



# Sandia View Christian Preschool

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

**RETURNING STUDENTS  
ONLY**

*Faith, Character & Knowledge*

# Preschool Financial Information 2024 - 2025



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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

\$600 per month for 5 day program

\$400 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 3:30-5:30 pm

Friday 12:15-5:00 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 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**  
**(505) 897-4805**

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

Date of Application

Applying School Year

## I. STUDENT

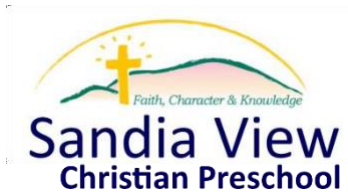
LEGAL NAME: LAST		FIRST	MIDDLE	PREFERRED NAME	
PERMANENT ADDRESS: STREET			CITY	STATE	ZIP
DATE OF BIRTH	AGE	PLACE OF BIRTH (CITY & STATE)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME PHONE _____ STUDENT CELL PHONE _____	
RELIGIOUS DENOMINATION <input type="checkbox"/> SDA <input 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 SVCP: <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)*

# Preschool Well-Child Visit 2024 - 2025



**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 \_\_\_\_\_

# 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