

# Central Christian Academy

## Enrollment Application

221 S. Broadview

Greenbrier, AR 72058 \* 501-581-0203

[www.centralchristianacademy.org](http://www.centralchristianacademy.org) [www.facebook.com/allaboutgca](http://www.facebook.com/allaboutgca)

Application Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

(Please Print Legibly)

### Required Records: Please provide

1. A copy of your Child's Birth Certificate, 2. Health Insurance Card, 3. Social Security Card, 4. Both parents Driver's Licenses, 6. Signed "Authorization to Release Health Information" form, 7. "Child Care Food Program Enrollment Form, 8. "Scan Card Request Form", 9. Pictures of your child and, 10. Pictures of all parents/family in the home.

How did you hear about us?

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### Personal Information of Child: \*(provide picture)

First Name \_\_\_\_\_ Sex \_\_\_\_\_ MWF \_\_\_\_\_  
Last Name \_\_\_\_\_ Birth date \_\_\_\_\_ T/TH \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell # \_\_\_\_\_ Full Time \_\_\_\_\_  
B/A Care \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Class \_\_\_\_\_ Hours of Care \_\_\_\_\_

Elementary School \_\_\_\_\_

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### Parental/Guardian Information:

<u>Parent/Guardian 1</u> *(provide picture)	<u>Parent/Guardian 2</u> * (provide picture)
Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Email: _____	Email: _____
Home # _____	Home # _____
Cell/Pager # _____	Cell/Pager # _____
Employer _____	Employer _____
Work # _____ Hours _____	Work # _____ Hours _____
Child Lives With _____	
Marital Status _____	Custody Information _____

\*Please provide a copy of **BOTH** parents drivers license.

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**Medical Information:**

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Subscriber ID # \_\_\_\_\_ Group # \_\_\_\_\_  
Primary Insured Name \_\_\_\_\_ DOB \_\_\_\_\_  
Does your child have AR Kids 1<sup>st</sup>? (y/n) \_\_\_\_\_ A or B? \_\_\_\_\_

*\*please provide a copy of your insurance card*

My child is allergic to \_\_\_\_\_

My child takes medication for \_\_\_\_\_

Name of medication \_\_\_\_\_

Do you have a doctors note for allergies and/or medication your child takes? \_\_\_\_\_

*\*in order for CCA to recognize allergies or give medication, we must have a doctor's note on file.*

Special Needs \_\_\_\_\_

Please tell us a little about your child's likes and dislikes: \_\_\_\_\_

**Authorization and permission given for:** (BOTH PARENTS Please Initial) Yes

- A. Emergency medical and/or dental care and transportation of the child for emergency treatment.....  /
- B. The child to participate in water activities *(If you do not check YES, your child cannot participate in Sprinkler Day in the Spring/Summer)*.....  /
- C. Transportation from Central Christian Academy for all field trips or Elementary school during operating hours.....  /
- D. Parent understands parent is responsible for medical costs.....  /
- E. Staff to put sunscreen, lotion, diaper cream and/or fever reducing med on/to your child \*.....  /

***\*(We RECOMMEND that you keep an UNOPENED container of each of these items, IF NEEDED, (fever reducing med, diaper cream, sunscreen, etc.) at CCA in the event that your child would need them in the classroom. We do not keep children's Tylenol or other over the counter medication on site. We cannot give your child Tylenol or other medication without your consent and an UNOPENED bottle from YOU. That is why we recommend that you KEEP these items at CCA in the classroom for such circumstances.)***

Please provide any information here that we may need to know about your child's personal medical or developmental history.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CONSENT FOR EMERGENCY MEDICAL CARE

I/We \_\_\_\_\_ Relation \_\_\_\_\_ of \_\_\_\_\_  
Parent/Guardian (s) Child's Name

Do hereby request and give consent to the Director/Caregiver of Central Christian Academy, or his/her appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parent(s) cannot be reached. Consent is also given for the Director/Caregiver or his duly appointed representative to transport said child for emergency medical treatment, if parent(s) cannot be reached.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

### Disease History: List the dates of each:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ German Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Contacted Tuberculosis: Yes \_\_\_\_\_/No \_\_\_\_\_ Frequent Ear Infections Yes \_\_\_\_\_ / No \_\_\_\_\_

Frequent Throat infection Yes \_\_\_\_\_/No \_\_\_\_\_ Defective Heart Yes \_\_\_\_\_/No \_\_\_\_\_

### Central Christian Academy Fee and Tuition Agreement: (BOTH PARENTS initial each space)

\_\_\_/\_\_\_ A **nonrefundable** registration fee (\$100.00) must be paid before the child is enrolled or reenrolled into the program. Each additional child enrolled is \$25.00, non-refundable, per child annually. **\*may be waived if you sign up for ACH auto-draft payments** Date Paid \_\_\_\_\_

\_\_\_/\_\_\_ The registration fee is an annual fee and will be charged at the time of registration each year.

\_\_\_/\_\_\_ I understand there is a \$30 supply fee per semester per child due in January, June and mid August each year.

\_\_\_/\_\_\_ I hereby agree to accept full responsibility for all fees and tuition for my child(ren) to attend Greenbrier Christian Academy.

\_\_\_/\_\_\_ I understand payment is due promptly every Monday morning. I understand that Central Christian Academy has a "no pay no stay" policy. I understand there is a \$2 late fee per day until the balance is paid in full. In the event we are closed on a Monday, payment is due promptly on Tuesday or the next business day. If your child is only enrolled on Tuesday/Thursdays, payments are due Tuesday mornings. **A \$25 fee will be charged for collection of your insufficient check. If two checks are returned, your account will be placed on a cash only basis.** There are no refunds or credits for absences, sickness, mishaps, or holidays. If your balance becomes severely overdue, your account will be turned over to a collection agency and you are responsible for the costs of collection. You are also responsible for giving a two week notice for withdrawal and full payment for such time. If you do not give a two week notice, you will be charged for two weeks' worth of care. If we do not receive a written notice, we will estimate the time for your notice and send you a bill expecting payment. If not paid within two weeks, your account will be sent to collection and you will be responsible for the charges. Both parents or guardians are responsible for tuition and late bills.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Please accept and acknowledge the tuition rate agreed upon below:**

\$ \_\_\_\_\_ WEEKLY TUITION AMOUNT \_\_\_\_\_ / \_\_\_\_\_ BOTH PARENT INITIAL \_\_\_\_\_ STAFF INITIAL \_\_\_\_\_

\_\_\_/\_\_\_ Cash/Check Fee: \$10 per week      \_\_\_/\_\_\_ Credit/Debit Card Fee: 3.8% of total transaction

\_\_\_/\_\_\_ I also understand that a penalty fee of **\$1.00 for every minute** after closing for a child that is picked up after closing 6:00pm. I understand that the center clock is the time that is logged at arrival and departure time and the staff will document on the sign in and out if my written time differs from the facility clock. All penalty fees must be paid when you pick up your child.

**Central Christian Academy hours are 6:00 AM to 6:00 PM.**

**Central Christian Academy will not accept children before 6:00 AM.**

In the event that I default on the above agreement and do not make a payment within a two week period, my child's enrollment will be terminated and I will be responsible for the costs of collection. If I do not give a two week notice for withdrawal, I understand I am responsible for the cost of two weeks worth of child care.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**I agree to the above fee and tuition agreement.**

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date

**Non-Discrimination Policy:** No person shall, on the basis of discrimination, be denied the benefits of or the activities of Central Christian Academy. The facility cannot and will not discriminate for reasons of race, color, national origin, sex, or disability. There is to be no discrimination in admission policy, meal service, or use of facility.

**Suspected Child Abuse and Neglect:** Every employee is mandated by state statute to report any cases of suspected child abuse or neglect. Such a report is not a statement of blame; it is simply a statement that will result in an investigation by the proper authorities. In the event that the Department of Human Services carries out an investigation of child abuse, Central Christian Academy and its staff will cooperate fully with investigators. All workers must be and are screened by the State of Arkansas for abuse and criminal records. The child maltreatment hotline number is 1-800-482-5964. Children may be subject to interviews by licensing staff, child maltreatment investigators or law enforcement officials to determine licensing compliance or for investigative purposes without parental notice or consent.

In accordance with Federal law and the United States Department of Agriculture policy, this institution is prohibited from discriminating on the basis or race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (Voice and TDD) USDA is an equal opportunity provider and employer. (Revised 07/2007)

**Central Christian Academy Behavior Guidance Policy:**

**{Excerpt from the CCA handbook}**

Behavior Guidance at Central Christian Academy is appropriate to the developmental level of an 8 week old to 5 years olds. Positive guidance is the rule at Central Christian Academy. The teaching staff uses verbal direction and guidance that is in positive terms. Guidance is positive yet firm. Children are not offered a choice if indeed there is no choice. Children are encouraged to make choices that are positive when offered a choice between two acceptable behaviors, activities, materials, etc.

Here are the basics, of our thoughts, on what works best with young children: When children are not in danger of hurting or being hurt, we allow them time to work out their differences. Adults step in as guides, putting the situation into simple language the children can understand. Children are asked for input into the solutions. In this way, children learn how to get along with others.

Behavior Guidance is viewed by all as being directed toward teaching children acceptable behavior and self-control and helping the children play together safely.

Children are not punished; they are taught by positive guidance. Discipline is never associated with food or toileting. Children are never labeled as “bad” or “naughty.” Children are never required to participate in group activities. An adequate number of materials, equipment, and activities are used as preventative measures. Duplicate materials are used whenever possible.

All staff is aware that infants and toddlers cannot be expected to share or take turns. Activities requiring such social competence are used sparingly and only when alternative activities are available. We know that children cannot learn to share until they have learned to own. That is why we teach children to share by sharing with them. When we “catch” children sharing or taking turns, we praise them.

***\*Please see the CCA handbook for a complete description of the behavior guidance policy.***

“I have read and understand the behavior guidance policy of the preschool facility. I give my permission for the use of all methods set out in the handbook.”

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<b>Parent/Guardian Signature</b>	<b>Date</b>
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<b>Parent/Guardian Signature</b>	<b>Date</b>
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If the parent/guardian disagrees with any disciplinary method listed in the Parent Handbook, please list the method preferred:

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<b>Parent/Guardian Signature</b>	<b>Date</b>
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<b>Parent/Guardian Signature</b>	<b>Date</b>
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**PLEASE NOTE:** Physical punishment or requests that are not age and developmentally appropriate shall not be administered to children.

I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.

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<b>Parent/Guardian Signature</b>	<b>Date</b>
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<b>Parent/Guardian Signature</b>	<b>Date</b>
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**Kindergarten Readiness:**

I acknowledge that I have received a list of kindergarten readiness skills from the Department of Education for my child. (Act 825 of 2003) {These are located in your enrollment folder}

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Assessments:** All children ages 0-5 will receive a developmental screening at GCA after enrollment. Please sign below to give your permission for us to complete this screening for your child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTIFICATION FOR RELEASE OF PUBLICATION-GENERAL**

Release for publication must be on file for everyone in photographs or video.

Please choose one of the following. **(If you do not check YES, the teachers CANNOT take pictures and display them in the classroom...just FYI.)**

I freely grant consent to Central Christian Academy to photograph or video me and/or my child, and to use the photos for publicizing activities of the Central Christian Academy, without payment to me.

I do not grant consent Central Christian Academy to photograph or video me and/or my child. I understand that there might be circumstances beyond the control of the Central Christian Academy staff and will not hold them responsible in the event my child is photographed without Central Christian Academy staff's knowledge.

\_\_\_\_\_  
Parent/Guardian Signature Date  
\_\_\_\_\_  
Parent/Guardian Signature Date

**NOTIFICATION FOR RELEASE OF PUBLICATION FOR SOCIAL MEDIA**

Release for publication must be on file for everyone in photographs or video **FOR SOCIAL MEDIA**

Please choose one of the following.

I freely grant consent to Central Christian Academy to photograph or video me and/or my child, and to use the photos for publicizing activities of the Central Christian Academy, without payment to me **FOR SOCIAL MEDIA.**

I do not grant consent Central Christian Academy to photograph or video me and/or my child. I understand that there might be circumstances beyond the control of the Central Christian Academy staff and will not hold them responsible in the event my child is photographed without Central Christian Academy staff's knowledge **FOR SOCIAL MEDIA.**

\_\_\_\_\_  
Parent/Guardian Signature Date  
\_\_\_\_\_  
Parent/Guardian Signature Date

## Permission Consent for Vision/Hearing Screening

Our CCA Nurse or other medical professional will be conducting vision and hearing screenings for most children enrolled. We need consent forms for each child giving us permission to conduct the screening. We will notify you of the results once the screening is complete. Please fill out the consent form below.

I, \_\_\_\_\_, parent of, \_\_\_\_\_, give my consent for a medical professional at Central Christian Academy to conduct a vision and hearing screening for my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

### Child's developmental needs:

**Physical, social, emotional or intellectual problems the child might have:**

\_\_\_\_\_

**Special problems:**

\_\_\_\_\_

Temper Tantrums \_\_\_\_\_ Diabetes \_\_\_\_\_ Frequent colds \_\_\_\_\_ Biting \_\_\_\_\_ Seizures \_\_\_\_\_  
Sun Sensitivity \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Bed wetting \_\_\_\_\_ Other \_\_\_\_\_

**Requires help in:** Dressing \_\_\_\_\_ Undressing \_\_\_\_\_ Toileting \_\_\_\_\_ Eating \_\_\_\_\_ Washing hands \_\_\_\_\_

**Is Child toilet trained?** Yes \_\_\_\_\_ No \_\_\_\_\_ Words used in toileting \_\_\_\_\_

**Favorite:** Games \_\_\_\_\_ Toys \_\_\_\_\_ Foods \_\_\_\_\_

**Siblings?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Name(s) of siblings:** \_\_\_\_\_

**Type of childcare used before** \_\_\_\_\_

**Other useful information** \_\_\_\_\_

**Authorization for Pick-Up:**

The following individuals have my permission to pick my child up from Central Christian Academy. I understand that if I wish to remove someone from this list that I will need to complete another form.

\*\*\*Central Christian Academy cannot withhold a child from his/her parent without a court order. If you have custody of your child and do not wish for your child's other parent to be allowed to pick him/her up, we must have a copy of the custody papers on file and a photo if possible.

**Emergency Contacts**—\*\*Authorized for Pick-up (Other than parents, you must have a total of 3.)

- 1. Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Relation \_\_\_\_\_
- 2. Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Relation \_\_\_\_\_
- 3. Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Relation \_\_\_\_\_
- 4. Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Relation \_\_\_\_\_
- 5. Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Relation \_\_\_\_\_
- 6. Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Relation \_\_\_\_\_
- 7. Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Relation \_\_\_\_\_

\*\*Non-Authorized Pick-up (court order required for legal parents) \_\_\_\_\_

\*\*\*Central Christian Academy will ask to see a photo I.D. for any individual that the staff member does not know. Please inform any of the above individuals to be prepared to present his/her I.D. A person must be at least 18 years of age to be allowed to pick up. Children must be escorted to and from the center in an age appropriate car seat, be signed in and out with the appropriate ID scan card or use an individual check in/out as approved by the Director. Every person picking up a child must have written consent from the parent or guardian on file.

The above listed people have my permission to pick up my child and/or be contacted in emergency situations from Central Christian Academy.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

**Parent Handbook Acknowledgment**

I acknowledge reading the Central Christian Academy Parent Handbook. I understand that it is my responsibility to read the Parent Handbook and by signing this form, I agree to abide by all of the policies and procedures of Central Christian Academy. I agree to the most current handbook listed on [www.centralchristianacademy.org](http://www.centralchristianacademy.org). I understand that I have not been given a paper copy of the parent handbook, but it is always available online for me to view.

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Signature of Parent/Guardian Date