



Elyria Christian School • 1644 Comanche Road
McPherson, KS 67114 • 620-241-2994

Family Name: _____

ECS Eagle's Nest Student Information

Name of Applicant: _____ Preferred Name: _____
 First Middle Last

Gender: _____ Age: _____ Birth date: _____ Place of Birth: _____

Please check session preference below: (session offerings may change based on number of students enrolled)

Pre-K (\$95) 8:00-11:00 am Mon./Wed./Fri. (4 and 5 year olds - enrolling in Kind 2020-21)

Preschool (\$65) 8:00-10:30 am Tues./Thur. (3 and 4 year olds - enrolling in Kind 2021-22)

Has your child attended a daycare or preschool previously? _____

If so, please list: Daycare or Preschool: _____ Dates attended: _____

 Daycare or Preschool: _____ Dates attended: _____

How does your child feel about going to school? _____

What is your child's favorite color? _____

Who referred you to ECS? _____

Are they a current ECS family? _____

Does your child have a current IEP (Individualized Education Plan) or does your child have any academic or behavior concerns that we should be aware of? Please explain in detail.

*** Preschool Class: Children must be AT LEAST 3 years old on or before Sept. 1 and 100% Potty Trained! ***

*** PreK Class: Children must be AT LEAST 4 years old on or before Sept. 1 and 100% Potty Trained! ***

Note: All students entering Preschool or PreK must provide the school with a birth certificate and immunization records. If personal convictions conflict with this rule, your signature is needed on the back of the immunization record.



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Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Cell phone #: _____

Cell phone #: _____

Best # to reach you at: _____

Best # to reach you at: _____

Email address: _____

Email address: _____

Place of work: _____

Place of work: _____

Applicant lives with: Father & Mother _____ Father only _____ Mother only _____

If living with a guardian, please provide information: _____

Has either parent been divorced? _____ Is child by present marriage? _____

Are there any custody arrangements the school needs to be aware of? _____

Name/Relationship of Emergency Contact: _____ Phone #: _____

Please list all of the children in your family:

Name	Age/Grade	Birth Date	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Why do you wish to send your child to Elyria Christian School Eagle's Nest Preschool/Pre-K?

Is Father a Christian? _____ Is Mother a Christian? _____

Church now attending: _____

Church address: _____ Phone #: _____

Pastor's name: _____ Denomination: _____

Are you a member? _____ How frequently does the family attend? _____

Family Name: _____



Eagle's Nest Health Information

Physician: _____	Phone: _____
Street Address: _____	City, State, Zip: _____

Does your child(ren) have any medical problems or allergies? (Please use back of sheet if necessary.)

RELEASE FOR EMERGENCY MEDICAL TREATMENT

I (we) the parent(s) of: _____ a student(s) at Elyria Christian School, hereby authorize the school staff to perform or procure whatever emergency medical treatment is deemed necessary for the assistance of my child(ren). This may include transportation to a local hospital or summoning emergency medical help to the school premises or offsite school events. Although every effort will be made to contact me as soon as possible, I agree that the above emergency measures may be performed prior to my knowledge and that I assume full responsibility for any financial liability thereof.

Parent/Guardian Signature: _____ Date: _____

Family Name: _____

Eagle's Nest Media Consent Form

ECS wishes to promote the value of our school to potential families by portraying student and daily life through the use of media, our website, Facebook, and other promotional material outside of the yearbook. We occasionally use pictures and/or quotes from students to enhance these materials. Please review the following and complete according to your family preference.

Yes, I grant Elyria Christian School the right to use the image or likeness of my child(ren) or quote from my child(ren) for non-profit purposes in print, on the school website, or Facebook page, and other forms of media and promotional materials. As a general rule, we avoid using names. I also release Elyria Christian School and its employees from all claims, demands, and liabilities whatsoever in connection with the above.

No, I do not want my child's image, likeness, or quotes to be used for promotional purposes.

List children below:

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____



Family Name: _____

**IN SIGNING THIS APPLICATION, I/WE AGREE
TO THE FOLLOWING:**

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1. My child will go on scheduled field trips and other school activities.
2. The Eagle's Nest Director and the administration have full discretion in the classroom discipline of my child.
3. The Eagle's Nest Director and the administration will make the final decision on grade placement for my child.
4. Preschool payment will be due by the 15th of each month, August-April. A \$15 fee will be applied for late payments.
5. In the event that I am unable to remit my monthly tuition payment, I will contact the school immediately to make alternate plans for such payment. If I fail to make this contact, falling behind on my tuition may result in the dismissal of my child.
6. I will encourage my child to cheerfully abide by the school's regulations. In case of questions, I will first contact my child's teacher and then proceed through proper channels if the difficulty persists.
7. I hereby certify that this application is true to the best of my knowledge.

Parent/Guardian Signature: _____

Date: _____

***** This application must be filled out completely and returned with the non-refundable enrollment fee of \$25.00. Thank you for your interest in the Eagle's Nest Preschool. Our director will be in contact with you soon. *****

Elyria Christian School does not discriminate on the basis of race, color, national or ethnic origin in the administration of our educational or any other school-administered programs. Elyria Christian School forms a partnership with the home and family to help educate students and to guide them in the development of biblical character and a biblical lifestyle. The Bible is the basis for determining what qualities or characteristics exemplify a Christ-like life. The school reserves the right, within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student if the conduct of the student or parent/guardian, at any time (at school or non-school event) is counter to or are in opposition to the biblical lifestyle the school teaches. This includes, but is not limited to, participating in, supporting or condoning sexual immorality, homosexual activity, or bisexual activity, drunkenness, illegal drug use, witchcraft, promoting such practices, or being unable to support the moral principles of the school. (see Galatians 5:16-26; Ephesians 4:17-5:7; Romans 1:18-32.)

**Elyria Christian School
1644 Comanche Rd.
McPherson, KS 67460**

Phone: 620-241-2994 Fax: 620-241-1238

www.ecseagles.us