



1909 Homedale Rd. Klamath Falls, OR 97603 • Office 541-884-6467 • Fax 541-882-1468

Preschool Application

Thank you for your desire to enroll your student(s) in New Horizon Christian Pre-School. The following is some vital information concerning the application process. To learn more about our school, and/or to view the *Parent & Student Handbook*, please visit us at www.newhorizoncf.org.

Please review the following Admission Guidelines:

The students who are considered for enrollment are students who:

- ☐ Desire to attend New Horizon Christian Pre-School.
- ☐ Willingness to comply with the school's standards as printed in the *Parent & Student Handbook*. Please review the handbook on our website at www.newhorizoncf.org, prior to submitting your application.

Follow these steps to begin the Student Enrollment Process:

- ☐ Complete the *Preschool Application* for each student you are applying for enrollment. In order to streamline the process, we ask that your application be filled out in its entirety, prior to submittal.
- ☐ Submit your application to the school office Mon – Friday between the hours of 8:30am-3:00pm. **We ask that you submit your application in person. Additional information may be given to you at that time.**

What to Expect After Submitting Your Application:

Your application will be reviewed by an administrator. After initial review, you will be contacted by a school representative who will schedule your family interview with the school Administrator & Board Member.

Additional Required Documents:

Please complete and return the following document prior to your family's interview date:

- ☐ **Medical Liability and Emergency Contact Information**

In addition, please provide the following documents (we will make copies):

- ☐ **Official Birth Certificate**
- ☐ **Immunization Record**

Upon completion of the Administrative Interview, and acceptance into New Horizon Christian School, a contract signing appointment will be scheduled.

If you have any questions, please feel free to contact our school office or visit us online.

*"Therefore put on the whole armor of God that ye may be able to withstand in the evil day,
and having done all, to stand." Ephesians 6:13*



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Student Application

Application Date: _____

Student Information

Student's Full Name _____ 3 or 4 yr Preschool _____

Age _____ Birthdate _____ Sex _____

Physical Address _____

Mailing address (if different than above) _____

Home Phone (____) _____ Cell Phone (____) _____

1. Are there any unusual factors in your child's life and/or home situation? () Yes () No

If yes, please explain: _____

2. Describe your child's strengths: _____

3. Describe your child's weaknesses: _____

If you would rather describe any of the above during a personal interview, please indicate below:

() Yes, I would rather meet concerning question number(s) _____

Medical Information

1. Does your child have any health conditions? () Yes () No

If yes, please explain: _____

2. Does your child have any physical handicaps or other conditions that might affect his or her schoolwork, including physical education? () Yes () No

If yes, please explain: _____

3. Does your child have any evidence of hearing or vision difficulties? () Yes () No

If yes, please explain: _____

4. Does your child currently take prescription medications? () Yes () No

If yes, please explain: _____

5. Will this be administered during school hours? () Yes () No

6. Has your child ever been diagnosed with any physical/physiological or medical "condition" (i.e. ADHD, Autism, PDD, etc. () Yes () No

If yes, please explain: _____

Parent Information

Parent / Guardian #1: _____ **Relationship** _____

Physical Address _____

Mailing address (if different than above) _____

Home Phone (____) _____ **Cell Phone (____)** _____

Email Address _____

Occupation _____ **Employer** _____

Work Address _____

Work Phone (____) _____

Parent / Guardian #2: _____ **Relationship** _____

Physical Address _____

Mailing address (if different than above) _____

Home Phone (____) _____ **Cell Phone (____)** _____

Email Address _____

Occupation _____ **Employer** _____

Work Address _____

Work Phone (____) _____

Marital Status of Parents: () Married () Widowed () Separated () Divorced () Single

If widowed or divorced, is either parent remarried? () yes () no

If parents are divorced or separated, who has legal custody of the child? _____

Please list parenting schedule _____

Is either parent forbidden by court order from having equal access to the child or the school records?

() yes () no (please attach copies of legal documents stating such)

Please list all persons living in the home with the child and their relationship to the child:

Name	Relationship

Are you financially able to meet the monthly tuition requirement? () yes () no

Comments: _____

What do you see as part of your child's education? _____

How did you learn about our school? _____

Why would you like your child to attend NHCP? _____

Church Information and Christian Walk

Do you attend church? () yes () no If so, what church? _____

Please list your Pastor's name: _____ Phone # _____

Please list your child's youth Pastor/Leader _____ Phone # _____

How long have you attended your current church? _____

Please describe your current involvement in church, including volunteer experiences: _____

Parent Signatures

It is my intent to enroll my child in New Horizon Christian School and in submitting this application, comply with the standards, policies, and procedures set forth in the Parent/Student Handbook. It is understood that this is an application only and does not guarantee enrollment into NHCS.

I certify that the information is complete and accurate. I understand that any information found to be inaccurate may be considered grounds for denial of admission or dismissal from this school.

Signature of Parent / Guardian #1 _____ Date _____

Signature of Parent / Guardian #2 _____ Date _____

Office Use Only: Date Received _____ Received By _____ Paid _____





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Medical Liability and Emergency Contact Information

Student Information

Student's Full Name _____ Birthdate _____ Grade _____

Parent Information

Parent / Guardian #1: _____ Relationship _____

Physical Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____

Parent / Guardian #2: _____ Relationship _____

Physical Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____

Medical Information

Physician _____ Clinic or Hospital _____

Address _____ Phone (_____) _____

Medical Insurance Carrier _____ Policy # _____

Address _____ Phone (_____) _____

Health History

Please list any allergies or health conditions (include name of student if more than one child is registered at NHCS):

Name and dosage of any medication that must be taken (include name of student if more than one child is registered at NHCS):

Activity Restrictions (include name of student if more than one child is registered at NHCS):

Emergency Contact / Authorized Pickup Person

Please list in the order NHCS should contact in case of an emergency. We will always try to contact parents first.

#1 Name: _____ **Relationship** _____

Physical Address _____

Home Phone (_____) _____ **Cell Phone** (_____) _____

#2 Name: _____ **Relationship** _____

Physical Address _____

Home Phone (_____) _____ **Cell Phone** (_____) _____

#3 Name: _____ **Relationship** _____

Physical Address _____

Home Phone (_____) _____ **Cell Phone** (_____) _____

#4 Name: _____ **Relationship** _____

Physical Address _____

Home Phone (_____) _____ **Cell Phone** (_____) _____

#5 Name: _____ **Relationship** _____

Physical Address _____

Medical and Liability Release

I agree on behalf of myself, my heirs and successors and assign to hold harmless New Horizon Christian School, its employees and officers, chaperones, leaders, organizers, sponsors and persons transporting my child to and from school activities, from any liability for illness, injury or death arising from or in connection with my child attending school events beginning the ____ day of _____, 202__ through ____ day of _____, 202__.

Every activity sponsored by New Horizon Christian School is carefully planned and adequately staffed by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in activities sponsored by New Horizon Christian School. The parent also agrees not to hold this organization or its employees or volunteers liable for damages, losses, or injuries to the person named above on this form. The parents or guardian understand that they are signing for the minor listed on this form and their signature is for both medical and liability release.

This health history is correct, so far as I know. In the event I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to New Horizon Christian School to hospitalize, to secure proper treatment and/or to order injections, X-ray, laboratory, anesthesia, or surgery for my child as deemed necessary by the attending physician and/or paramedics and waive my right to informed consent of treatment. I realize that I will be contacted at the earliest possible moment in case of such an emergency

I authorize the persons listed on this form to pick up my child(ren) from school. In case of an emergency, if I am unable to be contacted, please try to contact one of these people in the order in which they are listed.

I have read this release, understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency, if I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Signature of Parent / Guardian #1 _____ Date _____

Signature of Parent / Guardian #2 _____ Date _____





Authorized Pick-Up List

Name: _____

Relationship to Student: _____

Home #: _____ or Cell _____

Name: _____

Relationship to Student: _____

Home #: _____ or Cell _____

Name: _____

Relationship to Student: _____

Home #: _____ or Cell _____

Authorized *Emergency* Pick-Up List

Name: _____

Relation to Student: _____

Home #: _____ or Cell _____

Name: _____

Relation to Student: _____

Home #: _____ or Cell _____

Name: _____

Relation to Student: _____

Home #: _____ or Cell _____

I give authorization for the above listed to pick-up my child from school.

Parent's/Guardian's Signature: _____ Date: _____

Parent's/ Guardian's Signature: _____ Date: _____



Photo Release

I hereby authorize New Horizon Christian School to photograph my student(s) and myself while at school and during school events. I further authorize New Horizon Christian School in its sole discretion to use any photographs taken of my student(s) or myself for promotional purposes in any manner deemed appropriate by New Horizon Christian School and hereby waive any and all claims related thereto, including, but not limited to intrusion upon seclusion, appropriation of name or likeness, public disclosure of private facts, false light, invasion of personal privacy, breach of confidence, and any claim for compensation.

I also understand that once images are posted on New Horizon Christian School's website, they can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims related to the use of any image photographed, published or used in any way by New Horizon Christian School, its officers and directors, owners, agents, landowners, affiliated companies and employees.

Student Name: _____

Signature of Parent / Guardian #1: _____ Date: _____

Signature of Parent / Guardian #2: _____ Date: _____

