

GATEWAY CHRISTIAN SCHOOL

1900 N. Sycamore/P.O. Box 1642
Roswell, New Mexico 88201 (575) 622-9710
www.gatewaychristianschool.us

KINDERGARTEN FOUR-YEAR-OLD STUDENT APPLICATION

DATE TO BEGIN CLASS _____

STUDENT'S NAME _____ MALE _____

FEMALE _____
(Last) (First) (Middle)

NICKNAME _____

ADDRESS _____ HOME _____

PHONE _____

BIRTHDATE _____ BIRTHPLACE _____ STUDENT AGE _____

PARENTAL INFORMATION:

Biological Father

Home Address _____

City _____ Zip _____

Home Telephone _____

Employer _____

Wk. Phone _____ Cell Phone _____

E-Mail Address _____

Church Membership? _____ Y _____ N

Where? _____

Tithing member of Gateway Church _____ Y _____ N

Biological Mother

Home Address _____

City _____ Zip _____

Home Telephone _____

Employer _____

Wk. Phone _____ Cell Phone _____

E-Mail Address _____

Church Membership? _____ Y _____ N

Where? _____

Tithing member of Gateway Church _____ Y _____ N

Do parents live together? _____ If not, with whom does the child live _____

Stepfather/Guardian

Home Address _____

City _____ Zip _____

Home Telephone _____

Employer _____

Wk. Phone _____ Cell Phone _____

E-Mail Address _____

Church Membership? _____ Y _____ N

Where? _____

Tithing member of Gateway Church _____ Y _____ N

Stepmother/Guardian

Home Address _____

City _____ Zip _____

Home Telephone _____

Employer _____

Wk. Phone _____ Cell Phone _____

E-Mail Address _____

Church Membership? _____ Y _____ N

Where? _____

Tithing member of Gateway Church _____ Y _____ N

(PLEASE SEE OTHER SIDE)

HEALTH INFO:

Does the student have any physical conditions or allergies that the school should be aware of? ___Y___N

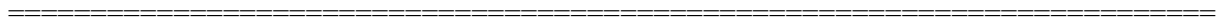
If yes, please explain: _____

PHYSICIAN'S NAME _____
PHONE _____

EMERGENCY CONTACT INFO: (Who is authorized to pick up student)

RELATIVE OR FRIEND _____
PHONE _____

RELATIVE OR FRIEND _____
PHONE _____



I understand that the registration payment is due at the time of registration. Book and activity fees are due in full by July. I also understand that the FIRST MONTH'S TUITION IS DUE IN AUGUST. Unless prior arrangements are made, September through May payments are due by the 10th of each month. If payment is not received by the 10th of the month, I understand that my account will be charged a late fee of \$25.00 for that month. I understand that tuition is calculated on the basis of the entire year; therefore, no reductions can be made for vacations or school holidays.

PARENT SIGNATURE _____

K-4 DISCIPLINE PROCEDURE

We expect students to obey, be respectful, and exhibit the normal amount of self-control for a 4 year old. Certain steps will be taken to train the children toward these goals. We reward good behavior. Disobedience and disrespect will be dealt with promptly. Depending on the offense the teacher might warn, take down a name, require loss of a privilege, have a private talk or pray about the problem with the student. Sometimes a time-out might be necessary. If there is flagrant disobedience, disrespect, or fighting (and/or hurting another student), the student will be sent to the principal and the parent will be called. To prevent a recurring unacceptable behavior, great care will be taken to communicate with parents regularly and always if a serious episode arises.

I have read and understood the Discipline Policy and Procedures _____
Signature

I have read, understand, and agree with the parent handbook _____
Signature

GATEWAY CHRISTIAN SCHOOL

Dear K-4 Parents:

The State of New Mexico is now requiring we have a form stating who can pick up your child after school. Please fill out the bottom of this letter and return it to the K-4 teacher.

This will stay in the K-4 classroom. If this changes, please just let the K-4 teacher know.

Thank you for your cooperation.

Sincerely,

K-4 Teacher

PLEASE DO NOT SEND MY CHILD WITH ANYONE UNLESS I HAVE LISTED THEM BELOW:

CHILD'S NAME

NAME

PHONE NUMBER

1. _____

2. _____

3. _____

4. _____



Gateway Christian Pre-School

Medical History:

Child's name: _____

Family Physician: _____ Phone: _____

Address: _____ City/Zip: _____

What is your child's current health condition: _____

Does your child have any allergies?

If so, how do they manifest themselves? _____

Asthma _____ Hay Fever _____ Hives _____ Other _____

Does your child take medication for these allergies? NO YES if yes please explain ____

Is your child completely potty trained? _____

Has your child ever been to a dentist? _____ If so, when? _____

Has your child had a hearing test? _____ If so, when? _____

Has your child ever had a vision test? _____ If so, when? _____

Does your child vomit easily?

Does your child have frequent colds? _____ If so please explain _____

Is your child current on immunizations? _____



Permission Slip:

- A. I, the parent/guardian of _____, give permission for him/her to participate in Chapel away from Gateway Christian Pre-School. This will include participation, as well as walking to and from the church building. _____

- B. I authorize the representative from GCS Pre-School complete medical guardianship of my child in case of an accident or emergency. The representative of GCS Pre-School is authorized to have my child treated and given medical attention that is needed for the well being of my child. I give authority for the representative to make the choice of the doctor and the hospital, if the parent/guardian is unable to be contacted. _____

- C. I understand that primary insurance coverage is my responsibility. I understand that as a parent I assume financial responsibility for hospitalization, medical attention, and surgery as needed. I understand that the pre-school provides a secondary insurance, to cover what my primary insurance does not cover up to a certain amount. _____

- D. I authorize GCS Pre-School to photograph my child for cubbies, cots, bulletin boards, yearbook, authorized pick up list, newspaper, website and brochure publications. _____

- E. I give my child permission to play in the wading pools or sprinklers at GCS Pre-School At the end of school parties and if enrolled in summer camp. _____

- F. I give my permission to GCPS teachers to apply sunscreen that I have purchased on my child at school. _____

I hereby release GCS Pre-School and any representative of the facility from any form of liability or responsibility for injuries, damages or expenses that may occur on behalf of my child, and I agree to indemnify and save harmless GCS Pre-School.

Parent's Signature: _____ Date: _____