



**2012-2013
Preschool &
Pre-Kindergarten
APPLICATION**

Located at:
Our Lord's Community Church
11400 North Portland
Oklahoma City, OK 73120
(405) 752-2111 ext. 236
Email: kingsgate@olcc.org

Child's Name: _____	Birthdate: ____/____/____
Preferred Name _____	GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>

MOTHER'S NAME _____	FATHER'S NAME _____
Mother's Email: _____	Father's Email: _____
ADDRESS _____	ADDRESS (If different) _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
Mother's Profession _____	Father's Profession _____
Home # _____ Business # _____	Home # _____ Business # _____
Mobile or Pager# _____	Mobile or Pager # _____

Child's T-shirt size: (Youth X-Small 6-8) (Youth Small 10-12) (Youth Medium 14-16)

Previous school: _____ **City** _____ **Dates** _____

Did you leave voluntarily? Yes No (If no, please include details on separate page.)

Student Lives With: Other _____

- | | | | | |
|--|--|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Biological Father | <input type="checkbox"/> Adoptive Father | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Foster Father |
| <input type="checkbox"/> Biological Mother | <input type="checkbox"/> Adoptive Mother | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Foster Mother |

Name & Ages of Brothers and Sisters: 1. _____ 2. _____
3. _____ 4. _____ 5. _____

People to be called in an emergency & authorized to pick up child (Other than those listed above):

NAME _____	PHONE _____
NAME _____	PHONE _____

For Program Accreditation Reports, please specify: [African American] [Asian] [Caucasian]
[Latino] [Native American] [Pacific Islander]

How did you hear about King's Gate? _____

TUITION & FEES - A non-refundable registration Fee (\$225.00) is required with application. The annual tuition or deposit of 10% of the annual tuition is *due with form*. The remaining 90% of your tuition can be paid in 9 (nine) monthly payments, from **September** through **May**. No monies are refundable after June 1st.

Check One based on your child's birthday.

Annual or 10% Deposit + 9 monthly payments

Pre-kindergarten for children 5 by December 31st:

- | | | |
|---|-------------------------|--|
| <input type="checkbox"/> Half Day Pre-K | *Mon. - Fri. 12:30-3:00 | \$2800 or \$280 deposit + \$280/mo. for 9 months |
| <input type="checkbox"/> All Day Pre-K | Mon. - Fri. 9:00-3:00 | \$5350 or \$535 deposit + \$535/mo. for 9 months |

Pre-kindergarten for children 4 by June 1st:

- | | | |
|--|-----------------------|---|
| <input type="checkbox"/> PK4 | *Mon. - Fri. 9-11:30 | \$2800 or \$280 deposit + \$280/mo. for 9 months |
| <input type="checkbox"/> 5 Extended Days for PK4 Child | Mon. - Fri. 9:00-3:00 | Add \$2550 or \$255 deposit + \$255/mo. for 9 months |

Preschool (Preparatory for pre-kindergarten) for children 4 by December 31st:

- | | | |
|---|---------------------------|---|
| <input type="checkbox"/> 3-Day | Mon., Wed, & Fri. 9-11:30 | \$2000 or \$200 deposit + \$200/mo. for 9 months |
| <input type="checkbox"/> 5 Extended Day for 3-Day Child | Mon. - Fri. 9:00-3:00 | Add \$3350 or \$335 deposit + \$335/mo. for 9 months |

Preschool (Preparatory for pre-kindergarten) for children 3 by September 1st:

- | | | |
|--|------------------------|---|
| <input type="checkbox"/> 2-Day | Tues. & Thurs. 9-11:30 | \$1750 or \$175 deposit + \$175/mo. for 9 months |
| <input type="checkbox"/> 5 Extended Days for 2-Day Child | Mon. - Fri. 9:00-3:00 | Add \$3600 or \$360 deposit + \$360/mo. for 9 months |

Enrollment priority is given to children who are currently attending King's Gate. Kindergarten priority is given to children who turn 5 by June 1st and who have completed a King's Gate PK4 or Pre-K class.

*Class may be offered in the afternoon or in the morning depending on enrollment.

King's Gate Ministries, Incorporated and Our Lord's Community Church
Medical Release /Authorization and Permission Form

June 1, 2012 to August 15, 2013

Child Name _____ Male ___ Female ___ Age ___ Birthdate ___/___/___

Parents _____

Family Physician _____ Phone _____

Address _____ City /State/Zip _____

Dentist _____ Phone _____

Address _____ City /State/Zip _____

My child has been diagnosed with [ADD] [ADHD] [Autism] [Other _____]

Presently taking _____ medication for _____

Presently taking _____ medication for _____

Allergic to (medications): _____

Allergic to (other): _____

Describe special needs, illness, medical problems or physical limitations (use separate sheet if needed): _____

Medical Insurance Company _____ Policy No. _____

I hereby grant permission for my child to use the play equipment and participate in the activities of King's Gate Ministries, Incorporated. I hereby grant permission for my child to leave the facility under the supervision of a staff member for neighborhood walks or field trips sponsored by King's Gate. I will leave phone numbers in the King's Gate Office if I will not be available at the usual numbers. I hereby grant permission for the staff or sponsors of King's Gate Ministries, Incorporated and/or Our Lord's Community Church to take whatever steps necessary to obtain emergency medical care if warranted. Some steps we will take are as follows:

1. Attempt to contact a parent or guardian.
2. Attempt to contact parent through any of the persons listed on the form completed by us.
3. Attempt to contact the child's physician.
4. If we cannot contact a parent, guardian or physician, we will do any or all of the following:
(a) Call another physician or paramedic, (b) Call an ambulance, (c) Have the child taken to the most convenient medical facility under the escort of a staff member or sponsor.
5. Any expenses incurred will be borne by the child's family.

In case of emergency, I _____, by my signature below, hereby give permission to a physician or other medical personnel selected by a representative of King's Gate and/or Our Lord's Community Church (staff member or adult volunteer leader) to arrange for medical care and to give oral or written consent on my behalf for medical treatment. I also agree to be responsible for the expenses incurred for such medical costs.

*King's Gate Ministries include King's Gate Christian School, CDC, Mother's Day Out and Super Summer.

Parent's Name: _____ **Date:** _____

(Print)

Parent's Signature: _____

Child's Name: _____ Birthdate: ____/____/____

We have Extended Days for King's Gate School Children!

Extended Day for children enrolled in 2-Day, 3-Day, PK4, or Pre-K only.

For Monday through Friday Options—go to page 1

Monthly Tuition Rates & Fees Per Child: The enrollment fee of \$75 is non-refundable and non-transferable:

Marvelous Morning (1/2 day AM)

Monday, Wednesday & Thursdays
9:05-12:30

- Monday (\$75/month)
- Wednesday (\$75/month)
- Thursdays (\$75/month)
- Mon/Wed/Thurs (\$210/month)

Awesome Afternoon (1/2 Day PM)

Monday, Wednesday & Thursdays
11:30-3:00

- Monday (\$75/month)
- Wednesday (\$75/month)
- Thursdays (\$75/month)
- Mon/Wed/Thurs (\$210/month)

Child Dev. Center (1/2 or all day)

Tuesdays & Fridays
9:30-3:00

Available for children under 3 years

- Tues. & Fri. (\$150/month)*
- Tuesday (\$75/month)*
- Friday (\$75/month)*

*Price includes Gymboree

Drop-in to any of the extended day programs or Lunch & Play (11:30-12:30) any day of the week:

Drop-in CDC or AA or MM \$30 per visit plus \$75 Enrollment Fee. (Subject to availability)

Lunch & Play Circle Day(s): M T W H F (11:30-12:30) \$45/day/month plus \$75 Enrollment Fee.

Please contact the King's Gate office for availability before bringing your child for Lunch & Play or Drop-In.

We have Before & After School Care for King's Gate Children!

Space will be at risk unless family's account remains current.
All fees are due monthly regardless of the child's attendance.

Monthly PLAY Program Tuition Rates & Fees Per Child: There is a nonrefundable enrollment fee of \$75.

BEFORE SCHOOL:

WAKE & PLAY

(8:00-9:30 a.m.)

Circle Day(s): M T W H F

- 1 day per week (\$10/month)
- 2 days per week (\$20/month)
- 3 days per week (\$30/month)
- 4 days per week (\$40/month)
- 5 days per week (\$50/month)

AFTER SCHOOL

STAY & PLAY

(3:00-5:30 p.m.)

Circle Day(s): M T W H F

- 1 day per week (\$25/month)
- 2 days per week (\$50/month)
- 3 days per week (\$75/month)
- 4 days per week (\$100/month)
- 5 days per week (\$125/month)

BEFORE and AFTER SCHOOL:

WAKE & PLAY and STAY & PLAY

(8:00-9:30 a.m. & 3:00-5:30 p.m.)

Circle Day(s): M T W H F

- 1 day per week (\$30/month)
- 2 days per week (\$60/month)
- 3 days per week (\$90/month)
- 4 days per week (\$120/month)
- 5 days per week (\$150/month)

Drop-in space is subject to availability.

Drop-in WAKE & PLAY \$5 per visit plus a one-time \$75 Enrollment Fee. (Subject to availability)

Drop-in STAY & PLAY \$10 per visit plus a one-time \$75 Enrollment Fee. (Subject to availability)

Child's Name: _____ Birthdate: ____/____/____

SPECIAL INFORMATION INCLUDING FOOD ALLERGIES: Please make us aware of information about learning disabilities, food restrictions or recent stresses in the family. These things affect your child's education and the information you provide enables us to support your child. If you need more space, please attach another page. If your child has an allergy, we ask that you provide appropriate items for special events and class parties.

PHOTOGRAPH RELEASE

I/we the parent(s) and/or guardian(s) of _____ grant permission for photographs of our child to be used for informational, professional development, and promotional purposes by King's Gate Ministries, Inc. Promotional purposes include the King's Gate website, newsletters, handbooks, and flyers. I/we hereby represent that I/we have the legal right to issue such consent.

Signature of Parent or Guardian

Date

Please initial that you understand and agree to the following:

_____ My child will be able to use the restroom without assistance before the first day of school.

_____ I agree to abide by the King's Gate Ministries, Inc. and Our Lord's Community Church policies.

_____ I am responsible to pay and to ensure that King's Gate receives the full annual tuition cost.

_____ I understand that budget, supply purchases, and staffing decisions are based on enrollment.

_____ Fees, deposits, and tuition is not transferrable to another child and/or another programs.

_____ The Registration fee is non-refundable and the annual tuition is non-refundable after June 1st.

_____ I have included \$225 registration fee, the annual tuition or 10% deposit, a copy of my child's birth certificate and a copy of my child's current shot record.

_____ I will pack an allergy-friendly cold lunch or send \$3.00 on pizza days if my child stays all day.

_____ King's Gate *Programs are operated by King's Gate Ministries, Incorporated, who is solely responsible for its activities. Our Lord's Community Church is our generous host, but does not exercise any management or control over our operation and has no responsibility for our actions, or legal responsibility to our patrons (or participants, or employees, or vendors, or contractors as may be appropriate.)

_____ King's Gate does not discriminate on the basis of race, color, sex, national and/or ethnic origin in the administration of enrollment or our policies and programs. All enrolled children are granted the same rights, privileges, programs and activities. We want and will take every opportunity to love and teach every child regardless of the lifestyle or beliefs of their parents, family members, and/or friends. Parents and guardians of children enrolled understand that we are a Christian ministry with an evangelical commitment to teach historic Christianity. All those who represent an enrolled child are asked to honor and respect our Christian standards while present in the OLCC facility or participating in a King's Gate event in the community.

*King's Gate Programs include King's Gate Christian School, CDC, Mother's Day Out and Super Summer.

Please initial to confirm your method and commitment of tuition payment:

_____ **Registration fee (\$225) and 100% of tuition paid by cash or check at enrollment.** To enroll include the registration fee (\$225) and the total annual tuition. A \$50 discount applies when tuition is paid in full with application. No fees may be applied to 2012-2013 if a family has an overdue balance in a King's Gate Program.

_____ **Monthly checking/savings ACH draft or Credit Card.** To enroll, include the registration fee (\$225) & 10% of the annual tuition. The remaining tuition balance is divided into 9-monthly interest-free payments paid by ACH draw or credit card. The first payment will be drafted 9/1/2012, and the final payment will be drafted 5/1/13. No fees may be applied to 2012-2013 if a family has an overdue balance in a King's Gate Program.

Signature of parent or guardian

Date