



Kingdom Kids Preschool
Suffolk Christian Academy
 New Student Application Checklist

The Admissions Process is explained below:

1) Application for Admission: Complete the paperwork contained in the admissions packet. Once your completed application has been submitted to the Admissions office, the admission process will be initiated. Please ensure that all of the following items are completed and included:

- Application for Admissions form
- Family Medical Consent & Emergency Information
- Signed Statement of Faith, Illness Policy & Statement of Cooperation
- Copy of student’s birth certificate
- Health Records: Immunization records must be submitted with the Application for Admissions form.
- Required to have a Commonwealth of Virginia School Entrance Health Form completed by a physician prior to the start of school.
www.vdh.virginia.gov/epidemiology/immunization/requirements.htm
- In the case of a divorce, the parent must submit a notarized copy, signed by a judge, of the most recent court document regarding custody and educational decisions.
- Check for the Registration Fee

The following should be sent directly to the Admissions office:

- Pastoral Reference Form** completed by the family’s pastor

2) Family Interview: After reviewing the admissions forms, an interview will be scheduled with the family. The presence of both parents is required, when possible.

3) Notice of Acceptance: Admissions information, the family interview, and all documents submitted to SCA will be considered for determining acceptance or non-acceptance to SCA. A written notice of acceptance will be mailed to the applicant’s family.

4) Financial Contract: Student enrollment is secured only after a financial contract has been signed by all responsible parties. **The first tuition payment is due August 1, 2017.**

<i>Tuition & Fees</i>	<i>Per student</i>
Application Fee	\$100.00
Pre-School 3 & 4 year old (5 Days)	\$5,100.00
Resource Fee	\$125.00



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Application for Admissions
2017-2018

I. Student Information

Student's Name			Preferred Name	Birth Date/ Age	Extended Care Needed (Yes/No)
Last	First	Middle			

II. Parent/Guardian Information

Father/Guardian's Full name: _____
 Street Address: _____ City _____ State _____ Zip _____
 Occupation: _____ Employer: _____
 Telephone: (H) _____ (W) _____ (C) _____
 Email address: _____ Full access to records/communication: Yes No

Mother/Guardian's Full name: _____
 Street Address: _____ City _____ State _____ Zip _____
 Occupation: _____ Employer: _____
 Telephone: (H) _____ (W) _____ (C) _____
 Email address: _____ Full access to records/communication: Yes No

Custody: Student(s) live with _____ **both parents** _____ **mother** _____ **father** _____ **guardian**

If divorced, what are the legal custody provisions determined by the court? All necessary documentation provided to SCA will be kept confidential. _____

Which spouse holds legal responsibility for school decisions? _____

Which spouse/s may receive correspondence? _____

III. Important Information SCA needs to know about your child/children:



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IV. Emergency Contacts

Please list two (2) people to contact in an emergency if parents cannot be reached: Contacts should be local and accessible.

Emergency Contact's Full name: _____

Street Address: _____ City _____ State _____ Zip _____

Occupation: _____ Employer: _____

Telephone: (H) _____ (W) _____ (C) _____

Emergency Contact's Full name: _____

Street Address: _____ City _____ State _____ Zip _____

Occupation: _____ Employer: _____

Telephone: (H) _____ (W) _____ (C) _____

Please note: Parents will need to make arrangements for any student who develops symptoms of an illness during the school day to be picked up within forty-five (45) minutes of contact by the school office. Parent's Initial _____

V. Pick-up Information

Persons Authorized for Pick-up:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Persons NOT Authorized for Pick-up:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

VI. Spiritual Information

Are one or both parents/guardians a follower of Jesus Christ? _____

What church do you attend? _____ Are you a member? _____

Which accurately describes your church attendance?

____ Active ____ Often ____ Occasional ____ Seldom ____ Never

How many years have you attended this church? _____



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Describe why you want your child/children to receive a Christian education: _____

What expectations do you have for the education your child/children will receive at SCA? _____

Briefly explain your understanding of Jesus Christ: _____

How would you describe your relationship with Christ and the difference He makes in your life?

Describe the ways in which you integrate your faith into your family's life: _____

VII. Educational Information

Please list all preschools attended for your child/children:

Name of School	Address	Years Attended

VIII. Media Release & Other Policies

- a) I give my permission for my child to be included in SCA publications including the yearbook, class picture, publicity releases, and media coverage. yes no
- b) I have read and agree to faithfully comply with the school's illness policy. We understand that this policy is in place for the well-being and health consideration of the school's students and staff. We agree to keep our child home as required by this policy. yes
- c) I have read the policies of the school including the Statement of Cooperation, the Statement of Purpose, the Statement of Faith, and the Parent-Student Handbook. yes
- d) I certify that the facts contained in this re-enrollment form are true and complete to the best of my knowledge and belief. I certify that I am willing to abide by and uphold the policies of the school. yes
- e) I give my permission for my child/children to be transported to and from SCA campuses for school related activities. I give permission for teachers and chaperones to render medical aid or to seek professional medical assistance for my child/children in the case of an emergency. I agree to hold Suffolk Christian Academy, teachers, or any chaperone harmless for any accident or injury during participation of field trips, athletic events, or other school related activity. yes

(Father/Guardian signature)

(Mother/Guardian signature)

Suffolk Christian Academy does not discriminate on the basis of race, gender, color, national, or ethnic origin in administration of its educational policies, admissions policies, financial policies, and athletic and other school programs.



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Family Medical Consent & Emergency Information

To Whom It May Concern: I, _____, parent or legal guardian of

_____, do hereby give my consent to any hospital, paramedic, etc. to administer the necessary treatment to my child in the event of an accident or serious illness. In addition, I give consent to the staff of Suffolk Christian Academy to transport my child by ambulance at my expense, if the situation warrants it. *[Please use one form per student]*

Student's name: _____ **Birthdate:** _____

Address: _____ **Home Phone:** _____

Does child take medication regularly? Yes No List medication and explain.	List allergies to food, medicines, etc.

Signature of Parent/Guardian

Date

A student's prescription medication must be submitted to the school office in the original packaging. A signed medication form from the parent indicating specific instructions for the dosage and the time the medication is to be administered and a signed note from the student's doctor is required before any prescription medication may be administered. All over-the-counter medications must be submitted to the school office in original packaging together with a signed medication form indicating specific instructions for the dosage and the time the medicine is to be administered.

In the interest of the student's safety, the school office will notify a parent by telephone each time any medication (prescription or over-the-counter) is dispensed to a student.

Physicians Name _____ Phone _____

Address _____

Insurance Company _____ Policy Number _____

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Illness Policy

For the well-being and health consideration of our students and staff, parents are asked to keep home any student with fevers and contagious illnesses. Decisions about whether to send a child to school should be made with the best interest of the school community in mind. According to the Virginia Department of Health the following exclusions are required and must be adhered to.

A student must stay home with:

1. Fever (Student must not return to school until fever free for 24 hours)
2. Vomiting (Student must not return to school until 24 hours after last episode)
3. Flu symptoms, Diarrhea, or Colored nasal discharge*
4. Strep Throat (Student must be on medication for 24 hours before returning to school)*
5. Pinkeye (Student must be on medication for 24 hours before returning to school)*
6. Head Lice (Student must not return to school until treated and absence of infestation)*

If you know your child has been sick or has symptoms of a contagious illness, please do not send him/her to school. In cases where a 24 hour waiting period is required and your child comes to school before that length of time has elapsed, we will require you to come and pick up your child. Please understand 24 hours does not mean the next morning. It means 24 hours from the time your child has overcome the illness (i.e. stopped vomiting).

*Parents must inform the school within 24 hours or the next business day after a child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately (*some examples are listed above).*

PARENTAL COMMITMENT: We have read and agree to faithfully comply with the school's illness policy. We understand that this policy is in place for the wellbeing and health consideration of the school's students and staff. We agree to keep our child home as required above.

In agreement with the Department of Social Services, we would like to remind our student families in the school, Kingdom Kids Preschool, and Extended Care of the following illness policy:

Families are required to notify Suffolk Christian Academy within 24 hours in the event a student or any member of the student's immediate household develops a reportable communicable disease as defined by the Virginia Department of Health.

Examples of Reportable Diseases Include:

- Chicken pox
- Conjunctivitis (Pink Eye)
- Diarrheal Diseases
- Fifth Disease
- Influenza
- Meningitis (Meningococcal & Pneumococcal)
- Norovirus
- Head Lice, Ringworm, Scabies
- Streptococcal Diseases including Impetigo, Scarlet Fever, and Strep Throat

A full list of reportable diseases can be viewed at the Virginia Department of Health website:
<http://www.vdh.virginia.gov>

Please sign and promptly return this form to the school office.

Student's Name(s): _____

Parent's Signature: _____ Date: _____

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Revised on March 22, 2017



Kingdom Kids Preschool

Suffolk Christian Academy

Statement of Faith

ARTICLE I - STATEMENT OF PURPOSE AND FAITH

Statement of Purpose: The purpose of the Corporation shall be to operate schools and other related agencies on the elementary and secondary levels, training students in accordance with these fundamental goals of education: Our students will have a Christian worldview derived from a well-developed knowledge of the Bible. Our Students will demonstrate godly character as a result of their commitment to Christ. Our students possess the academic and social skills sufficient to excel in today’s society and continue as life-long learners. Our students will be equipped to engage their culture through Christ-centered living, service to others, and building the kingdom for the glory of God.

The following primary tenants of Christianity are the foundational beliefs upon which Suffolk Christian Academy is built and which will be unapologetically taught throughout all grade levels. All board and staff members must subscribe to these foundational beliefs. Those other elements which have caused confusion and division in the past within the body of Jesus Christ will not be permitted to destroy the unity of this school. Accordingly, we urge that an attitude of Christian love be expressed toward those holding different views. Disputed secondary doctrinal matters will be referred back to the family and local church for clarification.

- A. We believe there is one God, eternally existent in three persons—Father, Son, and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30).
- B. We believe in the deity of Christ (John 10:33), His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35), His sinless life (Hebrews 4: 15, 7:26), His miracles (John 2:11), His vicarious and atoning death (1 Corinthians 15:3, Ephesians 1:7, Hebrews 2:9), His Resurrection (John 11:25, 1 Corinthians 15:4), His Ascension to the right hand of God (Mark 16:19), His personal return in power and glory (Acts 1:11, Revelation 19:11).
- C. We believe the Bible to be the inspired, only infallible, authoritative, inerrant Word of God (2 Timothy 3:16, 2 Peter 1:21).
- D. We believe that God created man and woman in His own image (Genesis 1:26-27).
- E. We that the term “marriage” has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture. (Gen 2:18-25) We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other. (1 Cor. 6:18; 7:2-5; Heb. 13:4.) We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman. We believe that any form of sexual immorality (including adultery, fornication, homosexual behavior, bisexual conduct, bestiality, incest, and use of pornography) is sinful and offensive to God. (Matt 15:18-20; 1 Cor. 6:9-10.)
- F. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature, and that men are justified on the single ground of faith in the shed blood of Christ, and that only by God’s grace and through faith alone are we saved (John 3:16–19, 5:24; Romans 3:23, 5:8–9; Ephesians 2:8–10; Titus 3:5).
- G. We believe in the resurrection of both the saved and the lost; that they are saved unto the resurrection of life, and that they are lost unto the resurrection of condemnation (John 5:28–29).
- H. We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9, 1 Corinthians 2:12–13, Galatians 3:26–28).
- I. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (Romans 8:13–14; 1 Corinthians 3:16, 6:19–20; Ephesians 4:30, 5:18).

I certify that I have read the above Statement of Purpose and Faith and Statement of Cooperation and agree to abide by each. →

Mother’s Signature

Date

Father’s Signature

Date

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Revised on March 22, 2017



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Statement of Cooperation

DISCIPLINE: We believe that discipline is a necessary part of our child's education. We give permission for the teachers and/or administration of SCA to make and to enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in Scripture. We understand that we have the responsibility to support the authority, philosophy, objectives, policies, procedures, and discipline of the school as established by school leadership. (A copy of the student handbook is available on the school website www.suffolkchristianacademy.org and in the school office.)

PARENTAL COMMITMENT: We agree that we will in no case complain to other parents, but will register only necessary complaints with the teacher or administration following the Matthew 18 principle. We pledge our full cooperation to keep doctrinal controversy out of the school. We understand that it is our responsibility to read the student handbook and agree to abide by its established policies. We agree to support the school with our prayers and positive attitude. We understand that if at any time the school determines that our actions do not support the ministry, or reflect a lack of cooperation and commitment to the school-home partnership, the school has the right to request the withdrawal of our child. We understand that the school reserves the right to dismiss our student for lack of cooperation on the part of the student, parent, and/or guardian.

PHILOSOPHY OF EDUCATION: We believe that the Bible holds us, as parents, responsible for the education of our children. We enlist the help of Suffolk Christian Academy to assist us in that effort. We agree to support the school's effort to train our child to be a follower of Christ, and to teach our child to view all of life from a Christian point of view.

We certify that we have read the above Statement of Cooperation and the Statement of Faith and agree to abide by it. Please see our signatures on the reverse side of this policy.



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PRESCHOOL READINESS CHECKLIST

Applicant's Name _____ Birth Date _____

Children develop at different rates and are not all ready for school at the same time. The following checklist will help assess your child's readiness to begin preschool. We recommend that the parent work with the child in areas in which he or she needs help.

Fine Motor Skills

- 1. Puts a 10- to 12-piece puzzle together Yes No
- 2. Holds and uses scissors correctly Yes No
- 3. Holds a pencil or crayon properly Yes No

Gross Motor Skills

- 1. Runs, jumps and skips Yes No
- 2. Walks backward Yes No
- 3. Walks up and down stairs Yes No

Social Skills

- 1. Uses words instead of being physical when angry Yes No
- 2. Speaks clearly so an adult can understand him/her Yes No
- 3. Plays with other children Yes No
- 4. Follows simple directions Yes No
- 5. Expresses feelings and needs Yes No
- 6. Goes to the bathroom by him/herself Yes No
- 7. Waits his/her turn and shares Yes No
- 8. Talks in sentences Yes No
- 9. Inquirers about surroundings Yes No
- 10. Says "please" and "thank you" Yes No
- 11. Can identify six parts of his/her body Yes No
- 12. Draws a picture of a person (head, body, arms and legs) Yes No
- 13. Recognizes three colors Yes No
- 14. Tries to write his/her name Yes No

Personal Information

- 1. Knows his/her full name Yes No
- 2. Knows how old he/she is Yes No
- 3. Knows mother and father's first names Yes No

Parent's Signature _____