



## Nursery Checklist 2019-2020

- Nursery Application (online at [www.tcajax.org/admissions](http://www.tcajax.org/admissions))
- Meeting with Julie Knowell

**After acceptance into TCA you will need to bring the following documents to the F-Building to register your child.**

- Copy of Birth Certificate
- Florida Health Department Shot Record
- Florida Health Department Physical
- TCA Pick-Up Permission Form (attached)
- TCA Nursery Medical Form (attached)
- Signed Pledge of Cooperation (attached)
- Signed Parental Consent for Release of Student Photograph and Information (attached)
- Registration/Supply Fee
- Parent Social Security Card
- Child Social Security Card
- Set Up FACTS Account
  - Set up prior to registration **OR**
  - Bring financial information (account number, routing number, or credit card)



## TCA Nursery Illness Policy

If your child is sick, please do not bring him/her to the nursery and expose others to infection. TCA nursery is not set up to care for ill children for extended periods of time. It is terribly unfair to bring an ill child to school where they have to participate in activities designed for a well child. Please do not give your ill child a fever-reducing product and bring them to the nursery. This is very inconsiderate of your child, the teacher, and other class members whom he/she may infect. It is our desire to keep illness to a minimum. To do this, we must have the cooperation of every parent in assuming responsibility for his/her own ill child.

Illness will be defined as:

1. A temperature of 100 degrees or higher
2. Vomiting one or more times
3. Diarrhea one or more times
4. Green or yellow drainage from eyes, ears, or nose
5. Coughing and/or wheezing
6. Excessive fussiness which demands above normal amounts of attention so that the class caregiver is distracted from the normal routine and from caring for the needs of other children
7. Any other symptom which is abnormal for a particular child and is determined by the director or supervisor on duty to be of risk or concern
8. Any combination of the above
9. Head lice, though not a disease is contagious. We maintain a "nit-free" policy. For this reason, any student diagnosed as having lice will not be permitted in the classroom until it is remedied and the child is inspected by school personnel.

\*PLEASE NOTE: We do not recognize teething as being a cause of fever or diarrhea.

If your child becomes ill while at school, he/she will be isolated and you will be contacted to come and pick up your child. IMPORTANT: An ill child is to be picked up within one hour of notification.

### **RETURNING TO SCHOOL: 24 HOUR RULE**

A child who has to leave school with one of the symptoms listed above may not return to school the following day. While we do not desire to inconvenience you unnecessarily, we do believe the parent should have their child's well-being as a priority. The child must stay home from school until he is symptom free (without medication) for 24 consecutive hours. The 24-hour period will give you the opportunity to fully assess your child's condition, begin a prescribed medicine while watching for allergic reaction, and assure that your child is free from illness before returning to the nursery.



## TCA Medical Release Form For Prescription and Non-Prescription Drugs

- Medicines are given at 11:00am and 2:00pm each day. Please try to have your child on this schedule.
- The first does of a new medicine must be given at home because of possible allergic reaction.
- All prescription medicine must be brought in the original bottle.
- Non-prescription medicine must be labeled with your child's first and last name.
- Please complete a separate form for each type of medicine.
- Instructions for dispensing medicine (must have new instructions each Monday).

Child's Name \_\_\_\_\_ Date(s) \_\_\_\_\_ Room # \_\_\_\_\_

Check all that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Medicine need refrigeration | <input type="checkbox"/> Give today only     | <input type="checkbox"/> Give every day this week |
| <input type="checkbox"/> Give only as needed         | <input type="checkbox"/> Internal (by mouth) | <input type="checkbox"/> External (by skin)       |

Name of medicine: \_\_\_\_\_ Amount: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

*I hereby give my permission for my child to be given the medicine indicated above. I agree to waive any claim for liability that may arise relative to treatment administered by the nursery and/or school clinic.*

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



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## TCA Pick-Up Permission Form (Return to Nursery Office)

Child's Name \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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Emergency Phone (Must be different from those listed above)

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relation: \_\_\_\_\_

Please list the names of persons allowed to pick up your child. The name of anyone coming to pick up your child must appear on the list below. They must also be prepared to present a picture ID. Phoned in names which do not appear on this list will only be accepted with signed note from you along with their picture ID.

*Note: The name(s) of parents or guardians must also be listed here.*

	Pickup Name	Relationship to Child	Phone Number
1			
2			
3			
4			
5			
6			

Please list the name(s) of any person(s) who may **never** pick up your child:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

*Note: We do not have the authority to withhold a child from his/her other parent without a copy of the court order.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Trinity Christian Academy  
Nursery Medical Form**



Student's Name \_\_\_\_\_ Student's DOB \_\_\_\_\_

Does your child take any medication on a routine basis?  Yes  No  During school hours

Name of medication: \_\_\_\_\_ Purpose of medication: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Purpose of medication: \_\_\_\_\_

Children are not permitted to carry medications in their bags or lunchboxes. All medication must be turned in to the nursery office along with a completed Medical Release form. Please notify the nursery office of any changes in health or medication.

<b>Check <input checked="" type="checkbox"/> the box and explain if your child has now or has a history of these condition(s).</b>	
<input type="checkbox"/> <b>Asthma</b>	<input type="checkbox"/> <b>Mild</b> <input type="checkbox"/> <b>Moderate</b> <input type="checkbox"/> <b>Severe</b> <input type="checkbox"/> <b>Exercise Induced</b> <input type="checkbox"/> Rescue Inhaler at home <input type="checkbox"/> Rescue Inhaler with student (*requires written physician authorization) <input type="checkbox"/> Rescue Inhaler in school clinic
<input type="checkbox"/> <b>Allergies to Foods, Insects or Medications</b>	<input type="checkbox"/> <b>Mild</b> <input type="checkbox"/> <b>Moderate</b> <input type="checkbox"/> <b>Severe</b> <input type="checkbox"/> Bees/Insects _____ Reaction _____ <input type="checkbox"/> Foods _____ Reaction _____ <input type="checkbox"/> Medication _____ Reaction _____ <input type="checkbox"/> Other _____ Reaction _____ <input type="checkbox"/> <b>EpiPen at home</b> <input type="checkbox"/> <b>EpiPen at school</b>
<input type="checkbox"/> <b>Other Condition</b> _____	

The nursery office carries the following medications. Please check all medications we are allowed to give/use in the care of your child. *Please note: We will call before giving your child any of the listed medications. However, we will not give any medications for which you have not granted prior permissions. You must have already check and signed granting us permission.*

*I hereby grant my permissions to TCA to give the following medication(s) to my child after telephone contact.*

Parents Signature: \_\_\_\_\_

**Pain Relievers:**

\_\_\_\_ Tylenol liquid  
 \_\_\_\_ Orajel

**Sinus & Cough Medications:**

\_\_\_\_ Benadryl liquid  
 \_\_\_\_ Robitussin DM

**External:**

\_\_\_\_ Peroxide  
 \_\_\_\_ Anitseptic Wash  
 \_\_\_\_ Antibiotic Ointment  
 \_\_\_\_ Alcohol  
 \_\_\_\_ Diaper Rash Ointment

\_\_\_\_ Anti-Itch Cream  
 \_\_\_\_ Caladryl  
 \_\_\_\_ Eye Wash  
 \_\_\_\_ Band Aids

The nursery office does not carry any Aspirin products or any products which contain salicylates, such as Pepto Bismol or ibuprofen. Generic equivalents of the listed medicines are used when available.

In the event of an emergency, and in the event that I cannot be reached, I grant a representative of Trinity Christian Academy permission to act in my behalf in obtaining necessary medical treatment for my child.

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

Primary Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Secondary Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician/Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician/Pediatrician's Office \_\_\_\_\_



## PLEDGE OF COOPERATION

Dear Trinity Christian Academy Patrons,

As an essential part of the enrollment process, the pledge written below must be completed. It serves as a protective legal hedge for the benefit of our families and the school.

### Conditions of Enrollment and Pledge of Cooperation:

1. I understand that it is a privilege, and not a right, for my child (ren) to attend Trinity Christian Academy ("TCA"). I further understand that all students are accepted on a probationary status. I further understand that the school reserves the right to dismiss any student who does not cooperate with any phase of the educational program and process, be it curricular or extra curricular, or whose attitudes and actions are not in harmony with the aims and ideals of TCA. I give TCA's administration full discretion in the discipline of my child, including the issuing of demerits, referrals, detention, suspension (in-school or out), and expulsion from the school for conduct deemed by TCA to be improper, regardless of where the incident(s) giving rise to such discipline occurs. Admission for one school year does not guarantee automatic admission for future school years.
2. In order to preserve the spiritual atmosphere nurtured at TCA, I understand that discipline will be more swiftly and rigorously enforced. I further understand there may be times where I disagree with the discipline imposed upon my child. I further understand that in the event of such disagreement, I am to request a conference with the principal and/ or his or her designee(s) of the educational unit involved.
3. I understand that TCA, in the interest of nurturing its school atmosphere and spiritual goals, has a "Zero Tolerance" policy regarding possession and /or use of illicit drugs on or off campus. If in the judgment of TCA's administration, it is determined my child(ren) should be drug tested, I agree to have my child(ren) tested, at my own expense, by an appropriate medical provider approved by TCA to conduct such drug test. If I am unwilling to permit such a drug test, or to release the results of such test to TCA, I shall withdraw my child(ren) from TCA and thereby waive all rights to any recourse.
4. I understand and agree to the need for, not random, but reasonably determined investigations of student activities which may involve and include searching my child's or children's belongings (i.e., book or carrying bag, lunch box, purse, gym bag, etc.) and locker. In the case of secondary students, I also give permission for any motor vehicle in my student's possession to be searched for stolen or other improper items. I ask that TCA's administration make a reasonable attempt to contact me prior to such a search in order to allow me to be present. If I am not available by telephone after reasonable efforts to contact me have been made by TCA, I permit TCA's administration to search the vehicle.
5. I agree to cooperate fully with TCA's administration regarding all actions requested of me pertaining to my child's or children's enrollment at the school and in the enforcement of its rules and policies. I agree to cooperate with the policies and procedures of the school administration while also upholding the aims and ideals of the school and by encouraging my child(ren) to likewise abide by the aims and ideals of the school.
6. I understand that my child's or children's continued enrollment at TCA is conditioned upon my prompt and timely payment of all tuition and fees (including late fees). I further understand that in the event of withdrawal or expulsion of my child(ren) from TCA for any reason, I waive all rights to a refund of tuition and fees previously remitted and further understand that I shall remain obligated for any tuition and fees not yet having been paid.
7. I acknowledge having access to and having read a copy of TCA's current handbook before execution of this application. I agree that my child's or children's enrollment at TCA is subject to all terms and conditions of the handbook which are fully incorporated herein by reference.
8. I acknowledge and agree, individually and on my child's behalf, that Trinity Christian Academy of Jacksonville, Inc. ("TCA") is accepting the admissions of my child with the explicit understanding that my child does not require any additional accommodations above and beyond those accommodations currently provided by TCA. If my child requires accommodations that TCA is unable to meet, TCA will not be able to retain my child and my child shall be dismissed from TCA.

**PLEASE SIGN AND RETURN THIS PAGE. REGISTRATION CANNOT BE COMPLETED WITHOUT THIS FORM.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name Student Signature for grades 4th-12th

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name Student Signature for grades 4th-12th

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name Student Signature for grades 4th-12th

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



**PARENTAL CONSENT FOR RELEASE OF STUDENT PHOTOGRAPH AND INFORMATION**

I hereby grant Trinity Christian Academy the following rights:

- 1. The right to use my child’s name, photograph, picture, portrait and likeness (hereinafter collectively known as “Image”) in connection with its educational and promotional materials or for any other similar legitimate purpose;
- 2. The right to create a composite or computer-manipulated materials from my child’s image;
- 3. The right to use, reproduce, publish, exhibit, distribute and transmit the image individually or in conjunction with other images or printed matter in any and all media including, but not limited to, print material, yearbooks, television, film, internet, social media, and CD-ROM.

I hereby waive the right to inspect or approve my child’s image or any finished materials that incorporate my child’s image. I understand and agree that my child’s image will become part of Trinity Christian Academy’s photograph file. I also understand that neither my child nor I will receive compensation in connection with the use of my child’s image.

I hereby release and forever discharge Trinity Christian Academy, its affiliates, its subsidiaries, its members individually and its officers, agents, and employees from any and all claims, demands, rights, and causes of action of whatever kind that I may have, either in my own behalf or in my capacity as legal representative of my child, caused by or arising from the use of my child’s image, including all claims for libel and invasion of privacy.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE CHOOSE ONE:**

**I understand that without checking the permission box my child’s name and photograph cannot and will not be included in any presentations, assembly recognitions or publications including the school yearbook.**

- I give permission
- I do not give permission

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



**NURSERY RATE SHEET  
2019-2020**

**Registration/Supply Fee:** \$150.00 Due at time of registration / non-refundable

<b>Nursery Class</b>	<b>10 Payments August 1 - May 1</b>	<b>Yearly Amount</b>
<b>Infant N0</b>	\$1,063.50	\$10,635.00
<b>Toddler N1</b>	\$991.00	\$9,910.00
<b>Pre-K N2</b>	\$891.50	\$8,915.00

**Hours:** Monday-Friday, 6:30am-6:00pm

**NOTE:** There will be a \$15.00 charge per each 15 minutes for late pick up after 6:00pm

Nursery rates and operation are for normal school days only.

Rates are for the school year only: summers would be additional if available.