



2011-2012
ELEMENTARY
APPLICATION

Located at:
Our Lord's Community Church
11400 North Portland
Oklahoma City, OK 73120
(405) 752-2111 ext. 236
Email: kingsgate@olcc.org

Child's Name: Birthdate: Preferred Name GENDER: Male Female

A copy of your child's birth certificate and current immunization record MUST accompany this application.

MOTHER'S NAME FATHER'S NAME
Mother's Email: Father's Email:
ADDRESS ADDRESS (If different)
CITY STATE ZIP CITY STATE ZIP
Mother's Profession Father's Profession
Home # Business # Home # Business #
Mobile or Pager# Mobile or Pager #

Child's T-shirt size: (Youth X-Small 6-8) (Youth Small 10-12) (Youth Medium 14-16)

Previous school: City Dates

Student Lives With: Other
Biological Father Adoptive Father Stepfather Grandfather Foster Father
Biological Mother Adoptive Mother Stepmother Grandmother Foster Mother

Name & Ages of Brothers and Sisters: 1. 2.
3. 4. 5.

People to be called in an emergency & authorized to pick up child (Other than those listed above):
NAME PHONE
NAME PHONE

For Program Accreditation Reports, please specify: African American Asian Caucasian
Latino Native American Pacific Islander Other

How did you hear about King's Gate?

TUITION & FEES - A non-refundable registration Fee (\$225.00) is required with application. The annual tuition or deposit of 10% of the annual tuition is due with form. The remaining 90% of your tuition can be paid in 9 (nine) monthly payments, from September through May.

Registration fee is non-refundable and no monies are refundable after June 1st.

Table with 5 columns: Grade, Schedule, Annual Fee, 10% Deposit, and 9 Monthly Payments. Rows include Kdg*, First Grade, Second Grade, and Third Grade.

We must report the number of tardies and absences. Parents must sign in children arriving after 8:40.

No fees may be applied to 2011-2012 if a family has an overdue balance in a King's Gate Program.

*Enrollment priority is given to children who are currently attending King's Gate. Kindergarten priority is given to children who turn 5 by June 1st, who have completed a King's Gate PK4 or Pre-K class, and who are recommended for kindergarten by the King's Gate staff.

King's Gate Ministries, Incorporated and Our Lord's Community Church
Medical Release/Authorization and Permission Form

June 1, 2011 to August 15, 2012

Child Name _____ Male ___ Female ___ Age ___ Birthdate ___/___/___

Parents _____

Family Physician _____ Phone _____

Address _____ City /State/Zip _____

Dentist _____ Phone _____

Address _____ City /State/Zip _____

My child has been diagnosed with [ADD] [ADHD] [Autism] [Other _____]

Presently taking _____ medication for _____

Presently taking _____ medication for _____

Allergic to (medications): _____

Allergic to (other): _____

Describe special needs, illness, medical problems or physical limitations (use separate sheet if needed) :

Medical Insurance Company _____ Policy No. _____

I hereby grant permission for my child to use the play equipment and participate in the activities of King's Gate Ministries, Incorporated. I hereby grant permission for my child to leave the facility under the supervision of a staff member for neighborhood walks or field trips sponsored by King's Gate. I will leave phone numbers in the King's Gate Office if I will not be available at the usual numbers.

I hereby grant permission for the staff or sponsors of King's Gate Ministries, Incorporated and/or Our Lord's Community Church to take whatever steps necessary to obtain emergency medical care if warranted.

Some steps we will take are as follows:

1. Attempt to contact a parent or guardian.
2. Attempt to contact parent through any of the persons listed on the form completed by us.
3. Attempt to contact the child's physician.
4. If we cannot contact a parent, guardian or physician, we will do any or all of the following:
(a) Call another physician or paramedic, (b) Call an ambulance, (c) Have the child taken to the most convenient medical facility under the escort of a staff member or sponsor.
5. Any expenses incurred will be borne by the child's family.

In case of emergency, I _____, by my signature below, hereby give permission to a physician or other medical personnel selected by a representative of King's Gate and/or Our Lord's Community Church (staff member or adult volunteer leader) to arrange for medical care and to give oral or written consent on my behalf for medical treatment. I also agree to be responsible for the expenses incurred for such medical costs.

*King's Gate Ministries include King's Gate Christian School, Mother's Day Out and Super Summer.

Parent's Name: _____ **Date:** _____
(Print)

Parent's Signature: _____

Child's Name: _____ Birthdate: ____/____/____

Elementary Program at King's Gate Christian School

King's Gate Christian School is providing first, second and third grades for the 2011-2012 school year. We will add fourth grade for the 2012-2013 school year and fifth grade for the 2013-2014 school year. Classroom sizes will be limited due to space limitations.

Every classroom offered at King's Gate from infants through second grade is an accredited classroom. When a grade is added, the grade must complete a year of operation before accreditation occurs. King's Gate is committed to excellence and will ensure that all requirements for accreditation are met. We are intentional and diligent to ensure that every new classroom offered at King's Gate is of the same caliber as every other King's Gate classroom that is accredited by ACSI.



We have Before & After School Care for all King's Gate Children!

King's Gate Before & After School Play Programs

Space will be at risk unless family's account remains current. All fees are due monthly regardless of the child's attendance.

Wake & Play (Before School)

Monday-Friday
8:00 a.m. - 9:30 am.

Stay & Play (After School)

Monday-Friday
3:00 p.m. - 5:30 p.m.

Monthly PLAY Program Tuition Rates & Fees Per Child: There is a nonrefundable enrollment fee of \$75.

BEFORE SCHOOL WAKE & PLAY

(8:00-9:30 a.m.)

AFTER SCHOOL STAY & PLAY

(3:00-5:30 p.m.)

BEFORE and AFTER SCHOOL WAKE & PLAY and STAY & PLAY

(8:00-9:30 a.m. & 3:00-5:30 p.m.)

Circle Day(s): M T W H F

- 1 day per week (\$10/month)
- 2 days per week (\$20/month)
- 3 days per week (\$30/month)
- 4 days per week (\$40/month)
- 5 days per week (\$50/month)

Circle Day(s): M T W H F

- 1 day per week (\$25/month)
- 2 days per week (\$50/month)
- 3 days per week (\$75/month)
- 4 days per week (\$100/month)
- 5 days per week (\$125/month)

Circle Day(s): M T W H F

- 1 day per week (\$30/month)
- 2 days per week (\$60/month)
- 3 days per week (\$90/month)
- 4 days per week (\$120/month)
- 5 days per week (\$150/month)

Drop-in space is subject to availability.

- Drop-in WAKE & PLAY** \$5 per visit plus a one-time \$75 Enrollment Fee. (Subject to availability)
- Drop-in STAY & PLAY** \$10 per visit plus a one-time \$75 Enrollment Fee. (Subject to availability)

Space will be at risk unless family's account remains current. All fees are due monthly regardless of the child's attendance.

Child's Name: _____ **Birthdate:** ____/____/____

SPECIAL INFORMATION INCLUDING FOOD ALLERGIES: Please make the school aware of information regarding learning disabilities, food restrictions or recent stresses in the family that we should be concerned about in working with your child. Please write special information regarding your child that you would like to share with us. If you need more space, please attach another page. If your child has an allergy, we ask that you provide appropriate items for special events and class parties. _____

PHOTOGRAPH RELEASE

I/we the parent(s) and/or guardian(s) of _____ grant permission for photographs of our child to be used for informational, professional development, and promotional purposes by King's Gate Ministries, Inc. (King's Gate Christian School, Mother's Day Out, and Super Summer). Promotional purposes include the King's Gate website, newsletters, handbooks, and flyers. I/we hereby represent that I/we have the legal right to issue such consent.

Signature of Parent or Guardian _____ Date _____

ENROLLMENT POLICY & STATEMENT OF NON-DISCRIMINATION

King's Gate Ministries, Inc. does not discriminate on the basis of race, color, sex, national and/or ethnic origin in the administration of enrollment or our policies and programs. All enrolled children are granted the same rights, privileges, programs and activities. We want and will take every opportunity to love and teach every child regardless of the lifestyle or beliefs of their parents, family members and/or friends. Parents and guardians of children enrolled in *King's Gate Programs understand that we are a Christian ministry with an evangelical commitment to teach historic Christianity. All those who represent an enrolled child are asked to honor and respect our Christian standards while present in the Our Lord's Community Church facility or participating in a King's Gate event in the community.

*King's Gate Programs include King's Gate Christian School, Mother's Day Out and Super Summer.

Please initial:

- _____ My child will be able to use the restroom without assistance before the first day of school.
- _____ I agree to abide by the King's Gate Ministries, Inc. and Our Lord's Community Church policies.
- _____ I am responsible to pay and to ensure that King's Gate receives the full annual tuition cost.
- _____ I understand that budget and staffing decisions are based on enrollment.
- _____ The Registration fee is non-refundable and the annual tuition is non-refundable after June 1st.
- _____ I have included the \$225 registration fee, the annual tuition or 10% deposit, a copy of my child's birth certificate and a copy of my child's current shot record.

Please confirm your method of tuition payment:

- Registration fee (\$225) & 100% of tuition paid by cash or check at enrollment.**
To enroll include the registration fee (\$225) and the total annual tuition. A \$50 discount applies when 2-Day, 3-Day, PK4, Pre-K, or Kindergarten tuition is paid in full with application.
- Monthly checking/savings ACH draft or Credit Card.** To enroll, include the registration fee (\$225) & 10% of the annual tuition. The remaining tuition balance is divided into 9-monthly interest-free payments paid by ACH draw or credit card. The first payment will be drafted Sept. 1, 2011, and the final payment will be drafted May 1, 2012.

Signature of parent or guardian _____ Date _____