

Town Creek Early Education Registration Application

(Circle Age of Child)

Application for: (6 weeks to one year) (one year to two years) (P2) (P3) (P4)

Child's Full Legal Name: _____
Last First Middle

Name Student Uses: _____ Preferred Phone: (____) - ____ - ____

Address: _____ City: _____ Zip _____

Birthdate: ____/____/____ Birthplace: _____ Gender at Birth : Male or Female

Name of Step/Father/Guardian: _____ Deceased: _____ Divorced: _____

Living with Child? Yes No Mobile Phone: (____) - ____ - ____ Business Phone: (____) - ____ - ____

Email address: _____

Occupation: _____ Employer: _____
Name of Firm Location

Name of Step/Mother/Guardian: _____ Deceased: _____ Divorced: _____

Living with Child? Yes No Mobile Phone: (____) - ____ - ____ Business Phone: (____) - ____ - ____

Email address: _____

Occupation: _____ Employer: _____
Name of Firm Location

Any special living circumstances?

Any special pickup instructions? - _____

Do you plan for your child to attend Town Creek Christian Academy in the future? ☐ Yes ☐ No ☐ Unsure

Other Children Living at Home (if more space is needed continue on back page)

Name	Birthdate	School Attending

Schools Previously Attended (if more space is needed continue on back page)

School Name			
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Office Use Only:

Date of Application ____/____/____ Accepted _____ Declined _____ Waitlist _____
Date student input into RenWeb ____/____/____ Date ParentWeb email sent ____/____/____

Spiritual

Name of Church regularly attending _____ Pastor's Name: _____

How often do you and your child attend Church? ☐ Weekly ☐ Monthly ☐ Special Occasions ☐ Never

Does your family attend Church together? ☐ Yes ☐ No

Do you read the Bible regularly with your child? ☐ Yes ☐ No

Do you pray regularly with your child? ☐ Yes ☐ No

Is your child active in the preschool ministry at Church? ☐ Yes ☐ No

What are two or three spiritual goals you have for your child this year? _____

Educational

Academically, how do you rate your child's motivational level? ☐ High ☐ Medium ☐ Low

How can we compliment your child's level of learning? _____

What 2-3 specific educational goals do you have for your child this year? _____

What kinds of situations motivate your child to learn or perform well? _____

Emergency Medical Information

Emergency contact living with child: _____ Relationship to Child _____

Mobile Phone _____ Business Phone _____

Emergency contact not living with child: _____ Relationship to Child _____

Mobile Phone _____ Business Phone _____

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

Medical Insurance Company _____ Policy Number _____

Does your child have allergies? ☐ Yes ☐ No Please list: _____

Does your child suffer from, or has ever experienced, or is being treated currently for any special medical condition?

☐ Yes ☐ No If yes, please explain: _____

INITIAL HERE

IMPORTANT: Parents and legal guardians please read and Initial!

_____ If your child has a temperature of 100 or more, or any symptom of a contagious disease or infection, you must make other child care arrangements. In most cases, your child must remain at home at least twenty-four (24) hours after having left the center because of an illness and be symptom free for twenty-four (24) hours. Re-admittance is at the discretion of the Director.

_____ TCEE will administer pre-measured prescription medications such as medicine for breathing apparatus or medicine for the life threatening allergy. TCEE will not administer any medication without a "Permission to Administer Medication" form available from the Director.

Emergency Treatment and Transportation

_____ I hereby give permission to Town Creek Christian Academy to secure emergency medical, dental, and/or surgical treatment and to arrange or provide emergency transportation for my child. Non-emergency medical treatment or elective surgery is not included in this authorization. I agree that the center Director, Assistant Director, or Administrator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Individual

Is this your child's first Preschool experience? ☐ Yes ☐ No If no, please explain: _____

Has your child ever been dismissed or asked not to come back to a daycare? ☐ Yes ☐ No If yes, please explain: _____

Is your child Potty Trained? ☐ Yes ☐ No ☐ N/A (too young) Please list any details you would like the staff to know about your efforts to train: _____

Is your child inclined to bite others? ☐ Yes ☐ No If yes, please explain: _____

What is your child's favorite color? _____

What easily frightens your child? (Sounds, animals, etc.,) _____

How do you spend time with your child? _____

What is the best way to communicate with you about your child? _____

Please Read Carefully. By signing this application, I/we understand and agree that:

1. There may be a waiting list for my child. To put my name on waiting list I must complete application and pay application fee.
2. Should my child not respond favorably to TCEE for any reason, I will not try to change TCEE to fit my needs, but agree to quietly withdraw.
3. My child may take part in all TCEE activities, including games, sports, field trips, and activities outside of a fenced area, if applicable.
4. TCEE will not administer over-the-counter medications or prescription drugs to infants through four year olds without a parent's signature on the daily medicine chart (available from teacher). In the event of a medical emergency, I give permission for my child to receive first aid from a TCEE employee and/or treatment as required by a physician.
5. I have read and agree to comply with the most recent age-appropriate Rates and Fees/Financial policy. I also agree to comply with any withdrawal and/or payment penalties contained therein. I understand my or my child's failure to comply with TCEE policies will result in my child's dismissal without prior notice to me.
6. I understand final acceptance of my child is determined by Administration. The TCEE has full discretion in the classroom placement and promotion of my child.
7. Promotional advertisements are used by Town Creek Early Education. I understand and agree that my child may be used for such advertisements and that TCEE is released from all liabilities.
8. Town Creek Early Education will always strive to develop a positive self-image. We recognize that children need clearly defined limits set in a non-threatening yet firm manner. We will encourage children to be self-directed and exhibit self-control. We will build individual esteem and avoid shaming practices. We accomplish order and thus discipline through close supervision, gentle guidance, and redirection. When all else fails, we will utilize a brief time out. This practice is rarely employed and never overused. We do not employ corporal punishment as a means of discipline.
9. TCEE children will not be allowed to attend class if fees are more than 2 weeks past due.
10. TCEE Registration, Admission and Tuition Fees are **non-refundable** and are due at the time of enrollment and reenrollment.
11. Due to general expenses and staff commitments, no reduction can be made in tuition due to absenteeism, closings due to inclement weather, scheduled days closed for holidays, teacher workdays, etc.
12. A fee of \$30.00 will be charged to your account for returned checks. After two (2) checks have been returned, payment must be made in cash, money order or cashier's check.
13. A fee of \$75.00 will be charged to your account for annual supplies. A late fee of \$10.00 will be charged if not paid by January 31 each year.
14. For TCEE Students: A fee of \$10.00 will be charged to accounts not paid by 6 p.m. On Monday.
15. All financial information is mailed to the address of the student's residence or emailed to parents email account on file. It is the enrolling parent or legal guardian's responsibility to provide this information to the Director.
16. *Christian education is founded upon the Bible, God's Holy Word. Town Creek Early Education believes the Bible is the inspired, infallible and sufficient Word of God providing the standard for living life completely. We are determined to partner with parents to provide a quality Christian Education that is rooted in love and a strong Biblical worldview. We desire clarity between home and school.*
17. *Town Creek Early Education is a private Christian preschool which exists as a ministry of Town Creek Baptist Church and is under the Churches complete control. I desire to have my child or children trained in a Christ-centered academically excellent environment.*

Parent's/Guardian's signatures: _____ Date signed: _____

Father or Legal Guardian

_____ Date signed: _____

Mother or Legal Guardian