



Bethel's Family Christian Academy
14442 Fonmeadow Dr. | Houston, Texas | 77035
Phone: 713-729-5672 | Fax: 713-729-0660
bcaeagles.org

Student Folder Checklist 2021 – 2022 School Year

Student Name _____

Teacher _____

Each student folder must contain the following signed documents:

- Student Admission Form
- Financial Agreement
- Child Pick-up Authorization Form
- Over-the-Counter Medicine Consent Form
- Media Consent Form (BFCA, Facebook, Instagram, YouTube)
- Student Handbook Parent Signature Page
- Immunization record
- Birth Certificate (original state issued)
- Allergy Alert Notice (if student has pre-existing allergies)
- If Applicable: Special Circumstances, Notices, Judgements regarding custody, Special Arrangements for Guardians and/or Foster Parents (place copy of pertinent info in child's folder)
- Other (please specify) _____

- Notes _____



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Office Use Only:

QB Setup _____

WatchMeGrow Approval _____

Brightwheel Setup _____

Allergy List Updated _____

Social Media List Updated _____

8 Copies - Admission Form

Teacher _____

Sis. Holman _____

Sis. August _____

Sis. Pye _____

Kitchen 1 _____

Kitchen 2 _____

Library _____

Stem Lab _____

Registration Payment \$75.00 _____

1st Week Tuition Payment \$150.00 _____

Staff Signature: _____

Date: _____



ADMISSION INFORMATION

GENERAL INFORMATION			
Operation's Name: BETHEL'S FAMILY CHRISTIAN ACADEMY		Director's Name: JAIME HOLMAN	Admission Date
Child 's Full Name		Child's Date of Birth / Age	Child's Home Telephone No.
Child's Home Address		City	State
Child's Home Address		City	State
Previous Center Name		Phone Number	
Mother's Name		Father's Name	
Mother's Cell Number	Mother's Work Number	Father's Cell Number	Father's Work Number
Mother's Email Address		Father's Email Address	
Mother's Place of Employment		Father's Place of Employment	
Mother's Home Address		Father's Home Address	
City/State/Zip		City/State/Zip	
Legal Guardian's Name (if applicable)		Legal Guardian's Phone Number/Email Address	
Legal Guardian's Address if different from above		City/State/Zip	
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached. The person(s) listed can also pick your child up from school (if necessary).			

<p>1. MEALS</p> <p>I understand that the following meals will be served to my child while in care: (Check appropriate box)</p> <p><input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack</p>	<p>2. WATER ACTIVITIES</p> <p>I hereby give <input type="checkbox"/> do not give <input type="checkbox"/> my consent for my child to participate in water activities. (Check appropriate box)</p> <p><input type="checkbox"/> Sprinkler Play <input type="checkbox"/> Water Table Play <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Splashing/Wading Pool <input type="checkbox"/> Aquatic Playgrounds</p>
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AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION			
In the event that I cannot be reached to make arrangements for emergency medical care, I authorize BFCA to take my child to the following:			
Name of Physician:		Phone #	
Address:	City/State		Zip
Name of Emergency Care Facility:		Phone #	
Address:	City/State		Zip
I give consent for the facility to secure any and all necessary emergency medical care for my child. =====			Date
Signature – Parent/Legal Guardian			



ADMISSION INFORMATION

CHILD'S ADDITIONAL INFORMATION SECTION

List any special problems that your child may have such as existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have any diagnosed food allergies? No Yes
If yes, Doctor's plan must be submitted. Date submitted _____

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

ADMISSION REQUIREMENT

If your child **does not attend pre-kindergarten or school** away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

1. HEALTHCARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the last year and find that he or she is able to take part in the day care program.
2. A signed and date of copy of a health professional statement is attached.
(REQUIRED WITHIN 1 WEEK OF ENROLLMENT)
3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization which I adhere to or am a member of. I have attached a signed and date affidavit stating this.
4. My child has been examined within the past year by a healthcare professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a healthcare professional's signed statement and submit to the child care operation.

Name and Address of HealthCare Professional:		Phone #
Address:	City/State	Zip
Signature – Physician		Date

IMMUNIZATIONS

I have provided the child care operation with a copy of my child's most current immunization record.

REQUIREMENTS FOR EXCLUSION

- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of:

GANG FREE ZONE

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

PRIVACY STATEMENT

DFPS values your privacy. For more information, read the Privacy and Security policy online at www.dfps.state.tx.us/policies/privacy.asp.

Signature – Parent/Legal Guardian	Date
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ADDITIONAL CHILD INFORMATION

Does the Child have any Siblings



ADMISSION INFORMATION

Name	Age	School

Daily Routines		
What time does child get up?	What time does child go to bed?	Does child sleep well?
Does child sleep during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long? _____ minutes _____ hours	Any eating problems? <input type="checkbox"/> Yes <input type="checkbox"/> No Any food dislikes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is child toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Haven't started	If yes, at what stage? <input type="checkbox"/> Completely <input type="checkbox"/> Partially <input type="checkbox"/> Almost there <input type="checkbox"/> Need work	Are bowel movements regular? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometime <input type="checkbox"/> Other _____

Parent Evaluation of Child
Please describe any illnesses, diseases, physical abilities or special conditions that have affected or may affect your child's general health. (Examples: health, allergies, hearing, speech delay, eyesight, attention deficit, memory, learning difficulties, motor skills difficulties)
Have you had any evaluations/testing for behavioral, psychological, or educational concerns? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain
Does your child have any diagnosis we should be aware of? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain
Does your child take medication on a regular basis? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain
Does your child have any physical, mental, or emotional limitations? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain
How does child get along with parents, brothers, sisters and other children or adults?
How is your Child's Temperament?
Has the child had group play experiences?
Does child have any special problems/fears/needs?
How do you calm your child when upset?
Any additional information you would like to share about your child?



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713.729.5672 phone - 713.729.1692 fax



ADMISSION INFORMATION

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
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HEARING EXAM RESULTS - 4 Years of age and older

EAR	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Left				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

I acknowledge receipt of the facility's operational policies including those for:

- Safe Sleep
- Discipline & Guidance
- Emergency Plans
- Illness & Exclusion Criteria
- Suspension or Expulsion
- Tuition and other fees
- Meals and Food Service practices
- Immunization Requirements for Children
- Procedure for Dispensing Medicine
- Procedures for Release of Children
- Procedures for Health Checks
- Procedures for Parents to discuss concerns with the Director
- Procedures for Parents to participate in operation activities
- Procedures to visit the center without prior approval
- Procedures for Parents to contact Child Care Licensing
DFPS, Child Abuse Hotline, and DFPS website

Student lives with: Parents Mother Father Step-Mother Step-Father
 Grandmother Grandfather Other Please explain:

Select Parent(s) that have legal responsibility for the following:

School Bills Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/>	School Decisions Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/>
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Student Custody Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/>	School Communications Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/>
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If there are special arrangements regarding your child it is the parent's responsibility to keep school informed

Custodial Information
 (Please answer info below & please give copies of court orders for student's file, IF APPLICABLE)

Parent/Guardian Signature:	Date:
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Signature – Center Designee	Date
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Bethel's Family Christian Academy FINANCIAL AGREEMENT 2021 – 2022 School Year

Student Name _____

_____ THIS IS NOT A RECURRING BILLING AGREEMENT.

_____ A non-refundable registration fee and the first week tuition are due upon registration.

_____ Tuition is due every week on Friday for the upcoming week.

_____ Tuition is due every week regardless of payment method. If you receive financial assistance, divide your payment by four (4) and that will be your weekly payment amount.

_____ A \$25.00 late payment fee will be applied for all late payments on Monday of the attending week.

_____ If a payment goes delinquent for more than one (1) business day (Tuesday morning of the attending week) the child's enrollment will be terminated until all fees are paid.

_____ All past due tuition amounts must be paid prior to student's re-admittance to school.

_____ Tuition is due regardless of absences or school closures unless otherwise specified. Credit towards another week will not be granted.

_____ There are no make-up days for Bethel's Christian Academy closures.

Please initial the above lines. Your signature below indicates acknowledgement with this agreement and with the written policies of the provider (contained in the Parent/Student Handbook). The provider may change policies as needed with advance written notice.

Parent Signature

Date

Printed Name

Thursday, July 8, 2021



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CHILD PICKUP AUTHORIZATION

Please make sure that a copy of person's driver's license and date received is placed in child's folder

(Please Print Clearly)

Name of participant: _____

Date of Birth: _____ Male _____ Female _____ Age _____

Parent(s)/Guardian(s) Name(s): _____

The following individuals have my permission to pick-up my child from BFCA/BFCA Summer Camp:

1. Name: _____ Relationship: _____

Address: _____ Contact Number: _____

2. Name: _____ Relationship: _____

Address: _____ Contact Number: _____

3. Name: _____ Relationship: _____

Address: _____ Contact Number: _____

4. Name: _____ Relationship: _____

Address: _____ Contact Number: _____

Special Remarks or Concerns: _____

Under no circumstances will your child be released to anyone other than the individuals named above without prior authorization. Parents/Guardians please note (for emergency purposes) if a person is not on the pickup list we need a consent sent via email and then that person must be added to your pickup list. They must have identification before the child will be released.

Parent/Guardian Signature _____ Printed Name _____ Relationship _____ Date _____

Parent/Guardian Signature _____ Printed Name _____ Relationship _____ Date _____



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Consent to Administer Medication Form

BFCA Staff will not administer over-the-counter medication to any student without express authorization from parent and a physician presented on this completed form. Please note that BFCA cannot administer the first initial dosage of any prescription medications.

I authorize BFCA to use its discretion to give my child any of the initialed medication(s) noted below.

I wish to be called before BFCA administers the any medication.

I do not want my child to receive any over-the-counter medication at school.

Student Name

Class

Parent Signature

Date

Over-the-Counter medications:

Acetaminophen (Tylenol)

Hydrocortisone cream

Antibiotic ointment

Ibuprofen (Advil or Motrin)

Benadryl (diphenhydramine)

My child has medication allergies (please check)

Yes No If yes, please list here: _____

For Physician

It is medically safe for the above-named student to receive the initialed medication(s).

Physicians Signature _____

Date _____ Physicians Name Stamp _____

Physicians Phone Number _____



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Student's Name: _____
(Please print)

MEDIA RELEASE

I hereby give my consent to all photographs, audio recordings, academic work, and/or video recordings taken of me or my minor child by Bethel's Family Christian Academy staff or their designee. I understand that any such photographs, audio recordings, academic work, and/or video recordings become the property of the school and may be used by the school or others with their consent for educational, instructional, or promotional purposes determined by the school in broadcast and electronic media formats now existing or in the future created.

(Please check one of the options below.)

- Yes, I give my consent.
 No, I do not give my consent.

Facebook – Photos and videos of students, teachers, and staff will be shared on the school's page which will be open to the public.

- Yes, I give my consent.
 No, I do not give my consent

Instagram Photos and videos of students, teachers, and staff will be shared on the school's page which will be open to the public

- Yes, I give my consent.
 No, I do not give my consent

YouTube Photos and videos of students, teachers, and staff will be shared on the school's page which will be open to the public

- Yes, I give my consent.
 No, I do not give my consent

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

Date: _____

Signature: _____
(Parent/Guardian signature)

Parent's/Guardian's Name: _____
(Please print)

Bethel's Family Christian Academy
Parent Signature Page

This parent handbook outlines the policies and procedures of Bethel's Family Christian Academy. An understanding of and adherence to the policies and procedures will ensure positive parent-school relations and that the children's needs are being adequately met. Therefore, the preschool requires that all parents and/or guardians of children enrolled at BFCA read, sign, and return to the Preschool Director the statement that follows.

1. I have read the Preschool Parent Handbook.
2. I will read any additions or revisions to the parent policies.
3. I will adhere to the parent policies outlined in this handbook.
4. I realize that lack of adherence to these policies may result in termination of the child care arrangement.

I understand that the policies in this handbook and communicated to me in any fashion are subject to interpretation, review and change annually.

Parent/Guardian,

By signing below, I acknowledge that I have received a copy of the parent/student handbook.

Student Name

Grade Level

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Director's Signature

Jaime Holman, Director

Date

(Return to Bethel's Family Christian Academy office)
2021-2022