



# Sandia View Christian Preschool

024 Academy Dr.  
Corrales, NM 87048  
(505) 897-4805  
[www.sandiaview.org](http://www.sandiaview.org)

***Faith, Character & Knowledge***

# Preschool Financial Information 2022 - 2023



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## REGISTRATION AND TUITION

**Registration Fee (Non-refundable) - \$150 per student**

This fee covers the following

- Classroom Supplies
- Office Supplies
- Student insurance
- Yearbook

### Tuition

\$560 per month for 5 day program

\$360 per month for 3 day program

*Payments are due the first business day of each month.*

### Discounts

Multiple Child Discount – A 5% discount will be taken off the second child's tuition if both children are in Preschool and from the same family. A 10% discount will be taken off the third and fourth child's tuition if all children are in Preschool and from the same family.

## MORNING CARE

### Hours

Monday-Friday 7:30-8:00 am

### Monthly Morning Care Rate per Family

1 Child - \$70

2 Children - \$75

3 Children - \$80

### Drop in Rate

\$5.00 per day

## AFTER CARE

### Hours

Monday-Thursday 3:15-5:00 pm

Friday 2:15-5:00 pm

### Monthly After Care Rate per Family

1 Child - \$150

2 Children - \$175

3 Children - \$200

### Drop in Rate

\$8.00 per hour or portion of an hour per child

\$8.00 per quarter hour per child after 5:00 pm

**I have read and agree to the costs outlined above.**

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

\_\_\_\_\_  
Date

# Preschool Registration Checklist



024 Academy Dr. Corrales, NM 87048

(505) 897-4805

*(Please type or print all information in blue or black ink)*

Completed	Forms Required	Instructions
<input type="checkbox"/>	Application	Complete front and back side of form – one form per student
<input type="checkbox"/>	Immunization Records	Submit Immunization Records for each student
<input type="checkbox"/>	Financial Plan	School Registrar will complete the form to be signed by a parent/guardian
<input type="checkbox"/>	Medical Information	Complete the one form per student
<input type="checkbox"/>	Topical Medication Permission Form	Complete one form per student
<input type="checkbox"/>	Parent Communication	Complete one form per family
<input type="checkbox"/>	Photo Release	Complete one form per family
<input type="checkbox"/>	Handbook Signature Page	Complete one form per student
<input type="checkbox"/>	Permission for Student Pickup	Complete one form per family
<input type="checkbox"/>	Well Child Visit	Complete one form per child
<input type="checkbox"/>	Essential Oils Form	Complete one form per child

# Preschool Application for Admission

Before completing the application form, please read the handbook information carefully. Your signature on this application indicates that you have received and taken responsibility to read and support all terms and conditions of the school handbook.



**024 Academy Dr., Corrales, NM 87048**  
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*(Please type or print all information in blue or black ink)*

Date of Application

Applying School Year

## I. STUDENT

LEGAL NAME: LAST		FIRST	MIDDLE	PREFERRED NAME	
PERMANENT ADDRESS: STREET			CITY	STATE	ZIP
DATE OF BIRTH	AGE	PLACE OF BIRTH (CITY & STATE)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME PHONE _____ STUDENT CELL PHONE _____	
RELIGIOUS DENOMINATION <input type="checkbox"/> SDA <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____		STUDENT BAPTIZED <input type="checkbox"/> YES DATE _____ <input type="checkbox"/> NO	IF SDA, WHICH CHURCH HOLDS YOUR FAMILY MEMBERSHIP _____		
HEALTH <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	DOES THE STUDENT HAVE ANY PHYSICAL CONDITION THAT WOULD LIMIT HIM/HER IN ANY CAPACITY: <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE DESCRIBE) _____		DOES THE STUDENT HAVE A SPECIAL NEED THAT WOULD HINDER HIM/HER FROM BEING SUCCESSFUL AT SVCS: <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE DESCRIBE) _____		

## II. FAMILY

FATHER'S NAME _____	MOTHER'S NAME _____
MAILING ADDRESS _____	MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER
CUSTODIAL PARENT <input type="checkbox"/>	CUSTODIAL PARENT <input type="checkbox"/>
E-MAIL _____	E-MAIL _____
PHONE (HOME) _____	PHONE (HOME) _____
PHONE (CELL) _____	PHONE (CELL) _____
OCCUPATION _____	OCCUPATION _____
EMPLOYER _____	EMPLOYER _____
EMPLOYER PHONE _____	EMPLOYER PHONE _____

*(Continued on other side)*

### III. FINANCIAL

PERSON RESPONSIBLE FOR ACCOUNT  FATHER  MOTHER  OTHER (IF OTHER, PLEASE STATE THE PERSON RESPONSIBLE)

RESPONSIBLE PERSON'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

I AGREE TO ASSUME FULL FINANCIAL RESPONSIBILITY FOR EDUCATIONAL EXPENSES AT SANDIA VIEW CHRISTIAN SCHOOL FOR THE ABOVE STUDENT DURING HIS/HER ENROLLMENT. I UNDERSTAND THAT A TRANSCRIPT/DIPLOMA WILL BE RELEASED WHEN THE ACCOUNT IS PAID IN FULL.

\_\_\_\_\_  
SIGNATURE OF PERSON RESPONSIBLE FOR ACCOUNT

\_\_\_\_\_  
DATE

### IV. RESPECT

#### PARENT / GUARDIAN PLEDGE OF RESPECT:

I HAVE READ THE RESPONSES ON THIS APPLICATION AND FIND THAT THEY ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO RESPECT AND SUPPORT THE REGULATIONS AND POLICIES OF THE SCHOOL AS PUBLISHED OR AMMENDED BY THE ADMINISTRATION AND ENCOURAGE MY CHILD TO DO SO. I FURTHER PLEDGE TO ASSUME THE FINANCIAL RESPONSIBILITY FOR THE STUDENT, AND TO PAY BILLS PROMPTLY OR MY CHILD'S EDUCATION MAY BE DISRUPTED.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

### V. CONSENT

I UNDERSTAND THAT THIS FORM MAY BE VIEWED BY SCHOOL, TEACHERS AND STAFF

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

# Preschool Medical Information



024 Academy Dr., Corrales, NM 87048  
(505) 897-4805

*(Please type or print all information in blue or black ink)*

## STUDENT INFORMATION

STUDENT NAME \_\_\_\_\_

## STUDENT'S MEDICAL INFORMATION

DOCTOR'S NAME \_\_\_\_\_

DENTIST'S NAME \_\_\_\_\_

PHONE (OFFICE) \_\_\_\_\_

PHONE (OFFICE) \_\_\_\_\_

PHONE (CELL) \_\_\_\_\_

PHONE (CELL) \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

MEDICAL / HEALTH INSURANCE CO. \_\_\_\_\_

ID # \_\_\_\_\_

GROUP # \_\_\_\_\_

DENTAL INSURANCE CO. \_\_\_\_\_

ID # \_\_\_\_\_

GROUP # \_\_\_\_\_

ALLERGIES TO SUBSTANCES, MEDICATIONS OR FOODS \_\_\_\_\_

LIST ANY MEDICATIONS TAKEN ON A REGULAR BASIS \_\_\_\_\_

MEDICAL HISTORY \_\_\_\_\_

## PARENT/GUARDIAN CONSENT

The persons (other than a parent) listed below have consented to assume responsibility of my child in case of illness or accident until I can be reached.

NAME \_\_\_\_\_

NAME \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_

PHONE (CELL) \_\_\_\_\_

PHONE (CELL) \_\_\_\_\_

PHONE (WORK) \_\_\_\_\_

PHONE (WORK) \_\_\_\_\_

If emergency services involving medical action or treatment are required and neither parent nor the family physician can be reached for consent, the parents/guardians hereby consent to the rendering of such emergency medical service and if necessary to be transported to receive emergency care for the above named student as shall be necessary in the opinion of Sandia View Christian School or the medical personnel rendering the service. This authorization is given pursuant to the local state Civil Code.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

# Topical Medication Permission Form



**024 Academy Dr. - Corrales, NM 87048 - (505) 897-4805**

*(Please type or print all information in blue or black ink)*

Student's Name \_\_\_\_\_

I give SVCP staff permission to apply as necessary. *(Please initial by each item you give approval for)*

- Sunscreen – for outdoor play
- Calamine Lotion – for insect bites
- Aloe Vera – for sunburned skin
- Triple antibiotic ointment – for superficial wounds
- Chapstick, Carmex, etc. – for chapped lips
- Hand and/or body lotion – for dry skin
- Other, please explain \_\_\_\_\_

I understand it is my responsibility to provide the items listed above. I also understand it is my responsibility to inform the classroom staff when I bring the(se) item(s) and give the(se) item(s) DIRECTLY to the staff to ensure they are kept out of reach of the children. I hereby release SVCP from all liability for any complications resulting from the administration of the above medication as described.

THIS FORM IS FOR TOPICAL MEDICATION ONLY. PLEASE NOTE ANY MEDICATION THAT IS INJECTED FOLLOWS DIFFERENT PROCEDURES. PLEASE SEE THE MEDICATION AUTHORIZATION FORM.

\_\_\_\_\_  
Parent / Legal Guardian

\_\_\_\_\_  
Date

# Parent Communication Information



**024 Academy Dr. - Corrales, NM 87048 - (505) 897-4805**

*(Please type or print all information in blue or black ink)*

## Parent Communication

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Staying informed with what is going on at school is a big part of your child's success. We want to keep you informed on the events and activities that are happening at SVCP as well as communicating with you on a regular basis. Being environmentally conscience, we would like to cut down on postage and paper and communicate with you via email as much as possible. Please check all that apply regarding how you wish for SVCP to communicate with you.

- Notes sent home with student(s)
- Phone Calls When \_\_\_\_\_ What Phone Number \_\_\_\_\_
- Email Email address (s) \_\_\_\_\_
- Other \_\_\_\_\_

## SVCS Telephone Directory Information

The following information will be printed in the SVCS Directory, please only list information you would like included in the directory.

- Student's name and grade as listed above.
- Parents' names \_\_\_\_\_
- Street address \_\_\_\_\_
- Mailing address if different \_\_\_\_\_
- City \_\_\_\_\_ Zip code \_\_\_\_\_
- Home Phone \_\_\_\_\_
- Mother's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
- Father's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If no, what information do you want listed? \_\_\_\_\_

\_\_\_\_\_  
Parent / Legal Guardian

\_\_\_\_\_  
Date



# Preschool Photo/Video/Website Release Form



**024 Academy Dr., Corrales, NM 87048**  
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*(Please type or print all information in blue or black ink)*

Sandia View Christian Preschool (SVCP) makes an effort to promote the positive activities, honors and work of our students in our internal celebrations as well as in our community marketing efforts. We do this using a variety of media formats and publications, including but not limited to brochures, postcards, displays, website and slide shows. An essential component of each of these formats and publications is images of our students. Images have tremendous power to engage online users and readers. Publicizing a student's work will encourage our students to strive for excellence in his or her schoolwork as well as provide a glimpse of the educational experience at SVCP. During the course of the school year, there will be times when pictures or videos of your child may be taken that support their education, promote community service or encourage positive behavior. These photos and/or videos include but are not limited to field trips, sporting events, special programs and events, along with normal classroom routines.

I understand that any picture or video of a student posted to the website whether individual, group or team will not include personal information. Some of the pictures or videos may be action or candid shots taken during participation in an event while other pictures or videos may be staged for specific purposes. Group shots such as class or team pictures posted to the website may be identified by team or class name, but no individual names will be included. In some cases, the initials of a student might be included in such media so that members of the SVCS and SVCP family might celebrate the accomplishments of the student's work. I have been informed that with my permission below, an image of and the work of my child may be used in the various media publications of Sandia View Christian School and Preschool. I understand the conditions under which images and students' work may be used.

Yes - I hereby consent to authorize SVCP permission to use my child's photo, video or class work/art for the purposes mentioned above. I understand and agree that SVCP may use these photos, videos and class work/art in subsequent school years unless I revoke this authorization in writing to SVCP.

No - I withhold permission for SVCP to use my child's photo, video or class work/art for any SVCP media as mentioned above.

Student Name *(please print)* \_\_\_\_\_

Student Name *(please print)* \_\_\_\_\_

Student Name *(please print)* \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

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

# Preschool Parent Handbook Signature Page



**024 Academy Dr. Corrales, NM 87048**  
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*(Please type or print all information in blue or black ink)*

I, \_\_\_\_\_, have read the student handbook and agree with and recognize the importance of highly rigorous academics to both myself and to my community and have been given the opportunity to ask questions concerning information stated within the Student Handbook. I also recognize my own responsibility to help make SVCP such a school, and therefore commit myself to do everything in my power to:

- Actively support SVCP's academically rigorous program and high behavioral standards.
- Monitor my student's schoolwork regularly, encouraging him/her to produce high quality work.
- Maintain a supportive environment during homework and study times.
- Support my student in her/his strive to exhibit SVCP's policies.
- Maintain regular communication with teachers and administrators regarding my student's progress.
- Participate in school activities whenever possible.
- Ensure that my student arrives at school punctually and without fail every day, unless disabled or sick.

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

# Preschool Permission for Student Pickup 2022 - 2023



**024 Academy Dr. Corrales, NM 87048  
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*(Please type or print all information in blue or black ink)*

**Sandia View Christian Preschool requires your consent for your child/children to be picked up from school by anyone other than his/her parents/guardians. This is for the safety of your child/children. No one will be permitted to pick up your child/children if their name is not listed below. All persons must have and show their picture ID. Make sure you list all adults even if you reside in the same household. (parents, grandparents, aunt, uncle, etc.)**

Student (s) Name(s) \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

**I hereby give my consent for the following individuals to pick up my child/children from Sandia View Christian Preschool:**

Name	Driver's License State & Number	Relationship

\_\_\_\_\_  
Parent / Legal Guardian

\_\_\_\_\_  
Date

# Preschool Well-Child Visit 2022 - 2023



**024 Academy Dr. Corrales, NM 87048**  
**(505) 897-4805**

*(Please type or print all information in blue or black ink)*

Parents know who they should go to when their child is sick, however pediatrician visits are just as important for healthy children. Some of the benefits of well-child visits include:

- **Prevention.** Your child gets scheduled immunizations to prevent illness and you can ask your pediatrician about nutrition and safety in the home and at school.
- **Tracking growth and development.** See how much your child has grown in the time since your last visit and talk with your doctor about your child's development. You can discuss your child's milestones, social behaviors and learning.
- **Raising concerns.** Make a list of topics you want to talk about with your child's pediatrician such development, behavior, sleep, eating or relations with other family members. Present your top three to five questions or concerns to the pediatrician at the start of the visit.
- **Team approach.** Regular visits create strong, trustworthy relationships among pediatrician, parent and child. The American Academy of Pediatrics (AAP) supports well-child visits as a way for pediatricians and parents to serve the needs of children. This team approach helps develop optimal physical, mental and social health of a child.

The American Academy of Pediatrics (AAP) developed a set of comprehensive health guidelines for well-child care, called Bright Futures, for pediatricians to follow. Each well-child visit has an age-appropriate pre-visit questionnaire. The questions focus on developmental milestones, nutrition, safety, your child and family's emotional well-being, and recommendations from the AAP.

Each visit includes a complete physical exam. At this exam, the health care provider will check the child's growth and development in order to find or prevent problems. The provider will record your child's height, weight, and other important information. Hearing, vision, and other screening tests will be part of some visits. The American Academy of Pediatrics recommends your child be seen for a well-child check at: 30 months, 3 years and 4 years.

My child, \_\_\_\_\_, has had a well-child check or health screening on \_\_\_\_\_.  
\_\_\_\_\_. This well-child check included a vision, dental and hearing screening.

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

Date \_\_\_\_\_

# Preschool Essential Oils



**024 Academy Dr., Corrales, NM 87048**  
**(505) 897-4805**

*(Please type or print all information in blue or black ink)*

As you know, school can be hard and stressful for many of our young students. This year one of my goals is to help reduce stress and anxiety in my class in an effort to make learning more fun and effective. One way to do this is by using essential oils in a diffuser in the classroom.

Essential oils have been reported to positively affect mood and memory. Many also have antibacterial properties as well. Below I have listed the oils I would like to use along with their properties. These oils are certified pure therapeutic grade (CPTG) from a company called doTERRA and Young Living. They have no synthetic chemicals or pesticides and are taken from organically grown plants. Please review this list and let me know if you have any questions or concerns regarding the use of these oils in our room. I would also need to know if your student has any allergies to any of the plants from which these oils are taken.

## Single Oils

- Lavender: This oil may help with anxiety, mental clarity, & nervous tension.
- Thieves: This helps with deep cleaning child-prone areas without harsh chemicals (tables, sinks, chairs).
- Lemon: This oil may help cleanse and purify the air of airborne odors.

## Oil Blends

- On-Guard: This oil blend contains wild orange, clove bud, cinnamon bark, eucalyptus radiate, and rosemary. It helps protect the body against the onset of flu, colds, and viruses.

*All oil information was taken from Modern Essentials: A Contemporary Guide to the Therapeutic Use of Essential Oils published by Abundant Health, 2011.*

## Consent for Use of Oils in Ms. Razon's Classroom

Student Name *(please print)* \_\_\_\_\_

- I have read the above information and do not have any concerns or questions about the use of essential oils in the Preschool classroom.
- I have read the above information and have questions or concerns about the use of essential oils in the Preschool classroom. Please call me at \_\_\_\_\_.
- My child has allergies to one or more of the plants listed above. Please do not use the oils in my child's classroom.

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