

Foothills Adventist Elementary School

General Information /
Registration Checklist

Forms Needed to Complete Registration

- New** or **Updated** Registration Form
- Tuition Parent Contract
- Media Release
- Consent to Treatment
- Field Trip\Activity Release
- Handbook (is online) Signature Form
- Technology Agreement (for 2nd-8th grades)
- Physicians Exam Form (New Students, Kindergarten and 7th grade)
- Contract of Excellence
- Release of Liability
- New Student Interview (New Students)

Important Information to Take Home

- Welcome Letter
- Calendar (Monthly)
- Year at a Glance
- Immunization Requirements Information 222 & 231

Needed Documentation

- Copy of Birth Certificate (Kindergarten or 1st Year of School)
- Physicians Exam Form (Completed by Doctor)
- Copy of Immunization Records

Additional Information and Fees

- Evidence of satisfactory progress in previous schools, and copy of transcripts
- Confirm all financial obligations from other schools have been met
- 1st Months Tuition \$ _____
- Registration Fee \$250.00\300.00 8th
- Instructional Fee \$50.00



711 Sunnyside Road
St. Helena, CA 94574
707-963-3546
707-547-8664 fax
www.foothillselementary.org

Registration Options: 1. Fill forms out digitally, then emailed back to office. 2. Fill out digitally, print out and sign as needed, then mail back to school or drop off at office. If unable to digitally sign forms, Foothills will print out the forms and have you sign them before the 1st day of school.



REGISTRATION FORM

Last Name _____
Nickname _____
Date Of Birth _____
Place of Birth _____

First Name | Middle _____
Sex _____ **Age** _____
SDA Baptism Date - Month/Year _____
Grade

Father/Guardian

First Name | Middle _____
Mailing Address _____
City, State, Zip _____
Home Phone _____
Work Phone _____

Last Name _____
Street Address _____
Occupation _____
Cell _____
E-mail _____
Religion _____

Mother/Guardian

First Name | Middle _____
Mailing Address _____
City | State | Zip _____
Home Phone _____
Work Phone _____

Last Name _____
Street Address _____
Occupation _____
Cell _____
E-mail _____
Religion _____

SDA Church Membership - *Calistoga, The Haven, St. Helena, St. Helena Spanish, Other*

School last attended _____
Name of school _____ **Address** _____ **Phone** _____

Are accounts current at previous schools? Y / N If no, where? _____

Other children in family of elementary school age or younger who are not enrolled in Foothills.

Name _____ **Age** _____ **Sex** _____
Name _____ **Age** _____ **Sex** _____

Please give the names of local relatives or friends who have consented to assume the responsibility of your child in case of illness, accident, or in the event of a major disaster until you can be reached. They are authorized to take the student from campus if necessary.

1. Name	_____	Phone	_____
2. Name	_____	Phone	_____
3. Name	_____	Phone	_____

Please list those who are authorized to take this student from campus, in addition to emergency contacts listed above.

1. Name	_____	Phone	_____
2. Name	_____	Phone	_____
3. Name	_____	Phone	_____

Student Medical Information/Preferences

Known Allergies _____

Last Tetanus Shot _____

Physician _____ **Phone** _____

Dentist _____ **Phone** _____

Hospital Preference _____

* * PHOTO RELEASE * *

_____ (name of child) is hereby given permission to participate in pictures for school publications/website, class projects, classroom bulletin boards and the local newspaper.

Parent/Guardian Signature

_____ **Date** _____

* * STUDENT CONTRACT * *

I agree to uphold the school's regulations. I pledge my cooperation with and respect for the school and it's employees. I will abide by and cooperate with the school's principles as set forth in the Foothills bulletin.

Signature of Student

_____ **Date** _____

* * PARENT CONTRACT | WALKING FIELD TRIP | CONSENT TO TREATMENT * *

I hereby agree to support school regulations and to help my child observe them, to supply all required information necessary for enrollment, and to accept all financial obligations for this student. I pledge my cooperation with and respect for the school and it's employees.

I give permission for my child to walk with teacher supervision during the school day to The Haven Thrift, The Haven SDA Church, and Mund Road.

If emergency service involving medical action or treatment is required, and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Signature of parent or guardian

_____ **Date** _____

Foothills Adventist Elementary School

Tuition / Parent Contract
2026-2027

STUDENT(S) INFORMATION

Child's Name, Grade

Child's Name, Grade

Child's Name, Grade

Mother's First Name

Mother's Last Name

Father's First Name

Father's Last Name

Yearly registration fees – registration fees due in the first month

Registration fee (Kindergarten – seventh grade)	\$250
Registration fee (eighth grade)	\$300
K-8 th Instructional Fee	\$50

TUITION PAYMENT OPTION 1

Payment in full received on or before August registration, is eligible for a 2% discount per student for the school year.

	<i>TOTAL TUITION</i>	<i>SDA DISCOUNT</i>
Total Tuition	\$7,690	\$6,930
2% Discount (approximate)	\$154	\$139
Total Payment Due	\$7,536	\$6,791

TUITION PAYMENT OPTION 2

Paid monthly for 10 months (August through May).

	<i>TOTAL TUITION</i>	<i>SDA DISCOUNT</i>
Total Tuition	\$7,690	\$6,930
10 monthly payments of -	\$769	\$693
Total Payment Due	\$7,690	\$6,930

Foothills Adventist Elementary School offers both full-day and partial Kindergarten programs. Partial day tuition as arranged.

PARENT CONTRACT

I agree to the above schedule of payments, billed monthly, with payments due by the 1st of the month. Returned check fee is \$35. A late fee of \$40 will be applied on all late payments. I have read the Foothills Handbook and agree to uphold the financial policies.

Signed: Parent/Guardian Signature

Date



Wendy Henry, Principal

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Foothills Adventist Elementary School

Media Release

Name of Student(s)	
Name of School	Foothills Adventist Elementary School
School Year	2026-2027



Northern California
Conference
Office of Education
P. O. Box 619015
Roseville, CA 95661

This is to certify that I give permission to photograph and/or videotape my student for use on Foothills website, in various school publications, and in printed media. I understand that all rights, title, and interest in the photography for said media outlets belong to FAES and that I will receive no financial compensation for the use of these pictures and/or videotape. I further understand that FAES may edit, copy, alter, or revise the photographs and/or videotape for use in its media outlets and that FAES will retain control over the use and distribution of the photographs and/or videotape. I have read this form and I understand its meaning.

Signature of student(s)' Legal guardian or representative

Foothills Adventist Elementary School

CONSENT TO TREATMENT

Only designated staff will have access to this form which must be completed at the beginning of each school year to cover the activities for that year. A copy of each student's form must be taken on off-campus activities.

Student legal name (last, first, middle)

Mailing address (street, city, zip)

Date of birth (mm/dd/yyyy)

Age

If on regular medication, please specify

Date of last tetanus shot

Please describe any allergies to substances and medications. _____

Father/guardian's legal name (last, first, middle)

Phone (business)

Phone (cellphone)

Mother/guardian's legal name (last, first, middle)

Phone (business)

Phone (cellphone)

Please give the name of your local family physician(s) to be called in case your child becomes ill or has an accident and you cannot be reached.

Family physician

Phone (office)

Family physician or dentist

Phone (office)

Hospital preference

Please give the names of two relatives or friends who have consented to assume the responsibility of your child in case of illness or accident if, and until, you can be reached. To change the named persons, you need to notify the school in writing.

Name

Phone

Name

Phone

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above student as shall be necessary in the medical opinion of the doctor rendering the service. The authorization is given pursuant to the local state Civil Code.

Signature of Parent/Guardian

Date



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Foothills Adventist Elementary School

FIELD TRIP | OFF CAMPUS
ACTIVITY PERMISSION SLIP
and LIABILITY WAIVER

I (We), _____

(please print parent(s) or legal guardian(s)'s name)

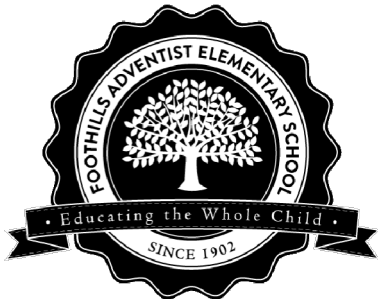
hereby give permission for my child _____

(please print name of child)

to participate in all officially sponsored off campus activities and field trips of Foothills Adventist Elementary during the **2026-2027** school year. I understand that the students will be accompanied by supervisor(s) from the school. I further understand that my child's participation in such field trips and off campus activities is strictly voluntary and done so at my sole discretion. Participant's Duty of Proper Conduct I (We) and my child agree that my child's participation in these activities may be terminated for failure to behave and act in accordance with applicable regulations on conduct and for any acts of conduct of the above student deemed by the supervisor(s) and/or chaperone(s) to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the field trip or activity as a whole. If the participation of the above student is terminated, only the funds, if any, not actually used will be refunded, and the student may be sent home at my expense.

Liability Waiver

This is an EXTRACURRICULAR activity. This permission slip incorporates by reference and brings into full effect the terms of the liability waiver and assumption of the risk agreement on file with your school.



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Parent/Guardian Signature

Date

Foothills Adventist Elementary School

Handbook Signature

Foothills Handbook Signature Page

This page must be completed and returned before the student can be officially registered for the new school year.

We, the undersigned, have read and pledge to uphold the policies and principles as outlined in the current Foothills Adventist Elementary School Handbook.

Parent/Guardian Signature

Date

Student Signature
6th-8th Graders

Date

Updates to this school handbook may be made during the course of the school year. A notice of any updates to this document will be shared in the weekly Foothills Newsletter. The most current version of this document is hosted on our school's website at www.foothillselementary.org. Continued enrollment signifies the acceptance of any changes herein.



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Last Updated: August 2020

Voted: August 2020



Contract of Excellence 2026-2027

School Mission:

“To increase in wisdom and stature, and in favor with God and man.”
-Luke 2:52

- We increase in wisdom by expecting teachers and students to do their best in learning -- and we measure success one student at a time.
- We increase in stature by making healthy choices that honor our bodies as God’s temple.
- We increase in favor with God by becoming His friend and treating each other as He would.
- We increase in favor with our fellow man by serving our community and making a difference as Jesus did.

“Healthy minds, healthy bodies, healthy relationships -- Living for Jesus!”

Our Values:

- Growth & Achievement
- Effort & Commitment
- Honesty & Respect
- Responsibility & Choices
- Teamwork & Accountability



School's Commitment to Excellence

- Plan and teach lessons that prepare students for success in the next grade level.
- Stay current on research about best practices in education.
- Communicate with parents about their child’s school experiences.
- Interact professionally with staff, students, and families at all times.
- Maintain a positive school culture and environment.
- Enforce the school dress code and following of school procedures.
- Model the values Foothills holds to be important.
- Challenge students to constantly consider their actions, choices, and goals.

Signed: _____

Student's Commitment to Excellence

- Work hard by participating in classes and turning in homework.
- Arrive at school on time every day prepared to be successful.
- Maintain the school dress code and follow school procedures.
- Ask teachers and family for help when I need it.
- Demonstrate the values Foothills holds to be important.
- Encourage my classmates to do their very best.

Signed: _____

Parent's Commitment to Excellence

- Ensure that my child arrives at school on time every day prepared to be successful.
- Maintain the school dress code and encourage my child to follow school procedures.
- Monitor my child’s academic progress by reviewing and returning progress reports.
- Interact professionally with school staff at all times.
- Provide my child with time and materials needed to complete homework.
- Ensure that my child receives the proper sleep and nutrition needed to be successful during the school day.

Signed: _____

Foothills School-wide Expectations — Above the Line Expectations

Are you above the line?
How can you raise your level of responsibility?

Levels of Behavior

- D Democracy**
 - Develops self-discipline
 - Demonstrates initiative
 - Displays responsibility
 - Democracy and responsibility are inseparable

Internal Motivation - Pleases self
- C Cooperation/Conformity**
 - Considerate
 - Complies
 - Conforms to positive peer pressure

External Motivation - Pleases teacher or parent

- B Bossing/Bullying**
 - Bothers others
 - Bullies others
 - Breaks laws and standards
 - Ignores procedures

Must be bossed to behave
- A Anarchy**
 - Absence of order
 - Aimless and chaotic

developed from Marvin Marshall

Levels of Effort

- 4. Outstanding Effort**
 - Personal best on assignment
 - Presentation quality work turned in on time
 - Excited to learn attitude
 - Spends extra time on task
 - Sets, achieves, and reflects on goals

Internal Motivation - Pleases self
- 3. Acceptable Effort**
 - Completes task
 - Neat work turned in on time
 - Positive attitude
 - Spends required time to complete task
 - Sets and achieves goals

External Motivation - Pleases teacher or parent

- 2. Minimal Effort**
 - Did not finish or rushed task (missing work)
 - Messy work turned in at some point
 - "Whatever" attitude
 - Spends little time on task
 - May set goals

Must be bossed to put in effort
- 1. No Effort**
 - Did not try to complete task (missing work)
 - Unreadable work is turned in at some point
 - Negative attitude
 - Spends no time on task
 - Does not set goals

Levels of Mastery

- 4. Exceeds Standard**
 - "A" quality work
 - I am an expert on this
 - I retain knowledge of the content or skill moving on
 - I can teach the content or skill to a partner

Internal Motivation - Pleases self
- 3. Meets Standard 75% and up**
 - "B" and "C" quality work
 - I am an apprentice at this
 - I retain knowledge of the content/skill for the end of the year test
 - I can explain the standard or do it on my own

External Motivation - Pleases teacher or parent

- 2. Below Standard below 75%**
 - "D" quality work
 - I am a beginner at this
 - I partially retain knowledge of the content/skill for a unit test
 - I need help to explain the standard or do the skill

Must be bossed to attempt learning
- 1. Not Measurable below 60%**
 - "Failing" Work (does not pass)
 - I am a novice at this
 - I do not know the content or skill at all
 - I can't explain the standard or do it with help

"Continuous effort is the key to unlocking our potential!"
-Winston Churchill

RELEASE OF LIABILITY and ASSUMPTION OF RISK

The NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS ("NCC") and its affiliated organizations, including: _____ (*please print name of school*) offers its students and their parents and/or guardians the opportunity to take part in extracurricular activities. Students and their parents and/or guardians are not required to participate in extracurricular activities and such activities are not essential to the education and development of the participant. Participation in all extracurricular activities is strictly voluntary and done so at the sole discretion of the participant.

These extracurricular activities (taking place both during daylight and nighttime hours, indoors and outdoors, on campus and off campus) may include, but are not limited to, the following athletic activities: football, volleyball, baseball, softball, basketball, soccer, snow skiing, water skiing, skating, hiking, field hockey, golf, kickball, dodgeball, tetherball, calisthenics, running, cheerleading, jump rope, weight lifting and/or strength training, rugby, tennis, track and field, swimming, diving, fencing, martial arts, wrestling, archery, ping pong, racquetball, badminton, lacrosse, frisbee and/or flying disk, tumbling, and gymnastics. Additional extracurricular activities may include, but are not limited to: decoration of school property to include assembly and construction of banners, signs, floats (to include, but not limited to, the use of ladders, tools, adhesives, solvents, paints), participation in social, sports and academic clubs (to include but not limited to: music, science, language, Bible study, student government, computers, writing, reading, math, media arts and clubs formed to participate in athletic activities including those listed above).

Pursuant to any of the above listed activities and those not listed above, NCC and its affiliated organizations, including the above referenced school, offers its students and their parents and/or guardians the opportunity to voluntarily engage in off campus field trips. All field trips entail transportation from and to campus facilities and may include instruction and supervision by personnel who are not employed or under the control of NCC and its affiliated organizations and educational institutions. While NCC and its affiliated organizations and educational institutions strive to make all extracurricular activities safe, many of these activities carry inherent risks that cannot be completely eliminated. Some of these inherent risks include: collision with persons and/or objects; falling; cold weather and heat related injuries and illnesses; muscle tears, strains and bruising; exposure to paints, solvents and adhesives; becoming lost and/or disoriented; acts of nature; travel to and/or from an activity during day and night; equipment failure and/or operator error; accidents and illnesses in remote areas where there are no means of communications, transportation or medical care; the careless and/or negligent conduct of others. These inherent risks can lead to injury and even death.

When a participant agrees to engage in activities offered by NCC and its affiliated organizations to include the above referenced school, it is the participant's responsibility to know his or her own physical limitations, learn safe techniques, and to learn the proper use and limitations of each piece of equipment used in such activities. A participant and/or parent or guardian should only agree to participate in an offered activity after taking the time to become familiar with that activity and its associated risks. **If you have any questions about an activity or the inherent risks associated with that activity, PLEASE contact an instructor or supervisor before agreeing to participate.**

By initialing below, I acknowledge that I have CAREFULLY read and understand the above.

Date: _____

Initials: _____ (Minor)

Initials: _____ (Parent/Guardian)

VOLUNTARY PARTICIPATION

I acknowledge that my child's participation in any extracurricular activity offered by NCC and its affiliated organizations to include the above referenced school is done so voluntarily and of my own free will.

ASSUMPTION OF RISK

I am aware that participation in the extracurricular activities offered by NCC and its affiliated organizations, including the above referenced school, has inherent risks of injury and even death. My child's participation in these activities is voluntary and with the knowledge of the risks involved. I,

individually and on behalf of my child, hereby agree to assume and/or accept the risk of participation, including all risk of personal injury or death.

RELEASE OF LIABILITY

I, individually and as parent or guardian of _____ (*please print child's name*), in consideration for my child being permitted to use the facilities and/or for being permitted to participate in the extracurricular activities offered by NCC and its affiliated organizations, including the above referenced school, hereby release and discharge NCC, its affiliated organizations, and the above referenced school, and these entities' owners, employees, officers, directors, members, or agents from all claims, demands, actions, judgments, and executions which the undersigned ever had, or now has, or may have, or which the undersigned's assigns, heirs, distributees, guardians, and legal representatives may have, or claim to have against NCC or its affiliated organizations, including the above referenced school, and these entities' owners, employees, officers, directors, members, or agents for all personal injuries, known or unknown, whether resulting from the negligence or other acts, howsoever caused, and injuries to property, real or personal, caused by, or arising out of, or the result of my child's participation in any extracurricular activity offered by NCC, its affiliated organizations to include, the above referenced school.

LIABILITY WAIVER - PRIVATE TRANSPORTATION

I (We) have been informed that my child may be transported in a privately owned vehicle driven by parents or students and/or by a privately owned bus company. In consideration for being permitted to participate in the extracurricular activity, I hereby waive any claim against the above referenced school and NCC and its affiliated organizations and these entities' employees, officers, directors, representatives and/or agents for any injury suffered by my child in connection with the transportation of my child and I will look solely to the driver or owner of the transporting vehicle and his or her insurance carrier for compensation.

DUTY TO DISCLOSE PHYSICAL FITNESS

Each participant who desires to participate in any athletic activity offered by NCC, its affiliated organizations and/or the above referenced school shall take all necessary precautions to assure themselves that they are physically able to safely participate in the athletic program of their choice. It is the sole and exclusive responsibility of the participant and his or her parent or guardian to inform NCC, its affiliated organizations and/or the above referenced school IN WRITING of any restriction and/or physical limitation placed upon the participant. The participant and parent or guardian certifies and attests that the participant will not participate in any athletic activity without first taking all necessary steps (to include, but not limited to, a doctor's examination) to assure themselves of the participant's fitness to engage in the athletic activity of their choice.

KNOWING AND VOLUNTARY EXECUTION

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO HAVE LEGAL COUNSEL OF MY CHOICE REVIEW AND EXPLAIN THE SIGNIFICANCE OF THIS DOCUMENT TO ME PRIOR TO MY AGREEMENT TO BE BOUND BY ITS TERMS. I AM AWARE THAT THIS RELEASE OF LIABILITY CONSTITUTES A CONTRACT BETWEEN ME AND NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS AND ITS AFFILIATED ORGANIZATIONS, INCLUDING THE ABOVE REFERENCED SCHOOL, AND I SIGN IT OF MY OWN FREE WILL. IN WITNESS WHEREOF, I HAVE EXECUTED THIS RELEASE ON THE DATE AND AT THE PLACE WRITTEN BELOW.

Parent/Guardian

Participant/Minor

Date: _____

Date: _____

Name: _____(please print)

Name: _____(please print)

Signature: _____

Date of Birth: _____

PHYSICIAN'S EXAMINATION*

Height _____ Weight _____ Blood Pressure _____

	Normal	Abnormal	Not Examined
Skin			
Eyes, vision, glasses			
Ears, hearing			
Nose and throat			
Mouth, teeth, speech			
Glands			
Chest, lungs			
Cardiovascular, heart			
Abdomen, enlargement			
tenderness			
hernia			
Spine, back			
Scoliosis for Grade 7			
Posture			
Extremities			
Genitourinary			
Nervous System, reflexes			

Explain Abnormalities

Nutritional Status and general appearance of the child _____

Recommendations for additional medical or dental care _____

This student may participate in a normal physical education program which includes such activities as running, jumping, tumbling.
 yes no

If student must be restricted from participating in activities such as are listed above, please indicate physical activities that may be permitted.

Date _____ Physician's Signature _____

Address _____

* To be completed by the family physician and kept on file at the school for all children, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination), c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education.