

UNITY CHRISTIAN SCHOOL CHECKLIST

Family Name _____

Registration form updated and signed

Birth Certificate for each child

My child's participation in the milk program

	Grade	Please circle	
Child _____		Chocolate	White
Child _____		Chocolate	White
Child _____		Chocolate	White
Child _____		Chocolate	White

Payment Calculation Worksheet

Total Tuition	\$			
Annual Amount		4% discount		or
Semi-Annual Amount		2% discount		or
Monthly Payment				
Total Milk		\$25.00 yearly per child		
PE fee		\$25.00 yearly per child		
Bus Trip Fee		\$50.00 yearly per child		
Total of first payment to be billed in August				

Check for Registration fee attached (\$100.00 per student)

As parents, we agree to make annual/semi-annual/monthly payment of tuition and other charges as outlined above and to make these payments in advance. Failure to do so will be sufficient grounds for dismissal.

	(date)		Parent signature
	(date)		Parent signature
	(date)		Parent signature

Please return this form, your registration form and your registration check in the envelope.

STATEMENT OF BASIS AND PURPOSE

The supreme standard of Unity Christian School of Momence, Illinois, is the Scriptures of the Old and New Testament, the Word of God, as interpreted in the historic Reformed faith.

What we believe:

1. The Scriptures are central for the Christian life and education.
2. God is the Creator, the source of knowledge, wisdom, truth and strength.
3. God is Lord of all; the world and all that is in it.
4. The world and all people in it are fallen, filled with sin.
5. Salvation from sin is in Jesus Christ alone.
6. As image bearers, people live in fellowship with God through Jesus.
7. The purpose of human life is to glorify God, and each person is called to live in obedience to God.
8. The Scripture provides a vision of the Kingdom of God, for which we all must work.
9. In obedience to God, we have freedom to explore His creation.
10. People live in community (covenant) with the responsibility to love and serve each other, regardless of race.
11. The authority and responsibility for education children resides in the parents or guardians of the children and not in the state or the church. Parents delegate their authority to the school: to those who are competent to carry out their God-given parental right.

Therefore, since Christ is proclaimed by the Bible as the Redeemer and Renewer of our entire life, He must also be that of our teaching and learning. Consequently, it is not enough that the teaching of Christianity be a separate subject in the curriculum, but the Word of God must be an all-pervading force in the educational program.

The purpose of Unity Christian School:

1. Assisting parents in the task of educating their children.
2. Providing an education that acknowledges that God is the source of truth and wisdom in all areas of learning.
3. Having students know God and accept the claim of the Lord Jesus Christ on their lives.
4. Preparing people to live, in all aspects, a life of service and obedience to Jesus Christ
5. Witnessing to the community to the love and sovereign power of God.

Unity Christian School

920 W. 2nd Street
Mokenca, IL 60954
815/472-3230

May God Give you a spirit of unity as you follow Jesus Christ.
Romans 15:5

APPLICATION FOR ADMISSION

(Please fill out completely or fill out online at www.unitychristianmokenca.com)

Personal Background

1. Name of Parents or Guardian _____
Address _____
City _____ State _____ Zip Code _____
Phone: Home: _____ Work _____

2. Marital status (married, divorced, separated, widowed, single parent)

3. How many children do you have of elementary school (K-8) or pre-school age? _____
Complete the information of those children you wish to enroll at Unity Christian School.

<u>Name</u>	<u>Grade</u>	<u>Age</u>	<u>Birth Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Religious Commitment

4. What church does your family attend? _____

Are you members _____ How frequently do you attend? _____

Do your children attend with you? _____

If you and your children are involved in church activities other than attending worship services, please tell how.

5. Do you have family devotions? _____ Of what do these periods consist? _____

Unity Christian School

May God give you a spirit of unity as you follow Jesus Christ. Romans 15: 5

920 West Second Street, Momence, IL 60954

Phone: (815)472-3230

Pastor's Letter of Recommendation

Part I

Part I is to be completed by parent(s).

Please give this form to your pastor and ask him to complete Part II.

Parents' Names: _____

Parents' Address: _____

Students' Names:

(1) _____ (2) _____ (3) _____

Part II

Part II is to be completed by the pastor and mailed or faxed to Unity Christian School.

Pastor: The above family is applying for admission of their children to Unity Christian School.

Thank you for taking time to give us your considered responses.

Is this family a member of your church? _____ If yes, for how long? _____

Does this family regularly attend the Worship Service of your church? _____

In what church activities do the members of this family participate? _____

How would you describe this family's commitment to Christ and His church? _____

Please add any comments which may be helpful. _____

(Pastor's Signature)

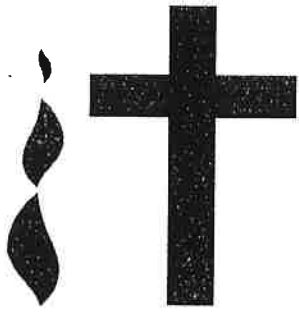
(Name of Church)

(Date)

(Church Address)

(Phone Number)

(Denomination Affiliation)



Unity Christian School

May God give you a spirit of unity as you follow Christ Jesus. Rom. 15:5

Transportation Permission Slip

I, _____ hereby give my son/daughter permission to ride with a Unity Christian School teacher or principal in hi/her personal vehicle.

Parent signature

Date

PERMISSION TO PUBLISH STUDENT PICTURES

Exhibiting a Photograph or Videotape of a Student:

Pictures of Unnamed Students: Students may occasionally appear in photographs and videotapes taken by school staff members, other students, or other individuals authorized by the principal. The school may use these pictures, without identifying the student, in various publications, including the school yearbook, school newsletter, and school website (when one is developed). No consent or notice is needed or will be given before the school uses the pictures of unnamed students taken while they are at school or a school related activity.

Pictures of Named Students: Many times, however, the school will want to identify a student in a school picture. School officials want to acknowledge those students who participate in a school activity or deserve special recognition.

In order for the school to publish a picture with a student identified by name, one of the student's parents or guardians must sign a consent form. Please complete and sign this form to allow the school to publish and otherwise use photographs and videotapes, with your child or ward identified, while he or she is enrolled in this school.

I grant consent to Unity Christian School to identify a picture of my child or ward, by full name and/or the school he or she attends, in any school sponsored material, publication, videotape, newspaper/media, or website. This consent is valid for the entire time my child or ward is enrolled in Unity Christian School. I may revoke this consent at any time by notifying the principal in writing.

Signed Parent/Guardian's Name

Printed Parent/Guardian's Name

Date

Child or Ward's Name

Child or Ward's Name

Child or Ward's Name

Child or Ward's Name

**Internet Usage Policy
Parent/Student Usage Agreement**

UCS believes that this educational tool will be important for our children as they enter the working world. We encourage students to take advantage of the wealth of information on the Internet. With this access comes the availability of material that may not be suitable for students. UCS has taken precautions to restrict access to controversial material. However it is not possible to control and eliminate all such material. The Unity Christian Board will not be liable for the actions of anyone connecting to the Internet through this hook-up.

Generally, the guidelines for use require ethical, moral and legal use of the network. The use of the Internet must be consistent with the goals and objectives of UCS. Students should follow the same guidelines of language and behavior as outlined in the Policy Handbook #5420 and Parent - Student Handbook (Student Behavior and Conduct). Use of the Internet is a privilege, not a right, and misuse of the Internet will result in the student losing that privilege. Other consequences may also result as deemed appropriate for the student.

The above policy and the following statement of agreement will be given to each family. **Once on file it need not be repeated yearly.**

Internet Usage Agreement

I have read, understand, and agree with the above guidelines for Internet use at UCS. I realize that violating the above guidelines will result in suspension of this privilege and/or disciplinary action. I understand that this agreement will remain in effect for as long as the student is a member of the Unity student body or such time as parents terminate the agreement.

Student's signature _____

Parent's signature _____

Date

Student Request for the Loan of Textbooks

I hereby request the loan of secular textbooks in accordance with section 18-17 of the School Code (Ill Rev. Stat., ch. 122., par. 18-17). I understand that this request will remain valid so long as my child is enrolled in Unity Christian School and that I may at any time withdraw my request.

School Name: Unity Christian School

City: Momence

County: Kankakee

Signed By: _____

For School Use Only

Date: _____

Date of Student Transfer: _____

Date of Student Graduation: _____

Unity Christian School

Registration Form

A. Names of Parents or guardian

B. Names of Children

Grade Entering in Fall

Birthday

C. Home Address

Home Phone

Mom Cell

Dad Cell

E-mail

D. Church Affiliation

Pastor's Name

E. Father's Work Phone Number
Mother's Work Phone Number

F. Emergency Information
Name

Phone number

G. Doctor's Name

Phone number

H. Are your immunizations up to date for each child?
Names of Children

Yes or No

Yes or No

Yes or No

Yes or No

I. Additional Medical information:

Signature

Date

**Unity Christian
Preschool**

Attendance Information

Please note that pre-school students must be 4 by Sept. 1 of the current school year.

1. Child's full name _____
2. Name the child responds to _____
3. Child's birthdate _____
4. Child's favorite activity _____
5. Attendance: Please check the days of the week and the times that your child will be attending.

	Morning	Afternoon
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

6. Who will be picking up your child at the end of the day?

Phone: _____

Phone: _____

7. Children of preschool age vary greatly in social maturity. Therefore, all preschool students are initially enrolled on a probationary basis. If the preschool teacher notices a problem area in social behavior, she will document it, keep the parents and principal informed of it, and seek their advice in solving or coping with it. The intent of this policy is to lead children into appropriate social behaviors that reflect Christian principles. After every effort has been made to lead the child into appropriate social behaviors, Unity Christian School maintains the option of dismissing preschool children who do not positively adjust to the interactive classroom environment. Unity wants every child to have an enjoyable preschool experience.

(Parent's Signature)

(Date)

AUTHORIZATION TO ADMINISTER MEDICINE

We/I _____, parent(s) of
_____(child) hereby authorize _____
(teacher) to administer the following medication to _____
(child) at the noted time:

_____(dosage) of _____(medicine)
at _____(time).

This authorization shall be valid from _____ to _____(dates)
unless revoked by us in writing. Said medicine shall be provided to said teacher
by me/us.

We recognize and understand that the aforementioned teacher is not a physician or a medical professional and that the administration of the aforementioned medicine is done pursuant to our direction and for our convenience. Accordingly, we hereby hold harmless, covenant not to take any legal action, and release the aforementioned teacher, Unity Christian School, and its board members for acting in accordance with this direction or the failure to so act.

Date

Parent/Guardian Signature

Illinois Eye Examination Report

(Approval Pending)

Illinois law requires that proof of an eye examination by an optometrist or physician who provides complete eye examinations be submitted to the school no later than October 15th of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to the child beginning school.

Student Name: _____ Birth Date: _____ Sex: _____ Grade: _____
(Last) (First) (Middle Initial) (Mo.) (Day) (Yr.)

Parent or Guardian: _____ Phone: _____
(Last) (First) (Area Code)

Address: _____ County: _____
(Number) (Street) (City) (Zip Code)

To Be Completed By Examining Doctor

Case History

Date of Exam: _____

Ocular History: Normal or Positive for: _____
 Medical History: Normal or Positive for: _____
 Drug Allergies: None or Allergic to: _____
 Other Information: _____

Examination

Refraction:	Distance			Near Both
	Right	Left	Both	
Unaided Visual Acuity:	20 /	20 /	20 /	20 /
Best Corrected Visual Acuity:	20 /	20 /	20 /	20 /

Was refraction performed with cycloplegic agents? Yes No

	Normal	Abnormal	Not Able to Assess	Comments
External Exam (eye and adnexa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal Exam (media, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological Integrity (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Binocular Function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accommodation and Vergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Color Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
IOP (glaucoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oculomotor Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Diagnosis

Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia

Other: _____

Recommendations

1. Corrective Lenses: No Yes, glasses should be worn for: Constant Wear Near Vision Far Vision
 May Be Removed for Physical Education

2. Preferential seating recommended: No Yes Comments: _____

3. Recommend re-examination: 3 months 6 months 12 months Other _____

4. _____

5. _____

Print Name: _____
Optometrist or Physician Who Provides Eye Examinations

Address: _____

Signature: _____
Optometrist or Physician Who Provides Eye Examinations

Consent of Parent or Guardian
 I agree to release the above information on my child or ward to appropriate school or health authorities.

(Parent or Guardian's Signature)

Phone: _____



**STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CERTIFICATE OF CHILD HEALTH EXAMINATION**

Please Print

Student's Name			Birth Date	Sex	School	Grade Level /ID#
Last	First	Middle	Month/Day/ Year			

Address			Parent/ Guardian	Telephone #	Work
Street	City	ZIP code		Home	

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given after the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

VACCINE/DOSE	1			2			3			4			5			6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
Diphtheria, Tetanus and Pertussis (DTP or DTaP)																		
Diphtheria and Tetanus (Pediatric DT or Td)																		
Inactivated Polio (IPV)																		
Oral Polio (OPV)																		
Haemophilus influenzae type b (Hib)																		
Hepatitis B (HB)																		
Varicella (Chickenpox)																		Comments
Combined Measles, Mumps and Rubella (MMR)																		
Measles (Rubeola)																		
Rubella (3-day measles)																		
Mumps																		
Pneumococcal (not required for school entry)	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23
Check specific type (PCV7, PPV23)																		
Other (Specify hepatitis A, meningococcal, etc.)																		

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.

Signature	Title	Date
Signature (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	Title	Date
Signature (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease Signature Title Date

3. Laboratory confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella
Lab Results Date MO DA YR (Attach copy of lab report, if available.)

VISION AND HEARING SCREENING DATA

Pre-school – annually beginning at age 3; School age – during school year at required grade levels

Date															Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/ Contacts
Age/Grade	R	L	R	L	R	L	R	L	R	L	R	L	R	L	
Vision															
Hearing															

Printed by Authority of the State of Illinois
(Complete Both Sides)

**Illinois Department of Public Health
PROOF OF SCHOOL DENTAL EXAMINATION FORM**



To be completed by the parent (please print):

Student's Name: Last	First	Middle	Birth Date: (Month/Day/Year) / /
Address: Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent or Guardian:	Address (of parent/guardian):		

To be completed by dentist:

Oral Health Status (check all that apply)

- Yes No Dental Sealants Present
- Yes No Caries Experience / Restoration History — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.
- Yes No Untreated Caries — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
- Yes No Soft Tissue Pathology
- Yes No Malocclusion

Treatment Needs (check all that apply)

- Urgent Treatment — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling
- Restorative Care — amalgams, composites, crowns, etc.
- Preventive Care — sealants, fluoride treatment, prophylaxis
- Other — periodontal, orthodontic

Please note _____

Signature of Dentist _____

Date _____

Address _____
Street City ZIP Code

Telephone _____

Illinois Department of Public Health, Division of Oral Health, 535 W. Jefferson St., Springfield, IL 62761
217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • www.idph.state.il.us

Health Forms

Health Physical

All new Illinois students (including Kindergarten & Pre-school)

Students entering 6th grade

Dental

Kindergarteners, 2nd & 6th

Vision

All new Illinois students (including Kindergarten)

Unity Christian School Tuition Policy

1. The Tuition amount shall be determined by the Board of Directors.
2. Registration Fee
 - a. Families of Currently enrolled students and New Admissions:
A non-refundable registration fee of \$100.00 is due by June 1.
 - b. New Admissions during the school year. A non-refundable registration fee of \$100.00 is due upon acceptance of admission.
 - c. No students will be admitted without payment of a registration fee.
3. Tuition is due the 1st day of every month.
4. Tuition should be made in 10 monthly installments. The 1st payment is due on August 1, the final May 1.
5. Tuition Discounts
 - a. A 4% discount will be granted to annual tuition paid in full by the first installment date of August 1.
 - b. A 2% discount will be granted for semester payments due Aug 1, and Jan 1.
6. Students will not be allowed to begin the school year with an outstanding balance from the prior year without board approval.
7. No transcripts will be transferred to another school until tuition is paid in full.
8. Year-end report card will be issued only to students whose tuition is paid in full, unless approved by the board.
9. Graduating eighth graders will not receive a diploma if the tuition is not paid in full, unless approved by the board.
10. Tuition payments will be considered late if monthly installment is more that thirty (30) days overdue.
 - a. If a tuition payment is more that 30 days late, a letter from the parents explaining the reasons for failing to make the payment and a proposed plan of payment must be submitted to the administration within the next 15 days.
 - b. The board will either approve or reject the proposed plan and report back to the parents after the 45th day.
 - c. Consequences of the board rejecting the proposed payment plan may result in the expulsion of the children involved.
11. The treasurer with board approval reserves the right to turn over delinquent accounts to a collection agency.
12. All matters concerning delinquent tuition accounts will be handled by the board as discreetly as possible. Only the administration and staff will be informed on a need to know basis.
13. Any special arrangements or tuition assistance will require a meeting with the board treasurer. The treasurer may request full financial disclosure. Any variation of this policy or special arrangements must be approved by the board treasurer and be agreed upon by written documents.