to be separate from the group to a designated quiet area to allow for refocusing themselves so that they can then return to the normal functions of the class. This refocusing period of time will not be more minutes than the child's year of age (i.e. 7 years old would not be more than 7 minutes, etc.). Before a child rejoins the group, Teachers are expected to talk with them to clarify the need for the refocusing time and ask the child what different choice they could have made that would have avoided the time out.
5. **Notes to Parents** – Most choices of misbehaviors are in a range we call normal behaviors and can be managed by above steps and would not result in a note to a parent about "Normal Childhood Behavior." If a pattern of these behaviors continues or if a behavior choice is out of bounds of the expected or tolerated choices of preschoolers a note can be sent home to the parents by the teacher.
6. **Daily Folders** – In the event there is behavior/biting issue(s) we will communicate daily with parents, to make them aware of current classroom situations, behaviors, etc. We use this technique so we may be in unity with one another and be a positive reinforcement both at school and home. A meeting for a plan of action will be set up and implemented to benefit the child, their families and the staff.
7. **The Director/Principal**– If a child's behavior results in a risk to the safety of the environment, and is part of an ongoing pattern of behavior, or is seriously out of bounds they will be sent to the Director for a consult. This meeting will either result in a note home from the Director or a phone call to the parent with the child present. An additional conference with parents may be requested without the child present.

**WE DO**

Communicate to children using positive statements.

Communicate with children on their level.

Talk with children in a calm, quiet manner.

Have the child apologize for their behavior. Forgiveness feels good. 😊 Using big voices with each other helps them to improve social and emotional skills that will become a part of their adult life.

Example:                      Child 1: It hurts me when you hit me  
   Child 2: I apologize for hitting you.  
   Child 1: Okay.  
   Child 2: Please forgive me.  
   Child 1: Okay

Explain unacceptable behavior to children.

Give attention to children for positive behavior.

Praise and encourage the children.

Reason with and set limits for the children.

Apply rules consistently.

Model appropriate behavior.

Set up the classroom environment to prevent problems.

Use storybooks, skits and puppets to work through common conflicts.

**A safe environment is a “must” for the operation of any quality child-care center. The goal for Discipline in Sherwood Christian Academy program is to maintain a safe environment by redirecting children’s choices of behaviors to socially acceptable choices while maintaining their personal dignity and self-esteem so they can be positive, contributing members of society.**

If a child’s behavior consistently endangers the safety of the children around him/her, or the program of Sherwood Christian Academy then the Director has the right to terminate child-care services for that particular child.

My signature below indicates that I have received a copy of the discipline policy, it has been reviewed with me, and I have read and understand this policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of child \_\_\_\_\_



## Release and Request

Child's Name (please print): \_\_\_\_\_

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

**My signature below gives permission for the following:**

In an emergency Sherwood Christian Academy has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, the child is transported to the nearest hospital and seen by the doctor on call. (Parents are always notified as soon as possible).

My child may be given sunscreen, skin so soft, anti-itch spray, anti-bacterial first aid cream and diaper ointment, as needed. Syrup of Ipecac may be administered if deemed necessary by the poison control operator. (All medications must be current and require permission slips for each medication).

I, \_\_\_\_\_, hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment to include First Aid and/or CPR by a qualified child care staff member at Sherwood Christian Academy. I further authorize and consent medical, surgical, and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital, when deemed immediately necessary or advisable by a physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent for such treatment.

I also give my permission for my child to be transported by personal vehicle, ambulance or aid car to an emergency center for treatment.

**Emergency Phone Numbers:** (Where Parent/Guardian can be reached, listed in order)

1. Number:		Location:		Ask for:	
2. Number:		Location:		Ask for:	
3. Number:		Location:		Ask for:	
4. Number:		Location:		Ask for:	
5. Number:		Location:		Ask for:	

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

## Medical Information

Name of Child: \_\_\_\_\_

Date Entered Care: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_, City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

### Medical Information:

Medical Provider: \_\_\_\_\_

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

Child's Dentist: Address: \_\_\_\_\_ Phone \_\_\_\_\_

**Disabilities:** Does your child have any diagnosed disabilities? (please circle) Yes No  
If yes, please describe:

Does your child have a plan of treatment for their disabilities? (please circle)\*\* Yes No  
If yes, please describe

NOTE: SCA may have students assessed for speech therapy by Kids Source upon recommendation by their teacher. All assessment results will be shared with parents.

**\*\*If your child has a plan for an allergy or a disability we must have a copy of the plan signed by their physician on file before we may provide care.\*\***

**Medications:** Does your child take any prescription medications? (please circle) Yes No  
If yes, please list name of medication and dosage your child takes (including any medication taken only at home):

**\*\*Medications must be current, have your child's name on it clearly and require a signed and dated "Medication Administration" Form or a prescription signed by your physician\*\***

**Other pertinent Information/ Special Requests:**  
If your child has a *special diet, medical allergies, skin allergies or food allergies*, please describe:

## SHERWOOD CHRISTIAN ACADEMY PRIVACY PERMISSION AGREEMENT

Our first priority is to protect your family's health and safety. To ensure that we are operating with your full understanding and agreement about your privacy, we ask that you grant permission to conduct the following activities. Please check off each item to which you give your consent, and sign below:

Placing photos of you, your spouse or co-parent and your children around the center.

Giving copies of photos of you, your spouse or co-parent and your children taken at the facility to families in our care.

Placing photos of you, your spouse or co-parent and your children in photo albums for viewing by prospective clients and families in our care.

Using photos of you, your spouse or co-parent and your children in our marketing flyers.

Using photos of you, your spouse or co-parent and your children on our Website and social media.

Posting artwork and other crafts that include your children's names around our center.

Using an electronic monitor to watch and listen to you, your spouse or co-parent and your children from another room while on the premises.

Listing you, your spouse or co-parent and your children's names in our client newsletter and posting this information on our bulletin board.

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Parent/Guardian Signature

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Date



# Sunscreen Permission

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Does your child have any allergies to sunscreen products?

YES

NO

If yes, name the product(s): \_\_\_\_\_

**Special Instructions:**

\_\_\_\_\_ I give consent for my child's teacher to apply sunscreen when outdoor activities are scheduled. (We *DO NOT* apply to the face area.)

\_\_\_\_\_ Please *DO NOT* apply sunscreen to my child's skin.

**PLEASE APPLY SUNSCREEN IN THE MORNING BEFORE DROPPING YOUR CHILD OFF AT SCHOOL. WE WILL REAPPLY EACH TIME YOUR CHILD GOES OUTDOORS.**

Thank you for your cooperation.

SCA Staff

Parent/Guardian Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_