



True Vine Christian Academy School be kidZ

A Ministry of True Vine Christian Center Church



Enrollment Application 2025-2026

Application Date: _____

Preference Date: M _____ T _____ W _____ R _____ F _____

Elementary School _____

Pre-School _____

Mother's Day Out _____

Summer Kamp _____

Before & After Care _____

School Attending: _____

Approximately Arrival Time _____ Approximate Departure Time _____

Number of Weeks _____ (summer camp is 9 weeks-3 weeks min)

Church Attending: _____

Child's Name _____

Address _____

Home Phone _____

Birth Date _____

Student Social Security# _____

PRIMARY CONTACT:

Mother's Name _____

EMAIL _____

Employer _____ Business Phone _____

Cell _____ Signature _____

Mother's Social Security # _____

Father's Name _____

EMAIL _____

Employer _____

Business Phone _____

Cell _____ Signature _____
Father's Social Security # _____

IN THE EVENT THERE IS ANY ISSUE REGARDING CUSTODY OF THE CHILD. TVCAS MUST BE PROVIDED WITH COURT ISSUED PAPERS THAT CLEARLY DESCRIBE THE CUSTODY ARRANGEMENTS. ANY PERSON GRANTED CUSTODY IN SUCH PAPERS MAY PICK UP THE CHILD DURING THE TIMES THAT PERSON HAS CUSTODY AND MAY DISIGNATE OTHER PERSONS WHO ARE AUTHORIZED TO PICK UP THE CHILD AT SUCH TIMES. TVCAS MAY NOT LEGALLY REFUSE THE RIGHT TO PICK UP A CHILD TO A PERSON HAVING CUSTODY OF THE CHILD.

EMERGENCY MEDICAL CARE

This authorizes True Vine-bekidz- To secure EMERGENCY medical care for my/our child when I/ we cannot be immediately reached at the time of emergency, I/we will be responsible for the emergency medical charges upon receipt of the statement
_____ Is the preferred doctor/clinic/hospital.

Signature of parent/guardian-Relationship to child

Insurance Name & Policy Number _____

EMERGENCY CONTACTS/PICK-UPS:

I/we authorize ONLY _____
Name Address Phone

AND/OR _____
Name Address Phone

Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be 18 years of age and able to assist in contacting you and at least one person listed must be within one hour of the center and able to take responsibility for the child in case you cannot be contacted. Please make sure they have you pin number.

ADMINISTER PRESCRIPTION MEDICINE

I/WE AUTHORIZE True Vine-bekidz to administer prescribed medicine to my/our child as specified in the prescription's directions for administration.

Signature of parent/guardian-Relationship to child

If the child has any of the following. Please explain

Medical Problems _____
Physical Handicaps _____
Restrictions for play-Outdoors _____
Restrictions for play-Indoors _____
Allergies _____
Food Likes or dislikes _____
Fears _____

CHURCH VAN/BUS RIDER

I/WE AUTHORIZE _____ to ride as a passenger in our Center Van. I/we understand all such trips are under the supervision of the beKIDZ Staff and that health and safety precautions are taken in compliance with DCFS standard for licensure.

Signature of parent/guardian- Relationship to child

DIAPERING STATEMENT

Is your child toilet trained? YES No ☐ ☐
In order to participate full time all students must be fully ☐ trained within 3 months after start date.

True Vine-bekidz policy is to check pull-ups every three hours.

PSA

I, _____, do hereby give permission for my son/daughter to have his/her name and/or picture used for publicity purposes including, but not limited to, posters, films, publication, press release, news articles, websites, and public service announcements (PSAs) in promoting the True Vine-beKidz Ministries. I am fully aware of the objectives and goals of the Ministry and I approve of the intent for which this material is to be used.

Parent or Guardian Parent or Guardian Signature _____

EXPLANATION OF FEES

The following fees are non-refundable and non-transferable, unless stated otherwise.

I agree to pay a **Registration Fee** at the time of enrollment and again each year prior to the first week in August for fall programs or first week in January for summer programs. All fees are non-refundable and non transferable. School/activity fees covers the expenses for Testing, additional classroom resource materials, and rental fee for reading textbooks. If payments are not submitted, the student may be disenrolled.

I agree my child will participate in the Christian Educational Program for which my child is eligible. I agree to pay once a month_____.

I agree that no deductions for absence. All payments are due upon arrival.

If tuition is not paid by the 2nd of the month **BY THE CLOSE ON THE BUSINESS DAY A LATE PAYMENT CHARGE OF \$50.00 plus \$5.00 per day thereafter will be ASSESSED.**

I agree to pay a **RETURN CHECK FEE** for any checks returned. The returned check fee is \$50.00.

COMMENTS:(BEHAVIOR PROBLEMS/MEDICATION)

Firearms are prohibited on the premises

ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES

I certify that I have received, read and understand the information contained in the Parent Handbook, Application, and agree to the terms and conditions set forth there in, including the Financial Terms and Conditions and Fee Schedule set forth above. I am also aware that facility and/or program is not licensed or regulated by DHS.

Signature of Parent

Signature of Center Director