
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

Purpose: 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: Nacogdoches Christian Academy		Director's Name: Melissa Hughes	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> 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 telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached:			Relationship:
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 telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name and Phone Number:	Name and Phone Number:	Name and Phone Number:	

CONSENT INFORMATION
CHECK ALL THAT APPLY:
1. TRANSPORTATION I give consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. FIELD TRIPS <input type="checkbox"/> I give consent for my child to participate in field trips. <input type="checkbox"/> 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: <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play.. <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> aquatic playgrounds

CHILD'S ADDITIONAL INFORMATION SECTION

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No Plan submitted on:

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. 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:

Name of School:

School Phone Number:

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/her sibling under 18 years old

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

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.

Please check only one option:

1. 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.

Health Care Professional's Signature:

Date Signed:

2. A signed and dated copy of a health care professional's statement is attached.

3. 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.

4. 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 and Address of Health Care Professional:

Signature - Parent or Legal Guardian:

Date Signed:

CONSENT INFORMATION

CHECK ALL THAT APPLY:

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the facility's operational policies, including those for:

<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 operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website

5. MEALS

I understand that the following meals will be served to my child while in care:

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	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

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

Name of Physician:	Address:	Phone Number:
Name of Emergency Care Facility:	Address:	Phone Number:

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

Signature - Parent or Legal Guardian

CHILD'S ADDITIONAL INFORMATION SECTION

REQUIREMENTS FOR EXCLUSION

- 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

R 20/	L 20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Signature:		Date Signed:	

HEARING EXAM RESULTS

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Signature:			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)	

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
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.	

PHYSICIAN OR PUBLIC HEALTH PERSONNEL VERIFICATION

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

Signature :	Date Signed:
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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.

Parent's Signature:	Date Signed:
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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)

<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:
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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

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

SIGNATURES

Child's Parent or Legal Guardian: X	Date Signed:
Center Designee: X	Date Signed:

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

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, and 1/2 of August's tuition (early bird and after care fees, if applicable) is required by June 16th. Registration and tuition fees are NON-REFUNDABLE after being deposited. 1/2 August tuition may be paid by check and given at the time of registration or it can be set up to be drafted from a checking/savings account on June 16, 2022. Remaining 1/2 of August tuition (early bird and after care fees, if applicable) will be drafted from checking/savings account in August. The remainder of the yearly fees will be drafted out in 9 equal payments (September - May).

Parents will authorize Nacogdoches Christian Academy to set up ACH Direct Payment through a checking/savings account on a monthly basis (to be drafted on the 5th or 16th) for each student enrolled. 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 of your child. We do not accept cash for tuition.** There will be a \$20 fee on all returned checks or drafts.

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