

FALL CREEK CHRISTIAN PRESCHOOL

1102 W 700 South
Pendleton, IN 46064

We are excited to introduce you to Fall Creek Christian Preschool. The 2019-2020 schoolyear will be our second year to offer quality Preschool and Pre-K to the South Madison Community. This is a dream that we have had for years and we feel so blessed to continue it.

We will be focusing on learning through play. Students will be learning everything that they need to know for Kindergarten in an interactive, fun environment. By the end of the year, your student(s) will know everything needed to head to Kindergarten!

Please fill out the attached forms and mail them to Fall Creek Christian Church, 1102 W 700 S, Pendleton, IN 46064. You may also drop them by the church office from 9:00AM-3:00PM Monday through Thursday. Be sure to include the \$50.00 registration fee to hold your spot.

If you have questions, try the following:

- **Leave a message: (765) 221-1114. Angela will return your call as soon as possible.**
- **Visit our website: www.fallcreekpreschool.org**
- **Email Angela: angela.evans@fallcreekpreschool.org**

Thank you for your interest in our preschool. We look forward to meeting and serving your family.

Sincerely,

**Angela Evans &
The Staff at FCCP**

**FALL CREEK CHRISTIAN PRESCHOOL
PRE-KINDERGARTEN TUITION AND CLASS SCHEDULE**

Pre-Kindergarten

5-Day Program

Monday-Friday

8:30-11:30am

Registration \$50.00

Supply Fees \$50.00 August & January

Tuition \$160.00 per month August-May

Age 4 by August 1st

If you chose to pay the entire tuition including supply fees for the school year, \$50 will be deducted from the cost. The total will be \$1650. This does not include the registration fee.

3-Day Program

Monday, Wednesday, Friday

8:30-11:30 am

Registration \$50.00

Supply Fees \$40.00 August & January

Tuition \$110.00 per month August – May

Age 4 by August 1st

If you chose to pay the entire tuition including supply fees for the school year, \$50 will be deducted off the cost. The total will be \$1130. This does not include the registration fee.

Multiple Child Discount

1st Child – regular monthly fee

Each additional child - \$50.00 per month for preschool.

The registration fee is non-refundable.

Tuition is due by the 10th of the month.

A 5% late fee will be assessed after the 10th of the month.

A \$30.00 fee will be assessed on all returned checks.

**FALL CREEK CHRISTIAN PRESCHOOL
PRESCHOOL TUITION AND CLASS SCHEDULE**

Preschool

3-Day Program

Monday, Wednesday, Friday

9:00-11:00am

Registration \$50.00

Supply Fees \$40.00 August & January

Tuition \$100.00 per month August-May

Age 3 by August 1st

If you chose to pay the entire tuition including supply fees for the school year, \$50 will be deducted from the cost. The total will be \$1030. This does not include the registration fee.

2-Day Program

Tuesday, Thursday

9:00-11:00 am

Registration \$50.00

Supply Fees \$30.00 August & January

Tuition \$75.00 per month August – May

Age 3 by August 1st

If you chose to pay the entire tuition including supply fees for the school year, \$50 will be deducted off the cost. The total will be \$760. This does not include the registration fee.

Multiple Child Discount

1st Child – regular monthly fee

Each additional child - \$50.00 per month for preschool.

The registration fee is non-refundable.

Tuition is due by the 10th of the month.

A 5% late fee will be assessed after the 10th of the month.

A \$30.00 fee will be assessed on all returned checks.

CONTRACT

The Fall Creek Christian Preschool (FCCP) is a ministry. While associated, Fall Creek Christian Church cannot be held liable for any circumstances that pertain to FCCP.

I hereby enroll (child's name) _____ in the Fall Creek Christian Preschool for the 2018-2019 school year.

Policies

The child and I agree to adhere to the policies, rules, and regulations of the FCCP as described in the FCCP Guidelines Handout. I understand that FCCP reserves the right to dismiss a student at any time and for any reason deemed appropriate by the staff of Fall Creek Christian Preschool, and that neither the FCCP Guidelines Handout nor this document limit that right.

Attendance

I understand and agree that my child is enrolled for the full program year. A full program year is defined as 10 months for the pre-kindergarten as cited by the FCCP calendar. I realize that FCCP may not be open on all the dates set forth in the FCCP calendar for varying reasons, including, but not excluding, weather or the inability to use the facility.

Tuition

Tuition is calculated on an annual basis and is due in equal monthly payments. I agree to pay all fees for the FCCP program in which my child is enrolled according to the current tuition listed in the FCCP brochure. My signature below acknowledges the receipt of said brochures. I understand that all tuition payments are due on the first of each month and considered late after the 10th. I further understand that a 5% late fee will be assessed to my account if I choose to pay after the 10th. Any returned checks will be subject to a \$30 fee. Furthermore, I agree that if tuition is not paid in accordance with the contract, FCCP staff has the right to refuse admission of my child to class. FCCP cannot carry a delinquent account more than thirty days. If collection of this account becomes necessary, I agree to pay all reasonable collection cost including attorney fees. Make checks payable to FCCP.

Withdrawal

I agree that enrollment as specified herein may be canceled with thirty (30) days notice to the FCCP staff. I will be responsible for thirty days tuition regardless of attendance. In any case, I forfeit my registration fee, and any tuition and other fees already collected.

Late Pick-Up Fee

I understand that after a 10-minute grace period following the daily closure of my child's program, a late fee of \$10.00 per 20 minutes per child will be assessed. Payment should be made to the student's teacher.

My signature below confirms that I have read this contract and accept its terms and conditions. I further attest that I have full authority as parent or legal guardian of the above child to enter into this contract.

Parent or Legal Guardian Signature _____ Date _____

FALL CREEK CHRISTIAN PRESCHOOL
CLASS REGISTRATION

Child's Name _____

Name child goes by _____

Date of Birth _____ Sex: Male Female (Circle)

Parent/Guardian _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Resident of School District (i.e. Pendleton, Anderson etc.) _____

Home Church _____

Siblings at FCCP _____

Please enroll my child in the following class:

- | | | |
|--------------------|--|------------|
| __Preschool | Age 3 by August 1 st , 2019 | |
| 2-Day | Tuesday/Thursday | 9:00-11:00 |
| __Preschool | Age 3 by August 1 st , 2019 | |
| 3-Day | Monday, Wednesday, Friday | 9:00-11:00 |
| __Pre-Kindergarten | Age 4 by August 1 st , 2019 | |
| 3-Day | Monday, Wednesday Friday | 8:30-11:30 |
| __Pre-Kindergarten | Age 4 by August 1 st , 2019 | |
| 5-Day | Monday-Friday | 8:30-11:30 |

Please include the non-refundable registration fee.

FALL CREEK CHRISTIAN PRESCHOOL

**Waiver &
Indemnity
Agreement**

Fall Creek Christian Preschool (FCCP) program is a ministry partner of Fall Creek Christian Church.

In the acceptance of my child as a student at FCCP and having satisfied myself that supervision and attention to safety are prudent and reasonable, I agree to defend and hold harmless FCCP/Fall Creek Christian Church and its agents, employees, and representatives against any and all claims and demands (including legal fees) made by me, my spouse or legal guardian of the child.

If my child has a clinical, chronic health condition, it is my responsibility to submit instructions to the staff that stipulates my child's special needs.

In case of illness or accident, I give FCCP permission to provide emergency care for my child deemed necessary. It is understood that a conscientious effort will be made to contact me (or the emergency contact persons designated by me) before any action is taken. In the event that no one can be reached at the phone numbers provided, I give permission to take my child to the nearest hospital for treatment.

My signature below confirms that I have read this Waiver and Indemnity Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein. I further attest that I have full authority as parent or legal guardian of the above named child to enter into this contract.

Parent or Legal Guardian _____ Date _____

WAIVER AND RELEASE OF LIABILITY

FOR AND IN CONSIDERATION of permission to use the facilities of FALL CREEK CHRISTIAN CHURCH, (“Facilities”), and to participate in the FALL CREEK CHRISTIAN PRESCHOOL, (“Preschool”), taking place at the church, I, the undersigned participant or parent of a minor participant (collectively, the “Participants”), hereby release, discharge waive and relinquish any and all actions and or causes of action for personal injury, property damage or wrongful death occurring to myself or my minor child arising as a result of using the Facilities or engaging in the activities incident thereto, including, without limitation, coming upon and into the Facilities, and agree the under no circumstances shall I or my minor child, or our heirs, executors, administrators and assigns prosecute or present any claim for personal injury, property damage or wrongful death against FALL CREEK CHRISTIAN CHURCH, or any officers, agents or servants of any of them for any causes of action, whether arising by negligence of any of them or from any condition of the Facilities or of the property where the Facilities are located.

IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT, TO EXEMPT FALL CREEK CHRISTIAN CHURCH FROM LIABILITY FOR PERSONAL DAMAGE, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE TO THE PARTICIPANT.

I hereby personally assume all risks in connection with using the Facilities and engaging in the activities thereon/therein for any harm, injury or damage which my befall me or my minor child, including all risks connected therewith, whether foreseen or unforeseen. Having read the document, I still wish to continue, ow wish for my minor child to continue, to use the Facilities and participate in the activities at the FALL CREEK CHRISTIAN CHURCH during the entire 2018-2019 schoolyear.

THIS IS INTENDED TO BE A LEGALLY BINDING CONTRACT AND RELEASE. IF THERE ARE ANY DOUBTS CONCERNING ANY ASPECT OF THIS DOCUMENT, YOU SHOULD CONSULT AN ATTORNEY AND NOT PARTICIPATE IN THE ACTIVITIES.

YOUR SIGNATURE INDICATES YOU HAVE READ UNDERSTOOD AND ARE IN AGREEMENT WITH THIS WAIVER AND RELEASE.

DATE _____

NAME OF PARTICIPANT

SIGNATURE

SIGNATURE OF BOTH PARENTS IF PARTICIPANT IS A MINOR

FALL CREEK CHRISTIAN PRESCHOOL FAMILY PROFILE

Child's LAST Name _____ **Child's FIRST Name** _____

Name child goes by _____ Sex _____ Birthdate _____ Age _____

My Child is **RIGHT HANDED** **LEFT HANDED** (circle one)

Street Address _____ City _____

State _____ Zip Code _____ Home Phone _____ Cell Phone _____

E-mail Address _____

Parent 1 _____ Relationship _____

Street Address _____ City _____

State _____ Zip Code _____ Employer _____ Work Phone _____

Home Phone _____ Cell Phone _____

Parent 2 _____ Relationship _____

Street Address _____ City _____

State _____ Zip Code _____ Employer _____ Work Phone _____

Home Phone _____ Cell Phone _____

Parent 3 (if applicable) _____ Relationship _____

Street Address _____ City _____

State _____ Zip Code _____ Employer _____ Work Phone _____

Home Phone _____ Cell Phone _____

Child lives with: Both parents Mother only Father only Guardian

List any specific health concerns: _____

Adults authorized to pick up your child other than those listed above:

Name: _____ Relation to child _____ Phone _____

Name: _____ Relation to child _____ Phone _____

Emergency Contact Person:: _____ **Home phone** _____

Work phone _____ **Cell phone** _____

Child's Physician: _____ Phone _____

Child's Dentist: _____ Phone _____

Hospital _____ Phone _____

Sibling's Name _____ Birthdate _____ Grade/Age _____

Sibling's Name _____ Birthdate _____ Grade/Age _____

Sibling's Name _____ Birthdate _____ Grade/Age _____

FALL CREEK CHRISTIAN PRESCHOOL

NEW STUDENT PROFILE

I want my child to participate in this program because:_____

What do you expect your child to get out of being a student in the FCCP program?

Would you be willing to help at FCCP if called upon?_____

So far, I would describe my child's development as: _____

More than anything, I hope that FCCP will help my child:_____

I would like the FCCP staff to be especially sensitive to my child's:_____

I would like to see my child grow in these areas:_____

Additional Comments:_____
