

Date Enrolled: _____

Trinity Christian Academy Emergency Information

Grade: _____ Teacher: _____

Student Name: _____

Nickname: _____

DOB: _____ Home Phone: _____

Home Address: _____

Father's Name: _____ Cell # _____

Place of Employment: _____ Work # _____

Mother's Name: _____ Cell # _____

Place of Employment: _____ Work # _____

EMERGENCY CONTACT PERSONS (These are contacts if parents are unavailable.)

1. Name: _____ Relationship: _____

Home phone: _____ Cell: _____

Address: _____

2. Name: _____ Relationship: _____

Home phone: _____ Cell: _____

Address: _____

3. Name: _____ Relationship: _____

Home phone: _____ Cell: _____

Address: _____

INSURANCE:

Family Coverage: yes _____ no _____

Company Name: _____ Policy Number: _____

Phone Number: _____ Insurance Carrier: _____

MEDICAL INFORMATION:

Is your child allergic to any medication, bee stings, etc? _____

List significant medical information _____

Physician's Name: _____ Phone: _____

Address: _____

Dentist's Name: _____ Phone: _____

Address: _____

Parents Signature: _____

PERMISSION TO PICK-UP

I, _____
(parent or guardian's name)

Give permission for _____
(name of childcare facility)

To release my child _____
(child's name)

Into the custody of the following person(s):

	<u>NAME:</u>	<u>ADDRESS:</u>	<u>RELATIONSHIP:</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize on of the above listed individuals to pick up my child.

A valid picture ID is required to pick-up a child

Signed: _____
(Parent or guardian signature)

Date: _____

Enrollment Agreement

1. TCA reserves the right to alter its policies and program at any time. Center Management does not have the authority to alter or modify the terms of this Agreement either verbally or in writing.
2. I understand that if there is a change in any information provided for this Agreement, I will promptly update such information.
3. I agree to notify the center staff by 9:00 am when my child is absent.
4. I consent to TCA communicating with me by telephone, e-mail, or other means. Written communications may be sent home with emergency contact and release persons when necessary.
5. I understand that in an effort to maintain the professional status of TCA staff and prevent any potential conflict of interest, babysitting by center staff members are discouraged. However, should I hire any center staff members, it must be outside the center premises and with the understanding that such arrangements and payment for services are solely between me and the center staff member. The center and TCA do not sanction the arrangements, and I agree to hold TCA harmless from any such arrangement.
6. State child care licensing regulations are on file at the center and available for review upon request. Certain state child care licensing regulations have requirements in addition to those contained in this Agreement.
7. A child may be dismissed by TCA without prior notice if, in the sole opinion of TCA, it is in the best interest of the child or TCA.
8. Any dispute or claim arising out of or relating to this Agreement shall be submitted to non-binding mediation prior to the commencement of arbitration or litigation. The parties agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. If a mediator cannot be agreed upon by the parties, each party shall designate a mediator, and those mediators shall select a third mediator who shall act as the neutral mediator to assist the parties in attempting to reach a resolution. All parties to the mediation shall share equally in its costs.

Signed: _____

Date: _____

Photographs/Videotape

I give permission for my child to be photographed and videotaped in the center during program functions and field trips. I understand that photographs/videos may be taken by center staff or by other parents/guardians. I will be notified if any photos/videos taken by center staff are to be used for public relations purposes and understand I have the right to refuse permission for such use.

Signed: _____

Date: _____

Corporal Punishment

Corporal punishment will not be allowed at TCA by any staff member. If a child misbehaves, he/she will be given a short time-out period. I have read and agree to the terms given to TCA concerning punishment.

Signed: _____

Date: _____

Trinity Christian Academy

Biblical Literacy, Christian Character, Academic Excellence
607 West Ashland Avenue Andrews, South Carolina 29510

Ph: 843-264-8413 Fax: 843-264-9434

principal@tcaandrews.org

I have received and read the Trinity Christian Academy handbook by email or by downloading off the website. I agree to all policies and procedures. TCA reserves the right to alter its policies and programs at any time.

Student's Name

Parent's Signature

Date

PARENTS AUTHORIZATION FORM FOR TCA

Facility Name: _____ Child's Name: _____

A. Discipline:

Do you understand the discipline policy of this facility? Yes ___ No ___

Does this facility use corporal punishment as discipline? Yes ___ No ___

TCA does NOT administer corporal punishment.

Signature: _____ Date: _____

B. Prescription Medicine

I give permission for prescription medicine to be given to my child. All medicines have to be on a Pharmacist letter head that specifies; Amount, Time, Date, Medication type and signed by the pharmacist, before ANY medicine can be administered.

Signature: _____ Date: _____

C. Non-prescription Medicine

I authorize TCA staff to administer to my child topical non-prescription medications, as needed, according to the dosage instruction on the medication container. For any other non-prescription medication, if permitted by state child care licensing regulations or center policy, I will provide written authorization for TCA staff to administer the medication in accordance with written instructions from child's health care professional or me, as required. I agree to provide any such medications, as these will not be provided by the center.

Signature: _____ Date: _____

D. Emergency Medical Treatment

I give _____ (Facility name) permission to obtain emergency medical treatment for my child.

Signature: _____ Date: _____

E. Transportation

I give permission for my child to be transported on field trips.

Signature: _____ Date: _____

F. I give permission for my child to participate in swimming activities (School-Age Students ONLY)

Signature: _____ Date: _____

Trinity Christin Academy
Mission, Vision, and Philosophy Statement
Parent Agreement

Mission Statement: TCA exists to assist families by providing excellence in academics while instilling a Biblical worldview in student's lives so that they might come to a saving knowledge of Christ, grow in wisdom and understanding, and go forward impacting their society for Christ.

Vision: TCA seeks to be complete college preparatory learning community that impacts the hearts, heads, and hands of its students for global impact to the glory of Christ.

Philosophy: TCA believes in "Kingdom Education", a lifelong, Bible-based, Christ-centered process of leading a child to Christ, building a child up in Christ, and equipping a child to serve Christ. TCA views Christian education, not as an alternative to public education, but as a biblical mandate and fulfillment of Deuteronomy 6:7-9. Our desire is to "assist parents" and be an extension of the home in the development of students spiritually, academically, physically, and socially. Students will think from a biblical worldview as they launch into God's plan and purpose for their lives. The opportunity for educational training, from daycare through high school, is provided from a distinctive biblical foundation and perspective. The true nature of life, the study of every student, and all extracurricular events are viewed in relation to God and His inerrant Word. TCA adheres to a standard of excellence in providing Christ-honoring education reflecting a commitment to God's Word and academic excellence. The educational process is measured by the criteria stated in Luke 2:52.

Agreement: Upon enrollment and acceptance of the student, the parent agrees to support all rules, regulations, and stands of conduct established by the school and its administration as pertaining to the educational and related services provided by the school. Parent hereby authorizes the school administration to administer such disciplinary measures as may be deemed necessary and proper. Parent acknowledges and agrees that corporal punishment, being Biblically based, is to be administered by the parent and acknowledges that Biblical principles and examples will be followed by the administration in the disciplinary process.

Initials	Agreement:
_____	I understand that the Headmaster and school board comprise the administration.
_____	I understand that TCA must maintain a proper testimony as a Christian school and that I shall maintain Christian standards of courtesy, kindness, morality, and honesty.
_____	I acknowledge that the goals and objectives of the school can be attained with my full cooperation; that we will respect the Biblical standards established by the school

Parent/Guardian Signature: _____ Date: _____

ALLERGIES:

CHILD'S NAME: _____

I give TCA permission to post my child's allergy information near the food prep area as a constant reminder of the child's food allergy.

Parent/Guardian Signature: _____

Are any of the allergies severe or life-threatening? Yes _____ No _____

Yes, my child is allergic to the following:

Medications: _____ Reaction: _____

Food: _____ Reaction: _____

Respiratory: _____ Reaction: _____

Bee Sting: _____ Reaction: _____

Other: _____

Treatment: (Ex. Benadryl, epi-pen): _____

Instructions: _____

1. Prior to enrollment, I must provide the center with updated medical and immunization for my child. This information must be updated in accordance with state child licensing regulations and kept current. I understand that children without appropriate current medical records may not attend the center.

2. I agree to promptly provide information to the center regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention and agree to provide additional documentation as needed.

3. If the center staff notifies me that my child is ill, I must pick up my child as soon as possible and no later than one (1) hour after being contacted.

4. If my child contracts a reportable contagious disease, my child may return only with a physician/healthcare professional note indicating that my child is no longer contagious.

5. In case of a medical or other emergency while my child is under the center's supervision, I understand that TCA staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize TCA to act on my behalf and to take the emergency measures including those listed below if deemed necessary by TCA staff or by medical authorities for the care and protection of my child. I authorize TCA to:

- Cal 911
- Administer first aid and or cardiopulmonary resuscitation
- Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel
- Obtain any emergency medical or dental treatment deemed necessary by medical authorities
- Transport my child to a local emergency shelter in the event of an emergency evacuation of CA's facility

Parent/Guardian Signature: _____ Date: _____

PERMISSION TO ADMINISTER MEDICATION

TRINITY CHRISTIAN ACADEMY ***WILL NOT*** ADMINISTER ANY MEDICATION TO ANY STUDENT WITHOUT COMPLETE WRITTEN INSTRUCTIONS FROM A PARENT/GUARDIAN. ALL MEDICINES MUST BE PROPERLY LABELED.

TCA HAS MY PERMISSION TO ADMINISTER THE FOLLOWING MEDICATION(S) AS INSTRUCTED BELOW:

CHILDS NAME: _____

TEACHER: _____ GRADE: _____

MEDICATION: _____

M T W TH F EVERYDAY AS NEEDED

DATE(S): _____

DOSAGE: _____

TIME: _____

TCA can administer medicine to my child: ___ Yes ___ No

Parent/Guardian Signature:

PERMISSION DATE: _____

TRINITY CHRISTIAN ACADEMY RELEASE FORM

Release of Liability:

I (WE) THE UNDERSIGNED, HEREBY ACKNOWLEDGE THE FINANCIAL OBLIGATIONS OF **TRINITY CHRISTIAN ACADEMY** IN THE PROVISION OF ITS EDUCATIONAL SERVICES TO MY CHILD. WITH THIS KNOWLEDGE IN MIND, I (WE) AGREE TO WAIVE ANY AND ALL LIABILITY ON THE PART OF THE TEACHER, ADMINISTRATOR, OR STAFF MEMBER OF TCA IN THE EVENT OF INJURY TO MY CHILD WHILE UNDER THEIR CARE ON SCHOOL PROPERTY OR WHILE ATTENDING ANY SCHOOL RELATED FUNCTION.

Date: _____ Signature: _____

Witness: _____

Field Trip Release

MY CHILD(REN) HAS/HAVE MY PERMISSION TO ATTEND ALL TEACHER SUPERVISED FIELD TRIPS/ACTIVITIES THROUGHOUT THE SCHOOL YEAR, PROVIDED THAT I AM INFORMED OF ALL SUCH ACTIVITIES AHEAD OF TIME.

IT IS MY UNDERSTANDING THAT FOR FIELD TRIPS BEYOND WALKING DISTANCE OF THE SCHOOL, PRIVATE VEHICLES WILL BE USED TO TRANSPORT MY CHILD. I AGREE NOT TO HOLD THE DRIVER OF THE VEHICLE RESPONSIBLE FOR ANY ACCIDENT/INJURY THAT MAY OCCUR.

Child's Name: _____ Date: _____

Parent/Guardian Signature _____

Phone Number: _____

Web Site Release

WE WOULD LIKE YOUR PERMISSION TO USE YOUR CHILD(REN)'S PICTURES FROM TIME TO TIME ON OUR WEBSITE. HOWEVER, WE WILL NEVER INCLUDE THE STUDENT'S NAME. IF YOU AGREE, PLEASE SIGN BELOW.

Date: _____ Signature: _____

South Carolina Department of Social Services
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____

Address: _____
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: **Mon** **Tue** **Wed** **Thurs** **Fri** **Sat** **Sun**

Check all meals Child will receive daily: **Meals are not offered** **Breakfast** **Morning Snack** **Lunch**
 Afternoon Snack **Dinner** **Evening Snack**

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee

Bathroom Assistance

Students enrolled at Trinity Christian Academy should be toilet trained, however, we understand that accidents happen. In the event of an accident the staff can assist in the bathroom if the form below is signed saying we can. If you do not wish for your child to have assistance in the bathroom please check no.

Yes, the staff at TCA may assist my child in the bathroom.

No, the staff at TCA at may not assist my child in the bathroom.

X

Parent Signature