



Union Christian Day School

2024-25 Enrollment Application

Date of Application: _____

Grade applying for: _____ *Student must be age of the requested program on or before September 1.
Children entering 3K/4K must be fully potty-trained and able to manage independently in the restroom without assistance.

Student Name: _____ Preferred Name: _____
First Middle Last

Basic Information:

DOB: ____/____/____ SSN: ____-____-____ Gender: ____ Ethnicity: ____

Street Address: _____

City, State Zip: _____ Home Phone: _____

CHURCH INFORMATION:

Are you a member of a church? yes no If yes, where? _____

Do you attend church regularly? yes no If yes, where? _____

SCHOOL EXPERIENCE:

Current school: _____

Has the student previously attended UCDS? yes no If yes, what year and grade? _____

Has the student ever repeated a grade? yes no
If yes, what grade and for what reason? _____

Has the student been suspended, expelled, or denied re-enrollment at any school? yes no
If yes, what school and explain: _____

Has the student ever been identified as qualifying for an individualized education plan (IEP)? yes no

Does the student have any history of or ever been tested for:

ADD, ADHD - Medication taken: _____

Learning Disability (copy of psychological testing must be provided and kept on file at school) -

Describe: _____

Physical Disability - Describe: _____

Does the applicant have any mental, emotional, and/or physical handicaps which may affect his/her activities or progress, or that for some reason should be known by his/her teacher? (Reply will be confidential.)

Last two schools the student has attended:

Name of School: _____ Grade(s): _____ Year(s): _____

Name of School: _____ Grade(s): _____ Year(s): _____

HEALTH INFORMATION:

Student's Physician: _____ Physician's Phone: _____

Please check if any of the following apply to your child:

- Asthma/Respiratory Problems: Medication/Inhaler used? _____
- Migraines Speech Difficulty Diabetes – Medication? _____
- Severe Headaches Heart Condition/Murmur Epilepsy
- Kidney Disorder Hearing Loss/Hearing Aid(s) Glasses/Contacts
- Seizures – Types and date of last seizure: _____ Medication needed? _____
- Allergies (medication, latex, food, etc): _____

Symptoms of reaction: _____ Treatment prescribed: _____

Other conditions the school should be aware of that may require medical attention: _____

Please list any current medications your child is taking. This information helps us guard against possible drug interactions.

PERMISSION FOR MEDICATION:

The following medications are available at school. Please **initial** those allowed to be dispensed to your child:

Tylenol Ibuprofen Tums Orajel
 Eye Drops Midol Pepto Bismol

A parent must be contacted before the office can administer the approved non-prescription medications listed above: yes no

Authorization for emergency care and administration of medication: During an emergency, when I am not readily available, I hereby give permission for school personnel to administer the medication needed.

Parent/Guardian Signature: _____ Date: _____

Student: _____ Date: _____

STATEMENTS OF COOPERATION AND AUTHORIZATIONS (Please complete and sign)

- yes no If admitted to Union Christian Day School, I pledge to accept the authority of the school and to keep the school rules as best as I can throughout my years at UCDS. I understand that failure to comply with these rules may result in dismissal from UCDS.
- yes no I give my child permission to take part in all school activities, including athletics, field trips, and school-sponsored events.
- yes no I agree to encourage my child in the learning of biblical truths and all other phases of the school curriculum.
- yes no I give my child permission to be included in a picture and/or video taken while attending UCDS. This picture and/or video may be released at any time to the various forms of media used at UCDS.
- yes no Parents of 3K/4K preschoolers: In order to maintain DSS compliance, UCDS is only authorized to accept fully potty trained students. I understand this includes pulling clothing up/down, zipping/unzipping clothing, wiping private areas, and changing of clothes. While accidents may *infrequently* occur with preschool children, this should be the exception, not the norm. This policy reflects DSS guidelines and is not necessarily the opinion of the school personnel. This information has been explained to me and I understand separation may become necessary if issues arise.

Parent/Guardian Signature: _____

Family Information

Applicant lives with: Father Mother Stepfather Stepmother Other _____
Applicant's parents are: Married Divorced Separated Deceased

If divorced, which spouse holds legal responsibility for school decisions? _____

Primary Parent/Legal Guardian (This should be the first contact in regards to medical, academic, or classroom issues.)

Relationship to Applicant: Father Mother Stepfather Stepmother Other _____

Name: _____ Cell Phone Carrier: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

Email: _____ Employer: _____

Parent/Legal Guardian

Relationship to Applicant: Father Mother Stepfather Stepmother Other _____

Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

Email: _____ Employer: _____

Parent/Legal Guardian

Relationship to Applicant: Father Mother Stepfather Stepmother Other _____

Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

Email: _____ Employer: _____

Emergency Contacts *If parent/guardians are not available, list two emergency contacts.*

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Authorization for Pick-Up

In addition to the parent/guardians and emergency contacts listed above, list ALL other persons authorized to pick up your child from school:

Financial Contract

Union Christian Day School

Please complete one per family.

PERSON RESPONSIBLE FOR SCHOOL ACCOUNT

Name _____ Relationship to student _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

STUDENT INFORMATION

Student _____ Grade _____ Current Student New Student

Student _____ Grade _____ Current Student New Student

Student _____ Grade _____ Current Student New Student

Student _____ Grade _____ Current Student New Student

WITHDRAWAL POLICY NOTIFICATION

- Enrollment at UCDS is a commitment for the entire year.
- Parents who wish to withdraw their student from school must notify the Superintendent in order to initiate withdrawal procedures.
- All outstanding bills are to be paid and all textbooks and UCDS materials returned before school records, grades, or transcripts can be released to any school or institution.
- Parent-choice withdrawal is defined as a withdrawal of any reason other than 1) parental job change or transfer which results in the student relocated more than 50 miles from the campus, or 2) termination of enrollment by administration. Penalty for parent-choice withdrawal is the parent is obligated to pay book and activity fees and tuition through the end of the month.

I have read and agree to the above withdrawal policy fees.

Signature Required _____

CONTRACTUAL AGREEMENT

I have read and understand the UCDS financial policies including the withdrawal policy above and pledge to fulfill my responsibilities accordingly. I understand that tuition is due on the 1st of each month, a late fee of \$25.00 will be added to unpaid accounts on the 5th, and students will not be permitted to attend classes if a full payment is not made by the 15th.

Signature Required: _____

Admissions Policy

Union Christian Day School

The following admissions policies have been adopted to assure consistent standards of admission in agreement with the mission of Union Christian Day School.

- Union Christian Day School admits students of any race, color, national or ethnic origin to all the 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 the administration of education policies, admissions policies, tuition assistance programs, athletic programs, and other school-administered programs.
- UCDS seeks to admit students whose parents desire a quality education from a Christ-centered perspective. The curriculum is designed to meet the educational needs of the average student (defined as a C or above). UCDS admits students whose academic ability demonstrates their potential to be successful in a college preparatory setting.
- Student must provide positive indication that he/she truly wants to be a part of the UCDS student body.
- Student must show a behavioral history that matches the behavioral expectations of Union Christian Day School. UCDS does not accept students who have been repeatedly suspended or expelled from previous schools.
- Families must agree to abide by school policies stated in the UCDS policy handbook, and assist the school and support school officials in the implementation and enforcement of its policies.
- Because of staffing and resource constraints, UCDS is unable to provide services for students with serious emotional, behavioral, or academic problems, or students who have been diagnosed with special education needs.
- Student must be fluent in English.
- Students and families are subject to pre-admission interviews and students may be subject to competency testing before final enrollment.
- In addition to the above criteria, students in the *Preschool* or *Kindergarten* must also meet the following standards:
 - Applicants for 3 Year Preschool must be 3 years old on or before September 1 of the school year
 - Applicants for 4 Year Preschool must be 4 years old on or before September 1 of the school year
 - Applicants for Kindergarten must be 5 years old on or before September 1 of the school year
 - Must be fully potty-trained and able to manage independently in the restroom without assistance
 - Must demonstrate abilities to cooperate in a structured school environment