

**Word of Life Christian School  
Surprise, AZ 85374**

***2009/2010 School Calendar***

**August**

3 Mon Fall Semester Begins

**September**

7 Mon Labor Day – NO SCHOOL/NO EXTENDED CARE

**October**

9, 12 Fri & Mon Columbus Day/Fall Break – NO SCHOOL/  
NO EXTENDED CARE

22-23 Thurs-Fri Parent/Teacher Conferences  
➤ 1/2 day for FT students (extended care available for FT  
students)  
➤ NO SCHOOL for PT students.

**November**

11 Wed Veterans Day – NO SCHOOL/NO EXTENDED CARE

26-27 Thurs-Fri Thanksgiving Break – NO SCHOOL/  
NO EXTENDED CARE

**December**

21-Jan 1 Christmas Break – NO SCHOOL/NO EXTENDED CARE

**January**

4 Mon School Resumes for All Students

18 Mon MLK Jr. Day – NO SCHOOL/NO EXTENDED CARE

**February**

15 Mon Presidents' Day – NO SCHOOL/NO EXTENDED CARE

**March**

11-12 Thurs-Fri Parent/Teacher Conferences  
➤ 1/2 day for FT students (extended care available for FT  
students)  
➤ NO SCHOOL for PT students.

15-19 Mon-Fri Spring Break – NO SCHOOL/EXTENDED CARE  
AVAILABLE

**April**

2 Fri Good Friday – NO SCHOOL/NO EXTENDED CARE

4 Sun Easter Sunday

**May**

27 Thurs Last Day of School for all students

Word of Life Christian School  
2009/2010

***Emergency Agreement***

I (we) grant permission for authorized school personnel to take whatever steps necessary to obtain medical care for my child if warranted. These steps may include, but are not limited to:

- A. Attempt to contact parent or guardian.
- B. Attempt to contact emergency contact through any person listed on the Emergency Health Form you completed at the time of enrollment.
- C. If the school cannot contact parent or emergency contact, the school may call 911 for necessary medical attention.
- D. Expenses may not be covered by the school's basic insurance policy and some cost may be incurred by the family.
- E. The school will not be responsible for anything that may happen as a result of false information given at time of enrollment or if you do not keep the school updated on changes.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Photo Agreement**

I grant permission for my child to be included in any photos the school may use for school newsletters, yearbooks, promotions, etc.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**WORD OF LIFE  
CHRISTIAN SCHOOL  
Preschool Enrollment  
2009-10**

As dedicated teachers and staff of Word of Life Christian School, we are honored to be a partner with you in your child's education!

When enrolling your child, please be sure the following items are completely filled out and/or provided. Turn your packet in to the School Office as soon as possible to ensure placement. Thank you!

- |  |   |
|--|---|
| <input type="checkbox"/> Enrollment Form                 | <input type="checkbox"/> Immunization Record                  |
| <input type="checkbox"/> Emergency Agreement             | <input type="checkbox"/> Copy of Birth Certificate            |
| <input type="checkbox"/> Estimated Time Sheet            | <input type="checkbox"/> Enrollment Fee \$75 (non-refundable) |
| <input type="checkbox"/> Blue Emergency Information Card |   |



**Word of Life**

Word of Life Christian School  
17525 W. Bell Road  
Surprise, AZ 85374  
623-544-4608  
[www.wordoflifeaz.org](http://www.wordoflifeaz.org)



**Word of Life**

## **Preschool**

### **What you will see in our classrooms**

Children learning through interaction and exploration  
Children with access to materials and supplies  
Children working together and independently  
Children thinking for themselves  
Child-initiated, child-directed, teacher supported learning  
Children and adults having fun

### **What you won't see in our classrooms**

Numerous dittos and worksheets coming home  
Children always working alone  
Workbooks  
Static children and classrooms  
Overly dependent children  
BORED CHILDREN

### **How YOU Can Help**

- Please show acceptance for your child's level of development by looking for the skills and learning involved in products and by making positive comments such as, "You used a lot of colors in that," "That took a lot of imagination," or "Did you cut that whole thing out all by yourself?"
- Expect and encourage your child to try for him/herself those things he/she is able to do. Allow for practice and mistakes.
- Provide opportunities for decision-making, from choosing one's outfits for school to choosing which book to read, etc.
- Aid your child in understanding the consequences of his/her decisions and allow for mistakes when safe.
- Help us to know your child as an individual by sharing information; especially changes in your child or home situation.

**The following CONCEPTS are presented throughout the year at the level where your child will succeed:**

Colors	Opposites
Numbers	Alphabet recognition
Number values 1-10	Seasons
One to one correspondence	Holidays
Shapes	Sequencing
Positional concepts	Safety
Rhyming	Spiritual and moral values
Pre-reading	Pre-writing

**The following SKILLS are enhanced throughout the year:**

Problem solving	Listening
Communication	Experimenting
Visual discrimination	Self awareness
Letter recognition	Sequencing
Number recognition	Rhyming
Independent thinking	Cooperation
Creative expression	Large & small muscle control
Auditory discrimination	Estimating
Sympathy to others	Empathy for others

**Various TOPICS to be discovered, explored and examined throughout this year:**

Preschool routines	Families
Self awareness	Apples
Leaves	Pumpkins
Farms	Manners
Cooking projects	Holiday activities
Hibernation	Winter animals
Winter clothing	Earth science
Heart and health	Nutrition
Seasons	Baby animals
Bugs	Butterflies
Bees	Conservation
Dinosaurs	

**WE WOULD LIKE TO WORK TOGETHER WITH YOU FOR THE BENEFIT OF YOUR CHILD, SO THAT EACH CHILD CAN FEEL SUCCESSFUL, ENJOY COMING TO PRESCHOOL AND ENJOY LEARNING AND BEING WITH OTHERS.**

# Word of Life Christian School

## Preschool Student Enrollment Form SY 2009/2010

Student's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Child's Age \_\_\_\_\_ Birth Date \_\_\_\_\_ (need birth certificate)  
 Email address \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
 Child lives with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_  
 Sibling(s), Name(s), Age(s) \_\_\_\_\_  
 Which church do you regularly attend? \_\_\_\_\_  
 Is this child baptized? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Would you like to receive information about church membership at Word of Life? Would you like information about baptism for your child(ren)? \_\_\_\_\_  
 Does this child have physical limitations? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_  
 Does this child have special education needs? Yes \_\_\_ No \_\_\_ If no, explain: \_\_\_\_\_

*Please mark your preferred program:*

Part Time Classes – 8:30 am – 11:30 am *OR* 12:30 – 3:30 pm **\*Classrooms are closed until class time.**

NOTE: A **snack** for snack time is to be brought from home.

_____ 3-year old Class (Tues/Thurs) AM	\$1,750/SY or \$175.00/month
_____ 3-year old Class (Mon/Wed/Fri) AM	\$2,300/SY or \$230.00/month
_____ 4-year old Class (Tues/Thurs) AM	\$1,750/SY or \$175.00/month
_____ 4-year old Class (Mon/Wed/Fri) AM or PM	\$2,300/SY or \$230.00/month

All Day Classes – both 3 and 4 year-olds. NOTE: A **snack** plus a **lunch** is to be brought from home.

\*All Day price includes before and after school care between the hours of 6:00 am and 6:00 pm:

_____ Full time 2 days/week (Tues/Thurs)	\$2,500/SY or \$250.00/month
_____ Full time 3 days/week (Mon/Wed/Fri)	\$3,750/SY or \$375.00/month
_____ Full time 5 days/week ( Mon-Fri)	\$5,750/SY or \$575.00/month

On days that WOL is closed, will you need full day child care? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in full day care during weeklong breaks and/or during the summer? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*NOTE: Tuition is based on a 10-month school year. Monthly installments are available for your convenience as shown above. No refunds can be given for days of illness or family vacations.**

***Non-refundable enrollment fee: \$75.00 (\$112 maximum total enrollment fee per family). Tuition is paid in monthly installments due on the 1<sup>st</sup> of every month. Late fee assessed for payments received after the 5<sup>th</sup> of the month.***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Word of Life Christian School admits students of any race, religion, color, or national or ethnic background to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. It does not discriminate in the administration of its educational policies, admission policies, and other school-administered programs.

### FOR OFFICE USE ONLY

( ) Emerg Agreement ( ) Birth Certificate ( ) Blue Card ( ) Immunization Verified ( ) Handbook Accept.  
 ( ) Enrollment Fee Paid: Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_ Cash: \_\_\_\_\_  
 Class Assigned \_\_\_\_\_ Teacher \_\_\_\_\_

# Word of Life Christian School

## Estimated Extended Care Need

### PRESCHOOL

Full-time tuition entitles you to have your child in extended care any time during the hours of 6:00 a.m. - 6:00 p.m. on the days your child is in class. (see tuition costs on Student Enrollment Form)

If you anticipate the need for extended care before school or after school, please indicate your estimated need below.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Estimated Hours Per Day: \_\_\_\_\_

Place an "x" in the appropriate time slot that you wish to utilize WOL extended care:

	6:00-7:00 a.m.	7:00-8:30 a.m.	11:30 a.m.-3:30 p.m.	3:30-5:00 p.m.	5:00-6:00 p.m.
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					