
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. The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form 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.

Section 1 – 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 Street Address, City, State and ZIP Code			
Date of Admission		Date of Withdrawal	
Name of Parent or Guardian 1			
Address of Parent or Guardian 1, if different from the child's			
Name of Parent or Guardian 2			
Address of Parent or Guardian 2, if different from the child's			
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Area Code and Phone No.		Parent 2 Area Code and Phone No.	Guardian's Area Code and Phone No.
Custody documents on file? <input type="radio"/> Yes <input type="radio"/> No			
In case of an emergency, when the parent or guardian cannot be reached, call:			
Name of Emergency Contact		Relationship	Area Code and Phone No.
Street Address, City, State and ZIP Code			
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.	

Section 2 – 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

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 Wading pools Swimming pools Aquatic playgrounds

1. Is your child a competent swimmer? Yes No If no, your child is required to wear a life jacket while in or near a swimming pool.
 2. Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? Yes No
 If yes, your child is required to wear a life jacket while in or near a swimming pool.

Note: A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies

I acknowledge receipt of the facility's operational policies, including those for the following. 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"/> Procedures for parents to participate in activities | <input type="checkbox"/> Procedures for supporting inclusive services |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline and CCR website |

5. Meals

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

7. Receipt of Parent's Rights

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Parent or Legal Guardian Signature

Date Signed

8. 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, include instructions below |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations in the past 12 months | <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 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).

Parent or Legal Guardian Signature

Date Signed

9. School-Age Children

My child attends the following school

School Area Code and Phone No.

My child has permission to: walk to or from school or home ride a bus be released to the care of their sibling younger than 18 years old

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

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

Section 3 – 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	Area Code and Phone No.
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Street Address, City, State and ZIP Code

Name of Emergency Care Facility	Area Code and Phone No.
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Street Address, City, State and ZIP Code

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

Parent or Legal Guardian Signature _____ Date Signed _____

Section 4 – 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 Health and Safety Code Section 161.0041 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.

Section 5 – Vision Exam Results

Right Eye 20/ Left Eye 20/ Pass Fail

Signature _____ Date Signed _____

Section 6 – 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 _____

Section 7 – 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.

- Health Care Professional's Statement: I have examined the above named child within the past year and find they are 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.

If selected, Health Care Professional Name

If selected, Health Care Professional Street Address, City, State and ZIP Code

Health Care Professional Signature

Date Signed

Parent or Legal Guardian Signature

Date Signed

Section 8 – Vaccine Information

The following vaccines require multiple doses over time. 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)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
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 six to 18 months after the first dose.	

Section 9 – Physician or Public Health Personnel Verification

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

Signature

Date Signed

Section 10 – Varicella for Chickenpox

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

Signature

Date Signed

Section 11 – Additional Information About Immunizations

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

Section 12 – 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.

Section 13 – Privacy Statement

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

Section 14 – Signatures

Child's Parent or Legal Guardian Signature

Date Signed

Center Designee Signature

Date Signed

Operational Discipline and Guidance Policy

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

Directions: Parents will review this policy when 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.

Section 1 – 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 on 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) grabbing or pulling a child;
- 4) putting anything in or on a child's mouth;
- 5) humiliating, ridiculing, rejecting or yelling at a child;
- 6) subjecting a child to harsh, abusive or profane language;
- 7) placing a child in a locked or dark room, bathroom or closet;
- 8) placing a child in a restrictive device for time out;
- 9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
- 10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Section 2 – Additional Discipline and Guidance Measures

Only applies to Before or After School Program (BAP) or 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:

- make sure 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 more information; and
- make sure that the disciplinary measures used are not considered abuse, neglect or exploitation as specified in Texas Family Code Section 261.001.

Section 3 – Effective Date, Signature and Role

This policy is effective on the following date	Signed by
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Role: Parent Caregiver or Employee Household Member, Chapter 747 only

Section 4 – Minimum Standards Related to Discipline

- [Title 26, Chapter 744 Subchapter G](#)
- [Title 26, Chapter 746 Subchapter L](#)
- [Title 26, Chapter 747 Subchapter L](#)

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 required, as well as, one month's tuition and fees to secure a child's spot. 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. New enrollees are required to accept the Brightwheel App invitation and add a form of payment to pay the May 2027 invoice in order to finalize registration. The remainder of the yearly fees will be paid out in 9 equal payments (August - April) on auto pay.

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 \$25 late fee will be assessed if a monthly tuition invoice is not paid on its due date or if the payment is returned for insufficient funds. An additional \$25 fee will be assessed each week that the invoice is not paid. Failure to pay overdue tuition after one month will result in dismissal. Please note: The goal is not to dismiss students from NCA. We truly care about our families, and want to help however we can. If a family is experiencing a financial hardship, the parent(s) should communicate with the Director, so that the two parties can work together to find a reasonable solution before it reaches the point of 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