

Trinity Christian Academy Preschool

“An Education...with Spirit”



2019 – 2020 K4 VPK Enrollment Application

Preschool enrollment applications will not be accepted if they are incomplete. All items listed below must be submitted with the application in order for your child to be accepted into our program. No exceptions can be made.

- _____ Complete Student Information
- _____ Complete Family Information
- _____ Parental / Guardianship (court forms if applicable)
- _____ Tuition Preference
- _____ Contract (38 wks)
- _____ VPK Voucher
- _____ Original Immunization Form (expiration date: _____)
- _____ Original Physical Form (expiration date: _____)
- _____ Copy of Birth Certificate
- _____ \$100 Application Fee (Check #_____, Cash _____, Credit Card _____)

This enrollment application does not automatically mean your child is accepted into our program. We must revise the application and make sure all fields are filled in and all required attachments have been submitted along with the application.

***Thank you in advance for choosing TCA Preschool
for your child to learn and grow!***



Trinity Christian Academy Preschool

"An Education...with Spirit"

Enrollment Application 2019-2020 School Year

Office Use Only

Start Date: ____ / ____ / 20 App. Fee: \$100; Date Pd. ____ / ____ / 20; Check #: _____

School Readiness Funding: _____; VPK Certificate: ____ / ____ / 20

Program Selection:

____ August – August (50 Weeks) ____ August – May (40 Weeks) ____ August – May (38 Weeks VPK)

K – 2 ____ Full Time ____ Mon – Fri 8:00 – 12:00 ____ 4 Full Days ____ 3 Full Days ____ 2 Full Days

K – 3 ____ Full Time ____ Mon – Fri 8:00 – 12:00 ____ 4 Full Days ____ 3 Full Days ____ 2 Full Days

Pre – K ____ Full Time ____ Mon – Fri 8:00 – 11:00 ____ Mon – Fri 12:00 – 3:00

The following information is required for registering each student and is held in confidence. Please complete each space and if it does not apply to your situation write (N/A) not applicable. Thank you. **NOTE: Trinity Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges generally accorded or made available to students at the school. **Please Print Legibly**

Student Information

Child's Last Name _____

Child's First Name _____

Child's Middle Name _____

D.O. B. _____ Gender _____

Social Security # _____

Ethnicity: _____

Does your child eat breakfast? _____

Is your child a fussy eater? _____

Can your child feed him / herself? _____

Does your child take a nap? If so, how long? _____

What is your child's usual bedtime? _____

What is your child's usual wake up time? _____

Is your child fully potty trained? _____

Can your child take care of him/herself in the bathroom? _____

School last attended: _____ Telephone # of school: (____) ____ - _____

Address of last school attended: _____

Reason for leaving current school: _____

Has the child ever been expelled, dropped, or suspended by any school? _____

How did you find out about our program? _____

Why are you choosing Trinity Christian Academy Preschool for your child? _____

Are you currently attending a church? _____ If so, what church do you attend? _____

Family Information

Parents' Relationship to Each Other: ☐ Married ☐ Divorced ☐ Separated ☐ Single

(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.)

Child lives with (please check all that apply):

☐ Mother and Father ☐ Mother ☐ Father ☐ Other _____

Check any that apply: Father is ☐ deceased Mother is ☐ deceased Student ☐ is adopted

Father's Last Name _____ **Father's** First Name _____

Home Address _____ Apt. # _____ Home Phone _____

City _____ State _____ Zip Code _____

Occupation _____ Employer _____

Work Phone _____ ext. _____ Cell Phone _____

E-mail Address: _____

Driver's License _____

Mother's Last Name _____ **Mother's** First Name _____

Home Address _____ Apt. # _____ Home Phone _____

City _____ State _____ Zip Code _____

Occupation _____ Employer _____

Work Phone _____ ext. _____ Cell Phone _____

E-mail Address: _____

Driver's License _____

Father's / Guardian Signature: _____ Date: _____

Mother's / Guardian Signature: _____ Date: _____

Emergency Pick-Up Persons

List two local persons **other than father and mother / legal guardians** who will assume responsibility for your child in an emergency if parents cannot be reached.

Name _____ Relationship to child _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Work Phone _____ Ext. _____ Cell Phone _____

Name _____ Relationship to child _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Work Phone _____ Ext. _____ Cell Phone _____

Father's / Guardian Signature: _____ Date: _____

Mother's / Guardian Signature: _____ Date: _____

Emergency Medical Information

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Trinity Christian Academy Preschool to arrange transportation for my child via emergency vehicle to an Emergency Room. My child's physician is:

Dr. _____ Hospital to tend to child in case of emergency _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Special Instructions _____

Please list all Allergies _____

Please state exact reaction to allergies if applicable _____

Any additional Medical Information _____

In addition, the insurance information requested below can provide necessary information for treatment of your child.

Medical Insurance Carrier _____ Policy # _____

Insured's name _____ Social Security # _____

Father's / Guardian Signature: _____ Date: _____

Mother's / Guardian Signature: _____ Date: _____

Student Medical History

1. Is the child under the care of a doctor? If so, for what reason? _____

2. Is the child taking any medication on a regular basis? If so what? _____

(If medicine needs to be taken at school, please fill out medical authorization form)

3. Does the child have any significant physical impairment? If so, what? _____

4. Has the child been previously hospitalized? If so, for what? _____

5. Are there limitations on normal activities? If so, what? _____

6. Has the child had any operations? If so, what? _____

7. Has the child ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist? If so, explain: _____

8. Was the child diagnosed with any physical, emotional, or mental disability which may affect activities or progress? If so, explain: _____

9. Has the child received any type of tutoring or therapy? If so, explain: _____

10. Please check and / or list any medical condition your child may have:

___ Asthma ___ Diabetes ___ Heart Condition ___ Seizures / Epilepsy ___ Other: _____

11. Please state any additional medical information pertaining to the care of the child _____

Father's / Guardian Signature: _____ Date: _____

Mother's / Guardian Signature: _____ Date: _____

Authorized Pick-Up List

I authorize that my child, _____ be released by Trinity Christian Academy Preschool to the following persons, in addition to those already listed as an emergency contact. **(A photo ID is required upon pick-up.)** If you need to add / delete a pick-up contact, you're required to come to the preschool office and fill out an authorized form prior to pick-up or you may make any updates in the Brightwheel application.

Name _____	Relationship to child <u>FATHER</u>	Cell Phone # _____
Name _____	Relationship to child <u>MOTHER</u>	Cell Phone # _____
Name _____	Relationship to child _____	Cell Phone # _____
Name _____	Relationship to child _____	Cell Phone # _____
Name _____	Relationship to child _____	Cell Phone # _____
Name _____	Relationship to child _____	Cell Phone # _____
Name _____	Relationship to child _____	Cell Phone # _____
Name _____	Relationship to child _____	Cell Phone # _____
Name _____	Relationship to child _____	Cell Phone # _____
Name _____	Relationship to child _____	Cell Phone # _____
Name _____	Relationship to child _____	Cell Phone # _____

Father's / Guardian Signature: _____ Date: _____

Mother's / Guardian Signature: _____ Date: _____

Child Abuse Policy

Professionals in daily contact with children are the first line of defense against child abuse and neglect. Suspicion on the part of a teacher, school nurse, physician, or law enforcement office often results in the successful diagnosis of abuse or neglect. Such a diagnosis is the necessary first step in treatment for both the child and the family. **Chapter 827, Florida Statutes, defines: Abuse:** including any non-accidental injury, sexual battery, financial, or sexual exploitation, or injury to the intellectual or psychological capacity of a person by the parents or other persons responsible for the child's welfare. **Neglect:** failure to provide adequate food, clothing, shelter, health care or needed supervision. If there is any reason to believe a child is being abused or neglected, we will report it by calling the Child Abuse Hotline 1-800-432- 9152.

I have read and understood the policy mentioned.

Father's / Guardian Signature: _____ Date: _____

Mother's / Guardian Signature: _____ Date: _____

Photo Release

Photos will be taken during the school year for various reasons such as promoting the school through our school website (trinitychristianacademy.com), through power point presentations during school events, and in our school yearbook. In order to do this, we will need your permission to use your child's photo. Please check one of the following and sign below.

_____ I give permission to Trinity Christian Academy Preschool to use my child's photo.

_____ I do NOT give permission for Trinity Christian Academy Preschool to use my child's photo.

Father's / Guardian Signature: _____ Date: _____

Mother's / Guardian Signature: _____ Date: _____

Late Pick-Up Policy

Late pick up for K-2, K-3, Pre-K / VPK Wraparound Students: Though we understand things may come up unexpectedly and may cause you to be late picking up your child, our program does not allow late pick ups. Any time your child is picked up late you will be assessed a fee of \$1.00 per minute after 6:00pm.

I have read Trinity Christian Academy Preschool's Late Pick-Up Policies and understand I will be assessed an additional fee if my child is picked up late on more than two occasions.

Father's / Guardian Signature: _____ Date: _____

Mother's / Guardian Signature: _____ Date: _____

Parent Authorization and Agreement

Trinity Christian Academy Preschool expects parents and children to comply with the requirements of the Preschool program. **By both parents initialing under each statement**, you are indicating you understand and agree to abide by each one.

FINANCIAL AGREEMENT _____ Mother's initials _____ Father's initials

I understand that the registration fee is paid at the time my child is accepted into the preschool program and is **NON REFUNDABLE**. I also understand that if I choose to withdraw my child I will be required to pay the registration fee to re-enroll my child in the preschool.

I understand that the supply/materials are due upon my child's first day of attendance.

I understand that payment is due in advance by the Friday of the preceding week. (E.g., for August 12th – 16th, payment is due by August 9th).

Late payments will be assessed a \$5.00 late fee on the following Tuesday I understand that tuition payments and all other financial obligations **must be current for my child to attend class.**

I understand that I am only allowed **2 vacation weeks** per year as long as my child is enrolled in the **50 week contract** and begins on the first official academic day of school. You are to submit a formal letter to the finance department in order to take your 2 weeks vacation without being billed a month in advance. I understand I **am not allowed any vacation time** if my child is enrolled in the **40 week (or 38 week VPK) contract**. I understand I am required to pay the weekly tuition even if my child was not in attendance.

PARENTAL PLEDGE AND SUPPORT _____ Mother's initials _____ Father's initials

❖ I understand that my child is to adhere to the appropriate dress code and uniform policy as outlined in the Preschool Handbook. I understand that if my child is in violation of the dress code, I will be called and notified of the violation and will be expected to bring the appropriate attire.

❖ I understand that I must provide *at least* 2 (potty training children at least 3 to 4) **COMPLETE** extra sets of dress code/uniform appropriate attire for my child at school **every day**. These clothes should be labeled and placed in a gallon zipper bag.

❖ I understand that Preschool hours are between 6:30 a.m. and 6 p.m. daily for full day students. I understand that I will be charged a late fee of \$1.00 per minute if my child is not picked up by 6 p.m. This must be paid the next morning drop-off or the next week of tuition payment.

❖ I understand that I must sign my child in and out daily on their monthly sign in/out form and or Brightwheel. I also understand that my child will only be released to a person whose name is listed on the pick-up list / emergency contact unless the person has a proper form of photo I.D.

❖ I understand that my child and I/we must display a positive attitude toward the school, staff and peers. I agree to support the preschool staff in this regard.

❖ I have received the **TCA Preschool Parent/Student Handbook** and agree to read it in its entirety, and to adhere to the policies of TCA Preschool/Florida League of Christian Schools (FLOCS).

❖ I have read and understand the **Tuition/Payment Policy** that is outlined in the Parent/Student Handbook.

❖ I have received a copy of the **Child Care Facility Brochure "Know Your Child Care Facility."**

❖ I have received a copy of **"The Influenza Virus", A Guide for Parents.**

❖ I have read the TCA Preschool **Illness and medication distribution policy** and agree to adhere to and follow the practices and policies as stated.

❖ I have read the **TCA Preschool discipline policy** and agree to adhere to and support the practices and policies as stated.

I have received, read, understand, consent to and support all of the authorizations, pledges and agreements as stated above and as required by Trinity Christian Academy Preschool's handbook, policies and procedures. If I have questions, it is my responsibility to seek clarification from Preschool administration.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Father's / Guardian Signature: _____ Date: _____

Mother's / Guardian Signature: _____ Date: _____

***It is the responsibility of the parent(s) and/or legal guardian(s) to provide court ordered documentation regarding custody and/or revocation of parental rights.**



2019-2020 VPK WRAP AROUND PROGRAM

APPLICATION FEE – NON REFUNDABLE

VPK	\$100	An application fee applies for students enrolling in the VPK Wrap Around program which offers child care for VPK students.
Technology Fee	\$20	<u>Due Aug 1st</u> The Fee is used for rendering technology resources such as Brightwheel

Note: There are four weeks that VPK is closed throughout the year. Childcare for these weeks is available at a full time rate: \$33.60 Per Day or \$168 Per Week. Please notify the business office when these dates approach and choose to use this option.

TUITION

VPK WRAP AROUND PROGRAM (38 Weeks/ August - June)

	<u>Annually</u>	<u>Monthly (10 Mo)</u>	<u>Weekly</u>
With Voucher	\$4,674.00	\$467.40	\$ 123.00
Without Voucher	\$6,194.00	\$638.40	\$ 168.00

HOURS:

VPK 8:00 AM - 3:00 PM

Extended care from 6:30 AM to 6:00 PM (included in tuition)

Faithful Members of Trinity Church for a 12 month period may qualify for a 10% credit, which will be applied to tuition.

Multiple Student Discount – A discount is available on tuition for family members with two or more students based on the following scales: 1st student – no discount, 2nd student – 10% off, 3rd student - 15% off, 4th and subsequent students - 20% off. Certain scholarships are ineligible for this discount.

TRINITY CHRISTIAN ACADEMY PRESCHOOL 2019-2020 VPK WRAP TUITION PREFERENCE

Start Date: _____

VPK Certificate: _____

All bills will be mailed only to the responsible party listed below

(PLEASE PRINT)

Student Name: _____

Responsible Party's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____ Alternate Number: _____

Sibling(s) attending TCA (please include grade): _____

Please acknowledge that you have read and understand the policy below.

The Voluntary Pre-Kindergarten Wrap Program only runs from August through the end of May. Therefore your child is not entitled to any vacation time. The VPK Program has plenty of days scheduled off in which you may plan your vacation time. Any additional vacation days that are taken will go towards your maximum allowed absences for the school year and you will still be responsible to pay your wrap fee. Please note the VPK Program is a privilege given to the community by the State of Florida.

If you choose to withdraw from the program, a formal notice must be given to the school.

Parent/Guardian Signature: _____ Date: _____

TUITION for 2019-2020 will be paid by:

*A 3 day grace period will be allowed for holidays and weekends.

PLAN A ☐ **Single Payment** (discount) – due July 1, 2019*.

PLAN B ☐ **Two Payment** (discount) – due July 1, 2019 and January 1, 2020*.

PLAN C ☐ **Four Payment** – due July 1, 2019; September 1, 2019; November 1, 2019; January 1, 2020*.

PLAN D ☐ **Automatic Tuition Payment Agreement** – authorizes TCA through Pinnacle Bank to establish automatic monthly payments from my bank account in accordance with the terms listed below. Please indicate choice:

▶▶▶▶▶ (INCLUDE VOIDED CHECK OR DOCUMENTATION OF SAVINGS ROUTING/ACCT #'S) ◀◀◀◀◀◀

38 Wks 10 Mth Option

☐ 10 months (Aug '19 – May '20) ☐ 2nd and/or ☐ 16th ☐ Checking Acct ☐ Savings Acct

PLAN E ☐ **Weekly Payments** can be made in the business office by cash, check, Visa, MC, Discover or check card. Payment is due in advance by the Friday of the preceding week. (E.g., for August 12th – 16th, payment is due by August 9th). Late payments will be assessed a \$5.00 late fee on the following Tuesday. If your account becomes delinquent after one week, your student **cannot** return to class until payments are brought current and receives a yellow slip.

PLAN F ☐ **Monthly Payments** are due by the 5th of each month to avoid a \$20 late fee. Students with delinquent accounts will **not** be allowed to attend class after the 10th.

PLAN G ☐ **Recurring Credit Card Payment** can be processed weekly, bi-weekly, monthly; Must see business office for authorization form.

A \$25 service fee will be assessed for returned checks or rejected auto payments.

All payment options are based on our annual tuition, **not on daily attendance.**

Long Term Illness will be charged at a 50% rate, **(6 CONSECUTIVE SCHOOL DAYS OR MORE; CONFIRMED BY A DOCTOR)**

I have read and agree with the above terms:

Responsible Party Signature: _____ Please Print _____ Date _____

2nd Responsible Party Signature _____ Please Print _____ Date _____

Second Responsible Party is also permitted to discuss financial account.

Office Signature: _____ Date: _____



2019-2020 FREE VPK CERTIFICATE PROGRAM

Start Date: _____ 8:00am – 11:00am _____ 12:00pm – 3:00pm

Student Name: _____ Grade: Pre – K Certificate #: _____

Parent / Guardian's Name: _____

Mailing Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Best Contact Number(s): _____

APPLICATION FEE

VPK	\$0	There is no application fee for students enrolling in the free VPK program.
-----	-----	---

HOURS: (3 HOURS FREE VPK)

VPK AM 8:00 AM – 11:00 AM

VPK PM 12:00 PM – 3:00 PM

Note: There are four weeks that VPK is closed throughout the year.

Please acknowledge that you have read and understand the policy below.

The Voluntary Pre-Kindergarten Program only runs from August through the end of May. Therefore your child is not entitled to any vacation time. The VPK Program has plenty of days scheduled off in which you may plan your vacation time. If you choose to take any vacation time on days which class is scheduled for VPK students during these 10 months, those days will go towards your maximum allowed absences for the school year. Please note the VPK Program is a privilege given to the community by the State of Florida. If you choose to withdraw from the program, a formal notice must be given to the school.

Parent/Guardian Signature: _____ Date: _____

Office Signature: _____ Date: _____

Early Learning Coalition of Flagler & Volusia Counties

Programs & Services

The programs and services offered by the Early Learning Coalition of Flagler and Volusia Counties have one purpose: to prepare children to be ready to learn upon entering kindergarten.

To achieve that purpose, the ELCFV must:

- Strive for quality in all School Readiness and Voluntary Prekindergarten (VPK) programs offered in Flagler and Volusia Counties
- Offer professional development and training opportunities to child care providers
- Provide developmental screening for all School Readiness children and provide referral information for those children identified as needing additional services
- Offer providers support in their efforts to include children with special needs

The following information will help you understand the programs and services offered by the ELCFV:

Quality School Readiness Child Care offers parents the opportunity to access affordable quality care, allowing them to work and contribute to the community knowing their children are safe and well cared for. Direct child care services are delivered through a comprehensive network of 272 contracted legal child care providers including licensed centers and family child care homes, registered family child care homes, school based programs, license-exempt programs, and informal child care throughout Volusia and Flagler Counties.

Voluntary Pre-K (VPK): FREE VPK is available to all Florida 4 year-olds and is designed to prepare children for kindergarten. VPK programs are available through approved VPK providers during either the school year or summer.

Child Screening & Assessment helps identify children who may have special needs and helps parents address these needs early, giving children the best chance of success in school and life.

Family Support includes monthly parent trainings and group meetings, a variety of resources and more.

Child Care Provider Resources offered by the ELCFV allow providers to participate in a wealth of professional development trainings and activities, further assuring quality and safety in childcare programs.

Child Care Resource & Referral offered to everyone, regardless of income, offers up-to-date provider information based on individual needs as well as referrals for food, clothing, shelter, transportation, employment opportunities, training and professional development.

Early Learning Coalition of Flagler & Volusia Counties

230 North Beach Street

Daytona Beach, FL 32114

Phone: 386-323-2400

DeLand Office 386-736-5010