

School Year 2018 - 2019

TCA Pre-School
2 year old - VPK



Child Name: _____ Age: _____

Birthdate: _____

Parent Name: _____

APPLICATION CHECK LIST:

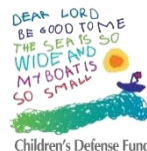
- Registration Fee (Non-refundable)
- REGISTRATION PACKET COMPLETE
 - Registration Form
 - Emergency Contact Information
 - Health Information Form
 - Policies and Agreements Form
 - FOOD PROGRAM FORMS
 - TUITION EXPRESS FORM
 - KNOW YOUR CHILDCARE CENTER
 - INFLUENZA BROCHURE
- IMMUNIZATION FORM (Physical and Blue Shot Records)
- BIRTH CERTIFICATE of child
- VPK CERTIFICATE (if applicable)
- PARENT PICTURE ID
- All ATTACHED FORMS ARE COMPLETE**

TRINITY CHURCH.TV®

17801 NW 2nd Ave., Miami, FL 33169

DCF Childcare License #C11MD1596

School Office: 786-888-LIFE Church Office: 786-888-HOPE





State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: Sex: Date of Enrollment:

Full Name: Last First Middle Nickname

Child's Physical Address:

Primary Hours of Care: From To

Days of the Week in Care: M T W Th F

Family Information: Child Lives With:

Mother's Name: Father's Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Address: Address:

Work Phone: /Cell: Work Phone: /Cell:

Custody: Mother Father Both Other

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: Address: Phone:

Doctor: Address: Phone:

Dentist: Address: Phone:

Hospital Preference:

Please list allergies, special medical or dietary needs, or other areas of concern:

Emergency Care Plan instructions (if applicable):

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Child's Race: (circle) Amer. Indian / Alaska Native; Asian; Black/African-American;
Pacific Islander; White; Other, please specify _____

Child's Ethnicity: (circle) Haitian; Hispanic; Other, please specify _____

Is your child proficient in English?: Yes No

Additional / Other languages spoken in the home: (circle) Spanish; Haitian-Creole;

Other, please specify: _____

Helpful Information About Child:

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

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.

Signature of Parent/Guardian

Date

POLICIES AND PROCEDURES

The administration and the staff take the rules and guidelines seriously and I the undersigned parent/guardian acknowledge that I have read the Handbook and the Guidelines and agree to cooperate with the policies stated in the document.

Daily Check In / Check Out: Parents/Guardians must use the computerized attendance system to check each child in and out each day. Each adult picking up or dropping off a child must have their finger scanned. If a sign-in sheet is necessary, the parent/guardian is asked to fill out the sheet appropriately. The signature or printing of the name must be legible. Your account will be charged \$10.00 daily if your child is not appropriately checked in or out. Children must arrive no later than 9:00 am without a doctor's note or preauthorization.

Permission for "Journey Walks" I understand that periodically my child may participate in a "Journey Walk" to explore the *Trinity Christian Academy* and Trinity Church campus. I give permission for my child to participate in these on-campus walks.

Written Policy for Recurring Behavior Problems and Accident / Injury reports

An incident report will be written for: **1) student behavior problems; 2) accidents or injury; 3) parent concerns.** At the time of pick-up, the parent must sign the incident report signifying that they have read and understand the contents of the report. Our program will insure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over his or her behavior. We will encourage children to choose alternatives to improper behavior. To insure a safe and successful program, discipline is a must. We welcome the ideas of parents, so feel free to share them with us.

1. Children will be corrected and asked to change their behavior.
2. Children will be re-directed from the situation.
3. Children will be placed in "Time Out."
4. Parents will be contacted if behavior is not corrected.
5. Children will not be subjected to discipline which is severe, humiliating, or frightening.
6. Discipline will not be associated with food, rest, or toileting.
7. Spanking or any other form of physical punishment is prohibited.
8. We reserve the right to terminate students at any time.

TRANSPORTATION AGREEMENT

I hereby release, forever discharge and agree to hold harmless Trinity Church and *Trinity Christian Academy*, its directors, employees and volunteers, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occur during any activities. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify the above mentioned Trinity Church and *Trinity Christian Academy*, its directors, employees, and volunteers, for any liability sustained by said organization(s) as the result of the negligent, willful or intentional acts of the below named child, including expenses incurred attendant thereto.

CONFIDENTIALITY

Trinity Christian Academy complies with all aspects of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191. As part of the registration process, Parents/Guardians sign an "Information Release/Request Form" which authorizes the exchange of information as needed to provide and evaluate services to students.

AUTHORIZATION FOR PHOTOGRAPHY / VIDEO

As the parent or guardian of the above named child, I hereby authorize and give consent to service providers and the staff of Trinity Church and The Children's Trust as follows: I hereby consent and authorize the staff of Trinity Church or The Children's Trust to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary and public relations purposes. Any such Recordings may reveal my identity through the image itself without any compensation to me, my children or my wards. Any and all Recordings taken of me shall be the sole property of Trinity Church or The Children's Trust. With regard to the use of any Recordings taken of me, my children or my wards, I hereby waive any and all present and future claims I may have against Trinity Church, The Children's Trust, their staff, service providers, employees, agents, affiliates and Board members.

I, (Print Parent Name) _____ have received in writing the disciplinary practices used by this child care facility. I have read and understand the Policies and Agreements on this page.

Parent Signature

Date

EMERGENCY CONTACT INFORMATION

2018 - 2019

Child's Name Used Last	First	<input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date and Birthplace
Legal Name		Home Phone(s)		
Address Street	City	State	Zip Code	
Lives with		Legal Custody		
Father	Employer & Work Hours	Work Phone/Ext.	Cell/Pager	
Mother	Employer & Work Hours	Work Phone/Ext.	Cell/Pager	
E-mail addresses: <input type="checkbox"/> E-mail is an effective way to communicate with me/us.		Father	Mother	

PICK-UP RELEASE (Please list parents plus three other people in order of preferred contact.) Adults (18+ years of age) with permission to pick up my child from Trinity Christian Academy or in the case of illness or emergency. Each individual will need to register for their own finger scan.

Name	Cell Telephone	Work Telephone	Relationship	✓ Check All That Apply ✓		
				Lives With	Emergency	Authorized Pickup

Other Siblings attending Trinity Christian Academy or Freedom Schools Aftercare: Name(s) Grades and Ages:

*The parent/guardian is responsible for keeping Trinity Christian Academy informed of updates or changes to the student's emergency and health information. Trinity Christian Academy shall be notified, in writing, of telephone or address changes within three days of the occurrence. If Trinity Christian Academy is unable to reach anyone on this emergency form, or if a student is left unattended during non-school hours, the school may contact law enforcement or Child Protective Services

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of an accident or serious illness, I request that the school notify me immediately. If the school is unable to reach me, I hereby authorize the school to call the physician indicated on the registration form and follow those instructions. If it is impossible to contact my child's physician, or if the situation requires immediate medical care, the school may make whatever emergency arrangements necessary. I guarantee payment of all charges incurred for medical treatment. All medical expenses for my child are my responsibility.

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR ALLERGIES? (Please check one) Yes No

If yes, please check all that apply:

ADD/ADHD	Asthma	Bee Sting	Diabetes	Hearing Loss	Heart Condition	Migraines	Severe Allergy/Anaphylaxis
Other		Describe					

Does your child need medication at SCHOOL? Yes No (If yes, see below*) List medication(s) at school:

Medication at home? Yes No List medication(s) at home:

Physical Limitations? (Please check one) Yes No

If yes, please describe:

Please check the appropriate box if your child requires: Glasses Contacts N/A

Medical Insurance Information

Insurer	Group #	ID #
Physician	Address	Phone
Dentist	Address	Phone
Hospital(s) Preferred		

*The parent/guardian is responsible for keeping *Trinity Christian Academy* informed of updates or changes to the student's emergency and health information.

*It is the policy of *Trinity Christian Academy* NOT to administer medication.

*I give my permission for my child to take part in all school activities including sports and school-sponsored trips away from the school premises. If it should become necessary for my child to receive medical treatment for any reason during any of these activities, I authorize school personnel to make arrangements for my child to receive medical care, including transportation. I understand that my medical insurance acts in a primary position and I agree to bear all costs incurred. I hereby release Trinity Church and its staff from any liability related to personal damage or injury. Furthermore, I take full responsibility for my child's actions and will pay for any damages caused by my child.

Parent/Guardian Signature _____ Date _____

FINANCIAL RESPONSIBILITY



Initial

School Year enrollment is made for the entire school year. TCA is not a drop-in program. Tuition is due regardless of attendance.

Initial

Financial Responsibility and Enrollment Duration Contract

I the undersigned parent/guardian agree to comply with the financial policies stated in the *Trinity Christian Academy Handbook*. I understand and agree to pay for all tuition fees and services. Additionally, I understand that the registration fees are NON-refundable and that tuition is due regardless of attendance.

Initial

School Year enrollment is made for the entire school year.

School Year: 2018 - 2019

Initial

Tuition is billed monthly beginning August 1st for ten equal monthly payments or beginning September 1st for 9 payments - the last payment of the school year is due May 1st.

Scholars enrolled only in our Aftercare program are billed weekly with tuition due each Friday before the week of attendance.

How to Pay Your Bill: We use *Tuition Express* for our billing. Please complete the TE form. We accept payments by all major credit cards or automatic debit from your bank account for automatic payment. Your credit card or bank account will be automatically withdrawn/billed on the 15th day of the month for TCA. We do NOT accept personal checks or cash.

Tuition that is returned NSF will be charged a late fee of \$30 plus any bank fees incurred by TCA. Tuition that is not kept current, within 2 weeks, may lead to the dismissal of your child until payments have been made. TCA does not accept personal checks or cash.

Summer Enrollment is a separate process and must be completed to attend Summer Programming.

Admission: Application for admission to *Trinity Christian Academy* may be made on the attached forms, but the school reserves the right to accept or reject a student on the basis of previous school records, testing, personal interview, and character references. *Trinity Christian Academy* welcomes all qualified applicants without regard to race, gender, religion, or ethnic or national origin.

Initial

Expulsion Policy: *Trinity Christian Academy* reserves the right to expel any student for any reason whatever, including but not limited to infractions of school rules, failure to pay past due accounts, inappropriate parent behavior, and failure to maintain academic standards. TCA reserves the right not to accept, for any reason, any student for enrollment into the following school year's student body. **Enrollment of a student for one year therefore does not guarantee enrollment for the subsequent school year.**

Initial

No tuition refunds or credit will be given for days your child is absent. No credit is given for National Holidays or Hurricane Days. If your child is sick; you are still responsible for the tuition.

Keep in mind that each month does not have the same number of days or weeks. The tuition amount remains the same and is billed on a calendar month regardless of whether there are more or fewer days or weeks in the month.

Initial

Attendance policy: It is the responsibility of each parent/guardian to notify Trinity Christian Academy before 9:00am if a child will be absent. This is a State regulation based on health and safety and must be adhered to. The TCA Attendance Hotline is: 786-888-4745

Initial

Late Pick-up Fees: A late fee will be charged for picking up your child later than 6:00 P.M. A \$1.00 fee will be charged for each minute past closing. If you pick your child up on time but fail to check out via the ProCare biometric system, your account will be charged a minimum \$1.00 fee.

Please be advised that *Trinity Christian Academy* is required to report to the Department of Children & Families repeated tardy pick-ups.

IF YOU ARE GOING TO BE LATE PICKING UP YOUR CHILD/CHILDREN, PLEASE CALL THE TCA OFFICE. The late fees will still apply; however, we will be able to assure your child that you are on your way.

Withdrawal Procedures: A parent wishing to withdraw a student must complete a *Withdrawal Notice Form* which is available at the School Office. Withdrawal is required one week in **ADVANCE**. All student accounts must be paid in full, before withdrawal. Non-payment of an outstanding bill will be turned over to collections and reported to your funding agency that reserves the right to terminate your voucher. Prepaid tuition beyond the withdrawal date will be refunded. All other fees are non-refundable.

If your child is absent for more than 5 days the slot will not be held unless paid for in advance. A re-enrollment fee may be required. Weekly payment is due even if out sick.

Parents are responsible to notify the School Office of any address or telephone changes.

School Office: 786-888-5433

Parent Name (Please Print): _____

Parent Signature: _____

Date: _____

