



Sandia View Christian Preschool

024 Academy Dr.
Corrales, NM 87048
(505) 200-2466
www.sandiaview.org

Faith, Character & Knowledge

Preschool Financial Information 2023 - 2024



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

REGISTRATION AND TUITION

Registration Fee (Non-refundable) - \$50 per student per program (June/July)

This fee covers the following

- Field Trips
- In-School Adventures

Tuition

\$560 per month for 4-day all-day program

\$360 per month for morning or afternoon 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.

I have read and agree to the costs outlined above.

Signature of Parent / Guardian

Date

Preschool Summer 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.



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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



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(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 (CELL) _____

PHONE (CELL) _____

PHONE (WORK) _____

PHONE (WORK) _____

RELATIONSHIP _____

RELATIONSHIP _____

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



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(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

Preschool Photo/Video/Website Release Form



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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



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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 2023 - 2024



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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	Phone Number	Relationship

Parent / Legal Guardian

Date

Preschool Essential Oils



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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 radiata, 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 _____