
Nacogdoches Christian Academy

Enrollment
Packet

Nacogdoches Christian Academy

Dear Parents,

Welcome to Nacogdoches Christian Academy. We realize that it takes a great deal of research, forethought, and prayer to release your child to the care and teaching of another person. The mind of your child is very precious, and we are aware of the great responsibility you have entrusted to us. Not only will we be striving to give your child the best possible academic program, we will also be aware of the importance of being good Christian role models to your child. At all times, we will treat your child with respect, kindness, love, and good humor, and we expect all children to treat each other and adults in the same manner.

We are a Christian school, and the teachers will pray and share Bible verses with students. Weekly Chapel activities are also a part of the curriculum and are not optional. We are in no way trying to indoctrinate the students in any particular theology. We want them to know who God is and that He loves us. We try to model and teach the characteristics of Christ-like behavior. If you do not want your child to be a part of a Christian environment, you should choose another school for your child. _____

PLEASE READ THE ABOVE PARAGRAPH CAREFULLY AND INITIAL AND DATE IT TO INDICATE THAT YOU HAVE READ AND ACCEPT THESE CONDITIONS.

Carefully read all the enclosed material and complete the information forms. All sheets that require your initials or signature must be on file at Nacogdoches Christian Academy before the first day of classes. Your child's medical sheet must be returned BEFORE the first day of school. To comply with state licensing standards, your child will not be allowed to attend our school without current medical and immunization information on file.

We are excited about working with your child and want you to feel free to visit the school any time. We ask that you please keep the students and staff in your prayers.

Nacogdoches Christian Academy Staff

Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information

Operation's Name:		Director's Name:	
Child's Full Name:	Child's Date of Birth:	Child Lives With? <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address:	Date of Admission:	Date of Withdrawal:	
Name of Parent or Guardian Completing Form:	Address of Parent or Guardian (if different from the child's):		

List phone numbers below where parents or guardian may be reached while child is in care.

Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
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In case of an emergency, call:

Name of Emergency Contact:	Relationship:	Area Code and Phone No.:
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Address:

I authorize the child care operation to **release** my child to leave the child care operation **ONLY** with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name:	Area Code and Phone No.:
Name:	Area Code and Phone No.:
Name:	Area Code and Phone No.:

Consent Information

1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees (Check all that apply).

☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school

2. Field Trips:

☐ I give consent for my child to participate in field trips. ☐ I do not give consent for my child to participate in field trips.

Comments:

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3. Water Activities:

I give consent for my child to participate in the following water activities (Check all that apply).

☐ water table play ☐ sprinkler play ☐ splashing or wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance: ☐ Yes ☐ No

If no, what type of assistance is needed: _____

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

- | | |
|--|---|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Procedures for release of children |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

5. Meals:

I understand that the following meals will be served to my child while in care (Check all that apply):

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Child's Special Care Needs (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment (<i>include instructions below</i>) |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations (<i>past 12 months</i>) | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____ | |

Explain any needs selected above:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature — Parent or Legal Guardian _____

Date Signed _____

School Age Children

My child attends the following school: _____

School Area Code and Phone No.: _____

My child has permission to (*check all that apply*):

- ☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his or her sibling under 18 years old

Authorized pick up or drop off locations other than the child's address:

- ☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian _____

Date Signed _____

Requirements for Exclusion from Compliance

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/ Left Eye 20/ ☐ Pass ☐ Fail

Signature _____

Date Signed _____

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Signature _____

Date Signed _____

Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. *(Select only one option.)*

- ☐ Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.
- ☐ A signed and dated copy of a health care professional's statement is attached.
- ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name of Health Care Professional, if selected _____

Address of Health Care Professional, if selected _____

Signature — Health Care Professional _____

Date Signed _____

Signature — Parent or Legal Guardian _____

Date Signed _____

Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

Varicella (Chickenpox)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about [date] and does not need varicella vaccine.

Signature _____

Date Signed _____

Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test (If required)

☐ Positive ☐ Negative Date: _____

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Child's Parent or Legal Guardian _____

Date Signed _____

Center Designee _____

Date Signed _____

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature _____

Date Signed _____

Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Discipline and Guidance Policy

Discipline must be:

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Additional Discipline and Guidance Measures

(Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
 - (B) What behaviors would warrant the use of these measures; and
 - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

Signature

This policy is effective on the following date: _____

Signed by: _____

Role: ☐ Parent ☐ Caregiver/Employee ☐ Household Member (CH. 747 only)

Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)

Child's Name

Date

RELEASE OF CHILD

When my child is brought to Nacogdoches Christian Academy or picked up from Nacogdoches Christian Academy, I will be certain that a staff member is aware of my child's arrival and/or departure. I understand that my child will be released only to his/her parents or to person(s) designated by me as listed on the Registration Form or as I have informed the Director in writing. I understand that if there is a last-minute change in plans due to an emergency so that a person who has not been named by me in writing is asked to pick up my child, I will contact the Director by phone, giving the name of this person and other identifying information about this person BEFORE they arrive at the school. This person will be asked to show a current driver's license for identification. I also understand that if the Director still feels uneasy about releasing my child to this person, my child will remain with the Director until the parents or guardians come for the child.

**My child will not be released to anyone other than the individuals listed below:
Please understand that you must notify the office/teacher on a daily basis if anyone besides yourself will be picking up your child. (Even if they are listed below.)**

name	phone number	relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRANSPORTATION PERMISSION

I give permission for my child to attend activities away from Nacogdoches Christian Academy involving walking or motor vehicle transportation. I understand that adult supervision will be provided at all times, and that the standards outlined by the Department of Protective and Regulatory Services relating to transportation on field trips will be followed. I hereby release Nacogdoches Christian Academy, its staff and board members, and First Church of the Nazarene from liability in case of injury to my child at any time they are in attendance at Nacogdoches Christian Academy or in attendance at any school activity. The Texas Department of Public Safety requires all children younger than 8 years of age unless taller than 4 feet 9 inches to be secured in the appropriate child safety seat system. It is the Parent's responsibility to provide an appropriate child safety seat for all school field trips. If an appropriate seat is not provided, the student will not be allowed to ride in the designated field trip driver's vehicle.

parent signature

date

Parent Orientation

I have been oriented and provided information on the following topics:

- Tour of the facility
- Introduction to the teaching staff
- Parent visit with the classroom teacher
- Overview of parent handbook
- Policy for arrival and late arrival
- Provided an opportunity for an extended visit in the classroom
- An explanation of Texas Rising Star Quality Certification
- Informing the center of any elements related to CCS enrollment that CCS may be of assistance
- Family support resources and activities in the community
- Child development and developmental milestones
- The significance of consistent arrival time to limit disruptions during education time
- Limiting and refraining from cell phone use in order to facilitate better communication between parents, caregivers, and children
- The role and influence of parents and families

Printed Name: _____

Signature: _____

Date: _____

FINANCIAL STATEMENT

I have read the financial statement in the Nacogdoches Christian Academy handbook. I understand what is required of me regarding all the fees and the schedule of payment of these fees to be paid to Nacogdoches Christian Academy for registration, tuition, and supplies. The following excerpt is taken directly from the NCA Student Handbook.

FEES

At registration, a non-refundable fee of \$75 is due. Returning students may be invoiced in the Brightwheel app. New enrollees will need to pay registration fee by cash, check, or money order with future payments being made in the Brightwheel app. Registration and tuition fees (early bird and after care fees, if applicable) are NON-REFUNDABLE after being deposited. 1/2 August tuition (early bird and after care fees, if applicable) will be paid on June 16, 2024. Remaining 1/2 of August tuition (early bird and after care fees, if applicable) will be paid on August 5th. The remainder of the yearly fees will be paid out in 9 equal payments (September - May).

Nacogdoches Christian Academy utilizes the Brightwheel App to collect monthly tuition and fees. NCA Parents are responsible for providing a bank account or credit card number in the app for automatic payments to be made on the 5th or 16th of each month. A 90 cent charge per bank account transaction or a 2.9% charge per credit card transaction will apply. A \$15 late fee will be charged for any delinquent accounts paid 10 days after the due date. **Failure to pay overdue tuition after two months will result in dismissal.**

Nacogdoches Christian Academy plans its expenditures annually based on the summation of annual, individual student tuition. The vast majority of expenditures, are one-time or annual commitments (such as Curriculum materials or Teachers' salaries) and cannot be adjusted after the start of the school year. Therefore, by sending a student to Nacogdoches Christian Academy, Parents/Guardians are committing to pay the **full annual tuition, regardless of attendance**. Teacher in-service days and school holidays have already been taken into account for the school year. Make-up days or "day swapping" for absences is not available. We are unable to hold a child's space in school for extended absence or vacation without payment of tuition in full. Parents/ Guardians may petition the School Board for reimbursement due to unique and/or unforeseen circumstances.

In the event of a temporary emergency school closure due to hurricane, flood, fire, illness outbreak including pandemic, or other incident beyond our control, tuition will not be refunded; however, the school board will make appropriate decisions based upon the circumstances.

I agree to comply with all of the policies of Nacogdoches Christian Academy as outlined on the preceding pages, this page and in the Nacogdoches Christian Academy's handbook.

Parent signature

Date

Witness signature

Date