



PLYMOUTH CHRISTIAN PRESCHOOL
12058 BEVERLY BLVD. WHITTIER CA 90601
FACILITY NO. 191502189

Dear Plymouth Preschool Families,

Enclosed you will find a re-enrollment application for the **2021-2022** school year. We are very proud of our early education program and extend our warmest thanks for entrusting us with laying the foundation for your child's education. We have remained a safe and healthy childcare facility during a pandemic, and while other childcare centers in the community have had to close their doors, we have continued to thrive! We are blessed and grateful for God's protection. We are providing our current families the first opportunity to secure their child's placement in our school due to our limited spaces next school year. **The registration fee for returning families is \$100. In order to secure your child's enrollment for next school year, you must submit a payment of \$50 no later than February 15th.**

**If your child started in our program in January 2021, your child's registration for the 21/22 school year is due by June 15th, however you still need to indicate to the school office if your child will be attending the summer program or returning in the fall.*

*All children not attending the summer program must notify the school office by **May 1st**, that June will be their last month in attendance.*

June 3	Last day of preschool
June 4th-8th	School closed for Teacher In-Service Days
June 9th-Aug. 27th	Summer program (School closed July 5-9) Summer activity fee \$45 is due by June 1 st .

We are thrilled for what is in store for Plymouth Preschool as we embark on serving families for 65 years! Your patronage and support is much appreciated.

Ms. Marissa Orona,
Director



PLYMOUTH CHRISTIAN PRESCHOOL Facility No.191502189
 12058 BEVERLY BLVD.
 WHITTIER, CA 90601
 (562) 695-0745 FAX (562) 699-3038

School Year:

____/____

Please check:

____New Student

____Returning

Application for Enrollment

****A non refundable registration fee is due with this form.***

Child's Name: _____ Gender: M/F

Address: _____ City _____ Zip _____

Home phone: _____ Date of Birth: _____

Legal Name (if different from above) _____

Enrolling for: ____PT (8 a.m.-12: 30p.m.) ____FT (6:30 -6:00 p.m. /7 a.m.-5:30 p.m.)

Specify days: M T W Th F

Will your child need potty training assistance? ____yes ____no

Age in September (fall) _____

Family Information

Parent Status: ____Married ____Divorced ____Widowed ____Single

____Separated ____Re-married (If so, state stepparent name: _____)

**If parents are divorced /separated, who has legal and/or physical custody?*

***A copy of legal documentation must be submitted.**

Specify child's schedule if parents share custody: _____

Mother's Name: _____ Soc. Sec.# _____

Occupation: _____ Employer: _____

Business Address: _____

Work phone: _____ Cell phone: _____

Email _____

Which method of communication do you prefer to contact you?

Please circle: home no. cell no. work no. email _____

Driver's License: _____

Home address (if different from above) _____

Father's Name: _____ Soc. Sec.# _____

Occupation: _____ Employer: _____

Business Address: _____

Work phone: _____ Cell phone: _____

Driver's License: _____

Home address (if different from above) _____

Email _____

Others Living in the Home:

Name:	Age:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Spiritual Life:

Name of church family attends: _____

City: _____ Pastor: _____

Attendance: Weekly monthly special occasions

What activities, classes, or church programs does your child regularly attend: _____

How did you hear about Plymouth Christian School?

Please check: _____online/web _____flyer _____community event
_____driving by _____referral by family/friend: _____

I have read and agree to the following:

1. I understand that the registration fee (**non-refundable**) is due when the completed application form is returned to school, to reserve a place for my child. I also understand that there is a curriculum fee for students entering Pre-K which is due by July. 1st.
2. All children are enrolled in Plymouth Christian Preschool on a temporary basis for a period of 30 days to determine whether or not the school can meet the needs of a particular child. However, if at any time the behavior of a child becomes detrimental to the health and safety to themselves or others, the school reserves the right to dismiss the child from the preschool program.
3. Of utmost importance is the maintenance of a cooperative, nurturing, spiritual, and educational environment. As such, the school reserves the unconditional right to dismiss any parent/child, who does not respect its standards, cooperate in the educational process, and/or adhere to school requirements as set forth by the school through its teachers, Director, and School Board.
4. I agree to **not** participate in any destructive criticism of the school or staff, and if a problem arises, to directly go to the Director in a Christian manner as indicted in Matthew 18.
5. The school is authorized to provide religious instruction in accordance with our Statement of Faith.
6. I, We, the parents agree to support the school by participating in at least **(2) fundraisers or \$200 buy-out option** per school year.

Mother's Signature: _____ **Date:** _____

Father's Signature: _____ **Date:** _____

<p><i>Plymouth Christian School admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities, generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship loan programs, and other school administered programs.</i></p>
--



PLYMOUTH CHRISTIAN PRESCHOOL
 "WHERE LOVING AND LEARNING GO HAND IN HAND"

www.plymouthchristianschool.org

Facility No. 191502189

School Year ____ / ____
 New/Returning Student

ADMISSION AGREEMENT

I, We the parent(s)/guardian(s) of _____ agree with Plymouth Christian Preschool to provide Early Education and childcare service as of
(Starting date) _____.

Plymouth Christian School admits students of any race, color, national or ethnic origin to all rights, privileges programs, and activities made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies and other school administered programs.

_____ **Morning Program (8 a.m.-12:30 p.m.)**

*After 12:30 p.m. a late fee will be incurred per minute.

Select days: Mon. Tues. Wed. Thurs. Fri.

_____ **Full Day Program (May-Sept. 7 a.m.-5:30 p.m. Oct.-April 6:30 a.m.-6p.m.)**

*After 5:30 p.m. /6 p.m. a late fee will be incurred per minute.

Select days: Mon. Tues. Wed. Thurs. Fri.

_____ **Potty-training assistance needed**

*An additional monthly fee will be incurred according to our current rates and fees. Fully potty-trained is defined by a student who is able to vocalize the urgency to urinate or have a BM, and independently is able to use the restroom with little or no assistance. This includes not wearing diapers or "Pull-Up" underwear while sleeping.

A student entering the 3 & 4 year old classroom must be fully potty-trained prior to the first day of school.

1. I understand that all children are enrolled on a temporary basis for a period of 30 days to determine if Plymouth Christian School is able to meet the needs of an enrolled student. However, if at any time the behavior of a child becomes detrimental to himself/herself or others, the school reserves the right to dismiss the child from our program at any time.
2. I/We understand that admission to Plymouth Christian Preschool is on a school year-to-year basis from August through June. Summer program enrollment is optional.
3. I/We understand that the Department of Social Services has the authority to examine Plymouth Christian Preschool and "interview clients" such as children and staff at any given time, and to inspect facility records without prior consent. (Section 1101195 (b))
4. I/We agree to pay all fees and charges as established by Plymouth Christian Preschool when due, and all costs incurred by the school for collection of fees such action should become necessary.

5. If a parent has to withdraw their child temporarily from our program due to illness, family bonding time, or personal matters, written notice must be given to the school at least 30 days in advance. Only a 30 day leave of absence will be granted and half of tuition amount will be due to secure your child's enrollment spot.
6. If at any time my child's enrollment status changes or days need to be re-structured, Plymouth Christian Preschool must be notified ***two weeks in advance*** to be effective. During the two week notification period, the full amount of tuition and other applicable fees are due and payable. I understand that once my child is withdrawn from the program or changes the existing days of attendance, the former schedule is no longer available. Registration is due upon re-enrollment.
7. I/We understand if my tuition is received after the ***5th of each month***, my account will incur a late fee according to the current fees and policies. If at any time a family adds an additional day to the child's schedule or extends a half day to a full day, the current fee must be paid prior to the day requested. A request must be made at least 24 hours in advance to the school office and approved by the Director. This request will only be approved if teacher-student ratio allows for this request.
8. Of utmost importance is the maintenance of a cooperative, nurturing, spiritual, and educational environment. As such the school reserves the right to dismiss any student who does not respect its spiritual standards, cooperate in the educational process, and or adhere to school requirements set forth by the administration and school board.
9. I understand that all tuition and registration fees along with any other fees pertaining to special events are ***NON-REFUNDABLE***.
10. I/We agree to not participate in destructive criticism of the school, staff, or administration. If a concern should arise, to go directly to the teacher, Director/or Principal in a Christian manner as indicated in Matthew 18:5.
11. I/We agree to abide by the school policies and procedure according to the ***Parent Handbook*** and adhere to additional policies adopted as deemed necessary by the school board. I/We will be advised of any rate changes within **30 days** of implementation.
12. The school is authorized to provide religious instruction in accordance with the Statement of Faith. I also understand that Plymouth Christian School is a ministry of Plymouth Church.

Parent(s)/Guardian Responsible for Child

Print Parent Name: _____ Signature/Date _____

Print Parent Name: _____ Signature/Date _____



PLYMOUTH CHRISTIAN PRESCHOOL
"WHERE LOVING AND LEARNING GO HAND IN HAND"

www.plymouthchristianschool.org

Facility No. 191502189

Fees and Policies

- Tuition fee is due on the **1st-5th of each month**. If tuition is not received by the due date, a \$30.00 fee will be automatically incurred. The school accepts payment via cash, check, money order, Venmo (@PCS-Whittier), and debit/credit card. A fee applies to transactions made by credit card or debit card either in person or over the phone.
- Payments should not be handed to any teaching staff or sent in a child's backpack or lunch pail, as we are not responsible for any lost or stolen payments. A drop box is available in Room 104 for payments made by check only. **DO NOT LEAVE CASH.**
- **The monthly tuition is the same amount regardless of how many weeks in a month. Credit will not be issued for sick days, vacation days, or holidays, unless it is pro-rated by the school for special circumstances. This includes days closed or for emergency situations such as water or gas maintenance on our facility.**
- Swapping days of attendance is not allowed or guaranteed, unless it is approved by the Director.
- Accounts not paid in full by the end of the month may result in a student being dis-enrolled.
- When making a payment, the payment will be applied to any outstanding balance on the account, and the remainder will then be applied to the current balance.
- A service charge of **\$45 will be incurred for each check returned**. After **one** occurrence, only cash, credit card, or money order will be accepted.
- A fine of **\$2 per minute** for late pick-up after 12:30/ 5:30 or 6 p.m. for late pick-up.
- A **charge of \$5.00** will be incurred when a parent does not provide a blanket and sheet for nap time.
- Mid-month enrollment will result in pro-rated tuition for NEW FAMILIES only.

- June tuition covers the entire month. Only families who give a two week notice by May 15th will receive a prorated June tuition if their child is not attending the summer program.
- A sibling discount will only be issued for full-time students. The student with the lesser amount of tuition will receive the \$25.00 discount. Sibling discount only applies to students who live in the same household.
- To change programs, a parent must fill out a “Notification Form” in the school office, at least two weeks prior of school withdrawal. Tuition paid will not be refunded for any remainder days in the month not attended by the child.
- If a parent has to withdraw their child temporarily from our program due to illness, family bonding time, or personal matters, written notice must be given to the school at least 30 days in advance. Only a 30 day leave of absence will be granted and half of tuition amount will be due to secure your child’s enrollment spot.
- Our preschool is open according to the days specified on our yearly school calendar. See current school calendar for notification of any days closed. Scheduled days and events on the calendar are subject to change.
- All families upon enrollment commit to support the school by participating in at least **2 fundraisers per school year OR donate a flat fee of \$200 per school year. This fee is per family, not per student.**

Parents must sign bottom portion prior to student enrolling.

I, _____ (Parent Financially Responsible for Enrolled Student) have read the above policies and fully understand the financial policies established by Plymouth Christian School. I will abide by the terms of this agreement.

Student Name: _____

Parent Name (Print) _____ ***Date*** _____

Signature _____ ***Date*** _____

Parent Name (Print) _____ ***Date*** _____

Signature _____ ***Date*** _____

Plymouth Christian School

Medical Form

Medical Information

Child's Name _____ Birth Date _____ Grade _____

Address _____ City _____ State _____ Zip _____

Date of Last Tetanus _____ Known Allergies _____

Daily Medication _____ Dosage _____

Reason: _____

Other pertinent information _____

Family Doctor's Name: _____ Phone number: _____

Dentist: _____ Phone number: _____

Hospital: _____ Phone number: _____

Insurance: _____ Policy number: _____

Medical Release

I/We, the parent(s) of the above-named child (minor), do hereby authorize the hospital most accessible during the time of accident, illness, or other emergency, or our family physician (see above) to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act or the medical staff of said hospital, whether such diagnosis or treatment is rendered at the office or said physician or at said hospital. This action would not be taken unless the parents could not be reached.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of Plymouth Christian School or its acting agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective for the duration of attendance at Plymouth Christian Preschool or Elementary School unless sooner revoked in writing to the school.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Plymouth Christian School

Emergency Form

Emergency Contacts & Authorized Pick Up List

Mother's Name _____ Home Phone () _____

Mother's Cell Phone () _____ Work Phone () _____

Father's Name _____ Home Phone () _____

Father's Cell Phone () _____ Work Phone () _____

THESE ARE ADDITIONAL PERSONS AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL OR IN CASE OF ILLNESS OR EMERGENCY:

Name Relationship Home Phone

Cell Phone Work Phone Pager (if available)

Name Relationship Home Phone

Cell Phone Work Phone Pager (if available)

Name Relationship Home Phone

Cell Phone Work Phone Pager (if available)

Name Relationship Home Phone

Cell Phone Work Phone Pager (if available)

Parent's Signature _____ Date _____

School Year ____/____

New/Returning Student



Plymouth Christian School

Parent Communication Form

Child's

Name: _____ Teacher: _____

Parent Information:

Mother: _____

Contact number to call while your child is at school: _____

Email: _____

Father: _____

Contact number to call while your child is at school: _____

Email: _____

In the event of an emergency or if your child becomes ill, and needs to be picked up, who would you like for us to contact first? **MOTHER FATHER OR BOTH**

Do parents live in the same home? **YES/ NO**

If not, who has primary custody? _____

Please explain days of custody

schedule: _____

In the event of a parent needing to be contacted for a non-emergency question such as tuition payment, lunch, field trip, school volunteering, or special event by the school office, who would you like for us to contact? **MOTHER FATHER OR BOTH**

Method of communication preferred: **PHONE CALL EMAIL**

Plymouth Christian School

Preschool Supply List



The following supplies are needed for the first day of school. These supplies are to stay at school for classroom use. Supplies may need to be replenished throughout the school year.

Your child's teacher will notify you when this occurs. **ALL PERSONAL ITEMS SHOULD BE LABELED WITH CHILD'S NAME.** Toys and books may not come to school unless your child's teacher is having a special share day, or has requested it. Thank you!

2/3 year olds

- 2 packages of flushable wipes
- 1 crib sheet AND light blanket (full-time students)
- 1 travel-sized pillow rest time (full-time students)
- 2 boxes of Kleenex
- 1 complete change of clothes AT ALL TIMES-shirt, pants, or other bottoms, socks, and shoes.
- 1 water insulated water bottle with spout (optional)-no sippy cups, please
- 1 small bottle of glue
- 1 can of disinfectant spray
- 2 containers of Clorox wipes
- 1 week supply of diapers/Pull-Ups for non-potty trained students
- 1 tote bag or backpack for bedding

3 & 4 year olds

- 3 large glue sticks
- 1 small bottle of white glue
- 1 lunch box/bag with name clearly marked
- 2 reams of white copy paper (8 ½ X 11)
- 2 boxes of Kleenex
- 1 set of watercolor paints
- 1 can of disinfectant spray
- 1 container of Clorox wipes
- 2 packages of flushable wipes
- 1 complete change of clothes AT ALL TIMES-shirt, pants, or other bottoms, socks, and shoes.
- 1 crib sheet AND light blanket (full-time students)
- 1 box of washable thick tip markers
- 1 travel-sized pillow rest time (full-time students)
- 1 tote bag or backpack for bedding

Pre-K

- 1 big eraser
- 1 box (8-10) of washable thick tip markers
- 4 glue sticks
- 2 reams of white copy paper (8 ½ x 11)
- 2 boxes of Kleenex
- 1 tote bag or backpack for bedding
- 1 small set water color paints
- 1 bottle of white glue
- 2 containers of Clorox wipes
- 1 can of disinfectant spray
- 1 complete change of clothes AT ALL TIMES-shirt, pants, or other bottoms, socks, and shoes
- 1 crib sheet AND light blanket (full-time students)
- 1 travel-sized pillow rest time (full-time students)

TK- Transitional Kindergarten

- 1 large pink eraser
- 1 bottle of glue
- 4 glue sticks
- 1 pencil box (standard size)
- 2 reams of white copy paper (8 ½ x 11)
- 1 (12 pack) of colored pencils
- 2 boxes of Kleenex
- 2 dry erase markers (labeled)
- 1 small white board (labeled)
- 1 sock or eraser (for white board)-labeled
- 1 bottle of hand sanitizer
- 1 can of disinfectant spray
- 2 containers of Clorox wipes
- 1 crib sheet AND light blanket (full-time students)
- 1 travel-sized pillow rest time (full-time students)
- 1 tote bag or backpack for bedding
- 1 box of washable thick tip markers
- 1 set of watercolor paints
- 1 sock or eraser (for whiteboard) labeled
- 1 bottle of hand sanitizer

***We ask that all families donate 2 boxes of graham crackers in the fall, after the Christmas holidays, and in the spring. A reminder notice will be sent home.**

Thank you!



PLYMOUTH CHRISTIAN PRESCHOOL

New Wellness Policy Revised January 2021

- Children/adults must remain at home for **48-72 hours**, if presented with any “flu-like” symptoms. **Parent Initial** _____
- We understand young children often display runny noses due to seasonal allergies or asthma, however as stated in our Parent Handbook, all mucus from nose must run clear and display no coloration. (Green or yellowish mucus). If this pertains to your child, you may send non-drowsy allergy medication to school and sign a medication consent form to keep on file. ***No ibuprofen or Tylenol may be given to children at school to control a fever.*** This will counteract with identifying symptoms of the Coronavirus. Your child’s temperature will be taken at school to determine if he or she is well to remain at school. **Parent Initial** _____
- If any child or adult has someone in their household who is infected by COVID19 OR who has recently traveled in and out of the county, is to remain at home for up to 14 days. **Parent Initial** _____
****14 days quarantine applies to anyone who has traveled or who has been directly affected by the Covid19 virus or who lives with the enrolled student. This applies to siblings enrolled in our program.***
- New location for drop-off/pick-up is near the gate along Pilgrim Way near the school office. We ask that only **ONE** authorized adult drop and pick up students to limit visitors on campus. A staff person will accompany your child to and from class. **Parent Initial** _____
- Please bring **YOUR OWN PEN to SIGN-IN and SIGN OUT** your child. **Parent Initial** _____
- Preschool families are ONLY to use the gate along Pilgrim Way to enter and exit the campus. **DO NOT USE THE GATE NEAR THE CHURCH OFFICE/PARKING LOT.** This helps limit high traffic areas on campus. **Parent Initial** _____
- School is subject to check temperature of any student, parent visitor, or staff person upon entering campus. **Parent Initial** _____
- Smaller group activities including outdoor time (limit to 12 or fewer OR current recommendations by CDC) **Parent Initial** _____

- All school activities scheduled on the school year calendar are scheduled to change or be cancelled according to updated recommendations by the CDC. **Parent Initial _____**
- All staff members must wear a mask and gloves at all times when in contact with students and/or food. **Parent Initial _____**
- No parents/visitors will be allowed in the classroom unless authorized by staff personnel. **Parent Initial _____**
- No groups more than 11 children plus one staff member at one time will be allowed in classrooms until further notice. **Parent Initial _____**
- No children enrolled at PCS are permitted to visit residential aged care facilities during the Coronavirus pandemic. We ask that you remain in contact with loved ones who are in an assisted care facility or nursing home to be in contact remotely. **Parent Initial _____**
- All personal belongings such as bedding and extra clothes must be brought to school in a Zip-lock bag. NO backpacks or other type of bags. **Parent Initial _____**
- No personal toys from home. We will suspend “Share Days” until further notice. **Parent Initial _____**
- Please wash your own hands and assist in washing the hands of your children before drop off, prior to coming for pick up, and when they get home. **Parent Initial _____**
- Lunch sent from home will not be warmed up by staff personnel. All food must be brought in a food thermal container. **Parent Initial _____**
- Food and dessert items for classroom birthday celebrations must be individually wrapped and store-bought. No homemade food items may be sent to school to share with others. Lunch orders such as pizza for class parties must be delivered directly to the school by the restaurant. **Parent Initial _____**
- Students must bring their own water bottle daily. It will be re-filled at school by a staff person from the water faucet. If needed.

Parent Initial _____

****This policy is subject to be revised according to most up to date guidelines, recommendations and mandates by the Public Health Department and State Licensing Child Care regulations.***

***Return this section for student file**

I, (Parent) _____ of (Student) _____

have fully read the above stated Wellness Policy and agree to comply with the policy put in place by Plymouth Christian Preschool.

Parent Signature _____

Date: _____