

WALK BY FAITH MINISTRY

5630 Pebble Beach Rd.
Lakeville, NY 14480

APPLICATION FOR PRESCHOOL AND KINDERGARTEN ADMISSION

Students will be considered for enrollment at **Walk By Faith Ministry** after the following items have been received: Application, Birth Certificate, a signed copy of the Statement of Cooperation and a Non-Refundable Application Fee of \$75.00. After all these items have been received, **Walk By Faith Ministry** will schedule a parent conference with the Director to determine acceptance.

School Year 2024-2025

Date _____

NOTE: A child must be fully toilet trained to be admitted into the **Walk By Faith Ministry** program.

PROGRAM OPTIONS

Mon-Fri (9:00-3:00) Full Day _____

Mon-Fri (9:00-Noon) Half Day _____

Mon/Wed/Fri (9:00-3:00) Full Day _____

Mon/ Wed/Fri (9:00-Noon) Half Day _____

Tue/Thu (9:00-3:00) Full Day _____

Tue/Thu (9:00-Noon) Half Day _____

STUDENT INFORMATION

Full Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Age _____ Sex _____ Birth Date _____

FAMILY INFORMATION

Father's Name _____ Work or Cell Number _____

Address (If different from Child) _____

Mother's Name _____ Work or Cell Number _____

Address (If different from Child) _____

Sibling's Name _____ Age _____ Attends **Walk By Faith Ministry** (Yes) (No)

Sibling's Name _____ Age _____ Attends **Walk By Faith Ministry** (Yes) (No)

Sibling's Name _____ Age _____ Attends **Walk By Faith Ministry** (Yes) (No)

PERSON TO BE CONTACTED IF PARENTS CANNOT BE REACHED

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

MEDICAL INFORMATION

Allergies _____

Regular Medication _____

Physician's name and telephone _____

RELIGIOUS INFORMATION

Church Affiliation _____ Pastor _____

Church Address _____ Phone _____

PERMISSION FOR SCHOOL ACTIVITIES

I hereby give permission for my child, _____, to participate in all aspects of **Walk By Faith Ministry**, including field trips and school activities on or off premises and, therefore, absolve **Walk By Faith Ministry** of any liability in case of injury during such activities, on or off premises.

Medical Release: In case of a medical emergency, we release our child for such emergency medical assistance as deemed necessary by **Walk By Faith Ministry**. We release our child to be taken to the nearest available medical facility and we absolve **Walk By Faith Ministry** from any liability.

Father's Signature

Date

Mother's Signature

Date

PERMISSION FOR SCHOOL PHOTOS

I hereby give permission for images (Photographs / Video) of my child _____, to be used in promotional materials for **Walk By Faith Ministry**. Such materials may include news releases, newsletters, social media posts, videos or the **Walk By Faith Ministry** website. No last name will be used with photos.

Signature of Parent or Guardian _____ Date _____

PERMISSION FOR SCHOOL DIRECTORY

New York State Law states that parents have the option to opt-out of a school's student directory listing personal information including student/parent name, address and phone number. This directory is only provided to **Walk By Faith Ministry** families.

I hereby give permission for the directory _____ I hereby opt-out of the directory _____

Signature of Parent or Guardian _____ Date _____

STATEMENT OF COOPERATION

I have read the entire contents of the **Walk By Faith Ministry** handbook and understand the principles and policies stated therein and I will abide by and uphold all such principles and policies. I have carefully read the school's Doctrinal Statement and understand that my child will be taught in accordance with the tenets therein. I also understand that attendance at **Walk By Faith Ministry** is a privilege and not a right. **Walk By Faith Ministry** reserves the right to withdraw my child if in the school's opinion it would be in the child's or school's best interest.

Signature of Parent or Guardian _____ Date _____

WALK BY FAITH MINISTRY
Financial Commitment Form
2024-2025 School Year

Father's Name _____

Employer, Work Telephone and E-mail _____

Mother's Name _____

Employer, Work Telephone and E-mail _____

Home Address _____
Street City Zip Code

Home Telephone _____ Application Date _____

* * * * *

I (We) plan to use the following tuition payment plan to meet my (our) obligation to **Walk By Faith Ministry**. I (We) understand that failure to meet this obligation in a timely manner (10 days past the due date which is the first of every month) may result in my (our) child or children being asked to withdraw from the school.

Enrollment preference will be given to families who select a full day schedule.

Choose one:	Tuition	Full Payment	10 Payments
_____ Monday-Friday (full day)	\$2,500.00	\$2,500.00	\$250.00
_____ Monday-Friday (half day)	\$1,250.00	\$1,250.00	\$125.00
_____ Mon/Wed/Fri (full day)	\$1,500.00	\$1,500.00	\$150.00
_____ Mon/Wed/Fri (half day)	\$ 750.00	\$ 750.00	\$ 75.00
_____ Tue/Thu (full day)	\$ 1,000.00	\$1,000.00	\$100.00
_____ Tue/Thu (half day)	\$ 500.00	\$ 500.00	\$ 50.00

Father's Signature _____

Mother's Signature _____

Director's Signature _____ Date _____

CHILD HEALTH HISTORY

Parents are to fill out this form

NAME _____ AGE _____

Has your child ever had one of the following? (Please date all that apply)

ILLNESS DATE ILLNESS DATE ILLNESS DATE

Chicken Pox		Pneumonia		Hay Fever	
Whooping Cough		Bronchitis		Convulsions	
Diphtheria		Tonsillitis		Epilepsy	
German Measles (3 days)		Tuberculosis		Kidney Disease	
Measles (regular)		Contact with TB		Hepatitis	
Mumps		Diabetes		Mononucleosis	
Strep Throat		Heart Disease		Sickle Cell Trait	
Scarlet Fever		Polio		Rheumatic Fever	
Asthma					

Does the child now have? (Check all that apply)

Persistent Cough		Eye Condition		Dizziness	
Frequent Sore Throat		Wears Glasses		Fainting Spells	
Four or more colds yearly		Other Eye Condition (explain)		Migraine or Severe Headaches	
Allergies in General		Chronic Illness		P.E. Restrictions	
Allergies to Penicillin		Eating Problems		Dental Defects	
Allergies to Bees or Wasps		Special Diet		Tiring Easily	
Allergies to Food		Difficulty Walking		Regular Mediations (explain)	
Other Allergies (explain)		Difficulty with Coordination			

Please explain any of the above checked conditions: _____

Major accidents or injuries: _____

Hospitalization, surgeries, or serious illnesses: _____

Other health or behavioral problems: _____

PARENT'S SIGNATURE _____ Date _____

WALK BY FAITH MINISTRY INFORMATION

5630 Pebble Beach Rd.

Lakeville, NY 14480

Phone: 585-346-6146 Email: flicknerwbf@gmail.com

PARENTAL SUPPORT

As school and home work together to meet the students' needs, we expect the support of parents in the following areas;

- Provide encouragement and help in the completion of after school projects.
- Provide regular student attendance. Vacations should be scheduled during school holidays.
- Arrive promptly in the morning. Tardiness hinders students' progress and disturbs the class schedule.
- Meet financial obligations to the **Walk By Faith Ministry** school on time.
- Pray for the faculty, staff, and students.

FUNDRAISING REQUIREMENTS

Parent participation in fundraisers is **essential** therefore, each family is required to participate in our fundraising events. Information and details will be given as the fundraisers are organized.

SCHOOL HOURS

Full Day – Monday-Friday	9:00 am – 3:00 pm
Half Day – Monday-Friday	9:00 am – 12:00 pm
Full Day – Mon/Wed/Fri	9:00 am – 3:00 pm
Half Day – Mon/Wed/Fri	9:00 am – 12:00 pm
Full Day – Tue/Thu	9:00 am – 3:00 pm
Half Day – Tue/Thu	9:00 am – 12:00 pm

The door will be locked from 9:10 am to 3:00 pm. Parents and visitors will need to contact the director of the school to enter during school hours. The phone number is (585) 346-6146.

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MEDICATION PROCEDURE

New York State Education Law prohibits any disbursement of medication to a school-child without specific, written authorization from parents and the family physician.

This applies to prescription medications **and** over the counter items including pain relievers, creams, ointments, eye drops, nasal sprays, and throat lozenges.

If parents expect a medication to be disbursed to a child during School's hours, the following requirements must be met in each specific case of treatment:

- From the Family Doctor:
 - ❖ A written request indicating frequency and dosage of the prescribed medication.
- From the Parents:
 - ❖ A written request to administer the medication prescribed by the physician.
 - ❖ A supply of the medication in a pharmacy labeled container.
 - ❖ Personal delivery from the parent of the medication to the **Walk By Faith Ministry** Director.
(Controlled substances must be **counted** and **signed** for by the **Walk By Faith Ministry** Director and parent).

The authorization described above does not carry over from one school year to the next. ***It must be updated at the start of each school year.***

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MEDICINE RELEASE FORM

PART 1

TO BE FILLED OUT BY YOUR FAMILY PHYSICIAN

(Name of Child) _____ should receive the below stated medication prescribed by me and administered during school hours.

Name of Medication: _____

How to administer and how often to administer: _____

Date to begin medication _____ Date to stop medication _____

Diagnosis: _____

Physician's Signature: _____ Date: _____

PART 2

TO BE FILLED OUT BY THE PARENT OR GUARDIAN

I hereby request the described above medication, be administered to my child, by school personnel as prescribed.

Name of Child

Name of Physician

Telephone

Parent/Guardian

Relationship to Child

Telephone

Date

Medication must be in the original prescription bottle. Medication and refills must be brought to school by parent, guardian, or responsible adult.

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AUTHORIZATION TO PICK UP A CHILD

Name of Child: _____

I hereby inform the Walk **By Faith Ministry** that the individuals listed below are authorized to pick up my child. Accordingly, **Walk By Faith Ministry** is hereby instructed to release my child into the care of the following individuals whenever arrangements have been made with the preschool.

Authorized pick up person must be a minimum of 18 years old.

Approved Name

Relationship to child

Phone number

1. _____
2. _____
3. _____

I understand that parents/guardians must inform the Walk **By Faith Ministry** when the names of individuals listed above will pick up my child. Any person who picks up my child will be asked to provide a photo ID to the staff, if staff are not familiar with the person on the list above.

This document shall remain valid until edited or rescinded, in writing, by the parent/ guardian.

Parent/ Guardian Signature

Date