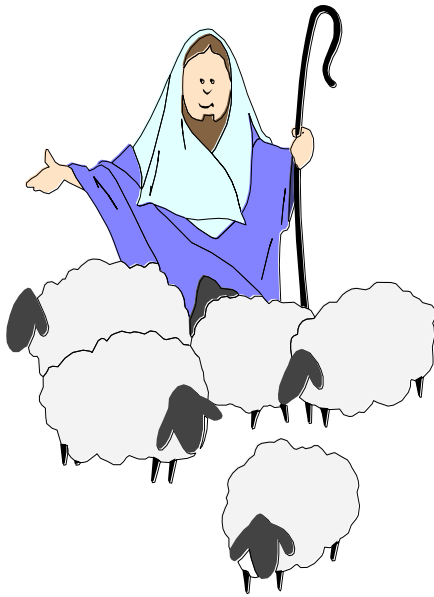


Thank you for your interest in Hope Christian School's Pre-School/Pre-Kindergarten program. It is our goal to provide the best program possible for your child.

We understand the sacred responsibility with which you have entrusted us. We thank you for the privilege and opportunity to influence children for Jesus Christ and to help them realize their potential.



Please take a moment and look over the information presented in our Pre-School/Pre-Kindergarten Parent/Student Handbook. It will give you a quick overview of our Pre-School and Pre-Kindergarten program, which is designed to be an academic program with extended enrichment. You will find there are specific times and availability for each age level. We have tried to offer the most flexible schedule we can and still incorporate the quality in our program that you want for your child.

Please remember that the Admissions Staff is available to answer your questions and assist you in completing your student's application. We can be reached at (505) 821-2513. We will join you in prayer as you consider Hope the best educational program for your student.

–Gwen Hughes, Admissions Director

**Pre-School/Pre-Kindergarten
Admissions Packet
2012-2013**





ADMISSION PROCEDURES

Application Deadline:

February 7, 2012

(Please note: we will continue to accept applications after this date; however, the likelihood of your student being on the Wait List will greatly increase.)

Please contact the Admissions Office if you have a question regarding the status of your student's application.

Applications and fees are applicable for one school year. If a student does not enroll within that time period, a new application and fee are required.

An incomplete application, including related forms, may result in a student not being considered for acceptance.

STEP 1

CHARACTER REFERENCES

Fill out the top portion and distribute the two Character Reference forms to the following individuals: **(Both references must be on file before the student will be considered for acceptance)**

1. One reference from a **teacher or friend**
2. One reference from a **pastor or Bible teacher (preferred, but may be another teacher or friend.**

Please note: References from family members are not accepted.

Have the individual mail, email or fax the form directly to Hope within five days. (Character references will be matched up with applications on file or held until an application is received.) We suggest that you contact the school to verify receipt of all references.

STEP 2

APPLICATION

Return completed forms and the information listed below to the Admissions Office on or before February 7, 2012.

- ___ 2012-2013 Application for Admission (Completed and signed by Parent/Guardian)
- ___ Copy of current immunization records
- ___ State certified birth certificate (Not a hospital certificate of birth—there is a difference!)
- ___ Recent photograph
- ___ \$25 application fee

STEP 3

Play Dates:

A "Play Date" will be scheduled when the file is complete. This will be a time of observation and evaluation of your student to determine if he/she is ready for our academic program.

Pre-School: Your Playdate will be scheduled when all the character reference forms have been submitted and the file is complete.

Pre-Kindergarten: Playdate is scheduled for March 3rd. Please contact the Admissions Office for details.

Hope Christian School admits students of any race, color, and national or ethnic origin.

ACCEPTANCE

Letters of acceptance and additional procedures for enrollment will be mailed as soon as possible after selections are made by the Admissions Committee. (The tentative date for letters of acceptance being sent is April 15, with enrollment contracts and fees due by May 1st.)

REGISTRATION FEES:

New Student Enrollment Fee: \$200

Due with tuition contract after student is accepted. Non-refundable and non-transferable.

Yearly Registration Fee: \$250

Due with tuition contract after student is accepted. Non-refundable and non-transferable.

TUITION

Please contact the Admissions Office for current tuition prices.



DISCOUNTS

There are no early payment discounts. Multi-student discounts apply only when there are two students in a household in Pre-School/Pre-Kindergarten.

Tuition must be paid in full before school starts (according to the date set on the Enrollment Contract) or a F.A.C.T.S. payment program set up as explained below.

MONTHLY PAYMENT PROGRAM**

Hope has a monthly payment program that is processed through a company called F.A.C.T.S. and requires automatic withdrawal from a checking or savings account, or an automatic charge to a debit/charge card (MasterCard, Discover, or American Express) with additional fee. Payments are divided into twelve (12) monthly installments payable on the 20th of the month. **The first payment is in June and all payments are completed by May 20th.** F.A.C.T.S. contracts initiated after May 1st may require a prepayment of one to four months.

F.A.C.T.S. charges approximately a \$38.00 non-refundable enrollment fee to be automatically withdrawn from the account when the payment agreement is completed.

** Hope Christian School reserves the right to deny tuition payment through the use of the F.A.C.T.S. program.



Note: Application forms may be mailed to:

**Admissions Office
Hope Christian School
8005 Louisiana Blvd., NE
Albuquerque, NM 87109**

or brought directly to the Admissions Office between 7:30 AM and 4:00 PM.

(Admissions/Business Office is located on southwest corner of Paseo Del Norte and Louisiana Boulevard.)



Hope Christian School
8005 Louisiana Blvd., NE
Albuquerque, NM 87109



Pre-School/Pre-Kindergarten Admissions Application 2012-2013

Pre-School (must be 3 years old by 9/1/12)

M/W/F full day half day OR T/Th full day half day

Pre-Kindergarten (must be 4 years old by 9/1/12)

M-F full day half day

STUDENT'S FULL LEGAL NAME

Student prefers to be called

Last: _____ First: _____ Middle: _____

Student's Home Address _____ City _____ State/Zip _____

Mailing Address (if different) _____ City _____ State/Zip _____

Home Phone _____ Gender: M ___ F ___ Date of Birth ___/___/___

Place of Birth: City _____ County _____ State _____

Church Home _____ Pastor _____

Previous School _____ Reason for transfer/leaving _____

Student's Interests _____ Is this student toilet-trained (no pull-ups)? yes no

Has this student ever been a previous Hope: Applicant: yes no Student: yes no If yes, grade _____

Sibling Information:

As of August, 2012

| <u>Names of Siblings</u> | <u>Age</u> | <u>Grade</u> | <u>Current Applicant?</u> | <u>Current Hope Student?</u> | <u>Former Hope Student?</u> |
|--------------------------|------------|--------------|--|--|--|
| _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |

Household 1 defined as the PRIMARY residence of the student. This parent's address should match the student's address above.

PRIMARY (Household One) INFORMATION:

Parent/Guardian One Relationship to Applicant: Father Mother Grandparent Guardian Other: _____

Last Name: _____ First Name: _____ Middle Initial: ___ Mr. Mrs. Miss Ms. Other: ___

Custodial rights? yes no Financially Responsible? yes no Receive Correspondence? yes no

Marital Status: Married Divorced Separated Not Married Church Home: Same as student Other: _____

Email 1: _____ Email 2: _____

Occupation: _____ Job Title: _____ Employer: _____

Work Phone: _____ Cell Phone _____ Home Phone: _____

Highest Level of Education: HS Graduate Some College Degree: _____ School Name: _____

Additional Parent/Guardian at student's address

Parent/Guardian Two Relationship to Applicant: Father Mother Grandparent Guardian Other: _____

Last Name: _____ First Name: _____ Middle Initial: ___ Mr. Mrs. Miss Ms. Other: ___

Custodial rights? yes no Financially Responsible? yes no Receive Correspondence? yes no

Marital Status: Married Divorced Separated Not Married Church Home: Same as student Other: _____

Email 1: _____ Email 2: _____

Occupation: _____ Job Title: _____ Employer: _____

Work Phone: _____ Cell Phone _____ Home Phone: _____

Highest Level of Education: HS Graduate Some College Degree: _____ School Name: _____

Secondary (Household Two) INFORMATION: (If applicable)

Parent/Guardian One Relationship to Applicant: Father Mother Grandparent Guardian Other: _____
Last Name: _____ First Name: _____ Middle Initial: ___ Mr. Mrs. Miss Ms. Other: _____
Mailing Address _____ City _____ State/Zip _____
Custodial rights? yes no Financially Responsible? yes no Receive Correspondence? yes no
Marital Status: Married Divorced Separated Not Married Church Home: Same as student Other: _____
Email 1: _____ Email 2: _____
Occupation: _____ Job Title: _____ Employer: _____
Work Phone: _____ Cell Phone _____ Home Phone: _____
Highest Level of Education: HS Graduate Some College Degree: _____ School Name: _____

Additional Parent/Guardian in Household 2

Parent/Guardian Two Relationship to Applicant: Father Mother Grandparent Guardian Other: _____
Last Name: _____ First Name: _____ Middle Initial: ___ Mr. Mrs. Miss Ms. Other: _____
Mailing Address _____ City _____ State/Zip _____
Custodial rights? yes no Financially Responsible? yes no Receive Correspondence? yes no
Marital Status: Married Divorced Separated Not Married Church Home: Same as student Other: _____
Email 1: _____ Email 2: _____
Occupation: _____ Job Title: _____ Employer: _____
Work Phone: _____ Cell Phone _____ Home Phone: _____
Highest Level of Education: HS Graduate Some College Degree: _____ School Name: _____

Emergency Contact Information

Persons, OTHER THAN THOSE PREVIOUSLY LISTED, to be contacted in case of emergency: List at least two, must be local and from separate households. Additional contacts may be listed on separate sheet.

| Name | Relationship | Home | Cell | Work |
|-------|--------------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Medical Information

Does this student have any medical conditions? yes no If yes, please explain: _____

Does this student take any medication (prescribed or OTC) on a regular basis? yes no If yes, please explain: _____

Does this student have any allergies? yes no If yes, please explain: _____

Doctor's Name: _____ Phone #: _____ Preferred Hospital: _____

Insurance Information

Around-the-clock (24-hour) Accident insurance coverage is required for all grades. (A student insurance policy is available through the school if needed)

Insurance Company: _____ Group # _____ ID# _____

Hope Christian School Pre-School/Pre-Kindergarten

Discipline Agreement

Discipline is an essential teaching part of the classroom and is not viewed as punishment. Discipline is used to help children learn self-control, to help develop their self-esteem and a regard for and acceptance of others in the classroom.

Discipline will be consistent and age appropriate.

Discipline will include positive guidance, redirection, and clear limits that encourage the child's ability to become self-disciplined. When redirection is not working at a particular time for a child, time out will be employed. (Time out is a non-solitary separation of one child from the group.)

Discipline will guide the children to resolve conflicts and will model skills that help children to solve their own problems.

Physical punishment, humiliation, fright or other coercive strategies are not permitted.

Withdrawal of food, rest or bathroom privileges are not permitted. Any type of emotional manipulation is also strictly prohibited.



I, the parent/guardian of the child named in this application, have read the above and agree to support Hope Christian School's Pre-School and Pre-Kindergarten program in its disciplinary policies.

Signature of Parent/Guardian _____ Date _____

Print Name: _____

Parent/Guardian Signature

I, the parent or guardian of the above named student, give permission for him/her to participate in school-sponsored activities away from Hope Christian School premises. I will inform the school by written request should I choose to keep him/her from an activity or trip.

I hereby release Hope Christian School and any representatives of the school from any liability or responsibility for injuries, damages or expenses that may occur to the above named student arising from any school activity and I agree to indemnify and save harmless Hope Christian School and any representatives of the school against any such claim for injuries, damages or expenses made by or on behalf of said student.

By signing this form, I am giving permission for my child to ride to class activities during school hours with a parent volunteer driver. I understand that each parent volunteer driver must fill out a form acknowledging that they have automobile liability insurance and that they are responsible for each child in their vehicle.

I understand in signing this statement that I agree to accept the rules and regulations of the school as stated in the current Pre-School/Pre-Kindergarten Parent/Student Handbook, including the **Standards of Conduct** and **dress code**, and will carefully review these rules, regulations, and standards with my student as needed.

I, the parent or guardian of the above-named student, give my permission for a Hope Christian Schools, Inc., employee or designee to transport my student to a medical facility for emergency treatment.

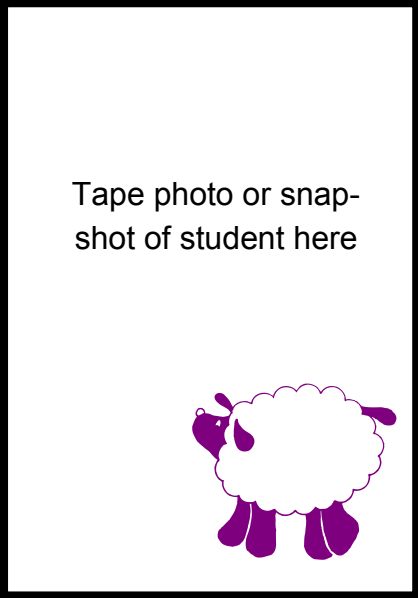
I understand that my child's likeness may be photographed or videotaped by the school in the course of school activities. I hereby give consent for the school to use my child's likeness in promotional and/or advertising materials, including the use of video and still photos on the school's website.

_____ Date _____

Signature of Parent or Guardian

Please print name

Student Name: _____ **Applying for** **Pre-School** **Pre-Kindergarten**



PARENT'S STATEMENT:

Parents/Guardians of Student: Please give a brief, but comprehensive, statement of your reasons for sending your student to a Christian School.

PRIMARY PARENT/GUARDIAN-ONE PERSONAL TESTIMONY

Please give a brief, but comprehensive, personal TESTIMONY of your relationship with Jesus Christ). (May be typed and attached if desired.)

Signature: _____

PRIMARY PARENT/GUARDIAN-TWO PERSONAL TESTIMONY

Please give a brief, but comprehensive, personal TESTIMONY of your relationship with Jesus Christ). (May be typed and attached if desired.)

Signature: _____

HOW DID YOU HEAR ABOUT HOPE?

(Check primary source)

- ___ Yellow Pages
- ___ Newspaper
- ___ Magazine
- ___ Internet
- ___ Radio (which station? ___)
- ___ TV (which station? ___)
- ___ Friend
- ___ Relative
- ___ Co-Worker
- ___ Other? _____

Please make sure your application is complete! An incomplete application may result in a student not being considered for acceptance.

CHECKLIST:

Enclose or attach the following:

1. State certified birth certificate
2. Copy of current shot records
3. Recent photograph or snapshot
4. \$25 application fee



Give character reference forms* to individuals indicated in Admissions Procedures, with instructions to return the forms directly to the Admissions Office.

Hope Christian School admits students of any race, color, and national or ethnic origin.

*Available online at www.hopechristianschool.org under Admissions or may be requested by calling the Admissions Office

For office use only

Name (Last, First, Middle) _____

Grade _____ App # _____

Address _____

Email Address _____

Emerg Contacts _____

Insurance Info _____

Medical Information _____

Parent Personal Testimony _____ Mother _____ Father _____

Parent Signature _____

Discipline Agrmt Signed _____

Photo _____

Immunization Record _____

Birth Certificate _____

Character Ref (K-6th) _____ Teacher _____ Pastor _____

| | | |
|------------------------------|------------------------------|----------------|
| New <input type="checkbox"/> | Ret <input type="checkbox"/> | Initials _____ |
| ID# _____ | | |
| Pd. Appl. Fee _____ | | Ok# _____ |

I certify that I have witnessed and reviewed the original Birth Certificate for:

D.O.B. _____

Signature: _____

Playdate: Date: _____

Comments: _____

Enrollment Paid _____ Plan 1 2 3 4

Acpt: A N AW
 Ltr
 Date