

Faith Academy's Early Learning Center "Cub Care"

Mailing: P.O. Box 4824, Victoria, Texas 77903 **Website:** www.myfaithacademy.com
Early Learning Center: 2002 Mockingbird Lane BUS 361-573-2484, ext. 50
 Terry Neinast, Director, M.Ed.

Paid _____

Receipt # _____

Start Date _____

Withdrawal Date _____

ADMISSIONS APPLICATION

SCHOOL YEAR: _____

ATTACH ALL REQUESTED PAPERWORK TO APPLICATION

Mission: Faith Academy seeks to provide an educational experience where young people are disciplined, prepared, and equipped to take the life-changing gospel of Jesus Christ into their homes, communities, churches, and future careers. We are committed to educating the whole person-body, mind, and spirit-with excellence and assisting young people to discover who they are in Christ, develop a biblical worldview and Christ-like character, and deploy their gifts and abilities for Christian witness and service.

NONDISCRIMINATORY POLICY: In the spirit of Christian unity and the love that Christ shows for all mankind, Faith Academy admits students of any race, gender, national or ethnic origin, or physical disability, to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, national or ethnic origin, physical disability in administration of its education policies, admissions policies, scholarship and loan programs, athletic and other school-administered programs. However, Faith Academy does reserve the right to use a Selective Admissions Policy for criteria in fulfillment of its stated goals and objectives.

GENERAL INFORMATION: Sex: Male Female Date of Birth: _____ Age: _____

STUDENT - Last Name First Middle Student Goes By

HOME ADDRESS - Street Lot/Apt # City/State Zip

HOME PHONE _____

FAMILY INFORMATION: Marital Status: Married ___ Divorced ___ Separated ___ Remarried ___ Widowed ___ Single ___

Father's/Guardian's Name Employer Work Phone

Address (if different from child's) CELL Phone Home Phone

Mother's/Guardian's Name Employer Work Phone

Address (if different from child's) CELL Phone Home Phone

If parents are not married or divorced, who is the non-custodial parent? _____

Legal documentation is **required**; please submit a copy to the office for your student records.

Other children in the Family:

Name _____ Grade _____ Age _____

Name _____ Grade _____ Age _____

Name _____ Grade _____ Age _____

SPIRITUAL RECORD: How often do you attend church? Bi-weekly Weekly Other

Church now attending _____ Denomination _____

Pastor's Name _____ How long have you attended? _____

Emergency Information: Please give the name, address, and phone number of person to call in case of an emergency if parents/guardian cannot be reached:

1. _____
Name and relationship _____ Address _____ Phone# _____

2. _____
Name and relationship _____ Address _____ Phone# _____

PARENTAL AUTHORIZATION FOR STUDENT PICK-UP: I hereby authorize the childcare operation to allow my child to leave the childcare operation **ONLY** with the following persons. Please list name & telephone number for each. Children will only be released to a parent, or a person designated by the parent/guardian after verification of ID. To make changes, I understand I/we must call, or write the office _____ (*Initial Here*).

1. _____ # _____

2. _____ # _____

3. _____ # _____

4. _____ # _____

5. _____ # _____

6. _____ # _____

Please initial the following for consent and agreement with Faith Academy policies.

YES NO

(Initial your choice)

SUPPORT OF DISCIPLINE POLICY: I (We) agree to authorize Faith Academy Administrative Staff to employ such discipline as it deems wise and expedient for my child.

PERMISSION TO TRANSPORT: Faith Academy has my permission to transport my child for emergency medical treatment. I understand that all precautions will be taken to ensure the safety of my child. In doing so, I fully release Faith Academy and its representatives from any responsibility and liability for injuries, damages, and accidents, including those which may occur during the transportation of my child.

ACTIVITIES PERMISSION: I (We) give permission for my child(ren) to use all the play equipment, exercise equipment and participate in all the activities of the school (unless restrictions are listed).

I understand it is my responsibility to inform the school's office of changes to my address, phone number, marital status or any other pertinent information.

OPERATIONAL POLICIES: I acknowledge receipt of the Early Learning Centers operational policies.

PHOTO CONSENT: I (we) give permission for my child(ren)'s pictures to be used on Faith Academy's website and brochures representing Faith Academy for marketing purposes.

EMERGENCY MEDICAL TREATMENT INFORMATION

In an emergency, please take my child to _____ Hospital. I understand that in a life-threatening situation, or in an emergency that requires immediate medical attention, my child will be taken to the nearest medical facility.

TO WHOM IT MAY CONCERN: This is authorization to our family physician, _____ at _____ (address and phone number).

OR any licensed physician to render Emergency Medical Treatment to our minor child referred below:

Name _____ Date of Birth _____ Age _____

Known Drug Allergies: _____

Known Physical Problems: _____

Further information is provided and copies have been submitted to school office for my child's school records.

Emergency phone numbers where you can be reached while your child is in care:

FATHER _____

WORK Phone _____ HOME Phone _____ CELL Phone _____

MOTHER _____

WORK Phone _____ HOME Phone _____ CELL Phone _____

In the event I/we cannot be reached to decide for emergency medical care at the time of the accident or illness, I/we hereby authorize Faith Academy to notify one of the following:

Name 1 _____ Relationship _____

Address _____ Home Phone _____ Cell Phone _____ Work Phone _____

Name 2 _____ Relationship _____

Address _____ Home Phone _____ Cell Phone _____ Work Phone _____

Name 3 _____ Relationship _____

Address _____ Home Phone _____ CELL Phone _____ Work Phone _____

All bills will be sent directly to parents/guardian, and parents/guardian will be responsible for payment. This consent shall remain effective for the duration of the above-mentioned student's attendance at Faith Academy unless sooner revoked.

Father/Legal Guardian _____ Date _____

Mother/Legal Guardian _____ Date _____

MEDICAL HISTORY AND INFORMATION

1. Has student ever been unable to attend school/day care because of health problems? Yes No
2. Has student ever had any serious illness, injury, or operation not listed above? Yes No
3. Is student allergic to any insect bites, medication(s), food or has any other allergies? Yes No
4. Is student under treatment for Asthma? Yes No
 a. Medical Form from physician has been provided to the school office for my child's records. Yes No
5. Does student have any type of seizures? Yes No
6. Does the student have diabetes? Yes No
7. Does the student have any type of heart problems? Yes No
 a. If yes, what type of problem? _____
 b. Type of medication with instructions are in office? _____ Yes No
 c. Medical instructions and permission have been provided to the school office for my child's records. Yes No
8. Does student take any medication(s) regularly? Yes No
 a. If yes, please explain _____
 b. Medical instructions and permission have been provided to the school office for my child's records. Yes No
12. Does student wear eyeglasses? Yes No
13. Does student wear a hearing aid? Yes No
14. Does student suffer from any medical condition currently, or has he/she in the past? Yes No
 If yes, please explain: _____
 Medical instructions and permission have been provided to the school office for my child's records. Yes No
15. Is there any health problems/issues of which the school should be aware of? Yes No

ADMISSION REQUIREMENT: 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 / she is able to take part in the day care program.

_____ Health Care Professional's Signature

_____ Date

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 will submit it to the child-care operation.

Name and address of health care professional:

_____ Signature - Parent or Legal Guardian

_____ Date

FINANCIAL POLICY SHEET

Tuition and Fees- An annual registration fee of \$125 is required for each child attending Cub Care. The registration fee is non-refundable.

Tuition is due every Monday for the coming week. \$175 for children 2-12 mos. and \$150 for children 12-36 mos.

All payments will be made to the assistant director. If the assistant director is not available, payment may be made in the Faith Academy School Office.

Non-payment of tuition by Monday, may result in the child not being able to return the next day. If payment is brought to current on the account, the child may return. If no payment is made the child will be dropped from the program. Any exceptions will need to be discussed with the Cub Care Director.

Non-Sufficient Funds Charge - A \$35.00 non-sufficient funds charge will be added to weekly tuition if the tuition check is returned to us due to non-sufficient funds. If two checks are returned for NSF, money orders will be required for your child to remain in the program.

Absences – Weekly tuition will be charged even if the child is not present the whole week. When a child is absent from Cub Care due to illness or vacation, parents are expected to pay the full weekly tuition amount to hold the child's spot. During a week when Cub Care is open less than five days due to holidays, inclement weather, or unforeseen emergencies, the normal rate will apply.

Withdrawal: A two-week notice is required in writing if you choose to withdraw your child.

Your signature indicates that you have read these terms and accept them as conditions for enrollment. Please retain a copy for your records.

Signature of person responsible for payments

Date