

# Enrollment Application

## Student Information

Child's Name \_\_\_\_\_

Child's Birthday \_\_\_\_\_

Starting Date \_\_\_\_\_

Days your child will attend M T W T H F (please circle)

Hours in School \_\_\_\_\_

Parents Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number- Mother \_\_\_\_\_ Father \_\_\_\_\_

Cell Phone Number- Mother \_\_\_\_\_ Father \_\_\_\_\_

Email- Mother \_\_\_\_\_

Email- Father \_\_\_\_\_

What is your evaluation of your child's personality? \_\_\_\_\_  
\_\_\_\_\_.

How does your child get along with parents & siblings and other children? \_\_\_\_\_  
\_\_\_\_\_.

Has your child had any group play experience? \_\_\_\_\_  
\_\_\_\_\_.

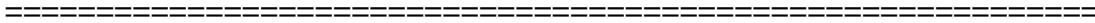
Does your child have any special problems/fears/needs? \_\_\_\_\_  
\_\_\_\_\_.

Does your child have any eating problems? \_\_\_\_\_  
\_\_\_\_\_.

List your child's favorite activity/toy \_\_\_\_\_  
\_\_\_\_\_.

How did you hear about First Church Christian Academy? \_\_\_\_\_  
\_\_\_\_\_.

# Behavior Policy First Church Christian Academy



## Unacceptable Behavior

*Unacceptable behavior is defined as repeated acts of defiance including but not limited to.....*  
Biting another child or teacher, spitting, not obeying when disciplined, kicking screaming, throwing furniture or toys, or any other act that could cause harm or injury to another student, teacher or self.

## Consequence to Unacceptable Behavior

First consequence is the child is placed in time-out. The teacher tries to redirect unacceptable behavior and if the child does not respond, the child is taken to the office of the Preschool Director. The Preschool Director then tries to redirect the child to a positive solution. In the event that neither process is successful, the parent is notified by telephone and asked to talk directly to their child to redirect unacceptable behavior. In the event that this does not solve the problem, the parent is asked to come immediately to take their child out of school for the rest of that day.

## Chronic Unacceptable Behavior

*Marked by long duration or frequent recurrence; constantly troubling*

At First Church Christian Academy we are expected to keep the welfare of every child in a nurturing, loving, safe environment. Therefore, when chronic unacceptable behavior occurs in excess of three times in the same week, the following steps will be taken.

*Behavioral Contract will be signed by parents stating that their child is on probation and the next offense will result in a three day suspension. Two suspensions within one month period will result in immediate dismissal of the child at the parent's expense.*

I agree to the following stipulations regarding my child\_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Preschool Director

## First Church Christian Academy Biting Policy

To All FCCA Parents:

It has become necessary to implement a new policy regarding biting with our preschool children. Biting is a common problem with young children as they go through different stages of development. Many times a child will bite when frustrated and when they are not able to express themselves adequately through speaking. We understand it is a stage but feel it is necessary to address the number of times a child can bite before being dismissed from FCCA.

Before writing this policy, our center contacted many other centers in the Fresno area. We also, received advice from the state licensing department and the Association of Christian School, International. We believe we have adequately researched this problem and believe we have a policy that will best serve all children.

Our policy states:

1. Any child (ages 2 and older) who bites any child or teacher more than three times may be dismissed from the program. This means three times total-not three times per "bite". The teachers will keep a log of times child has bitten. If your child has bitten more than three times, the center director will contact you.
2. For children younger than 2 years of age, the teacher and director will handle biting on an individual case. Children who bit in their toddler years will generally bite only once or twice. Teachers will provide suggestions to parents to address this problem.

We implement this policy for the welfare and safety of all our FCCA children. We ask you to sign and return the bottom portion of this policy and return it to the school office. Thank You.

Lisa K. Antaramian  
Pre-School Director

I, \_\_\_\_\_, parent of \_\_\_\_\_, have

read, understood and will abide by the Biting Policy of First Church Christian Academy.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## ILLNESS POLICY FIRST CHURCH CHRISTIAN ACADEMY

If a child comes to school when he/she is not feeling well, he/she will be vulnerable to infection. It is in the best interest of your child and the other people at FCCA to keep your child at home when he/she is ill. A child needs to be able to participate in our school program.

If a child displays any of the following symptoms, he/she must be kept at home.

- Fever
- Diarrhea one time: accompanied by a fever
- Diarrhea two times in one hour (even without a fever)
- Cough accompanied by a fever, chills, and the coughing up of green or yellow mucous.
- Unusual rashes should be checked by a doctor to rule out bacterial infection.
- Eye drainage of any type should be checked by a doctor to rule out infection.
- Vomiting
- Nasal secretions that are thick, yellow or green and accompanied by a fever. Cloud or colored nasal secretions may indicate an allergy.
- Thrush- white puss pockets inside a child's mouth.

The child may return to the preschool after illness when:

- Fever has been broken for 24 hours.
- Nausea, vomiting, or diarrhea has subsided for 24 hours.
- 24-hour period for any type of Strep or bacterial infection
- Child is feeling well again and normal behavior has returned.
- Medication for any illness is administered for 24 hours.

**Medication Reports:** If your child needs to be given medication during school hours, we are required to have on hand; directions for use, written permission from parent or guardian. The pediatrician must prescribe all medications. We will not allow any exceptions to this rule; it is a state law. Your signature below indicates you have read this policy and will abide by it.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## Religious Instruction Form

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to be an active part of on-going religious training. I realize this includes Bible songs, stories, videos, and other curriculum. This training will not represent a certain church doctrine but rather a Bible believing Christian approach.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Photo Release

I release First Church Christian Academy preschool to photograph and/or videotape my child while participating in daily activities, and to use the photographs and/or videos in photograph displays or other publications showing these daily activities,

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## Handbook Policy

We, the parent of FCCA have read the General Policy and Parent Handbook and will cooperate with the policy and purpose of the school. We further understand that the Bible and religious training are a part of every aspect of the preschool program.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**First Church Christian Academy Contract and Financial Agreement**

We understand and agree to the First Church Christian Academy Financial Policy and Handbook.

We understand a **Non-Refundable Registration Fee of \$ 100.00** must be paid before my child may be admitted. **This fee is renewable each year.**

We understand that all payments must be made in advance in accordance with the contracted agreement of attendance and that the tuition balance must be current by the first of each month. Check should be made payable to FCCC.

We agree to pay a late fee of 10% of my balance each month the monthly tuition is not made by the 1<sup>st</sup> day of the month. We understand that there is also a \$25.00 charge for any returned check. If we have two returned checks by the bank, we will be required to pay cash for the future payments. If we are 45 days past due on my account, my child will be removed from school until such time as my account becomes current.

No deduction will be made for any illness of one week or less. In the event of extended illness, after the first week, half of the normal tuition must be paid to keep my child's position in the Pre-School.

We understand that after 6 months of attendance vacation deductions can be made only if the office is notified in writing two weeks in advance, and my child is limited to two weeks of vacation per year.

We agree to pay a late fee of \$5.00 for any part of the first 15 minutes per child after 6 PM. After 6:15 PM it will be \$1.00 per minute per child.

We understand that we must sign our child in and out each day. If my child is not signed in or out, a \$5.00 penalty will added to my bill.

We understand they'll be no make up days for illness or holidays. If my child misses his/her regularly scheduled day for any reason there will be no make up days. Additional days outside contracted day will be charged separately at your daily – calculated rate of \_\_\_\_\_.

We understand that the school office must receive a written notice for children who are going to be dropped from the program. We will be charge for two weeks of tuition.

We understand that the department of Community Care Licensing has the authority to interview children or staff and to inspect and audit child or childcare records, without prior consent. The community care licensing department also has the authority to observe the physical condition of the child (ren) including conditions that could indicate abuse, neglect or inappropriate placement. LIC 101200 (b) (c)

We agree to be responsible for the following:

My child will attend **MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY**

\_\_\_\_\_ **AM** to \_\_\_\_\_ **PM** **FULL TIME** \_\_\_\_\_ **PARTIME** \_\_\_\_\_

We understand that it is possible to change these arrangements if my needs change and if there is room available with the approval of the office. We also understand that weekly tuition fees are subject to change. We also understand that a written 30 day notice will be given for any tuition change.

**MY WEEKLY TUITION WILL BE** \_\_\_\_\_

In the event that the total tuition charge is divided between two parents not living together and one does not pay, half the total will have to be paid by one of the parents in order to keep the child in First Church Christian Academy.

(Financial Agreement Continued, Page2)

\_\_\_\_\_  
Fathers/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mothers/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fathers/Guardian Social Security Number

\_\_\_\_\_  
Mothers/ Guardian Social Security Number

\_\_\_\_\_  
Fathers/Guardian Drivers License

\_\_\_\_\_  
D. O. B.

\_\_\_\_\_  
Mothers/Guardian Driver License

\_\_\_\_\_  
D. O. B.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
S. S. #

\_\_\_\_\_  
Directors Signature

# FIRST CHURCH CHRISTIAN ACADEMY ENROLLMENT AND CHECK SHEET

## HAVE YOU COMPLETED AND RETURNED THE FOLLOWING?

\_\_\_\_ Contract

\_\_\_\_ ID/Emergency Info

\_\_\_\_ Parent's Right

\_\_\_\_ Personal Right

\_\_\_\_ Parent's Report- Health History

\_\_\_\_ Physicians Report/ T. B. Report

\_\_\_\_ Emergency Cards (2) (Will receive upon enrollment)

\_\_\_\_ Behavior Contract

\_\_\_\_ Illness Policy

\_\_\_\_ Biting Policy

\_\_\_\_ Religious Instruction Form

\_\_\_\_ Student Info Sheet

\_\_\_\_ Copy of up to date Immunization Record

\_\_\_\_ Copy of Birth Certificate

\_\_\_\_ Registration Fee \$100.00