Horizon Christian Preschool & Learning Center

2027-2028 Application

HORIZON CHRISTIAN PRESCHOOL AND LEARNING CENTER

Student Personal Information

Start Date:

Last Name:	First Name:	Middle Initial:
Name child goes by:	Current School:	Grade:
Date of birth:	Age:	Sex: M F

Father's Information

Father's Last Name:	First Name:	Middle Initial:
E-mail Address:		
Home Phone: ( )	Mobile Phone: ( )	Work Phone: ( )
Home Address:	City:	State/Zip:
Employer:	Occupation:	
Work Address:	City:	State/Zip:
Student lives with: ☐ Yes ☐ No	This parent is responsible for billing: ☐ Yes ☐ No	

Mother's Information

Mother's Last Name:	First Name:	Middle Initial:
E-mail Address:		
Home Phone: ( )	Mobile Phone: ( )	Work Phone: ( )
Home Address:	City:	State/Zip:
Employer:	Occupation:	
Work Address:	City:	State/Zip:
Student lives with: ☐ Yes ☐ No	This parent is responsible for billing: ☐ Yes ☐ No	

Medical Information

Primary Physician:		Phone #: ( )
Address:	City:	State /Zip:
Health Insurance:		Policy #:

Emergency Contacts

In the sudden event of illness or emergency and the parent or legal guardian cannot be reached, please call:

1. Name:	Day Phone #: ( )
2. Name:	Day Phone #: ( )

Planned Attendance Schedule

Full Time ☐ **Part Time** ☐

Circle days needed:	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival time:			Pick-up time:		

General Information

Family Church Affiliation: Pastor:

Please list your previous day care for reference below:

Name: Phone #: ( )

Are there any significant factors in your child's life we should be aware of, such as an absent parent, family illness, unusual addictions, serious illness, a parent with limited visitation rights, a handicap, hyperactivity, or severe behavioral problems?

Does your child have any diagnosed or suspected learning disabilities or special educational requirements?

☐ Yes ☐ No

Is your child taking any medications? ☐ Yes ☐ No

If so, name of the medication and dosage:

Does your child have any allergies or medical conditions we need to be aware of? ☐ Yes ☐ No

Please list:

Do we have permission to display photographs of your child on our website, social media pages and flyers?

☐ Yes ☐ No

Acknowledgments

Please read the following statements carefully and sign below:

1. I give Horizon Christian Preschool & Learning Center permission to take my child on Learning Center-sponsored, pre-announced field trips in church or staff-owned vehicles.
2. I authorize the Horizon Christian Preschool & Learning Center staff to seek medical attention for my child in case of sudden illness or accident.
3. I have received a copy of Horizon Christian Preschool & Learning Center's policies as outlined in the Family Handbook.
4. I understand the financial policies explained in the Family Handbook and accept responsibility for providing two weeks' written notice to the Director, Abriana Shelby.
5. Persons listed as emergency contacts have permission to take my child off campus if needed due to illness, injury, or other unusual circumstances.
6. I have viewed the current license certificate issued by the state of Oregon.
7. *I authorize the release of information about my student to be shared among all Horizon Christian Preschool & Learning Center and Horizon Community Church educational entities and ministries.*
8. I authorize my child's participation in celebrations and events sponsored by Horizon Christian Preschool & Learning Center and Horizon Community Church educational entities and ministries where food may be served.
9. I authorize my child to use sunscreen as needed.
10. I give Horizon Christian Preschool & Learning Center permission to call an ambulance or transport my child to the hospital in case of an emergency, understanding that this will be at my expense.

Statement of Confidentiality: All information provided in this application will be kept confidential and used solely for its intended purposes within Horizon Christian Preschool & Learning Center and Horizon Community Church.

_____ **I acknowledge that I have read Horizon Christian Preschool & Learning Center's Handbook and agree to abide by all the policies there-in.**

Initial

_____ _____

Parent/Legal Guardian Signature Date

Horizon Christian Preschool & Learning Center

Shared Medical/Allergy Plan

HORIZON CHRISTIAN PRESCHOOL AND LEARNING CENTER

Student's Personal Information

Last Name:	First Name:	Middle Initial:
Name child goes by:	Date Received:	

Allergy Information

Child has an allergy or allergies to:

Prevent an emergency by:

Describe signs or symptoms of an allergic reaction:

Emergency Response Plan

Please list the steps and procedures to follow during an emergency related to your child's allergy.

1. _____
2. _____
3. _____

Medications (Medication Authorization Form must be completed for each medication)

Describe symptoms that would prompt emergency medication to be administered:

Medications to be administered during an emergency:

Name of Medication:	Dosage:	Directions:	Expiration Date:

Emergency Contacts

Parent/Guardian:	Cell #: ( )	Work #: ( )
Parent/Guardian:	Cell #: ( )	Work #: ( )
Emergency Contact:	Relationship:	Cell #: ( )
Emergency Contact:	Relationship:	Cell #: ( )

_____ _____

Parent/Legal Guardian Signature Date

_____ _____

Director Signature Date

Horizon Christian Preschool & Learning Center
Permissions and Medical Consent

HORIZON CHRISTIAN PRESCHOOL AND LEARNING CENTER

Student Information			
Student's Last Name:	First Name:		Middle Initial:
Goes by:	Date of Birth:	Sex: M F	Photos Allowed: ☐ Yes ☐ No
Address:			
Home Phone: ( )	Dad Cell: ( )	Mom Cell: ( )	
Names of brothers/sisters at Horizon Christian School:			
Father Name:	Employer:	Work Phone: ( )	
Mother Name:	Employer:	Work Phone: ( )	

Individuals Authorized to Pick-Up other than Parent/Guardian		
1. Authorized Individual:	Relationship:	Phone: ( )
2. Authorized Individual:	Relationship:	Phone: ( )
3. Authorized Individual:	Relationship:	Phone: ( )
4. Authorized Individual:	Relationship:	Phone: ( )

The above have permssion to pick-up my child from Horizon Christian Preschool &Learning Center. I understand that it is my responsibility to notify the school ahead of time if someone other than the persons listed above are to pick up my child.

Parent/Legal Guardian Signature _____ Date _____

Emergency Medical Consent Form



In the case of a medical emergency, this form will travel with your child to the hospital, allowing medical staff to provide quick assistance if you're unavailable to give consent. Having it ready helps keep your child safe and ensures they receive prompt care.

Child's Name:			
Social Security Number:		Date of Birth:	
Health Insurance:	Policy Holder Name:	Member #:	Group #:
Primary Physician:		Physician Phone:	
Chronic Illnesses:	Allergies:	Current Medications:	Date of Last Tetanus Vaccinaton:

I/we authorize Horizon Christian Preschool & Learning Center to give consent for any necessary medical or surgical treatment for our child/children in case of our absence from 08/30/27 to 08/31/28.

Parent/Legal Guardian Signature _____ Date _____

Oregon Certificate of Immunization Status

Certificado de estado de vacunación

Oregon law requires proof of immunization or exemption signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority.

La ley de Oregon requiere que se entregue un comprobante de vacunación o de exención firmado antes de que un(a) menor asista a la escuela, al preescolar, a un centro de cuidado infantil o a una guardería. Esta información se recopila en nombre de la Autoridad de Salud de Oregon y la escuela o el centro infantil, y puede divulgarse a la Autoridad o al departamento local de salud pública, si la Autoridad la solicita.

Child's last name *Apellido del/de la menor*	First name *Primer nombre*	Middle name *Segundo nombre*	Birth date *Fecha de nacimiento*
Parents' or Guardians' names *Nombre de los padres o guardián*		Phone number *Número de teléfono*	

Write the dates the child received the vaccines
Indique las fechas en las que el/la menor recibió las vacunas

Vaccines / *Vacunas*	**Dose 1** ***Dosis 1***	**Dose 2** ***Dosis 2***	**Dose 3** ***Dosis 3***	**Dose 4** ***Dosis 4***	**Dose 5** ***Dosis 5***
Diphtheria/Tetanus/Pertussis *Difteria/tétanos/tos ferina* (DTaP)					
(Tdap)					
Polio (IPV)					
Varicella (Chickenpox) *Varicela*			☐ Check if child had chickenpox disease *Marque aquí si el/la menor ha tenido varicela.* Date / *Fecha:*		
Measles/Mumps/Rubella (MMR) *Sarampión/paperas/rubéola*					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B *Tipo B* (Hib)					

I certify that the information on the form is an accurate record of this child's immunizations.
Certifico que la información en el formulario es un registro exacto de las vacunas de este(a) menor.

Signature*
*Firma** X _____ Date *Fecha* _____

Update signature
Actualizar la firma X _____ Date *Fecha* _____

* Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations.

* *El padre, la madre, el/la guardián(a), un estudiante de por lo menos 15 años de edad, un proveedor médico o un miembro del personal del departamento de salud del condado puede firmar para verificar las*

Child's last name *Apellido del/de la menor*	First name *Primer nombre*	Middle name *Segundo nombre*	Birth date *Fecha de nacimiento*

Other vaccines received
Otras vacunas recibidas

Vaccine name ***Nombre de la vacuna***	**Date** ***Fecha***

Medical exemptions and immunity documentation
Documentación sobre las exenciones médicas y documentación de inmunidad.

Medical exemptions and immunity documentation require a letter signed by a licensed physician submitted to your child's school or child care. For the requirements go to www.healthoregon.org/medicalexemptions

La documentación sobre las exenciones médicas y documentación de inmunidad exige que se le entregue a la escuela o centro de cuidado infantil de su hijo(a) una carta firmada por un médico autorizado. Para ver los requisitos, visite www.healthoregon.org/medicalexemptions

Nonmedical exemption / *Exención no médica*

I have received information regarding the benefits and risk of immunizations. I understand my child may be excluded from school or child care if there is a case of disease that could be prevented by vaccine.
I have attached the required document from (check one):

☐ The vaccine module approved by the Oregon Health Authority
☐ A health care practitioner

He recibido la información relacionada con los beneficios y los riesgos de las vacunas. Entiendo que pueden excluir a mi hijo(a) de la escuela o del centro de cuidado infantil si se presenta un caso de enfermedad que podría prevenirse con una vacuna. Adjunto el documento requerido de parte de (marque una opción):

☐ *El módulo de vacunas aprobado por la Autoridad de Salud de Oregon*
☐ *Un proveedor de atención médica*

I request that my child be exempted from the following required immunizations (check all that apply):
Solicito que se exente a mi hijo(a) de las siguientes vacunas requeridas (marque todas las opciones que correspondan):

☐ Diphtheria/Tetanus/Pertussis / Difteria/tétanos/tos ferina ☐ Polio ☐ Varicella / *Varicela*
☐ Measles/Mumps/Rubella / *Sarampión/paperas/rubéola* ☐ Hepatitis B ☐ Hepatitis A
☐ Hib

Optional / *Opcional*

Immunizations are being declined because of:
Se están rechazando las vacunas debido a lo siguiente:

☐ Religious belief / *Creencias religiosas* ☐ Philosophical belief / *Creencias filosóficas* ☐ Other / *Otro*

Signature
Firma X _____ Date
Fecha _____

Horizon Christian Preschool & Learning Center
2027-2028 Financial Policy

When you enroll your child in the Preschool & Learning Center, our staff is dedicated to providing exceptional care. To support this commitment, we have established the following financial policy:

Charges: A non-refundable registration fee and a pro-rated monthly payment are required at enrollment. The full monthly payment is due by the 5th of each month. If you withdrawal or remain inactive for two or more months and choose to re-enroll, a new registration fee will be required.

Change of Status: Horizon Christian Preschool & Learning Center must meet state requirements for teacher/student ratios. In order to staff correctly, any changes in status must be given two weeks before the change is to occur. If the student is not attending normal, scheduled days during any one week, those days may not be moved to another day/week.

Single Day Attendance Change: If an additional day of attendance is needed, the cost will be added to the monthly bill. Days cannot be traded. If a student misses a scheduled day but attends on an alternative day, an extra day charge will apply. Any changes to a student's original attendance schedule must be approved by the office in advance.

Field Trip Policy: The Annual School Year Field Trip Fee is due with the Annual Registration Fee. The Summer Field Trip Fee is due by June 1st.

Elective Policy: Spanish, American Sign Language, and Piano Keyboarding are offered for 30 minute once a week. Lessons are billed monthly. A two weeks notice is required for withdrawal.

Due Date: Monthly payments are due by the 5th of each month prior to services being provided. Payments are considered late after the 5th. For hourly accounts, payments are also due by the 5th of each month. Checks must be received by the Preschool & Learning Center office by 4:30 p.m. on the due date to avoid being marked as late, regardless of postmark.

Late Pickup Fees: A late pickup fee will be charged for any child who remains in care after the 6:00 PM closing time. The fee is $1.50 per minute, per child, increasing to $5.00 per minute, per child after three (3) occurrences and $10.00 per minute, per child after six (6) occurrences. Part-time enrollment: Late pickup fees apply after five (5) hours of care or 6:00 PM, whichever comes first, following the same fee schedule.

Late Fee: Monthly and hourly accounts are due by the 5th of each month and are considered late on the 6th. If the 5th falls on a weekend or holiday, payment must be made by the previous business day to avoid a $45.00 late fee.

Returned Check Fee: A $45.00 returned check charge will be assessed if your check is returned for any reason.

Withdrawal: A two-week written notice is required prior to withdrawal. Informing a Preschool & Learning Center staff member alone will not be considered sufficient notice. Please submit written notice to the Director. If proper notice is not provided, you will be billed for the additional two weeks.

Special Arrangements: We understand from time to time that financial circumstances necessitate special arrangements. Please call the business office by the 1st of the month if you anticipate problems with making your payment on time. Horizon Christian Preschool & Learning Center reserves the right to revoke any special monthly arrangement with no prior notice.

Discharge: Child care services will not be extended into the next month if payment is not made in full by the end of the current month.

Reinstatement: Reinstatement will be considered on a case-by-case basis by the director and business manager. A reinstatement fee of $100.00 will be charged per occurrence.

Collection of Debt: If all reasonable attempts have been made to contact the parents in arrears, the account may require collection by the administration. The parents agree to pay all fees associated with collection of this debt, including attorney fees, court costs and staff time accrued using the basis of $25.00 per hour.

By signing below, you are agreeing to the terms and conditions stated in the Horizon Christian Preschool & Learning Center Financial Policy above.

Parent/Legal Guardian Signature _____ Date _____

Horizon Community Church & School

Activity Participation Agreement

horizoncommunity.church

HORIZON CHRISTIAN PRESCHOOL AND LEARNING CENTER

Student's Information		
Last Name:	First Name:	Middle Initial:

Participation Agreement Terms & Conditions

Medical Release: I recognize that as a result of participating in the activity described above that emergency medical treatment may be necessary for the Participant and that Horizon personnel may be unable to contact me prior for my consent to emergency care. I therefore give consent in advance for such emergency care, including first aid treatment, transportation to a medical facility and medical/hospital care as deemed necessary. I authorize and consent to all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a physician. I waive my right to information prior to such treatment. I authorize and request personnel from Horizon Community Church/Christian School/Preschool & Learning Center to administer or supervise such treatment and to do any procedure that they deem necessary until such time as the Participant can be safely transported to a doctor or hospital.

Liability: I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, personal injury, death; emotional injury; property damage; and/or other financial damage. In consideration for the opportunity to participate in the activity described above, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by Horizon personnel or its agents, employees, volunteers or any other representatives. Should it become necessary for the Participant to receive medical treatment for any reason, it is understood that the Participant's insurance is responsible for the primary costs of all care provided and that any insurance provided by Horizon is secondary. The Participant (or parent/guardian) accepts full responsibility for the excess costs of medical treatment for any injury which is over and above that which is covered by insurance.

Further, the Participant (or parent/guardian), understanding the inherent risks of the Activity, releases and promises to indemnify, defend, and hold harmless the Horizon Community Church/Christian School/Preschool & Learning Center, and its agents, employees, volunteers, or any other representatives. This includes any injury or loss arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise except in the case of gross negligence as may be determined.

Arbitration: If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

By signing below, you are agreeing to the terms and conditions stated in the Activity Participation Agreement above.

Parent/Legal Guardian Signature _____ Date _____

Horizon Christian Preschool & Learning Center
2027-2028 Electronic Payment Plan

HORIZON CHRISTIAN PRESCHOOL AND LEARNING CENTER

Horizon Christian Preschool & Learning Center provides the convenience of monthly electronic payments. For payment details, refer to the Financial Policy and for pricing, see the Schedule of Fees. Please complete the information below and return it with your admissions packet.

Payment Authorization Form		
Student Name:		
☐ New Authorization ☐ Change Financial Institution Account ☐ Discontinue Electronic Payment Plan	Effective Date:	
Name on account: (Please Print)		
Address:		
City:	State:	Zip:
I authorize the withdrawal (checking or savings) or charge (credit card) of monthly fees from my account on the 5th of each month. Please process the payment from the account specified below: ☐ Checking Account ☐ Savings Account ☐ Credit Card		

Complete the section below if you are paying via automatic withdrawal from your checking or savings account.	
Routing Number:	Account Number:

Complete the section below if you are paying via automatic charge to your credit card.		
Name on Card:	Card Number:	
Expiration Date:	3 Digit Code:	
Card Billing Address:		
City:	State:	Zip:

Statement of Confidentiality: All information provided in this application will be kept confidential and used solely for its intended purposes within Horizon Christian Preschool & Learning Center and Horizon Community Church.

Parent/Legal Guardian Signature _____ Date _____