



650 Saxonburg Road

Butler, PA 16002

724-352-8177

office@hiskidscs.org

TO: Parents or Guardians
FROM: Mrs. Debora Dawson, Principal
RE: Registration for 2017-2018 School Year

It's Time!!! We are in the process of making decisions for the coming 2017-2018 school year.

To help you with your decision, here is some important information that you need to know:

- We have classes from 2-day preschool through 6th grade.
- We offer a Full Day Kindergarten Program.
- Every day will include a Bible lesson which will be reinforced throughout the day as a part of our Bible-rich curriculum.
- The YMCA Child Care provides a good option for before- and after-school care and is located in the same building as HIS Kids Christian School.
- Enclosed are your registration materials. Please return your application along with the **\$50.00 registration fee** as soon as possible as classes are filling up fast!

REFER A FAMILY - You will be awarded a \$50 family tuition credit for each new preschool family and/or \$100 family tuition credit for each new elementary family referred to HIS Kids by you once the new family has successfully completed the enrollment process and their registration fee has been obtained. If the new family has a preschooler and elementary student, you will receive the \$100 family tuition credit.

Please feel free to contact Jeanine Burtner at 724-352-8177 or office@hiskidscs.org to discuss any of your questions, comments, or concerns. You can also follow us on our website at HIS Kids Christian School and/or Facebook. Like Us!

“Jesus grew in wisdom and stature, and in favor with God and man.” Luke 2:52



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Application for Preschool Enrollment for 2017-2018 School Year

Child's Name: _____ Date of Birth ___/___/___ Gender _____

Address: _____

Home Phone: _____ School District: _____ Entering Grade _____

Parent(s) or Guardian Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____ E-Mail address _____

Father's Employer: _____ Phone: _____

Mother's Employer: _____ Phone: _____

Current Home Church: _____ HKCS Referred By: _____

Child's Nickname: _____ List Allergies: _____

Other Children/Ages in Family: _____

Family Members Living in Child's Home: _____

Persons Permitted to Pick Child Up from School on a Regular Basis and Relationship to Child: _____

I give permission for photos/videos of my child to be used by HKCS for bulletin boards, church newsletters, Facebook & school promotional displays.

I allow: Signed: _____

I do not allow. Signed: _____

I give permission for my address, phone # and email to be used in HKCS directory.

I allow: Signed: _____

I do not allow. Signed: _____

Child's Name: _____ **Date of Birth:** _____

Developmental History

Has your child ever had an IEP (Individual Education Plan or Special Services)? _____

Can your child listen and follow directions? _____

Does your child enjoy drawing, coloring, and painting? _____

Does your child like books? _____

Your child's favorite play activity/toy _____

Has your child had previous group experiences? _____

When? _____

Where? _____

Circle the word(s) that best describe your child.

Shy Friendly Outgoing Cautious Other _____

Does your child have specific fears? _____

Does your child play alone or with others? _____

If with others, what ages are the children? _____

Does your child have any special needs that we should be aware of? _____

If so, please explain: _____

Please check the **Preschool** class desired:

_____ The 2-day AM (morning) preschool program is for 3- and 4-year olds. Your child must be 3 by September 1, 2017. The classes will be held on Tuesday and Thursday mornings from 9:30 AM to 11:45 AM. Tuition for the 2-day preschool is **\$83** a month for 9 months

_____ The 2-day PM (afternoon) preschool program is for 3- and 4-year olds. Your child must be 3 by September 1, 2017. The classes will be held on Tuesday and Thursday afternoons from 12:30 PM to 2:45 PM. Tuition for the 2-day preschool is **\$83** a month for 9 months.*

_____ The 3-day AM (morning) preschool program is for 4- and 5-year olds. Your child must be 4 by September 1, 2017. The classes will be held on Monday, Wednesday, and Friday mornings from 9:30 AM to 11:45 AM. Tuition for the 3-day morning preschool is **\$108** a month for 9 months.*

_____ The 3-day PM (afternoon) preschool program is for 4- and 5-year olds. Your child must be 4 by September 1, 2017. The classes will be held on Monday, Wednesday, and Friday afternoons from 12:30 PM to 2:45 PM. Tuition for the 3-day afternoon preschool is **\$108** a month for 9 months.*

***A \$50 non-refundable family application fee must accompany application.**

You will be awarded a \$50 family tuition credit for each new preschool family and/or \$100 family tuition credit for each new elementary family referred by you once the new family has successfully completed the enrollment process and their registration fee has been obtained. If the new family has a preschooler and elementary student, you will receive the \$100 family tuition credit.

We accept cash and checks. Please make checks payable to HIS Kids Christian School.

Parent Signature

Date

Located at 650 Saxonburg Road, Butler, PA 16001 in our Christian Community Outreach Bldg. (CCO).

HIS Kids Christian School is a Ministry of Summit Church

HEALTH HISTORY

The information requested on this form will be of help to the school's personnel in determining the health status of your child and in assisting him/her in receiving maximum benefits from his/her educational opportunity.

Student's Full Name: _____
 First Middle Last

Complete Address: _____
 Street City & State Zip

Phone Number: _____ Cell Number: _____

Birth Date: _____ Place of Birth: _____

Name of Parents/Guardian:
Father: _____
 First Middle Last

Mother: _____
 First Middle Last

Mother's Maiden Name: _____

With Whom Does The Child Live? _____

Name of Child's Physician: _____ Phone Number: _____

Name of Child's Dentist: _____ Phone Number: _____

Is your child on daily medication(s) Y or N If yes, please state type and purpose: _____

Does your child have any restrictions? Y or N If yes, please state them: _____

Does your child have any allergies? Y or N Please list on application:

Please list other persons living in the household:

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Immunizations:

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD TO THIS FORM.

Parent/Guardian Signature: _____ Date: _____



HOME LANGUAGE SURVEY¹

The office of Civil Rights (OCR) requires that all Local Education Agencies (LEA's) identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the initial step in the identification process.

School District: _____ **Date:** _____

School: _____

Student's Name: _____

1. What is/was the student's first language? _____

2. Does the student speak a language(s) other than English? _____ Yes _____ No
(Do not include languages learned in school.)

3. What language(s) is/are spoken in your home? _____

4. Has the student attended any United States school in any _____ Yes _____ No
Three years during his/her lifetime?
If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form: _____
(if other than parent/guardian)

Parent/Guardian signature: _____

¹The local education agency (LEA) has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the LEA has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the LEA may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the LEA in the future.

If you like what you see, please pass these out to your friends and neighbors or anyone else who might be interested in high quality education and child care. **REMEMBER:** You will be awarded a **\$50.00** family tuition credit for each new preschool family and/or **\$100** family tuition credit for each new elementary family referred to HIS Kids by you once the new family has successfully completed the enrollment process and their registration fee has been obtained. If the new family has a preschooler and elementary student, you will receive the **\$100** family tuition credit.



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HIS Kids Christian School and the YMCA invite you to stop in for a visit to see our school and the Y's child care center in action. See for yourself why we have great kids in a loving, Christian school and how much the kids are loved and cared for in the Y's child care.

Registrations are now being accepted for both *HIS Kids Christian School and The YMCA Early Care and School Age Center*. Give us a call for a personal tour at a time convenient for you. Contact HIS Kids Christian School at 724-352-8177 or office@hiskidscs.org OR contact The YMCA Early Care and School Age Center at 724-352-8810 or check out their website at www.bcfymca.org.

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