

Ridge Christian Academy Agreement

Child's name (first and last): _____ DOB: _____

Parent's name: _____

SESSIONS	CLASS OPTION	Choose classes	MONTHLY TUITION (based on full year)
5 DAY AM 9AM-12PM	Preschool classes– Ages 2 1/2–5		\$450
3 DAY AM 9AM-12PM	Preschool classes– Ages 2 1/2–5		\$350
5 DAY PM 1-4PM (cannot be combined with AM session)	Preschool classes– Ages 2 1/2–5		\$450
3 DAY PM 1-4PM (cannot be combined with AM session)	Preschool classes– Ages 2 1/2–5		\$350
5 DAY Full Day 9-4pm	Preschool classes-Ages 3-5 (3 by Aug. 31st)		\$1025
3 FULL DAY 9-4pm	Preschool classes– Ages 3-5 (3 by Aug. 31st)		\$725

STUDENTS 3 AND UP MUST BE FULL POTTY TRAINED

PRESCHOOL EXTENDED DAY	AM STUDENTS 7AM-9AM PM STUDENTS 4PM-5PM 7AM-9AM/4PM-5PM		\$100 \$50 INCLUDED WITH FULL DAY CLASS
RIDGE CHRISTIAN ACADEMY 9AM-4PM	Children turning 5yrs old before September 1st, 2022		\$800
KIDS CONNECTION 5 days Before and After school 6:30am– 6:00pm	Kindergarten– 12yrs		\$600
KIDS CONNECTION 5 days Before OR After school only 6:30am– 6:00pm	Kindergarten– 12yrs		\$380

	PRESCHOOL	KINDERGARTEN	KIDS CONNECTION
REGISTRATION FEES	\$75	\$75	\$75
CURRICULUM FEES	\$175	\$250	

I agree to promptly notify preschool provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.

I have read, understand and agree to comply with the policy and procedures and information for parents given to me by: Ridge Christian Academy.

Parent/guardian signature _____ Date _____

Ridge Christian Academy will provide preschool services according to the above plan. Parents will be notified promptly of any changes to the above information. Tuition is split in to 10 monthly payments (it is based on a yearly fee) due on the first of the month from September 1st through June 1st. Late fees apply after the 5th. We accept check and credit card payments.

Refund Policy: Cancellation is possible prior to August 19th for fall registrations. The curriculum fee is refundable until this date. Registration fees are non-refundable. **No refunds after August 19th, 2022.** If you voluntarily withdraw your student during the school year, there will be no tuition refund.

RIDGE CHRISTIAN ACADEMY

Child: _____

Parent name: _____ Email address: _____

Parent name: _____ Email address: _____

Please read the following and sign at the bottom of this page:

- Park Ridge Kids is a NUT-FREE Center. (We do not serve or keep any type of nuts at our center)
- Tuition is due on the 1st of each month. A late fee of \$25 will be charged after the 5th of the month.
- There is no tuition adjustment for absences due to inclement weather, illness or other unforeseeable absences or closures.
- Children are required to wear uniforms. Monday-Thursday. Friday is casual dress day. See New student packet for examples of uniforms.
- All registration forms must be completed in order to process registration. If there is missing information, we will not be able to register your child. This includes the state Certificate of Immunization Form.
- If a child does not complete the sessions at the school's recommendation, a refund will be issued for the unexpired days of that session. If the child is withdrawn from the school before the end of the session at the parent's request, no refund will be provided.
- Each child will have 1 month vacation per school year where the parents **do not** have to pay the tuition fees. We ask 2 weeks notice for vacation dates. After the 1 month vacation, full tuition will be charged for any absences. (there is no half month vacation discount)
- In the event that you need to withdraw your child, **2 weeks notice** must be given in order to be released from the agreement. If notice is not given, there will not be any adjustment to tuition fees or refunds.
- Ridge Kids has a private Facebook page for enrolled families only. We will post updates, special events, and photos of the children in their classroom and at special events.
- Our classrooms and public spaces at The Ridge have surveillance cameras management for staff use only.
- Your child is enrolled in a program that nurtures spiritual growth. I understand curriculum will include the use of Bible stories, songs, poems, and prayers.
- Late pick up fees will be charged for children picked up later than 15 minutes after class ends. The fee is \$10 for every 15 minutes.

I understand and agree to the above policies. I have received and read the Parent Handbook.

Signature of legal parent/guardian (required to process application).

Signature _____ Date _____

Child Care Registration Form		Date child entered care	Date child left care																																								
Child's name (Last, First, Middle)		Name used (Nickname)	Birthdate																																								
Street address		City	Zip code																																								
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care																																										
	cell phone # () -	home phone # () -	alternate phone # () -																																								
Street address		City	Zip code																																								
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care																																										
	cell phone # () -	home phone # () -	alternate phone # () -																																								
<p><i>I give my permission for any of the following individuals to be contacted and my child may be released to any of them.</i></p> <p><i>Parent/Guardian signature: _____ Date: _____</i></p> <p>In an emergency, if you are not able to contact me, contact the following:</p> <table border="1"> <thead> <tr> <th>Name (first and last)</th> <th>cell phone #</th> <th>home phone #</th> <th>alternative phone #</th> </tr> </thead> <tbody> <tr> <td></td> <td>() -</td> <td>() -</td> <td>() -</td> </tr> <tr> <td></td> <td>() -</td> <td>() -</td> <td>() -</td> </tr> <tr> <td></td> <td>() -</td> <td>() -</td> <td>() -</td> </tr> <tr> <td></td> <td>() -</td> <td>() -</td> <td>() -</td> </tr> </tbody> </table> <p>These individuals also have permission to pick up my child:</p> <table border="1"> <thead> <tr> <th>Name (first and last)</th> <th>cell phone #</th> <th>home phone #</th> <th>alternative phone #</th> </tr> </thead> <tbody> <tr> <td></td> <td>() -</td> <td>() -</td> <td>() -</td> </tr> <tr> <td></td> <td>() -</td> <td>() -</td> <td>() -</td> </tr> <tr> <td></td> <td>() -</td> <td>() -</td> <td>() -</td> </tr> <tr> <td></td> <td>() -</td> <td>() -</td> <td>() -</td> </tr> </tbody> </table>				Name (first and last)	cell phone #	home phone #	alternative phone #		() -	() -	() -		() -	() -	() -		() -	() -	() -		() -	() -	() -	Name (first and last)	cell phone #	home phone #	alternative phone #		() -	() -	() -		() -	() -	() -		() -	() -	() -		() -	() -	() -
Name (first and last)	cell phone #	home phone #	alternative phone #																																								
	() -	() -	() -																																								
	() -	() -	() -																																								
	() -	() -	() -																																								
	() -	() -	() -																																								
Name (first and last)	cell phone #	home phone #	alternative phone #																																								
	() -	() -	() -																																								
	() -	() -	() -																																								
	() -	() -	() -																																								
	() -	() -	() -																																								
Child's health information																																											
Child's medical care provider or parent's/guardian's preferred medical facility for treatment Name: _____ Phone: () - Street Address: _____		Child's last physical exam, if available																																									
Child's dental care provider or parent's/guardian's preferred dental facility for treatment Name: _____ Phone: () - Street Address: _____		Child's last dental exam, if available																																									
<p>Known health conditions (An individual care plan from child's health care provider is required for any food allergies or special dietary requirement due to a health condition.)</p>																																											

Consent to medical care and treatment of minor children

I give permission that my child, _____ may be given
 first aid/emergency treatment by the child care licensee and or qualified staff at:

Name of Licensee: _____

Address of Licensee: _____

Parent/guardian signature	Date	Parent/guardian signature	Date
---------------------------	------	---------------------------	------

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent/guardian signature	Date	Parent/guardian signature	Date
---------------------------	------	---------------------------	------



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
 Signed COE on File? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name: _____

First Name: _____

Middle Initial: _____

Birthdate (MM/DD/YYYY): _____

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.

Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature Required if Starting in Conditional Status _____ Date _____

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry					
• <input type="checkbox"/> Required for School					
• <input type="checkbox"/> Required Child Care/Preschool					
• <input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis)					
• <input type="checkbox"/> Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)					
• <input type="checkbox"/> DT or Td (Tetanus, Diphtheria)					
• <input type="checkbox"/> Hepatitis B					
• <input type="checkbox"/> Hib (<i>Haemophilus influenzae type b</i>)					
• <input type="checkbox"/> IPV (Polio) (any combination of IPV/OPV)					
• <input type="checkbox"/> OPV (Polio)					
• <input type="checkbox"/> MMR (Measles, Mumps, Rubella)					
• <input type="checkbox"/> PCV/PPSV (Pneumococcal)					
• <input type="checkbox"/> Varicella (Chickenpox)					
<input type="checkbox"/> History of disease verified by IIS					
Recommended Vaccines (Not Required for School or Child Care Entry)					
Flu (Influenza)					
Hepatitis A					
HPV (Human Papillomavirus)					
MCV/MPSV (Meningococcal Disease types A, C, W, Y)					
MenB (Meningococcal Disease type B)					
Rotavirus					

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

- A verified history of varicella (chickenpox) disease.
- Laboratory evidence of immunity (titer) to disease(s) marked below.

- Diphtheria Hepatitis A Hepatitis B
- Hib Measles Mumps
- Rubella Tetanus Varicella
- Polio (all 3 serotypes must show immunity)

 Licensed Health Care Provider Signature Date _____

 Printed Name

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____
 If verified by school or child care staff the medical immunization records must be attached to this document.

Signature: _____
 Date: _____

RIDGE CHRISTIAN ACADEMY | 2022-2023 CALENDAR

5 Labor Day
 6 Orientation Day- all students
 7 First day of school- all students

SEPTEMBER '22						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

MARCH '23						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

TBD Teacher In Service Day

31 Harvest Carnival
 31 Halloween

OCTOBER '22						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

APRIL '23						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

7 Good Friday
 8 Easter Extravaganza
 9 Easter Sunday
 10-14 Spring Break

6 Daylight Savings Ends
 11 Veterans Day
 24 Thanksgiving Day
 24-25 School Closed

NOVEMBER '22						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

MAY '23						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

5 Muffins with Mom
 7 Mother's Day
 29 Memorial Day-
 preschool closed

19-30 Christmas Break-
 preschool closed
 24 Christmas Eve
 25 Christmas Day

DECEMBER '22						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JUNE '23						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

16 Donuts with Dad
 18 Father's Day
 23 Last day of school
 23 End of the year party
 (No PM classes)

1 New Year's Day
 2 Back to School
 16 M.L. King Day-
 preschool closed

JANUARY '23						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JULY '23						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

4 Independence Day
 5 Summer Camp begins
 (tentative)

14 Valentine's Day
 20 Presidents Day-
 preschool closed

FEBRUARY '23						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

AUGUST '23						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

TRANSPORTATION INFORMATION

If transportation needed please fill this form. Transportation is available for AM Session- 9:00am and 12:00PM, PM Session- 1:00pm and 4:00pm. Full Day Session- 9:00AM and 4:00PM

Student Name: _____

Class: _____

Choose days needed: M Tu W Th F

AM session

PM session

Full day session

Pickup:

Drop Off:

Contact Phone numbers: 1. _____

2. _____

Address: _____

Community Name: _____

School (Elementary students): _____