

FIRST CHRISTIAN ACADEMY

Please, Print using Blue or Black Ink

| | | | |
|---|---|-----------------|--------------|
| Student Name _____ | Date of Birth _____ Age _____ Class / Grade: Inf. Toddler PK K Adv-K 1 2 3 4 5 6 7 8 9 10 11 12 | *Sex* M F | |
| Student Address _____ | City _____ | Zip Code _____ | |
| Home Ph. () - _____ | Days in Care : M T W TH F Hours in Care : _____ to _____ | | |
| Student Social Security Number _____ - _____ - _____ | Who does the student live with: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> siblings # ___ <input type="checkbox"/> other : | | |
| Mother's Name _____ | Address (if different from child's) _____ | | |
| Alternate Phone () _____ | Email Address _____ | | |
| DL # _____ | Occupation _____ | | |
| Father's Name _____ | Address (if different from child's) _____ | | |
| Alternate Phone () _____ | Email Address _____ | | |
| DL# _____ | Occupation _____ | | |
| In order to protect your child, FCA requires -3-contacts persons on record that you give permission to be called and pick up your child, other than a parent. Please give the name, address, and contact information of the persons to call in case of emergency if parent/guardian cannot be reached | | | |
| Name | Address | Phone | Relationship |
| 1. | | () | |
| 2. | | () | |
| 3. | | () | |
| WARNING: Please make sure any person you send to drop off or pick-up your child has the 4-digit code. The 4-digit code is normal the last 4-digit of Social Security Number. | | | |

TRANSPORTATION & ELECTIVE ACTIVITIES

FCA post notices for all on-site and off-site activities 3 days before any scheduled event by memo or calendar. Parents choosing not to permit their child to participate need to send a note excluding their child from the event, the day of activity or it may be necessary the child will need to remain home during the scheduled event time.

1. Field Trips: I hereby: give do not give –my child to participate in FCA sponsored field trips
 2. Water Activities: I hereby: give do not give –my child to participate in the following Water Activities
 Sprinkler play splashing / wading pools swimming pool (grades 3-12) water table play
 3. Physical Elective Classes
I hereby: give do not give –my child to participate in physical elective type classes.
 4. Transportation: I hereby give do not give – consent for my child to be transported/ supervised by an employee or volunteer of FCA: for emergency care only on field trips other: _____
 5. Photography: I hereby: give do not give -- my permission to have my child's pictures
 used in advertisements school bulletin boards new releases
- Exceptions:

Public School Children Only:

My child attends the following school:

_____ School PH. () _____

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> His / Her immunization record is on file at the school and all required immunizations are current. Vision and Hearing screening schools records are also on file for viewing | My child has permission to <input type="checkbox"/> ride bus <input type="checkbox"/> walk to and from school <input type="checkbox"/> and/or be released into the care of his older sibling: _____ |
|---|---|

Student Name _____

Date of Birth _____

Age _____

MEDICAL INFORMATION:

List all none allergies _____

Does the student have any medical issues that could affect him/her during school hours? _____

Does the student have any medical issues that could prohibit or affect him/her during PE time? _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event parent cannot be reached to make arrangements for emergency treatment/care, I authorize the person in care to take my child to:

Name of Physician: _____

Address: _____

PH#: _____

Name of Emergency Care Facility: _____

Address: _____

PH#: _____

I give consent for the facility to secure and all

necessary emergency care for my child.

Parent Signature _____

CHURCH INFORMATION:

FCA is a Private Christen School, not affiliated with any specific church or denomination. FCA teaches and promotes character, values and a love and trust in God. Attendance and participation in Bible Study, Memorization of Scripture and Chapel is required. To better help us meet the needs of your child please complete the following questionnaire:

Home Church _____ Denomination _____

1. What is or has been your child's experience with church? _____

2. How does your child respond to authority? _____

3. How often does your child attend church? _____

SCHOOL INFORMATION: (grades 1-12th)

Current School _____ School PH (_____) _____

Address _____ City _____ State _____ Zip _____

List any learning difficulties: _____

Do you feel your child is functioning on grade level? _____ Check areas of weakness: Math Language S.Studies Science Spelling

What specific problems did your child have in school? _____

Last Grade Completed _____ Promote to next grade? _____ Has student ever been suspended or expelled? _____ Explain _____

Language(s) spoken in home _____ Students primary language _____

Reason for seeking a private school setting? _____

Discipline and Guidance Policy for First Christian Academy *Private School Students*

The disciplinary code at First Christian Academy is based upon Biblical principles of respecting one's self, respecting the school property and respecting and honoring one another, including but not limited to –one's parent, people serving in positions of authority, and those with whom our students work and play each day.

- ❖ Discipline will be:
 - 1.) Centered around the teaching, “ sowing & reaping.....positive, as well as the negative”
 - 2.) Individualize and consistent for each student
 - 3.) Appropriate to the student's level of understanding
 - 4.) Directed towards teaching the student acceptable behavior and self control
 - 5.) Structured to teach students personal responsibility for actions-- and choices

- ❖ Teachers, Instructor's and Administration will use positive methods of discipline and guidance that encourages self-esteem, self control, and self-direction, which will include the following:
 - 1.) Using praise and encouragement of positive behavior
 - 2.) State the expectations, rules, policies using clear, positive statements verbally and in writing.
 - 3.) An age appropriate reward system is established for each classroom giving the student's tangible rewards for positive
 - 4.) Using clear and concise statements when correction is required

- ❖ Students will never receive discipline that is harsh, cruel or unusual treatment. The following types of discipline and guidance is prohibited at First Christian Academy.....
 - 1.) Corporal Punishment or threats of corporal punishment:
 - 2.) Punishment associated with food, sleep or bathroom privileges:
 - 3.) Pinching, shaking, or biting a child:
 - 4.) Hitting a child with a hand or instrument;
 - 5.) Putting anything in or on a student's a month
 - 6.) Grabbing a students in any method
 - 7.) Humiliating, ridiculing, rejecting, or yelling at a student;
 - 8.) Subjecting a student to harsh, abusive, or profane language;
 - 9.) Placing a child in a locked or dark room, bathroom, or a closet with the door closed

Demerits & Detention (3rd - 12th grade)

A “demerit” is a mark denoting a violation to a rule or policy. Three demerits earn a student detention the following morning – one hour before school. A Detention Slip is sent home the day the demerits are earned. Parents are required to sign the detention slip and have the student at school in time to serve detention the following morning. Students cannot enter Detention , after 7:00 am. Students arriving after 7:00am are sent home for the day, with an un-excused absence. A meeting with the teacher and principal is required before student can return to school. Demerits are erased at the close of each day. Students begin with a clean slate each morning. A complete chapter is given to explain Demerits and Detention in Student Handbook. Parents and students are admonished to thoroughly read the Student Handbook as a family.

| | | |
|----------------------|-------------|--------------------|
| Amount of Detention: | 1-2 demerit | 0 detention |
| | 3 demerits | 20 minutes |
| | 4 demerits | 30 minutes |
| | 5 demerits | 45 minutes |
| | 6 demerits | 60 minutes |
| | 7 demerits | parents are called |

My signature verifies I have received and read a copy of First Christian Academy's Student Handbook.

Signature _____ Date_____

Check one please: Parent Employee Teacher Caregiver of Infants / Toddlers / After School-ager

Discipline and Guidance Policy for First Christian Academy *Child Development & Daycare*

* Discipline will be:

- 1.) Individual and consistent for each child
- 2.) Appropriate to the child's level of understanding; and
- 3.) Directed towards teaching the child acceptable behavior and self-control.

* A teacher or caregiver will only use positive methods of discipline and guidance that encourage self esteem, self control, and self direction, which includes the following:

- 1.) Using praise and encouragement of good behavior
- 2.) Remind the child of behavior expectations daily by using clear, positive statements
- 3.) Sometimes redirecting a child from negative behavior to appropriate activities or behavior solves the problem
- 4.) Using separation or "time out" from group activities, when appropriate for child's age and development. "Time Out" allow the child to compose him/herself and , 1.) not hurt him/herself, 2.) understand they must use self-control, respect others and follow rules.

* First Christian Academy assures our parents, FCA will not permit a child to harsh, cruel, or unusual treatment. The following type of treatment is prohibited:

- 1.) Corporal punishment or threat of corporal punishment;
- 2.) Punishment associated with food, naps or toilet training;
- 3.) Pinching, shaking, grabbing or biting a child;
- 4.) Hitting a child with hand or object;
- 5.) Putting anything in or on a child's mouth;
- 6.) Humiliating, ridiculing, rejecting or yelling at a child;
- 7.) Subjecting a child to harsh, abusive or profane language;
- 8.) Placing a child in a locked or dark room, bathroom, or closet with door closed and
- 9.) Requiring a child to remain silent or inactive for inappropriate periods of time, depending on the age of the child's age.

My signature verifies I have received and read a copy of First Christian Academy's Student Handbook.

Signature _____ Date_____

Check one please: Parent Employee Teacher Caregiver of Infants / Toddlers / After School-ager

FIRST CHRISTIAN ACADEMY
Physician's Statement

Returning Students: Must be turned in within 15 days from birthday

New Students: Must be turned in within 5 days of start of school / attendance

Students Name _____ HM Phone (_____) _____

Birthdate _____ Age ____ School Division Infant / Toddler PreSchool Private School

List all know allergies: _____

List all known physical limitations or reoccurring illness' _____

Physician's Name _____ Phone (_____) _____

Address _____ City _____ St _____ Zip _____

Dear Physician:

First Christian Academy is a private school that complies with the Dept. of Health and Safety. According to the State of Texas guidelines all children that attend a daycare, public or private school must have a complete physical each year.

Please take a moment and complete the following questions:

| Agree | Disagree | Question / Statement | Physician's Comments |
|-------|----------|---|----------------------|
| | | 1. I have given the above child / student a complete physical and find the child/student is free from any communicable diseases that would prevent him/her from attending school/daycare. | Date of exam: |
| | | 2. I find the child student is physically able to participate in normal school activities. | |
| | | 3. I find the child/student is physically able to participate in Jr./Sr High Competitive Sports. | |
| | | 4. I have reviewed the child/students immunization record and find they are current. A copy of immunization record is attached to form | |

Physician's Signature _____ Date _____

| Vision | R 20/ _____ | R 20/ _____ | <input type="checkbox"/> Failed <input type="checkbox"/> Passed |
|--|-------------|-------------|---|
| Notes: | | | |
| Physician's Signature _____ Date _____ | | | |

| Hearing | 1000 Hz | 2000 Hz | 4000 Hz | Score |
|--|---------|---------|---------|---|
| Right | | | | <input type="checkbox"/> Failed <input type="checkbox"/> Passed |
| Left | | | | <input type="checkbox"/> Failed <input type="checkbox"/> Passed |
| Notes: | | | | |
| Physician's Signature _____ Date _____ | | | | |

Parent: Physicians Statement and Immunization Record may be hand delivered, mailed to 10950 Highland Meadow Vlg. , Houston, TX 77089 or faxed to 877-624-0141