

Thank you for considering Summit Christian Learning Center for your Child's Care and Education!

Summit Christian Center's purpose is to connect people with God and others, leading them to become fully devoted followers of Christ, who are expressing His life in their world. This purpose statement is the bedrock of our Children's Ministry and our Learning Center. Our program is designed to nurture young children, to stimulate their spiritual, physical, cognitive, and creative development, and to encourage positive self-esteem and social interaction.

We serve children ages 8 weeks-Pre K, and have an Elementary Afterschool and Camp program. Children are placed in classrooms according to age range and Kindergarten entrance date. Spaces will be assigned upon completion of registration appointment.

We offer *High Reach* curriculum for infants and toddlers, and the *ABEKA* curriculum for ages 2 and above. All age groups participate in child centered biblical education through Cantamar curriculum.

Our curriculum is designed to meet the individual needs of each child in a warm and nurturing environment, emphasizing the building of autonomy and problem-solving abilities in the following areas:

- Music and Movement
- Physical and Natural Science
- Language Arts
- Mathematical Concepts
- Cooking
- Gross and Fine Motor Coordination
- Creative Arts and Crafts
- Dramatic Play

Our learning goals for our preschool aged children include the following:

- Participating as part of a classroom community:
 - Being respectful of others and property
 - Sharing information
 - Listening
 - Taking turns
- Developing social competence:
 - Building relationships with peers and teachers entering and sustaining play
 - Developing empathy for others
 - Learning to negotiate
- Developing early language and math concepts:
 - Expressing feelings and ideas
 - Making attempts at writing
 - Recognizing symbols
 - Exploring math concepts

Please contact our Administrative team for information via email: thelearningcenter@summitsa.com or by phone 210-545-5219 to schedule your registration appointment. All appointments must be completed within 2 full school days prior to requested start date. All forms, records and fees are due at the time of the appointment. If these items are not complete, the appointment will need to be rescheduled and may affect requested start date. We look forward to serving your family at Summit Christian Learning Center.

INFANT, TODDLER & PRESCHOOL Enrollment

How did you hear about us? _____ Program Selection: _____

Name: _____ Gender _____ Date of Birth ____/____/____
Address _____ City/Zip _____
Start Date: ____/____/____ Withdrawal Date: ____/____/____

Father Name: _____ Mothers Name: _____
Employer: _____ Employer: _____
Business Phone: _____ Business Phone: _____
Cell Phone: _____ Cell Phone: _____
Home Church: _____ Home Church: _____
Email Address: _____ Email Address: _____

Does the Child live with Both Parents? : ____ Yes ____ No
If No, whom does the child live with: _____
Is there a custody order on File? : ____ Yes ____ No

Other Children in the Family: Name: _____ Age: _____
School: _____
Name: _____ Age: _____
School: _____

Emergency Contact and Pick Up (other than parents; ID will be required)

Name _____ Relationship to Child: _____
Address _____ Phone _____

Authorized Pick Up (other than parents; ID will be required)

Name: _____ Relationship to child: _____
Contact Phone _____

Name: _____ Relationship to child: _____
Contact Phone _____

Name: _____ Relationship to child: _____
Contact Phone _____

I have received and agree to the policies of Summit Christian Learning Center.

Signature _____ Date: _____ I understand it is my responsibility to change any information in this enrollment form as needed. By this signature I am verifying that this information is true and correct to the best of my knowledge. In consideration for my child being allowed to participate in activities at Summit Christian Center, I hereby release, discharge, indemnify and agree to hold harmless Summit Christian Center, its directors, officers and employees, agent and all volunteer personnel from any and all liability for personal injuries and or damages, injury or illness that may be suffered by (Child Name) _____ We further agree to indemnify and hold harmless Summit Christian Center, it's directors, officers, employees, agent and all volunteer personnel for any claim and or damages, or its agents are required to pay as result of any injury or damage including reasonable attorney fees, litigation expenses and court costs.

Signature _____ Date: _____

ACTIVITY INFORMATION (TO BE COMPLETED BY THE ACTIVITY SPONSOR)

Name of sponsoring organization: SUMMIT CHRISTIAN CENTER / LEARNING CENTER

Address: 2575 MARSHALL RD SAN ANTONIO TX 78259

Phone: (210) 402-0565

Name of sponsor’s coordinator: SUMMIT CHRISTIAN LEARNING CENTER

Phone: (210) 545-5219

Description of activity: CHILD CARE

Date(s) and location of activity: 2020 – 2021

PARTICIPANT INFORMATION (TO BE COMPLETED BY PARTICIPANT OR AUTHORIZED GUARDIAN)

Name of participant: _____

Name of parents/guardians: _____

Address: _____ Phone: _____

Name of emergency contact: _____

Telephone (daytime): _____ Phone (evening): _____

List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

PARTICIPATION AGREEMENT

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant’s parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the “activity”), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the “activity sponsor”). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature: _____ Date: _____

Signature: _____ Date: _____

Medical Information and Release

Childs Name: _____ Date of Birth: _____ Childs
Physician's Name _____ Phone: _____
Physician's Address _____

_____ **My Child has NO special/medical needs, injuries, or allergies (Environmental, food and/or medical)** This includes, but is not limited to, allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, and any medications prescribed or over the counter for continuous, long term use.

_____ **My Child has special/medical /developmental needs, injuries, or allergies (Environmental, food, and/or medical)** This includes, but is not limited to, allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, and any medications prescribed or over the counter for continuous, long term use. **PLEASE**

LIST: _____

Please answer all of the following questions, if yes please describe:

- Does your child have any hearing or speech difficulty? Yes: _____ No ____
- Does your child taking any medication? Yes: _____ No ____
- Does your child have asthma or wheezing? Yes: _____ No ____
- Does your child have epilepsy? Yes: _____ No ____
- Does your child have febrile (fever) seizures? Yes: _____ No ____
- Is your child allergic to insect bites or stings? Yes: _____ No ____
- Has your child had allergic skin reactions? Yes: _____ No ____
- Has your child been hospitalized in the past 12 months Yes: _____ No ____
- Has your child had a Medical condition/procedures in the last 12 months? Yes: _____ No ____

My child's immunizations / health records are current. I have provided Summit Christian Center with a copy of current records and Physician Statement Request form (see attached). My child will not be accepted into care until current shot records and Physician Statement are received; before my child is in care.

Signature: _____ Date: _____

In the event that I cannot be reached to make arrangements for emergency medical treatment at the time of illness or accident, I hereby authorize Summit Christian Center to call EMS to take my child to the closest emergency room.

Signature : _____ Date: _____

Well Child Policy

In the event of your child’s illness, please do not bring them school. We want to ensure a healthy environment for all of our children and teachers. We ask that you abide by our program’s “WELL CHILD POLICY.” Children with any of these symptoms will not be accepted into the classroom or if they display any of these symptoms while in care they will be sent home immediately. Sick children must be picked up within 90 minutes of parental notification of the illness and cannot return for a minimum of 24 hours. In the event that the child is not picked up within 90 minutes of notification \$1 per minute late fees will be assessed. In the event that a parent cannot be reached, all emergency contacts will be asked to pick up the child.

1. Any fever above 100 degrees in the past 24 hours (this includes a fever controlled by medication).
2. Lethargy
3. Any vomiting or diarrhea in the past 24 hours.
4. Goopy eyes, green or yellow runny nose.
5. Chronic wheezing/barking cough
6. Abnormal breathing
7. Any unexplained rash or skin infection
8. Mouth sores
9. Pink eye and other eye infection
10. Head lice. Child must be free of all nits.

Also, if any illnesses or condition prevents the child from playing comfortably in activities including outdoor play; and/or the illness results in a greater need for care than the caregivers can provide without compromising the health, safety and supervision of other children in care; the child will not be permitted to stay in care.

In the case of a minor injury or accident, the staff will administer basic first aid. All injuries or illnesses not requiring immediate parental notification will be documented and reported to the parents via electronic app.

In the event that a serious injury that warrants immediate emergency medical service, 911 will be called and EMS activated to respond. The child may be transported to the nearest Emergency Room.

I knowlege that I have read and am agreeing to the above Well Child Policy.

Signature : _____	Date: _____
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PARENT NOTIFICATION OF CUSTODY/INTERPERSONAL ISSUES

To be filled out regardless of marital/family status

We cannot legally prevent a child from being picked up by a parent or person designated by a parent. If parents are legally separated or divorced, we cannot restrict the days or times parents pick up their student. Parent/families must be responsible to adhere to their custody agreement and/or decide between themselves which days and times each of them will pick up their student. Summit Christian Learning Center is legally obligated to release the child to any parent. If a parent has no legal right to pick up their child, or has a restraining order in effect, the school **MUST HAVE A COPY OF THE COURT ORDER** stating such on file. Otherwise, either parent may check the child out of the school with proper identification at any time.

I have read the above statement regarding pick up custody issues of legally separated or divorced parents. This form should be signed regardless of your marital status. Your signature states that you understand Summit Christian Learning Center Policy regarding custody issues.

Child(ren) _____
Names: _____

Parent / Guardian Signature: _____ Date: _____

Physician's Statement & Food Allergy Emergency Plan

MUST BE COMPLETED BY PHYSICIAN AND SIGNED BY PARENT PRIOR TO ENROLLMENT.

_____ (Child's full legal name) has been

Examined by me, and found to be free of all contagious diseases, and is physically able to participate in all school activities. Restrictions and recommendation (if any):

Date of Exam: _____ Height: _____ Weight: _____

FOOD ALLERGIES:

CHECK ONE

- o _____ (Child's name) does not have.
- o _____ (Child's name) has the following FOOD ALLERGIES.

List all food allergies: _____

Symptoms if exposed to allergen: _____

Steps to take if the child has an allergic reaction: _____

Physician's Signature / Stamp: _____ Date: _____

Physician's Address & Phone: _____

Parent Signature: _____

Hearing and Vision Screening Mandatory for all 4 year olds and older

Hearing

Hz	500	1000	2000	4000
R				
L				

Hearing Pass: _____ Fail: _____

Vision R/20 _____ L/20 _____ Pass: _____ Fail: _____

PROGRAMMING AND PRICING SHEET 2020-2021

ALL PROGRAMS HAVE AN ANNUAL REGISTRATION FEE OF \$100 DUE AT TIME OF REGISTRATION or RENEWAL. EACH NEW STUDENT REGISTRATION PROCESSING MUST BE COMPLETE 2 School DAYS PRIOR TO DESIRED START DATE.

ANY ENROLLMENT THAT NEEDS TO BE EXPIDITED AHEAD OF OUR 2 SCHOOL DAY PROCESSING REQUIREMENTS WILL BE CHARGED A \$50 ADDITIONAL TO THE REGISRTATION FEE FOR EXPIDIDED SERVICE

ALL STUDENTS HAVE AN ANNUAL \$150 SUPPLY FEE DUE BY FEBRUARY 1, 2021.

PROGRAMS

Infant/Toddler 0-23 Month – Monday-Friday	\$260 per week + \$520 tuition deposit
5 DAY PRESCHOOL Pre-school Monday-Friday	\$235 per week + \$470 tuition deposit
3 DAY PRESCHOOL Pre-school Monday, Wednesday & Friday	\$155 per week + \$310 tuition deposit
2 DAY PRESCHOOL Pre-school Tuesday & Thursday	\$100 per week + \$200 tuition deposit

We are proud to offer the following discounts

10% off of tuition for Military, Active First Responder, Active Educator or Active Summit Church Member. Active Church Members are defined as having current records of contributions, current ministry through regular church attendance and volunteering.

All discounts require current identification from the above agencies and will be only be applied in honor of parents or legal guardians of the enrolled child(ren).

10% off of tuition for siblings. (Youngest child at standard rate)

10% off of tuition for Legacy Families (Families who have been in care for 3 calendar years at Summit, applied on 3rd anniversary date of enrollment)

10% off Family Discounts (Families with 3 or more children co-currently enrolled)

Discounts cannot be combined

DAILY DROP-IN RATE WHEN AVAILABLE, PAYABLE IN ADVANCE, NON-REFUNDABLE

(Only available for currently enrolled families')

\$60 (2 years - 5 Years Old)

TUITION & FEE AGREEMENT 2019-2020
ALL FEES AND TUITION ARE NON-REFUNDABLE

Child's Name: _____ Date of Birth: _____

Parent Name: _____ Program Selection: _____

Summit Christian Learning Center is entirely self-supporting and depends upon tuition for its operation.

- A Registration Fee of \$100 is due per child.
- Registration Fees are due at the time of registration.
- A Supply Fee of \$150 is due in February 1, 2021.
- A Expedited Registration Fee of \$50 will be charged for all registration ahead of 2 business days requirement
- A tuition deposit is due at the time of registration in the amount of 2 week's tuition.
- This deposit will be credited to my last 2 tuition payments.
- All payments are Auto Drafted at 2 am every Monday of each week. Payments are made via the Smart Care APP. Auto Payment feature is a requirement of enrollment. Please note that tuition is due whether or not your child is in attendance. An automatic late fee of \$35 will be assessed on the account at 630 am Monday of each week, and the child cannot return to care until the account is paid in full.
- Drop in care is available for current students when space permits and must be pre-approved by administration and prepaid at the time of reservation, all drop in tuition payments are non-refundable.

Tuition rate \$ _____ Tuition Deposit \$ _____ Annual Registration Fee \$ _____ Annual Supply Fee \$150

- I understand that Tuition, Deposits & Fees are non-refundable and are not pro-rated for Holidays or absence. **(Parents' Initials)** _____
- During summer months and holiday times, an activity fee may be charged. Activity fees are for additional activities outside our normal planned curriculum. Parent will be notified 14 days in advance of activity fee options. **(Parents' Initials)** _____
- Late pick up fees will be assessed at the rate of \$1.00 per minute beginning at 6:30pm until 6:35pm. \$40 for 6:35pm-7:00pm. **(Parents' Initials)** _____
- After school enrollments are required to notify the Learning Center by 12pm on the day of pick up if their child will not be needing pick up that day. Failure to notify the Learning Center by 12pm will result in a \$25 fee that is due on the next tuition due date. **(Parents' Initials)** _____
- Children not picked up within 30 minutes of closing, or after the requested school pick up time may be reported to the governing authorities. Summit Christian Learning Center is not financially responsible for any governing authority fees. **(Parents' Initials)** _____
- Tuition is not pro-rated for Holidays or Absence. Center wide final pricing is determined with consideration of Holidays and Closure Dates. **(Parents' Initials)** _____
- In the event I choose to end my relationship with Summit Christian Learning Center and withdraw my child, a two week written notice will be given and my deposit will be credited towards my final 2 weeks of tuition. I will ensure that my account has a zero balance on my child's last day of programming. All accounts are subject to collection / legal action and will include all associated collection and legal fees if not paid in full of which I am responsible for. **(Parent's Initials)** _____
- Programming changes- In the event you need to change your programming a 2 week notice must be given in writing to thelearningcenter@summitsa.com and a new Tuition Agreement must be filled out. **(Parent's Initials)** _____

Parent Name: _____ **Parent Signature:** _____ **Date:** _____

Staff Name: _____ **Staff Signature:** _____ **Date:** _____

Registration fee _____ **Tuition Deposit** _____ **Discount Available** _____ **Discount Verified** _____

PHOTO Notification

Dear Parents,

During the school year, opportunities arise to provide positive information and publicity about our programs and events to our student body families, general public and/or specific audiences through photography/videos. Please let us know what works best for your family:

- I give in house permission
- I do not give in house permission

- I give Virtual permission
- I do not give Virtual permission

To use my Child Picture and First Name in:
Newsletters/ Classroom, Website, Summit Social Media.

No last names or other personal information will ever be used



Child's Name

Parent's Signature

Date

SUNSCREEN/INSECT REPELLENT / WATER PLAY PERMISSION

If you are desiring for your child to wear Sunscreen or Insect Repellent, we do encourage parents to apply it at home. If you are unable to do so, we are willing to apply our Sunscreen/Insect repellent for you, upon parent request.

Having signed the acknowledgement below, you permit us to apply our Summit Sunscreen/Insect Repellent.

Please be sure to notify your child’s teacher that you are requesting for the Sunscreen/Insect repellent to be applied.

Your signature below authorizes Summit Christian Learning Center to apply Sunscreen or Insect Repellent to your child upon request, as well as acknowledges your awareness of this policy.

Your signature below authorizes your child to participate in water play activities.



Childs Name

Parent Signature

Date

2020-2021 DATES OF OPERATION & IMPORTANT DATES

Program Hours of Operation

Summit Christian Learning Center operates Monday-Friday from 6:30am-6:30pm, year round. We will be closed on the following days in observance of Federal Holidays, Christian Holidays, Local Holidays, Holiday Breaks and Teacher In-Service Days.

Closure and Event Dates

- August 17, 2020 “First week” of school
- CLOSED September 7, 2020 (Holiday)
- CLOSED September 25, 2020 (Teacher In Service)
- CLOSED October 12, 2020 (Holiday)
- CLOSED November 11, 2020 (Holiday)
- CLOSED November 26-27, 2020 (Holiday)
- Christmas Program December 12, 2020, 6:30pm
- CLOSED December 21-25 2020 (Christmas Break Closure NO TUITION DUE)
- CLOSED January 1, 2021 (New Year’s Day Holiday Observed)
- CLOSED January 18, 2021 (Holiday)
- CLOSED February 15, 2021 (Holiday)
- March 8-12 2021 Spring Break (After School Only)
- April 1, 2021 SPRING FLING – Family Event 10:30-12:30PM
- CLOSED April 2, 2021 (Holiday)
- April 22, 2021 Summit Fiesta Boat Parade 10am
- CLOSED April 23, 2021 (Teacher In Service)
- GRADUATION PROGRAM May 27, 2021, 1pm
- CLOSED May 31, 2021 (Holiday)
- SUMMER PROGRAMMING BEGINS June 1, 2021
- July 5, 2021 (Holiday Observed)



Childs Name

Parent Signature

Date



FP Assistance

Feeding the Future

Enrollment Form

Center Name: _____ Site Code: _____

Child's Name: _____ Date of Birth: ____/____/____

Admission date: ____/____/____ Withdrawal Date: ____/____/____ Classroom: _____

1. Circle the days that your child will normally attend the center:

Mon Tue Wed Thu Fri Sat Sun

2. Circle the meals normally served to your child in the center:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

3. What hours will your child normally be in the center:

____:____ to ____:____

4. Participant's ethnic and racial identities

Ethnicity (choose one ethnic identity):

Hispanic or Latino Not Hispanic or Latino

Race: (choose one or more racial identities):

Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American

	Parent Signature	Date of Signature	Day Time Phone Number
1)	_____	_____	(____) ____-____
2)	_____	_____	(____) ____-____
3)	_____	_____	(____) ____-____
4)	_____	_____	(____) ____-____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA



ALL ABOUT ME!

Childs Name: _____

Age: _____ Eye Color: _____ Hair Color: _____

Has your child ever attended school before? _____ If so where? _____

What type of programming? _____

Is your child toilet trained? _____

In what ways would you like to see our program help your child? _____

Special Aptitude, Hobbies or Interests: _____

Favorite song: _____

Favorite food: _____

Favorite book: _____

Favorite toy: _____

Favorite place to visit: _____

Best time of day: _____

People that live in my house: _____

Special people in my life: _____

Family pets: _____

Please describe a typical day in the life of your child, daily routines, eating and sleeping schedules, activities, outings,

etc. _____

This page is to be completed for children over 18 months of age.

Learning to communicate and cooperate with other children and adults is an important part of your child's Learning Center experience. Any information you can provide about your child's abilities and style of communication and cooperating will be helpful to us in meeting the needs of your child.

How does your child respond to new people? Is he/she shy around strangers or does he/she appear happy and curious? _____

How does your child behave in play situations with others? Does he/she enjoy observing children play? Does he/she prefer to play next to another child or to share activities with other children?

How does your child show you that he/she has truly become comfortable with a stranger, whether an adult or child? _____

What techniques do you use to help your child feel comfortable with your visitors at home?

What kinds of activities does your child enjoy with his or her favorite people? _____
