

# IMPORTANT ENROLLMENT NOTES

🕒 Priority Enrollment for returning families is **February 1<sup>st</sup>-February 12<sup>th</sup>**

🕒 Open enrollment for new families will begin **March 1<sup>st</sup>**

🕒 Summer 2016 enrollment will begin **April 4<sup>th</sup>**

🕒 The first 2016-2017 tuition payment and the Doctor's Statement of Health are due **August 1<sup>st</sup>**.

**\* GCA will be unable to place your child in a class until you have completed the enrollment process.** We are asking that you please submit all the items (packet, emergency card, vaccinations ) **together** and to the front office where a staff member will sign and date this page. GCA will not accept partial or incomplete enrollment packets.



## 2016-2017 Welcome Letter

Welcome to Grace Crossing Academy! We are honored to be a part of your child's education. Our mission is to provide a place where children can grow spiritually, intellectually, socially, and emotionally in a wholesome environment while interacting with their peers and committed Christian teachers. For more information about our Mission Statement, principles, values, and policies, please go to [www.gracecrossingacademy.net](http://www.gracecrossingacademy.net) for our 2016-2017 Parent Handbook.

Open Enrollment will begin on March 1, 2016. Your child's acceptance and placement in a class is conditional upon the date and time GCA receives ALL items listed below. We ask that you submit the following items all together:

- TURN IN COMPLETED PAPERWORK.** All paperwork must be updated regularly to meet state guidelines. Enrollment packets and emergency cards must be turned in to hold your child's place in a class.
  - The **ENROLLMENT PACKET** must be completed in its entirety with all necessary signatures. Emergency contacts and driver's license numbers, as with most of the information collected in the enrollment paperwork, are a requirement of the state and must be provided.
  - The **EMERGENCY CARD** must be completed in its entirety with all necessary information, including driver's license numbers and signatures. Families enrolling for the first time will need to fill out a new emergency card and existing families will need to revise and sign their current emergency card.
  
- TURN IN COMPLETED HEALTH RECORDS.** All health records must be updated once a year to meet state guidelines. We require all health records to be submitted by August 1<sup>st</sup> in order to complete your enrollment process.
  - **DOCTOR'S STATEMENT OF HEALTH** – This document (or one similar) must be signed and dated by a physician, another requirement of the state. It can be mailed, faxed, or brought in.
  - **SHOT RECORDS** – Our records must be updated each time a child is immunized. This typically occurs at 2 mos., 4 mos., 6 mos., 12 mos., 15 mos., 18 mos., 2 yrs., and 3 yrs. These may be faxed or emailed from the doctor's office or brought into the office.
  - **HEARING AND VISION SCREENING (4 AND OLDER)** – The results of your child's hearing and vision screening may be filled in the appropriate boxes on the Doctor's Statement of Health or turned in on a separate form.
  
- PAY THE REGISTRATION FEE (\$100-first child, \$90-additional children)FOR RETURNING FAMILIES, \$150 FOR NEW STUDENTS AND SUPPLY FEE (\$100 ) EACH SEMESTER.** The registration fee is required to reserve a child's spot in his/her class. It is separate from tuition and is nonrefundable. Although the first semester supply fee is technically not due until September 1<sup>st</sup>, paying early helps relieve the GCA financial burden at the start of school. The second semester fee is due January 1. Our tuition is divided into 10 equal monthly payments. **THE FIRST PAYMENT IS DUE AUGUST 1.**
  
- BECOME FAMILIAR WITH OUR DATES & HOURS OF OPERATION.** Our hours during the school year are 8:30am to 2:30pm. Our regular program closes when Conroe ISD closes. We offer holiday care at an additional charge during some holidays. See the handbook for more details.

- ❑ **DECIDE IF AND WHEN YOU WILL NEED EXTENDED CARE.** This service is offered to all families at an hourly rate or a monthly rate. During the school year, our hours are 6:30 to 6:30. Summer hours are 6:30 am-6:00pm.
- ❑ **PURCHASE UNIFORMS.** – Uniforms are required during the school year for children in classes three and older. Details may be found in the Parent Handbook. Uniforms are not required in the summer.
- ❑ **Read the 2016-2017 Parent Handbook (located on our website [www. gracecrossingacademy.net](http://www.gracecrossingacademy.net)) then sign and complete the last page. Return the completed Acknowledgement of GCA Parent Handbook page to the GCA Office with your enrollment packet.**
- ❑ **PURCHASE NECESSARY ITEMS, SUCH AS A NAP MAT, BACKPACK, AND LUNCH BOX\*.**
  - All students need to bring a lunch each day. Please help us in promoting good health and nutrition. An appropriate lunch may include fresh or dried fruit, fresh vegetables, cheese, peanut butter\*\* or meat sandwiches, dry cereal, and/or fruit juice or milk. Please limit sugary foods and avoid carbonated and caffeinated beverages. Microwaves and refrigerators are not available for children ages three and older.
  - Backpacks are great for transporting projects, paperwork, show n’ tell items, etc. and for storing extra clothes. Please provide a shirt, shorts/pants/skirt, underwear, and socks in a plastic bag. (For ages three and up, extra clothes should meet the uniform requirements during the school year.)
  - Necessary rest-time items: Each child must bring a rest mat and cover at the beginning of the school year and summer session. These items will be stored in the classrooms, and the cover will be sent home periodically for washing. Children may also bring a blanket and, if necessary, a security item (pacifier, teddy bear, etc.) to help them rest more easily. *Pre-K students do not rest for an extended period of time. Please do not send more than a simple mat with cover. Pillows, blankets, and security items are not necessary and take up valuable storage space. Kindergarten students do not need a rest mat.*
  - **Infants and toddlers:** Infants and toddlers require diapers and formula and/or baby food. It is a good idea to send a familiar blanket from home if the child is over 12 months. We are unable to put blankets and soft bedding in the cribs of infants under 12 months. A warm sleeper is more suitable for that age. The State of Texas has eliminated swaddlers and sleep sacks for use with infants. We wash all infant items in Ecos (hypoallergenic), but you are welcome to provide your own sheets if you feel more comfortable doing so.

\*Please make sure your child’s backpack and each item inside is clearly marked with your child’s name. Although most school supplies will be covered under the supply fee, check with your child’s teacher to see if anything else will be required for his or her class.

\*\*If we are informed a student in your child’s class has a serious allergy to foods such as peanut butter, we will ask that you not send these foods in your child’s lunch. (See ALLERGIES in handbook.)

The information included in this welcome packet is just a snapshot. More complete information may be found on our website and in our Parent Handbook. Please visit [www.gracecrossingacademy.net](http://www.gracecrossingacademy.net) to familiarize yourself with our activities and policies as well as tuition costs.

We welcome you to the GCA family. Thank you for trusting us with your precious child!

Child's Name \_\_\_\_\_ Age (as of Sept. 1, 2016) \_\_\_\_\_

Start Date: \_\_\_\_\_



A Ministry of Grace Crossing, a Community Church of Christ  
Director: Tanna English

**2016-2017 Enrollment Forms**

**2016-2017 SCHOOL YEAR: 8:30 a.m. – 2:30 p.m.**

Fall Semester **2016-** August 22-December 16     Spring Semester **2017-** January 3-June 1

**Infants:**

5 days (M-F)     Full Care

**Toddlers:**

2 days (T/TH)     3 days (M/W/F)     5 days (M-F)     Full Care

**Preschool ages 2yrs-4yrs:**

2 days (T/TH)     3 days (M/W/F)     5 days (M-F)     Full Care

**Pre-K (attending Kindergarten Fall 2017):**

3 days (M/W/F)     5 days (M-F)     Full Care

**Kindergarten**

5 days (M-F)

**SCHOOL YEAR EXTENDED CARE:**

AM Care (6:30 a.m. – 8:30 a.m.)     PM Care (2:30 p.m. – 6:30 p.m.)

Full Care (AM,PM & Holiday Care for full 12 months)

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*Office Use Only*

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date Received

\_\_\_\_TE

\_\_\_\_KB

\_\_\_\_LY

\_\_\_\_JW

**Our policies require that the following information be on file for each child before attending school and that parents provide written notification of any immunization updates. Updated immunization records as well as your physician's signature are required for each new school year.**

<b>Child's Name:</b> _____ <b>Nickname:</b> _____
(Last) (First)
Home Phone #: ( _____ ) Birthdate: _____ / _____ / _____ Male/Female _____
Address, City: _____ Zip _____
Allergies: _____ EpiPen? YES NO (Please Circle)

**FAMILY INFORMATION:**

**Father's Name:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

E – Mail Address \_\_\_\_\_ (Primary Form of Communication)

**Mother's Name:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

E – Mail Address \_\_\_\_\_ (Primary Form of Communication)

**Siblings living at home:**

Name & age: \_\_\_\_\_ Name & age: \_\_\_\_\_

Name & age: \_\_\_\_\_ Name & age: \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP CHILD OR TO BE CALLED IN CASE OF AN EMERGENCY:** Your child will be released **ONLY** to parents or to an adult designated in writing by a parent (*driver's license# required*). Please list persons who have your permission to pick up your child and who can be contacted in case of an emergency if you cannot be reached. The state requires that must have at least one emergency contact. (*Please be certain that the people you designate are willing to pick up your child in case of an illness or emergency.*) This information will be repeated on the Emergency Card.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ DL#: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ DL#: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ DL#: \_\_\_\_\_

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

**MEDICAL INFORMATION / EMERGENCY MEDICAL AUTHORIZATION:**

In the event that I cannot be reached to make arrangements for emergency medical authorization, I authorize Grace Crossing Academy or person in charge to **take my child** to:

\_\_\_\_\_  
(Name of Doctor) (Doctor's Address) (Phone Number)

\_\_\_\_\_  
(Name of Dentist) (Dentist's Address) (Phone Number)

Name of Insurance Co.: \_\_\_\_\_ Phone() \_\_\_\_\_

Company Policy #: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

EpiPen Required? Y / N

Specific Insects \_\_\_\_\_

EpiPen Required? Y / N

Specific Foods \_\_\_\_\_

Skin: \_\_\_\_\_ Medicines: \_\_\_\_\_ Other: \_\_\_\_\_

Recent Illness: \_\_\_\_\_

Does child take any medication on a regular basis? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**I give consent for this facility to secure any and all necessary emergency medical care for my child.**

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

**PLEASE READ AND INITIAL EACH OF THE FOLLOWING CONSENTS**

**MEDICATION:**

I give Grace Crossing Academy permission to administer a label approved dose of fever reducer to my child. I understand that this consent is only valid if I give verbal permission the same day. \_\_\_\_\_

**WATER ACTIVITIES:**

I give Grace Crossing Academy permission for my child to participate in water activities that include: sprinklers, slip and slides and individual water dispensing handheld apparatus. Prior notification of any water activities of this nature will be sent home. \_\_\_\_\_

**PHOTOGRAPHS / VIDEO:**

I give Grace Crossing Academy permission to photograph or videotape my child in school activities for classroom viewing, local publicity, and the church/school website. \_\_\_\_\_

**SCHOOL DIRECTORY:**

I give Grace Crossing Academy permission to have my address, phone number, and email address listed in the Grace Crossing Academy directory. This directory will be available ONLY to families of Grace Crossing Academy. \_\_\_\_\_

**FOOD:**

I give Grace Crossing Academy permission for my child to have food other than parent-provided meals and/or snacks. This includes commercially produced or home-prepared foods for birthdays, feast days, holiday parties, snacks, etc. \_\_\_\_\_ Yes \_\_\_\_\_ No-I will provide a comparable, appropriate meal and/or snack.

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

**CHILD'S PERSONAL HISTORY:**

**Living Arrangements (Optional):**

Parents: Both \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

Grandparents \_\_\_\_\_ Guardian \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_

**MANDATORY: If court ordered visitation applies, please provide copies of court documents concerning custody, guardianship, visitation, etc.)**

**Please update us on your child's preferences and personality. Continue on the back if necessary: (Parents of infants, please see your child's teacher for an Infant Feeding Habits Sheet)**

Has your child had any previous childcare or preschool experiences? \_\_\_\_\_

How often does your child stay with people other than parents (i.e. Sunday School, babysitters, Grandparents, etc.)? \_\_\_\_\_

Who cares for your child when you are away from home? \_\_\_\_\_

What is your child's typical reaction to being left with someone? \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ Names and kinds \_\_\_\_\_

Favorite toys \_\_\_\_\_ Favorite activities \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_

What word does your child use when he/she needs to go to the bathroom? \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_ Get up in the A.M.? \_\_\_\_\_

Does your child take afternoon naps? \_\_\_\_\_ If so, what time? \_\_\_\_\_ How long? \_\_\_\_\_

Any special instructions for napping? \_\_\_\_\_ Lovie? \_\_\_\_\_ Pacifier? \_\_\_\_\_

How does your child act when upset? \_\_\_\_\_

What helps to reassure your child? \_\_\_\_\_

What causes your child to lose his/her temper? \_\_\_\_\_

What things does he/she fear? \_\_\_\_\_

What types of discipline do you use? Such as Ignoring \_\_\_\_\_, Redirection \_\_\_\_\_, Sending to room \_\_\_\_\_

Time out \_\_\_\_\_, Other \_\_\_\_\_

Describe your child's personality \_\_\_\_\_

Is your child adopted? (optional) \_\_\_\_\_ Age at adoption? \_\_\_\_\_ Does your child know he/she is adopted? \_\_\_\_\_ Comments \_\_\_\_\_

Please tell us of any special needs that your child may have or concerns that you may have regarding your child. \_\_\_\_\_

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

## **Acknowledgement of GCA Policies 2016-2017**

I have been offered the option to receive a paper copy or electronically access at [www.gracecrossingacademy.net](http://www.gracecrossingacademy.net) the Grace Crossing Academy Parent Handbook.

I have chosen to:

- Accept responsibility for accessing these documents by visiting the web address listed above or
- Receive a paper copy of these documents

I understand that these policies describe important information regarding Grace Crossing Academy. If at any time I have questions regarding these policies; I should consult the Director.

My relationship with Grace Crossing Academy is voluntarily entered into and is subject to termination by me or GCA at will, with or without cause, at any time that either GCA or I believe such action is appropriate. Such termination shall be subject to all the policies relating to termination of services.

I agree to abide by all policies stated in the GCA Parent Handbook. I understand that I will be notified in writing of any changes in these policies. Any complaints, concerns, or grievances against Grace Crossing Academy will be made in writing and will be handled in a timely manner according to the GCA policies.

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Parent Signature and Date

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Parent Signature and Date

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Child's Name

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Child's Name

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Child's Name