

Registration Fee _____

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

Child's Name _____ Age _____ Sex _____

Birthdate _____ Birthplace _____ Home Phone _____

Home Address _____

Mailing Address (if different) _____

E-Mail Address _____

Father's Name _____ Cell Phone _____ Work Phone _____

Father's Address (if different from above) _____

Place of Employment _____ Occupation _____

Mother's Name _____ Cell Phone _____ Work Phone _____

Mother's Address (if different from above) _____

Place of Employment _____ Occupation _____

Siblings Names and Ages _____

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/Daycare? _____

Has your child ever had a health or psychological problem? Yes _____ No _____

If yes, please explain: _____

SCHOOLING: Entering: _____ Daycare _____ K4 _____ K5 _____ (Circle all that apply)

Name of Pre-School/Daycare last attended _____

Address _____

Has the child had any disciplinary difficulty in pre-school/daycare? Yes _____ No _____

If yes, please explain _____

COMMITMENTS OF PARENTS – PLEASE READ CAREFULLY

In making application, it is my desire to have my child complete the school year of 20__ - 20___. 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.

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 when necessary, corporally or otherwise.

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 _____

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.

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

Accreditation: TFCA has chosen not to participate in the state accreditation. All state required classes; health and safety standards are met however. TFCA diplomas and credits are accepted at all college and universities. There have been a few local high schools who do not accept TFCA credits upon transfer.

Emergency and Medical Release

I, (we) _____, as guardian(s) or parent(s) of _____, a minor child, grant permission for my (our) child to use all 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 Daycare/K4/K5 activities conducted on the Academy premises regardless of whether my child is a drop-in or regular. I (we) give TFCA permission to administer to or see that medical attention is administered if I (we) cannot be reached in case of an emergency. I have read and understand the terms of this agreement.

Please list any current medications, restricted activities or allergies _____

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

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

Signature of Parent(s) or Guardian _____

Date _____