

PARENTAL AGREEMENT

PLEASE INITIAL:

- _____ I recognize that Firewheel Christian Academy has a highly qualified, trained staff, and I have confidence in their ability to perform the educational functions due my child at their discretion.
- _____ I realize that from time to time children take issue with actions, and they are prone to criticize statements out of context. This being normal for children, I pledge that should such occur, I will not support the criticism; instead, I will correct my child, support the school personnel, and request full details from the teacher when I have a question concerning the incident. As a supportive parent of FCA, I realize that calling a teacher when I am angry is an unwise practice. I will give myself at least three hours to carefully analyze the situation before calling the teacher.
- _____ As a supportive parent of FCA, I realize that gossip will not be tolerated with other staff, teachers, or parents. I may be called in by the principal to discuss this matter.
- _____ I will pray for the staff and ministry, cooperate with them in discipline, and seek to accept their judgment in all such matters.
- _____ I will lay a spiritual foundation through Godly example in the home and will support the spiritual training of the school.
- _____ I will help to follow through with any assignments or notices to be signed.
- _____ I will see that my child arrives at school on time, dressed in the proper uniform, and will send written excuses for any absences or tardies.
- _____ I will cooperate in training my child to respect school property and will pay for irregular abuse of the same.
- _____ I will seek to attend and support parent functions.
- _____ I understand the registration fees are not refundable and that my failure to be consistent with the prescribed plan of tuition payment could result in my child's being suspended from attending school. I also understand that late fees will be charged for tuition payments received after the fifth day of the month. I understand that all school records, report cards, etc. will be withheld if student accounts are delinquent for sixty days or more; if the student fails to return library books, textbooks, school materials, etc. as required; and/or if the student registration and/or health records are not current. I realize that end- of - the - year school records will not be released until all student accounts are paid in full.
- _____ I have read the Parent/Student Handbook of Firewheel Christian Academy.
- _____ I understand and accept the objectives, disciplinary rules, dress code, and other policies set forth by the school and the FCA School Committee. I understand failure to adhere to the rules of the school is justification for expelling a student.
- _____ I realize that attending Firewheel Christian Academy is a privilege. It is my intention to support the decisions of and discipline of the supervisors of the school.

Child's Name _____
Date

Signature of Parent/Guardian _____
Date

Address City State Zip Phone

Subscribed and sworn to before me on this _____ day of _____, _____.
(month) (year)

Notary Public In and For the State of Texas

My commission expires:

PARENTAL PERMISSION AND RELEASE

(Name of Child) _____

is my child, and is now under my control and in my custody. I desire said child to go on any and all trips, and to participate in any and all activities along with other children from Firewheel Christian Academy. In consideration of said child being permitted to make such trips and take part in such activities and the instruction said child will receive by reason thereof, I hereby release and discharge, and agree to indemnify and hold harmless Firewheel Christian Academy, it's trustees, officers, teachers, and employees, together with any volunteer carrier or supervisors of such child without compensation, from any and all liability and responsibility in connection with such negligence, (but not including acts or omissions that are intentional or willfully negligent) resulting in death, damage, or injury to person or property of such child if the trustee, officer, teacher, employee or volunteer is acting in good faith, and in the course or scope of his or her duties or functions within the organization; provided, however, any trustee, officer, teacher, employee or volunteer shall not be released herein for liability for death, damage or injury to the person or property of such child to the extent of any existing insurance coverage applicable to the act or omission.

Signature of Parent/Guardian _____ Date

Address City State Zip Phone

Name of Emergency Contact Phone Number _____ Date

Subscribed and sworn to before me on this _____ day of _____, _____.
(month) (year)

Notary Public in and for the State of Texas

My commission expires:

Authorization and Consent to Provide Emergency Medical Care

(name of student) _____

Is my child and is now under my control and in my custody. I authorize Firewheel Christian Academy and it's representatives, trustees, officers, teachers, and employees, together with any employee-approved volunteers, to consent to and obtain emergency medical treatment of my child in case of any illness or injury in connection with a school activity or school trip, such treatment to be administered by such physicians, personnel, hospitals and/or clinics as may be deemed necessary by Firewheel Christian Academy or its representatives.

➔ Further, I **do/do not** authorize any such treating physician or medical personnel to administer blood or blood products to my child (Please circle appropriate response).

Signature of Parent/Guardian Date

Address City State Zip Home Phone

Work Phone Cell Phone

Name of Emergency Contact Cell Phone Work Phone Home Phone

List any pertinent health information or conditions: _____

_____ Medication student takes daily: _____

Name of Physician: _____

Address of Physician: _____

_____ Office Phone: _____

Insurance Provider: _____ Policy # _____

Hospital Choice: _____

Hospital Address: _____

Hospital Phone: _____

➔ In case of emergency, my child may be taken to the nearest hospital: **yes** **no** (circle appropriate response) ←

Subscribed and sworn to before me on this _____ day of _____, _____
Month Year

Notary Public in and for the State of Texas

My Commission Expires:
For new students only:



I, _____
(parent or guardian)

give permission for Firewheel Christian Academy to include

my child, _____

in all media presentations (videos, slide shows, yearbook,
photographs, etc.)

I understand that it is my responsibility to update this form in
the event that I no longer wish to authorize my child to be
included. I agree that this form will remain in effect during the
term of my child's enrollment.

Signed: _____ Date _____
(parent or guardian)

Discipline and Guidance Policy for Firewheel Christian Academy Early Education

- Discipline must be:**
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:**
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:**
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (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 the door closed; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance
My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one

please:

- parent employee/caregiver household member of child-care home



FOR 6 mos - 3 years ONLY

Firewheel Christian Academy Early Education

5500 Lavon Drive, Garland, Texas 75040 – 972-530-1614

Physician's Statement

Child's Name: _____

Date of Birth: _____

**I have examined the above-named child within the past twelve months and find that he/she is able to participate in a child care program. He/she has been found to be healthy and free of communicable disease. STAMP AND SIGNED BY DOCTOR
Please include a copy of the child's immunization records.**

Signed: _____ M.D.

Date: _____

Address: _____

City _____ Zip _____ Phone: _____

DATE OF LAST PHYSICAL EXAM: _____

Please include a copy of the child's immunization records.

For your convenience, this form may be faxed to our office at 972-495-3927 Attn: Early Education

Purpose:

These questions are designed to give you the information needed to provide the best, most appropriate care for children. This information is confidential and parents must be reassured it will not be shared without their written permission.

Experts in the field recommend completing an assessment form for each child. It can help start mutual trust and respect that will develop into a strong, cooperative partnership between parents and caregivers.

The assessment should be completed prior to enrollment. Give parents an opportunity to review your enrollment forms and parent handbook before you complete the assessment form. The parent handbook or operational policies set forth your program's philosophy and values.

The enrollment interview is the time to obtain critical information about the child and provide information on your program's operational policies, such as health checks (if conducted), procedures for the release of children, and illness and exclusion criteria. It also provides parents an opportunity to assess your program and determine if it is best suited for their child's needs.

Child Name (last, first, middle)		Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)		City	County	Zip
Mailing Address (if different) -- Street or P.O. Box		City	County	Zip
Telephone No. (include A/C)				

* If applicable.

1. Health

Does your child have any allergies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?			
How should we respond if he/she has an allergic reaction?			
Does your child have an existing illness?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?			
Is the medication prescribed for continuous use?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Toileting:

Does your child need assistance with toileting?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?			
What are your ideas about toilet training?			
How can we best help?			

3. Behavior:

Does your child have any special fears?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?			
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?			
When your child gets upset, what helps him/her calm down?			
What is a good way to distract your child when he/she is having a temper tantrum?			
Are there any particular routines that are particularly helpful at naptime?			

What position is most comfortable for your child when he/she is napping?	
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4. Eating Preferences:

What are your child's favorite foods?			
Does your child use utensils, eat with fingers, feed self?			
Does your child choke easily while eating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

5. Activities:

What activities do you like to do with your child?			
What activities does your child like to do when playing with other children?			
What does your child like to do when he is playing alone?			

6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)			
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I verify that the above assessment was discussed with the parent(s) of _____

Signature of Director

Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date Signed

Additional Comments:

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