

KCA PRESCHOOL

ENROLLING NOW

642-2117

Preschool schedule

3 year old class

8:00-11:30 a.m.

Tuesday/Thursday

12:30-3:45 p.m.

Tuesday/Thursday

\$65 a month

Child must be toilet trained

4 year old class

8:00-11:30 a.m.

Mon/Wed/Fri

12:30-3:45 p.m.

Mon/Wed/Fri

\$85 a month

A **\$25 non-refundable application fee** must be submitted with application as well as a completed enrollment and consent form. Preschool application packets can be picked up in the KCA office.

M/W/F classes- Child must have turned 4-5 years of age by July 31 of enrollment year.

T/Th classes- Child must have turned 3-4 years of age by July 31 of enrollment year.

Children who are currently enrolled at KCA preschool should fill out an application to hold their spot for this fall.

KINGDOM CHRISTIAN ACADEMY PRESCHOOL ~ FULTON, MO ~

HISTORY OF OUR SCHOOL

The Kingdom Christian Academy Preschool was organized to begin its first year at First Baptist Church in the fall of 2007. We are an affiliation of Kingdom Christian Academy. We are an inter-denominational Christian school. Our policies are not governed by any church or denomination, but rather by a corporate Board of Directors composed of Christians from various denominational backgrounds. KCA was established in 1995.

OUR MISSION

To glorify God by providing a quality, Christ-centered education for our students to enable them to become godly leaders for our community incorporating the core values of integrity, love, obedience, respect, and servant-hood.

OUR VISION

KCA preschool is a Christ-centered learning environment through godly faculty, staff, and parent partnership. This partnership provides a school, which emphasizes our core values, and provides our students with an opportunity for a close personal walk with Christ. It is our desire that these students become servant leaders of Christ and role models in our community, nation, and world.

OUR MOTTO

"Where Academics and Faith Unite"

OUR CURRICULUM

We believe our curriculum should challenge our students to reach their academic potential while teaching Biblical truths as well. The A Beka curriculum, published by the Pensacola Christian College, is the primary base of our school materials. This program integrates academic development (with God at the center of each subject) with Christian character building-to obey, to do right, and to love God and country.

PRESCHOOL SCHEDULE

3-year-old classes

8:00-11:30 AM Tuesday/Thursday
12:30-3:45 PM Tuesday/Thursday

4-year-old classes

8:00-11:30 AM Mon/Wed/Fri
12:30-3:45 PM Mon/Wed/Fri

Morning classes--you may drop off between 8:00-8:20 AM.

Afternoon classes--you may drop off as early as 12:20 PM.

Afternoon pickup--please have children picked up by 3:45 PM.

TUITION

M/W/F classes \$85 a month.

T/TH classes \$65 a month.

Enrollment of two or more children will be as follows....

M/W/F \$65 a month and

T/TH \$50 a month

ENROLLMENT REQUIREMENTS

M/W/F classes--Child must have turned 4 or 5 years of age between August 1 of the previous year and July 31 of the enrollment year. (For example: For fall 2008 enrollment, the child must be born between the dates of August 1, 2003, and July 31, 2004.)

T/TH classes- Child must have turned 3 or 4 years of age between August 1 of the previous year and July 31 of the enrollment year. (For example: For fall 2008 enrollment, the child must be born between the dates of August 1, 2004, and July 31, 2005.)

Children must be toilet trained. Younger children may be evaluated for placement in T/TH class.

ENROLLMENT PROCESS

A \$25 non-refundable application fee must be submitted with application as well as a completed enrollment and consent form. The first month tuition is due by August 1.

PAYMENT INFORMATION

- Tuition payments are due by the first of every month. Tuition is delinquent after the 15th with a \$15 additional late fee.
- Payments can be made in cash, check, or money order payable to KCA Preschool.
- The cost of preschool applies whether your child is present or absent. Monthly tuition holds your child's place until they return. If tuition is not paid by the end of the month your child's place may be filled.
- If a personal check is returned, there will be a \$25 service charge applied.
- Drop off tuition payments in the classroom drop box.

SNACKS

All parents are asked to bring snacks on designated days set up by the teacher. The snack should include something nutritious and milk or 100% fruit juice. Examples-- peanut butter and graham crackers with apples, yogurt, cheese and crackers. Soda is not allowed.

SCHOOL CLOSINGS

In the event of inclement or hazardous weather conditions, please check the KCA website at www.kcasaints.org or the local television and radio stations (Channel 8 KOMU, Channel 13 KRCG, Channel 17 KMIZ; radio stations--900 KFAL-AM, 100.5 KKCA-FM, 92.1 KMFC-FM) for information regarding school closings or early dismissals. We make our decision independent of other schools. In the event of early dismissal due to weather, please have an alternate plan for picking up your children if and when this circumstance should arise.

PARENT INVOLVEMENT

Parents are welcome to come and observe their child's preschool class. Parents are always welcome to come and join preschool parties, birthdays and special events. Parents, if you have a special talent, skill or employment that you would like to share please let your child's teacher know.

DISCIPLINE POLICY

KCA Preschool disciplinary guidelines are necessary for orderly operation of the school,

The objectives of KCA Preschool's program of discipline are to:

1. Help students develop self-control.
2. Learn respect for proper authority.
3. To assume increasing responsibility.
4. Develop the ability to exercise freedom wisely.
5. Develop positive attitudes.

The achievement of these objectives requires the cooperative effort of the student, teacher, and parent.

Enrollment in KCA preschool does not mean automatic enrollment in KCA K-8th grade. A new application is required. If you wish to have your child enrolled in KCA K-8th grade program, there is a separate process. See teacher for details.

Special medical information about your child: _____

Names and birth dates of other children in your family: _____

Special interests of your child: _____

Is there any other information about your child and/or family that your child's teacher might find helpful? _____

Please list any special talents, hobbies, interests, etc. that your family could share with preschool: _____

What do you hope your child will gain from this preschool experience? _____

Would you be willing to serve on the Preschool Committee? YES NO

Would you be willing to help with Classroom Parties? YES NO

Immunizations

The KCA Preschool requires that your child be current with all immunizations. For new students, a Medical Examination Report is attached and must be filled out by a physician and/or a registered nurse and returned by the first day of school.

PLEASE INDICATE FIRST (1) AND SECOND (2) CHOICES FOR CLASS PREFERENCE: Please indicate if your #1 choice is the only choice possible for you. If so, enroll early to assure placement in your first choice class. Morning classes fill very quickly.

TUESDAY / THURSDAY CLASSES:

- _____ 8:00 a.m. - 11:30 a.m. \$65.00 per month tuition
- _____ 12:30 p.m. - 3:45 p.m. \$65.00 per month tuition

MONDAY / WEDNESDAY / FRIDAY CLASSES:

- _____ 8:00 a.m. - 11:30 a.m. \$85.00 per month tuition
- _____ 12:30 p.m. - 3:45 p.m. \$85.00 per month tuition

PLEASE MAIL:

1. Completed Registration Form
2. \$25.00 Application Fee
3. The attached consent, release and enrollment agreement form to:

KINGDOM CHRISTIAN ACADEMY PRESCHOOL
701 Court Street
Fulton, Missouri 65251
(Attn. Enrollment Coordinator)

KCA PRESCHOOL

CONSENT FORM

I state that I am the authorized and proper person to execute this consent, permission and release on behalf of my child, and I hereby consent that my child may be taken from the premises of the KCA Preschool by the teacher of my child, or the agents of said teacher, for the purpose of class field trips and other educational activities.

This consent shall be effective for the entire school year 2008-2009 unless I deliver to the teacher of my child written revocation thereof.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby release the KCA Preschool, its directors, officers, agents and employees (who are acting in accordance with the guidelines established by the Board of Directors and State of Missouri) from any and all liability for any injury or damage suffered by my child while engaged in, or being transported to or from such trips and activities.

Signature of Parent(s) / Guardian(s): _____ Date: _____

EMERGENCY MEDICAL RELEASE AGREEMENT

I / We, the parent(s) / guardian(s) of _____, do hereby give permission for any KCA Preschool teacher or aide to sign any emergency care consent form for the above named child in my absence for the 2008-2009 school year.

Signature of Parent(s) / Guardian(s): _____ Date: _____

ENROLLMENT AGREEMENT

I have read what is expected of me as a parent or guardian if I wish to keep my child enrolled in the KCA Preschool. I agree to pay the tuition for the class in which my child is enrolled.

Signature of Parent(s) / Guardian(s): _____ Date: _____

PHOTO RELEASE AGREEMENT

KCA Preschool takes great pride in the commitment from our membership, strong A Beka Curriculum, and many years of service to our community. We frequently submit to the local newspaper, photos for publication to give the community an opportunity to see what neat things are happening at KCA Preschool. We also use "preschoolers in action" photos to advertise for enrollment purposes. Please sign below if you allow us to show your child's photo.

I hereby grant KCA Preschool (its staff and directors) irrevocable permission to print and display photographs of my child, taken while at KCA Preschool. These images may be published in any legal manner, including newspapers, flyers, posters, brochures and classroom projects.

Signature of Parent(s) / Guardian(s): _____ Date: _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF CHILD CARE

MEDICAL EXAMINATION REPORT (INFANT/TODDLER & PRESCHOOL-AGE CHILD)

I. IDENTIFYING INFORMATION

PATIENT'S NAME	BIRTHDATE
----------------	-----------

II. CURRENT STATE OF HEALTH

I HAVE EXAMINED THE ABOVE-NAMED CHILD AND VERIFY THAT THIS CHILD'S MEDICAL HISTORY AND CURRENT STATE OF HEALTH

ARE ARE NOT SATISFACTORY FOR PARTICIPATION IN A CHILD CARE PROGRAM.

DOES THIS CHILD REQUIRE ANY SPECIALIZED CARE? YES NO

IF YES, EXPLAIN IN SECTION IV.

III. IMMUNIZATION HISTORY

OUR RECORDS INDICATE THAT THIS CHILD HAS THE FOLLOWING IMMUNIZATIONS:

IMMUNIZATIONS	DATES GIVEN					
	Dose No. 1	Dose No. 2	Dose No. 3	Dose No. 4	Dose No. 5	Dose No. 6
_____ DPT/DT/DTAP						
_____ Polio						
_____ Hepatitis B						
_____ Hib						
_____ MMR						
_____ Varicella						

IV. COMMENTS/RECOMMENDATIONS

(SPECIAL DIETS, ALLERGIES, EAR INFECTIONS, CONVULSIONS, DIABETES, EMOTIONAL PROBLEMS)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN	DATE	PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)
NAME OF CLINIC, GROUP PRACTICE, OTHER		IF NURSE IS SUPERVISED BY PHYSICIAN, INDICATE PHYSICIAN'S NAME
ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER ()