

**TWIN FALLS CHRISTIAN ACADEMY**  
**CHILDCARE/PRESCHOOL/KINDERGARTEN**  
**APPLICATION FOR ADMISSION**

**STUDENT INFORMATION: (List each child that will be attending the academy)**

1. Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

**Student is** Entering:    Childcare            K3            K4            K5    (Circle all that apply)

Name of Pre-School/Childcare last attended \_\_\_\_\_

School's Address \_\_\_\_\_

Has the child had any disciplinary difficulty in pre-school/childcare?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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2. Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

**Student is** Entering:    Childcare            K3            K4            K5    (Circle all that apply)

Name of Pre-School/Childcare last attended \_\_\_\_\_

School's Address \_\_\_\_\_

Has the child had any disciplinary difficulty in pre-school/childcare?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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3. Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

**Student is** Entering:    Childcare            K3            K4            K5    (Circle all that apply)

Name of Pre-School/Childcare last attended \_\_\_\_\_

School's Address \_\_\_\_\_

Has the child had any disciplinary difficulty in pre-school/childcare?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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4. Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

**Student is** Entering:    Childcare            K3            K4            K5    (Circle all that apply)

Name of Pre-School/Childcare last attended \_\_\_\_\_

School's Address \_\_\_\_\_

Has the child had any disciplinary difficulty in pre-school/childcare?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**FAMILY INFORMATION AND BACKGROUND:**

Home Phone: \_\_\_\_\_

Home Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**FATHER'S INFORMATION:**

Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

**MOTHER'S INFORMATION:**

Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Siblings Names and Ages (not attending TFCA) \_\_\_\_\_

Does Family attend church? \_\_\_\_\_ Sunday School? \_\_\_\_\_ Where \_\_\_\_\_

Give a brief definition of your salvation experience:

Father \_\_\_\_\_

Mother \_\_\_\_\_

Why do you desire enrollment here? \_\_\_\_\_

How did you hear about the Pre-School/Childcare? \_\_\_\_\_

Has/have your child(ren) ever had a health or psychological problem? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

We regularly update the school website and sometimes include pictures of sporting events and other school activities. We also make brochures or flyers from time to time in order to advertise for the school which may include pictures. Please indicate whether we have your permission to use pictures of your child or not. We will not use any names or personal information.

\_\_\_\_\_ Yes, you may use pictures of my child(ren).

\_\_\_\_\_ No, thank you.

\_\_\_\_\_ You may use pictures of my child(ren) in team or group pictures.

## **EMERGENCY AND MEDICAL INFORMATION**

When Twin Falls Christian Academy is unable to contact us by phone, the names and phone numbers listed below should be referred to in case of an emergency. (We will inform the school of any changes.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

People authorized to pick my child(ren) up from school: \_\_\_\_\_

\_\_\_\_\_

**PLEASE CALL THE SCHOOL IF SOMEONE DIFFERENT WILL BE PICKING YOUR CHILD(REN) UP.**

People who should never pick my child(ren) up from school: \_\_\_\_\_

\_\_\_\_\_

### **MEDICAL:**

Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Please list any:

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Restricted Activities: \_\_\_\_\_

I give my permission for the school personnel to give my child(ren) Tylenol, if necessary.      Yes    No

Dose: \_\_\_\_\_

I give my permission for the school personnel to give my child(ren) Ibuprofen, if necessary.      Yes    No

Dose: \_\_\_\_\_

If for some reason, we cannot be contacted in what the school considers to be sufficient time; our permission is granted to those in authority to obtain emergency medical help.

**Children in the State of Idaho must be current on their immunizations in order to attend school. We are required to provide proof of those immunizations. Please bring your child's immunization records to the office along with this application so that we can make a copy or ask your doctor's office to fax us a copy. If you have chosen not to have your child immunized you may sign an exemption form which is available in the office.**

**Office: Immunization Records Received** \_\_\_\_\_

## **COMMITMENTS OF PARENTS – PLEASE READ CAREFULLY**

We have read the handbook and will stand behind the Academy in enforcing its' regulations.

In making application, it is my desire to have my child(ren) attend Twin Falls Christian Academy. I understand I am responsible for bills and debts incurred. If not paid, the account can be turned over to a collection agency. I also understand that the policy of the school is to make no refunds on registration fees. TFCA does maintain a scholarship program.

We understand that the basic dress code is pants/shirts for boys (no tank tops) and knee-length modest dresses on Wednesdays and pants or dresses on other days for the girls.

In the case of soiled clothing, we invest in the TFCA teacher/attendant the authority to clean and handle the situation using their discretion and proper methods. We understand we may be contacted to clean up our child(ren) and/or bring fresh clothing.

TFCA does provide an accident insurance policy for the student. It covers any injury sustained during a school related activity.

Accreditation: TFCA is dually accredited by the nationwide public/private school entity – Cognia and Association of Christian Schools International. All state required classes and health and safety standards are met. TFCA diplomas and credits are accepted at all college and universities

The doctrinal beliefs of TFCA reflect those of Grace Baptist church. Those of non-Christian religions (i.e. Mormonism, Jehovah's witnesses, Christian Science, etc.) will find the differences create conflict at home and in the classroom. Therefore, we believe it best for all concerned that children of those who strictly adhere to the beliefs of a non-Christian religion not be admitted.

We hereby invest authority in the school to discipline our child(ren) when necessary, corporally or otherwise.

***I certify that I consent to and will submit to all governing policies of the school, including all applicable policies in the Student Handbook.***

***I understand that the standards of the school do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.***

***I understand that the services of the school are engaged by mutual consent, and that either the school or I reserve the right to terminate any or all services at any time. I understand that the Handbook does not contractually bind Twin Falls Christian Academy and is subject to change without notice by decision of Twin Falls Christian Academy's governing body. Admission to the school is a privilege, not a right, and admission for one school year does not guarantee automatic admission for future school years.***

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

# FINANCIAL AGREEMENT

Person responsible for account:

Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

At the discretion of the school board, Twin Falls Christian Academy may immediately discontinue educational or childcare services when an account remains unpaid and/or the account may be turned over to a collection agency, and therefore transcripts may be withheld.

It is the policy of Twin Falls Christian Academy not to split accounts. The person(s) who enrolls the student and signs this agreement is responsible for payment. Our office is not responsible to collect from a secondary parent in divorce situations, nor are we responsible to interpret the decrees of separation, divorce or the percentages each party will pay.

I understand that I am responsible for school bills and debts incurred and agree to abide by the tuition policies of Twin Falls Christian Academy. I also understand that the policy of the school is to make no refunds on registration fees.

A \$50.00 registration fee for the year is due upon enrollment. Tuition/childcare is based on an hourly rate. Statements will be sent out every two weeks and are due upon receipt. Delinquent accounts may be subject to a \$10.00 late fee.

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

Registration Fee:

Ck # \_\_\_\_\_ Cash \_\_\_\_\_ Date: \_\_\_\_\_



## **AUTHORIZED STUDENT PICKUP**

*Please list all who are allowed to pick your child up from daycare.  
If someone needs to pick your child up who is not on the list, please call the office.*

STUDENT NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PARENT PHONE #: \_\_\_\_\_  
(Please Print)

Name	Relationship to Student	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there anyone specific people who should never pick your child up from daycare?

\_\_\_\_\_

## **DAYCARE USE POLICIES**

### **Potty Training/Changing Clothes Policy**

Twin Falls Christian Academy Daycare is a potty-trained facility. A child must be potty trained to attend. However, we understand that accidents do happen. Outlined below is the policy for our procedures if and when a bathroom incident occurs.

If the accident is one of simple urination, the TFCA Daycare staff will be permitted to facilitate and supervise the child as he or she changes out of the soiled clothes into clean ones. The child may be provided wipes, if necessary, to aid in the cleaning process.

Parents may send a change of clothes, along with a plastic bag for the soiled clothes to be sent home in.

If a child has a urination accident but does not have an extra change of clothes, parents will be called to come to the school as soon as possible in order to change the child's clothes.

If a child experiences a bowel movement in his or her clothes, parents will be called to come to the school as soon as possible in order to change the child's clothes.

If a parent is required to come to change clothes, the child will be placed away from other children until the parent arrives.

I have read and agree to the above policy regarding bathroom accidents a school. I also give my consent to TFCA and Daycare to allow the staff to monitor and verbally facilitate clothing change, if necessary, according to the guidelines above.

### **DAYCARE LATE PICKUP POLICY**

Daycare hours are 8:30 to 5:30. Please be prompt in picking your child by closing. A fee of \$1.00 per minute per child will be charged for those remaining after 5:30 p.m.

I have read and understand the above policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TFCA DAYCARE**  
**Emergency and Medical Release**

I, (we) \_\_\_\_\_, as guardian(s) or parent(s) of \_\_\_\_\_, a minor child, grant permission for my child to use all of the play equipment and toys and to participate in all of the activities, and do hereby release Twin Falls Christian Academy, and its owners, together with any and all of the agents and employees of the owners from any liability while the above mentioned child is enrolled in Child Care, Preschool or Tutoring activities conducted on the Academy premises regardless of whether my child is a Drop-in, Full-Time, or Regular. It shall be my (our) sole responsibility for obtaining health and accident coverage for my (our) minor child. I (we) give TFCA permission to administer to or see that medical attention is administered if (we) cannot be reached in case of emergency. I authorize and consent to medical, surgical, and/or procedures to be performed for my child by a licensed physician or hospital when deemed necessary immediately or advisable by the physician to safeguard my child's health and I cannot be contacted. In case of emergency, when you are unable to reach my phone #, you have my permission to contact another local licensed physician if our family physician is not available, or take my child to a hospital for such treatment. I further agree to "hold harmless and release" TFCA Child Care and any of its employees from all liability arising from the acquisition of such medical care. Any expenses incurred, above, will be borne by the child's family.

Please list all allergies of your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I (we) have read and understand the terms of this agreement.**

Signature parent(s) or guardian(s):

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

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