

# North Kern Christian School

*Associates of Christian Schools International Member School*

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710 Peters St. Wasco, CA 93280 (661)758-5997 FAX (661)758-4370 [nkcs@northkernchristian.org](mailto:nkcs@northkernchristian.org)

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Dear Prospective Parent,

Thank you for choosing NKCS Preschool. Enclosed you will find Applications, A Tuition & Policies Agreement and a Price List. Please fill out the forms and return them to the school at your earliest convenience, the Price List is to keep for your records. Below I have listed the steps you will need to follow to fully enroll your child in preschool.

1. Upon returning with your completed paperwork the next step you will need to take is to pay our registration fee. Our annual registration fee is \$70 if enrolling before Christmas break and \$35 if enrolling after our Christmas break and is non-refundable. Once the registration fee has been paid your child's spot is secured in our preschool.
2. You will then be given a set of state required documents to fill out. One of those documents is a Physicians Report. This form will need to be filled out by your family doctor; please be sure they complete the entire form before leaving the doctor's office. If your child has had a physical within the last year, the doctor may fill out the form based on that physical without needing a new appointment.
3. You will also need to bring in a current copy of your child's immunization records (yellow card), and proof of a TB skin test. The skin test must have been performed within the last year.
4. You will need to read and completes ALL forms thoroughly and return them to the school before the date you would like your child to start school.

If you would like to visit the preschool, observe the teachers or speak with me about enrolling your student, please call ahead and make an appointment. This will insure I am available to show you around and answer questions. The best time for an appointment is between 9am and 11am and 3pm to 5pm, when the students are not eating or napping so you can observe their daily activities. We are excited to take part in the lives of your little ones and look forward to having him/her in our school. Thank you for your interest in our school we look forward to ministering to your family.

Sincerely,



NKCS Preschool

# NKCS Preschool

710 Peters St  
Wasco, Ca 93280  
661-758-5997  
LIC# 150405029

## APPLICATION OF ENROLLMENT

Date of Application \_\_\_\_\_

Child's Full Name

\_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
Address  
(Street) (City) (Zip Code)

Birthdate\_\_\_\_\_ Age\_\_\_\_\_ Boy\_\_\_\_\_ Girl\_\_\_\_\_

Desired days for applicant's attendance: (please circle one)

Pick up Times: Full Day (5:15) School Day (3:30) Half Day (12:15)

# Of days\_\_\_\_\_

Enrollment needed for: Fall\_\_\_\_\_ Spring \_\_\_\_\_

Parent/Guardian #1

Mr./Mrs./Ms./Name\_\_\_\_\_ HomePhone\_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Lives with Student \_\_\_\_\_

Billing Party \_\_\_\_\_ Employer/ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent/Guardian #2

Mr./Mrs./Ms. Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Lives with Student? Yes/No

Relationship to the Student; \_\_\_\_\_ Billing Party? Yes/ No

Employer/ Occupation; \_\_\_\_\_ Work Phone \_\_\_\_\_

Siblings currently attending NKCS (list names & grade)

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about North Kern Christian Preschool?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your family presently attends church, please give the church name, pastor, and how long you have attended the church:

\_\_\_\_\_  
\_\_\_\_\_

(Church) (Pastor) (How long attending?)

Has your child ever been in an early education center before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

Does your child have special physical conditions/allergies that we should be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any other information which you feel would be helpful to the Director before your child is admitted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service Fee:**

Tuition received after the 10<sup>th</sup> of the month is subject to a \$15.00 late fee. There will be a \$30.00 service charge for returned checks. After 1 returned check we will no longer accept personal checks for the remainder of the school year.

**Late Pick Up Fee:**

There is a fee of \$1.00 per minute that the child is here after their scheduled enrollment time up to \$20.00 for a half day enrollment and \$30.00 for a full day enrollment.

**Enrollment Days:**

Enrollment for less than 5 days per week is generally on the following schedule; 2 days/week- Tues/ Thursday, 3 days/ week- Mon//Wed/Fri. Other partial week schedules may be available based on openings. Special weekly schedules may be subject to a higher fee. Once days are filled, priority will be given to those applicants with siblings already enrolled in NKCS and those applying for the greater number of days and hours.

**Absences:**

When a child is enrolled, his/her place is reserved for that day in order to maintain a teacher/ child ratio. Therefore, no credit or make up days can be given for days he/she is absent from school. If space is available, an occasional extra day or time can be arranged, with fees charged for the extra time.

**Drop-In Fee:**

The drop -in fee for 1 full day (7:15am- 5:15pm) is \$30.00 per full day, \$20.00 for a half day drop in (7:15am-12:15pm)

**Notice of withdrawal/ Change**

The school requires a two-week advance, written notice when withdrawing a child from the school. Otherwise, the parent is responsible for two weeks tuition charged from the date the school is notified in writing. Also, any changes made to the student's enrollment status and tuition fees.

**State Licensing Requirments:**

1. "Community Care Licensing shall have the authorization to interview my child, or the staff, and inspect and audit my child or facility records without my prior consent. The license shall make provisions for private interviews with my child or staff member, and for the examination of all records relating to the operation of the facility." (Community Care Licensing may or may not allow a staff person to be present during the interview.)
2. "The department of licensing agency shall have authority to observe the physical condition of my child without my prior consent, including conditions which could indicate abuse, neglect, or inappropriate placement and to have a licensed medical professional physically examine the child(ren)."

As the parent(s)/ guardian of \_\_\_\_\_ I/We understand the Department requires my signing this form for my/ our child to attend this facility. Also, I certify that all information pertaining to the enrollment of my child is accurate. I/We also acknowledge the electronic payment stipulation as outlined above and agree to the terms specified.

\_\_\_\_\_  
Date Mother/ Guardian Signature

\_\_\_\_\_  
Date Father/ Guardian Signature

\_\_\_\_\_  
Date Director's Signature

\_\_\_\_\_  
For office only, please do not write below line.

Registration/ Activity Fee: \_\_\_\_\_ (non-refundable)

Day(s) and Time Attending; \_\_\_\_\_ Tuition/ Day Care Charges

\_\_\_\_\_ Per Month