

Student Name: _____ PLEASE MARK APPROPRIATE BOX (ES):

3 year old preschool

K4

3 day program

4 day program

Aftercare needed: Yes or No (circle)

If yes: Please ask for Aftercare sign-up packet in the office.

Mountain Home Christian Academy Eaglets



But those who wait on the LORD shall renew their strength. They shall mount up with wings like eagles. . .

Isaiah 40:31

2020-2021

3 year old Preschool & K4
Enrollment Application

For Office Use Only

Date Rec'd: _____



Preschool Age 3/K4 Enrollment checklist

- Toilet Trained *
- Student Information Card (enclosed)
- Child's Personal Data Sheet Packet
- Permission Release Form
- Signed Financial Agreement
- Registration Fee
- Book & Supply Fees (first month's tuition paid through FACTS by August 2020 due date)
- Medical Information
- Copy of Birth Certificate
- Copy of Immunization Record
- Copy of legal custody documentation is needed if child is not living with both biological parents
- Read the MHCA Handbook. Sign and return the MHCA Commitment to Excellence Form
- Change of Clothes in a Ziploc bag labeled with name

*** IN ORDER TO ENROLL IN THE 3 YEAR OLD PRESCHOOL OR K4 PROGRAM, STUDENTS MUST BE TRAINED TO USE TOILET INDEPENDENTLY.**

For Office Use Only

Handbook Issued _____ Date

Acknowledgement Form Received



STUDENT ENROLLMENT APPLICATION

Child's Legal Name _____
Last
First
Middle

Preferred Name _____ Grade to enter _____ for school year 2020-2021

Mailing Address _____

Home Phone _____ Sex _____ Date of Birth _____ City _____ State _____ Zip _____
 Citizenship if other than U.S. _____

Parent's Marital Status _____ married _____ widowed _____ divorced _____ separated _____ remarried

If divorced, who has legal custody? _____

Student Lives With Both Parents Father Mother Legal Guardian Other _____

	FATHER	MOTHER
Name		
Employer		
Position		
Bus. Phone		
Cell Phone		

If the student does not live with his biological parents, please supply information of guardianship below.

	Stepfather or Guardian	Stepmother or Guardian
Title/Name		
Employer		
Position		
Bus. Phone		

*Person responsible for the school account

Name		
Address		
City, State		
Phone		
Relation to child		

*The person is responsible for tuition only tuition as well as all other charges
 We agree that we are financially responsible for the payment of above named student's account **either jointly and/or separately.**

 Father/Guardian Signature

 Mother/Guardian Signature

Siblings Name: _____ Sex: _____ Age: _____ School: _____

List any allergies: _____

Hobbies or interests you are willing to share with your child's class:

Do you attend church? _____
Where? _____
How many times a week do you attend church programs? _____

Any other comments or concerns:

Medical Information

Child's Physician:

Address: _____ City/State: _____
Phone #: _____

I, _____ a (father, mother, guardian) of _____ (child's name) do hereby give my consent to the Director of this facility, or her duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or her duly appointed representative to transport said child for an emergency medical treatment, if the parents cannot be reached.

Signature: _____ Date: _____

Child's Personal Data Sheet

Disease/Medical History - list the dates of each:

Measles: _____ Mumps: _____ German Measles: _____ Chicken Pox: _____
Whooping Cough: _____ Contracted tuberculosis: Yes ___ No ___
Frequent throat infections: Yes ___ No ___ Frequent Ear Infections: Yes ___ No ___
Defective Heart: Yes ___ No ___
Other conditions or comments: _____
Problems during pregnancy? _____
Premature birth? _____

Child's development needs:

Physical or emotional problems the child might have:

Child's special food needs: _____ Diabetic diet: _____

Food allergies: _____

Special problems: Medications: _____

Allergies: _____ Temper tantrums: _____ Diabetes: _____

Frequent colds: ___ Biting: ___ Sun sensitivity: ___ Seizures: ___ Fainting spells: ___

Bed wetting: ___ Other: _____

Requires help in: Dressing: ___ Undressing: ___ Washing hands: ___

Can the child feed themselves with no assistance? Yes ___ No ___

Is the child toilet trained? Yes ___ No ___

Can the child use the toilet with no assistance? Yes ___ No ___

Words used in toileting: _____

Favorite: Games: _____ Toys: _____ Food: _____

Type of childcare used before: _____

Other useful information: _____

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

Signed: _____ Date: _____

Additional comments:

EMERGENCY CONTACT INFORMATION

Name of person to call if parents cannot be reached: _____
Relationship: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip: _____
Is this person authorized to take the child from MHCA? Yes / No

List additional adults who are authorized to take the child from this facility:

Name _____ Relationship _____
Address _____
City/State _____ Zip _____
Phone # _____

Name _____ Relationship _____
Address _____
City/State _____ Zip _____
Phone # _____

Name _____ Relationship _____
Address _____
City/State _____ Zip _____
Phone # _____

The following people are **NOT** authorized to take the child from this facility:

3 year old Preschool or K4 Permission/Release Form

Please fill out the following information as it applies:

The following information may be included in your child's Classroom Directory:

Student's name/grade: _____

Father/Guardian: _____

Mother/Guardian: _____

Address: _____

Address: _____

Phone (cell): _____

Phone (cell): _____

Email: _____

Email: _____

I do hereby agree to hold Mountain Home Christian Academy and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

*I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the **State of Arkansas** and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.*

My signature on this form shall constitute an informed and knowing waiver as required by law. I acknowledge that I have carefully read this agreement, waiver, and release and fully understand its contents. I am aware that this release of liability is a contract between myself and MHCA.

Parent/guardian Signature: _____ Date: _____

Behavior Guidance

Minimum Licensing Requirements for Child Care Facilities

Mountain Home Christian Academy 3 year old Preschool or K-4 program uses the following methods of behavior guidance with children ages 3-5 years old:

- Redirection: Redirecting choices of unacceptable behavior and asking for acceptable ones.
- Discussion of the rules: The teacher gains eye contact with the child on the child's level. The teacher states the rule, i.e. "You may not hit. It hurts." Then the teacher asks the child to repeat the rule by asking, "What did I say?" The child needs to repeat the rule to internalize its meaning. The teacher then asks, "Do you understand why you cannot hit other children?"
- Time-Out: The teacher separates the child from classmates to a designated "time out area" to be away from friends. They can return to playing with their friends when the "time-out" is over. This is not a playing time, but a refocusing period not to exceed more minutes than the child's year of age (i.e. 4 years old would not be more than four minutes in time out). Before a child rejoins the class, the teacher will talk with them to make sure they understand why they were in time out and explore briefly different choices they could have made to avoid time out.
- Note to parents: Most misbehavior choices fall in the range of normal developmental behavior. Although not acceptable, the choice can be managed by above steps not resulting in a note home about "Normal Childhood Behavior". If a pattern of these behaviors presents or if a behavior choice is out of bounds of tolerable choices within a group of this age, a note will be sent home.
- Combination of items due to verbal aggression, attempts of aggression and actual aggression: Bullying or injuring others is not allowable for any age. In addition to the pain of being injured, the feeling of safety in a classroom lowers. Aggression could be addressed by use of time out, independent play, notes to parents, etc. Patterns of aggression or serious aggression will be brought to the director. Parents may be phoned about the behavior patterns and a conference held.
- The "Office" and calls to a parent: If a child's behavior choices results in a risk to safety of a group or is part of an ongoing pattern of behavior or is seriously out of bounds, they will be sent to the office. This "talk" with the child will either result in a note from the director or a phone call to the parent.
- If the above methods are unsuccessful and inappropriate behavior continues, the child will be assigned a specific table, and chair in which to do his/her activities for the day. A parent/guardian/teacher conference may become necessary to discuss the child's behavior and to set consistent rules to be followed at home and at school. The possible cause of the inappropriate behavior such as change in environment, problems with siblings, and loss of a loved one or pet, etc. should be discussed and common expectations set.
- Suspension and/or dismissal: Ongoing aggression could result in required immediate pick up (suspension) and if it continues, dismissal will result for the safety of the class.

Please note: Physical punishment shall NOT be administered to children.
(Minimum Licensing Requirements for Child Care Centers 500.2)

*"Train up a child in the way he should go,
And when he is old he will not depart from it."
~Proverbs 22:6*

Mountain Home Christian Academy

3 year old Preschool or K4 Program

Acknowledgement Form

Child's Name: _____

I hereby acknowledge that I have received the following information:

Behavior Guidance (I have read and understand the previous page)

Early Education Parent/Student Handbook

Child Maltreatment Interviews

I have been informed in writing upon enrollment of my child at MHCA that children may be subject to interviews by licensing staff, child maltreatment investigators and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purpose. (Child interviews do not require parental notice or consent.) This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section 201

Special Needs

I have been informed in writing that all child care facilities are required by IDEA to refer a child with any suspected delays or disabilities to the appropriate lead agency (as determined by the child's age). Children ages birth to 3 years old should contact or call the Division of Disabilities Services at 870-933-8060 and ask for Donna Parsons. Children ages 3 years to 6 years should contact Arkansas Department of Education, check with your Child Care Licensing Specialist for the agency in your area. Child Care facilities do not need parents' permission to make a referral to the appropriate agency. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section 1400

Medical Homes

I have received information of medical homes for children from my provider. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section 1104

Kindergarten Readiness Skills

I have received information of Kindergarten Readiness Skills Calendar for my child (only for children ages 3 and 4 years old) at the following website - http://humanservices.arkansas.gov/dccede/classroom_docs/DHS_RICalendar and <http://arbetterbeginnings.com>. This is in accordance with Minimum Licensing requirements: DCCECE/Child Care Licensing Unit Section 201

Photograph/Video Permission

I give permission to Mountain Home Christian Academy to use photos/video of my child(ren) for Academy announcement or promotional materials including but not limited to: newsletters, brochures, yearbooks, Academy website, social media such as MHCA's Facebook page, newspaper.

Permission to Apply Sunscreen

I give MHCA permission to apply sunscreen as needed to my child to prevent overexposure to the sun. Permission must be obtained yearly. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section 1100

Note: If student lives with both parents/guardians, both parents/guardians MUST sign.

Parent/Guardians Signature: _____ Date: _____

Parent/Guardians Signature: _____ Date: _____

FINANCIAL AGREEMENT

By and between Mountain Home Christian Academy and the parents/guardians of the following students:

Student(s) Name:

Grade:

A. Registration Fee

It is understood that the filing of the enrollment application and payment of the registration fee with MHCA is used to determine the number of teachers necessary and determine the commitment of other financial resources. After the registration fees are paid, if the application is withdrawn by the parents/guardians of the child(ren), for any reason, we understand that this fee is **not refundable or transferable**. Should the parents/guardians be required by their employer to transfer from the Mountain Home area, MHCA agrees to refund the registration fee only if the applicable school year has not started. The registration fee must be paid at the time of enrollment through the front office (exact cash or check only.) These fees are mandatory for all children enrolled each year at MHCA.

B. FACTS enrollment/book fees/prepaid lunch account/tuition/incidentals

It is the mission of MHCA to glorify God by assisting families in the Christ-centered, biblically-directed education of their children. The parents/guardians agree to pay **100%** of the total fees and tuition for each student using FACTS Management and in accordance with the following financial policies:

1.) **ALL PAYMENTS TO MHCA MUST BE MADE THROUGH FACTS MANAGEMENT.**

The parents/guardians agree to enroll in *FACTS* management via MHCA's website (www.mountainhomechristianacademy.com) or

FACTS website (<https://online.factsmgt.com/signin/4498T>) for payment of ALL tuition and fees.

\$50.00 fee will be charged per family from *FACTS* upon enrollment if payments are set up over a 10-month period (August-May). Tuition may be paid annually or semi-annually and only pay a \$20.00 fee per family.

If a student attends any portion of the month, the entire tuition charge for that month is due.

A

2.) Accounts not paid within 10 days of scheduled payment date will be considered delinquent and assessed a \$20.00 late fee for that month. Returned checks or unpaid payments of any kind including bank drafts will be assessed a \$30.00 *FACTS* fee.

3.) Families with delinquent accounts will not receive report cards, transcripts, or diplomas until all financial obligations to MHCA are paid **in full or a payment schedule is in effect**. Deviations from an effective payment schedule may result in additional fees.

4.) Students whose parents/guardians have an outstanding obligation to MCHA from a previous school year will not be permitted to start school the next year until that obligation is paid in full or a payment schedule has been approved by the Administration and is in effect before school starts.

Initials

NOTICE OF NONDISCRIMINATORY ACCEPTANCE POLICY

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Mountain Home Christian Academy admits students of any race, color, nationality and ethnic origin

- 5.) Students whose parents/guardians have an outstanding balance that is not paid by the end of the month will not be allowed to return to school until it is paid or payment arrangements have been approved through the administration. In addition, online communication access (such as Gradelink or other provider) will be de-activated until re-activation is approved.
- 6.) If you have a financial emergency and are temporarily unable to pay, please call the school office immediately.
- 7.) I/We agree that I/we are financially responsible for the payment of this account either individually and/or jointly.
- 8.) Changes to this agreement must be submitted in writing to the school office and approved by Administration.

A copy of the Financial Policies is printed in the Student Handbook/Policy Manual.

I have read Mountain Home Christian Academy's Financial Policies and the Financial Agreement and will comply with such.

Primary Responsibility	Date
Secondary Responsibility	Date

FACTS

Enrolling in a *FACTS* tuition payment plan allows you to select a payment option that best suits your financial situation. The payment plan options are listed below:

Monthly Payments:

Spread your tuition balance over 10-monthly installments (August-May).

Payment Methods Offered: *Credit Card, Automatic Bank Draft

Semi-Annual Payments:

Spread your tuition balance over two installments.

Payment Methods Offered: *Credit Card, Automatic Bank Draft

Payment in Full:

Pay your tuition balance in full by making a one-time payment.

Payment Methods Offered: *Credit Card, Automatic Bank Draft

*Please note, payments made through a credit card are assessed an additional charge for processing.

Initials