



**HORIZON**  
**CHRISTIAN SCHOOL**  
**LEARNING CENTER**  
DAYCARE & PRESCHOOL

A ministry of Horizon Community Church

Dear Families,

We are so excited to welcome you into the Horizon family! To join our preschool, please fill out this application and return it either in person, or by email. I can't wait to get to know more about your family! Please feel free to call me and set up a time to stop by for a tour of our facility and perhaps to meet our teachers and students. We have a wonderful team of highly qualified teachers, and I am sure that your family will feel welcome in the Horizon community.

Blessings,

Abriana Wedin  
Learning Center Director  
awedin@horizonchristian.school

# Horizon Christian Learning Center

## 2023-2024 Admissions Form

<b>Student Personal Information</b>		<b>Starting Date:</b>	
Last Name:	First Name:	Middle Initial:	
Name child goes by:	School:	Grade:	
Social Security Number:	Date of birth:	Age:	Sex: M F

<b>Parent Information</b>		
Billing Address:	City:	State/Zip:
Father's last name:	First Name:	Middle Initial:
Social Security Number:	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 the billing: ( )Yes ( )No	

Mother's last name:	First Name:	Middle Initial:
Social Security Number:	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 the billing: ( )Yes ( )No	

<b>Health Information</b>	
Family Physician:	Phone #: ( )
Address:	City/Zip:
Health Care Insurance:	Policy #:
Family Dentist :	Phone #: ( )
Address:	City/Zip:
Dental Care Insurance:	Policy #:

<b>Emergency Contacts</b>	
In the event of sudden illness or an emergency and the parent or legal guardian cannot be reached, please call:	
1. Name:	Day Phone #: ( )
2. Name:	Day Phone #: ( )

<b>Attendance Schedule</b>		
( ) Full Time (circle days needed) Mon-Tues-Wed-Thurs-Fri	Arrival Time:	Pick-up Time:
( ) Part Time (circle days needed) Mon-Tues-Wed-Thurs-Fri	Arrival Time:	Pick-up Time:

<b>Other Information:</b>	
Family Church Affiliation:	Pastor:
Please list your previous day care for reference.	
Name:	Phone #: (    )
Horizon Learning Center has my permission to call an ambulance for my child in case of an emergency or transport my child to the hospital. I understand this will be at my expense.	
<b>Signed by parent or legal guardian:</b>	
Are there any factors in your child's life such as an absent parent, family illness, unusual addictions, serious illness, a parent with limited visitation rights, handicap, hyperactivity or severe behavior problems?	
Does your child have any diagnosed or suspected learning disabilities or special educational requirements? ( )Yes ( )No	
Is your child taking any medications? If so, name of the medication and dosage:	
Does your child have any allergies or medical condition we need to be aware of? ( )Yes ( )No	
Do we have permission to display photographs of your child on our website and Facebook as well as on flyers? ( )Yes ( )No	
Do we have permission to treat any minor abrasions or cuts with a wound cleaner and bandage? ( )Yes ( )No	

**Statement of Confidentiality:**

All information will be handled with confidentiality. Horizon Christian Learning Center is a ministry of Horizon Community Church.

Please read the following statements carefully and sign below.

1. Horizon Learning Center has permission to take my child on Learning Center sponsored,
2. pre-announced field trips in church or staff owned vehicles.
3. I authorize the Learning Center staff to seek medical attention in the event of sudden illness or accident.
4. I understand the financial policies explained in the Horizon Learning Center's Family Handbook and I understand I am responsible to give two weeks notice on the withdrawal form provided by the Learning Center.
4. Persons listed as emergency contact have permission to take my child off campus if needed because of illness, injury, or other unusual circumstance.
5. I have viewed the current license certificate issued by the state of Oregon.
6. I authorize the release of information on my student to be shared among all Horizon Community Church education entities and ministries.

\_\_\_\_\_ Yes, I have read the Horizon Learning Center's Handbook and agree to abide by all the policies there-in.

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



# Schedule of Fees 2023-2024

Effective September 1, 2023  
Hours of Operation: 7:00 a.m. to 6:00 p.m.

**HORIZON**  
CHRISTIAN SCHOOL  
LEARNING CENTER  
DAYCARE & PRESCHOOL

## Contact

Director: Abriana Wedin

503-691-1054

Fax: 503-783-2361

23370 SW Boones Ferry Rd.  
Tualatin, OR 97062

awedin@horizonchristian.school

www.horizonchristian.school

## General Fees

Application Fee for New Students **\$100.00** per student

Yearly Registration Fee **\$150.00\*** per student

**\$100.00\*** per additional student in same family

\*Annual Fees are non-refundable.

## Field Trip Fees

### Preschool

School Year **\$140.00** per student per school year

Summer **\$100.00** per student

### Elementary

Summer **\$200.00** per student

## Elective Fees

Spanish, American Sign Language, and/or Piano Keyboarding **\$65.00**  
Per elective, per month for 30 minute weekly lessons

## Discount

10% per child for family of 2 or more children

## Learning Center Financial Policy

All payments are due by the 5th of each month. Any payments received after are past due and a late fee of **\$45.00** will be assessed.

## PRESCHOOL CARE

	FULL TIME CARE (over 5hrs)	PART TIME CARE (5hrs or less)
5 DAYS	\$980.00 per month	\$825.00 per month
4 DAYS	\$910.00 per month	\$705.00 per month
3 DAYS	\$810.00 per month	\$575.00 per month
2 DAYS	\$630.00 per month	\$500.00 per month

## EXTRA DAYS

Extra Full Day Rate **\$100.00\*\***

Extra Part Day Rate **\$60.00\*\***

\*\*Extra day rates are for non-scheduled contract dates. Please email or call prior to switching or adding an extra day.

## SCHOOL CARE

Before and After School\*\*\*

**\$620.00** per month

After School Care\*\*\*

5 DAYS **\$580.00** per month

4 DAYS **\$500.00** per month

3 DAYS **\$470.00** per month

2 DAYS **\$400.00** per month

## Additional Rates

Holiday Breaks & Non-School Days

Scheduled **\$50.00** per day

Drop In **\$95.00** per day

Summer Care Price rate is same as Preschool Care rate.

\*\*\*Monthly Transportation Cost **\$30.00** per child

# Student Pick-Up Permission List

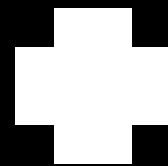
# 2023-2024

Last Name:	First:	Middle Initial:
Name student goes by:	Date of Birth:	Sex: M F
Home Phone: ( )	Dad Cell: ( )	Mom Cell: ( )
Home Address:	City / Zip:	
Names of brothers/sisters at HCS:		
Father:	Employer:	Work #: ( )
Mother:	Employer:	Work #: ( )
Insurance Carrier:	Policy #:	
Food or Drug Allergies:		
Emergency Contacts: 1. Name:	Day Phone: ( )	
2. Name:	Day Phone: ( )	
Photo Release/Facebook:	Y N	
Notes:		

The following people have permission to pick up my child from Horizon Christian Learning Center. I understand that it is my responsibility to notify the school ahead of time if someone other than the persons named below are to pick up my child.

Name:	Relationship:	Day Phone: ( )
Name:	Relationship:	Day Phone: ( )
Name:	Relationship:	Day Phone: ( )
Name:	Relationship:	Day Phone: ( )
Name:	Relationship:	Day Phone: ( )
Name:	Relationship:	Day Phone: ( )
Name:	Relationship:	Day Phone: ( )
Signature of Parent or Legal Guardian:		
Dated:	Date Revised:	Date Revised:

# Emergency Consent Form



If your child needs emergency medical care and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave a completed **EMERGENCY CONSENT FORM** with you baby-sitter, day care center or temporary guardian. In the event of a medical emergency, the form should accompany you child to the hospital.

I/we hereby authorize Horizon Christian Learning Center to give consent for all medical and/or surgical treatment that may be required for our child/children during our absence from (date) September 2023 until (date) September 2024.

Child's Full Name	Date of Birth	Social Security Number	Chronic Illnesses	Allergies	Current Medications	Last Tetanus Immunization

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home address of parent/guardian: \_\_\_\_\_

Telephone number of parent/guardian: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health insurance co.: \_\_\_\_\_ Member no.: \_\_\_\_\_ Group no.: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

Emergency contact (other than parent/guardian): \_\_\_\_\_ Telephone: \_\_\_\_\_

Signed (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_



Full Name of Student: \_\_\_\_\_ Date of Received: \_\_\_\_\_

**CHILD'S ALLERGY INFORMATION:**

Child has an allergy to: \_\_\_\_\_

Describe signs and symptoms of allergic reaction: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY RESPONSE PLAN:**

Please list 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 given:  
\_\_\_\_\_  
\_\_\_\_\_

Medications to be giving 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 #: _____

**Prevent an Emergency by:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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





# Horizon Christian Learning Center

## 2023-2024 Financial Policy

Revised 010.24.2011

At the time you enroll your child in the Learning Center, our staff is committed to provide your child with excellent care. For this reason, the following financial policy has been developed:

### Charges:

A non-refundable registration fee is required at the time of enrollment, along with pro-rated monthly payment. The full monthly payment is due on the 5th day of each month. If you withdraw or are inactive for two months or more and choose to re-enroll, then the registration fee must be paid again.

### Change of Status:

Horizon Christian Learning Center must meet state requirements for teacher/students 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:

In the event of an additional day of attendance there will be an extra day cost to the monthly billing. Days may not be traded. If a student does not attend on his or her scheduled day but attends on an alternative day there will be an extra day charge. Any changes from a student's original attendance scheduled must first be approved by the office.

### Field Trip Policy:

Pre-registration for each field trip is \$5.00. If signing up the day of the event, the cost is \$7.00. Once your student is signed up, the Learning Center will staff accordingly, therefore regardless of attendance the charge if the field trip and attendance will be assessed to the monthly billing.

### Elective Policy:

Spanish, American Sign Language, and Piano Keyboarding are offered for 30 minute weekly lessons. 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 rendered. Payments are considered past due after the 5<sup>th</sup> of the month. Hourly accounts are due on the 5th of each month. Checks must be received by the Learning Center office before 4:30 p.m. on the due date or they are considered late regardless of postmark.

### After 6:00 p.m. Late Charge:

A charge of \$1.50 per minute per child will be charged for any child left after 6:00 p.m. closing. After three offenses the charge will be \$5.00 per minute per child.

### Late Fee:

Monthly accounts are due by the 5th and late on the 6th of the month. Hourly accounts are due by the 5th and late on the 6th. If the 5th falls on a weekend or holiday, payment will need to be made by the prior business day to avoid the \$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:

Two weeks written notice is required prior to withdrawal. Telling a Learning Center staff member will not be considered ample notice. A withdrawal form must be completed. You will be billed for the two weeks if proper notice is not given.

### 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 Learning Center reserves the right to revoke any special monthly arrangement with no prior notice.

### Discharge:

Child care may not continue into the next month if parents fail to pay as agreed by the end of the month the payment is due.

### 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 who are 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.

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

\_\_\_\_\_  
Date

# Horizon Community Church & Schools Activity Participation Agreement

Name of participant: \_\_\_\_\_

Name of parents/guardians (if participant is under 18): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

List medications, allergies or medical conditions: \_\_\_\_\_

Is participant covered by personal/family medical insurance?  Yes  No

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Activity, Sport, or Event: \_\_\_\_\_ Horizon Christian Learning Center \_\_\_\_\_

## Participation Agreement

**Medical Release:** I recognize that as a result of participation 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/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/Learning Center, and its agents, employees, volunteers, or any other representatives, for 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.

Signature (Parent/Guardian if Participant is a minor): \_\_\_\_\_ Date: \_\_\_\_\_

# Horizon Christian Learning Center

## 2023-2024 Electronic Payment Plan

The Horizon Learning Center offers the option for electronic payments to be made monthly. See Financial Policy for payment details and the Schedule of Fees for pricing.

**Statement of Confidentiality:**

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<b>Student Name:</b>		
<b>Payment Authorization Form:</b>		<input type="radio"/> New Authorization
Effective Date: _____		<input type="radio"/> Change Financial Institution Account
Name on account (Please Print)		<input type="radio"/> Discontinue Electronic Payment Plan
Address:		
City:	State:	Zip:
<b>Monthly Payment Plan (5th of the month)</b> I authorize payment of monthly fees to be paid on the 5th of every month from my checking or savings account (as specified below)		
Please take my payment directly from the account specified: <input type="radio"/> Checking Account <input type="radio"/> Savings Account		

Routing #:	Account #:
------------	------------

<b>Payment Options:</b> Please charge my card Visa/Mastercard for the monthly amount owed.	
Card Number: _____	Name on Card: _____
Expiration: _____	Three Digit Code: _____
Billing Address: _____	

Signature

# Horizon Christian Learning Center

## 2023-2024 School Transportation Agreement

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My child \_\_\_\_\_ will be attending

Horizon Christian Elementary School (2023-2024 )

I understand that my child will be arriving at and/or departing from the Horizon Learning Center without a parent.

### Elementary/ Full Day Kindergarten

His/her departure time from the Learning Center for school will be: 7:20 a.m.

His/her arrival time at Horizon Elementary will be: 8:15 a.m.

His/her departure time from Horizon Elementary for after care will be: 3:05 p.m.

His/her arrival time at the Learning Center will be: 3:15 p.m.

### Pre-Kindergarten

His/her departure time from the Learning Center for school will be: 12:05 p.m.

His/her arrival time at Horizon Elementary will be: 12:15 p.m.

His/her departure time from Horizon Elementary for after care will be: 3:05 p.m.

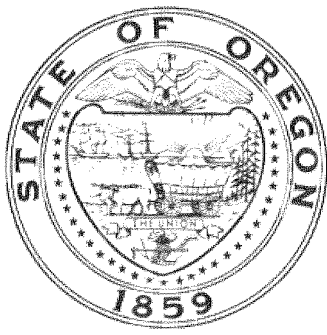
His/her arrival time at the Learning Center will be: 3:15 p.m.

Transportation will be provided by our church owned mini bus, standard school bus, or staff owned vehicle. If the student is under 40 lbs. by Oregon state law they are required to have a car seat when riding the church owned mini bus or staff vehicle. Car seats must be provided by the parent or guardian for those requiring one.

If on any day there is a change to this schedule, I agree to call the Learning Center and inform them of the change.

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

\*If your child has not arrived at the center by the expected time, the Learning Center will immediately contact a parent or guardian.



## Oregon Certificate of Immunization Status Oregon Department of Human Services, Immunization Program

Oregon law requires proof of immunization be provided or a religious or medical exemption be 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 Department of Human Services, Immunization Program and may be released to the Department or the local Public Health Authority by the school or children's facility upon request of the Department. Vaccine history must include at least the month and year. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Codigo Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all  
 Up-to-date  
 Medical  
 Religious

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap (not given prior to 10 years of age)					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

**I certify that the above information is an accurate record of this child's immunization history.**

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

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

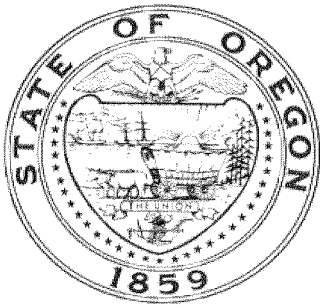
Update Signature \_\_\_\_\_ Date \_\_\_\_\_

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

<b>For school/facility use only</b>
School/facility Name
Student ID Number
Grade

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

**Continued On Reverse Side**



**Oregon Certificate of Immunization Status, Page 2**  
**Oregon Department of Human Services, Immunization Program**

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Recommended Vaccines	Pneumococcal (PCV7) (Only children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (Only girls age 9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

**For medical exemptions:**

Please submit a **letter** signed by a licensed physician stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

**For Immunity Exemptions** (history of disease or positive titer):

Please submit a **letter** signed by a licensed physician stating:

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

**Religious exemption:**

I have read and understand the information in the brochure that I received. I am aware of the potential risks of my child being unimmunized, including being excluded from attending school during a disease outbreak. My child is being raised as an adherent to a religion the teachings of which are opposed to immunization and I request that my child be exempted from the following required immunizations:

- |                     |                          |             |                          |
|---------------------|--------------------------|-------------|--------------------------|
| Diphtheria/ Tetanus | <input type="checkbox"/> | Pertussis   | <input type="checkbox"/> |
| Measles             | <input type="checkbox"/> | Polio       | <input type="checkbox"/> |
| Mumps               | <input type="checkbox"/> | Varicella   | <input type="checkbox"/> |
| Rubella             | <input type="checkbox"/> | Hib         | <input type="checkbox"/> |
| Hepatitis B         | <input type="checkbox"/> | Hepatitis A | <input type="checkbox"/> |

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature \_\_\_\_\_

\_\_\_\_\_ Date

Update Signature \_\_\_\_\_

\_\_\_\_\_ Date

Update Signature \_\_\_\_\_

\_\_\_\_\_ Date

Update Signature \_\_\_\_\_

\_\_\_\_\_ Date



**HORIZON**  
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## Electives

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Horizon Christian Learning Center offers additional electives to both our Preschool and Elementary After-School care students.

Electives are available on a weekly basis in 30 minute time slots at a low monthly cost. Students may sign-up for more than one elective.. Students can sign up for electives at any time.

Two week notice is required before discontinuing elective classes.

Time slots will be assigned based on Attendance Days.

Both Second Language Electives, American Sign Language and Spanish, are taught in a small group setting.

Piano Keyboarding is taught in a smaller class environment.

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I would like to sign my student, \_\_\_\_\_ up for:

- Spanish
- American Sign Language
- Piano Keyboarding

\_\_\_\_\_  
(Parental/ Guardian Signature)

\_\_\_\_\_  
(Date)

# Horizon Christian Learning Center

## 2023-2024 Supply List

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We will be sharing our supplies as a class.  
Please do not label individual items with your child's name.

- 2 packages of 8 washable wide markers  
(1 package basic classic colors only)
- 1 package of washable thin markers
- 2 set of watercolor paints
- 1 package of colored pencils
- 1 package color crayons
- 1 packages of large glue sticks
- 1 bottle Elmer's Glue
- 2 packages of multi color Dry Eraser Board Markers
- 2 boxes of tissues

### Items to Be Labeled:

- Jacket
- Backpack with a complete change of clothes.
- Lunch box
- A small blanket, about the size of their cubby for rest time.

**No Pillows**

Thank you!