



## New Student Application

Today's Date: \_\_\_\_\_

Applying for the 2019-2020 School Year

Applying for: (Circle Grade): K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11 12

### **Student Information**

Student's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is there anyone other than a parent financially responsible for this account? \_\_\_\_ If so, please provide the following information:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Parent Information**

#### **Student's biological parents:**

Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Other \_\_\_\_

If separated or divorced, who has legal responsibility for school decisions? \_\_\_\_\_

***Please submit notarized copies of all court documents signed by a judge regarding custody & educational decision. (Required for enrollment)***

**Parent(s) with whom the child lives:**

*(Please Circle One)* **Father / Step-Father**

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

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

*(Please Circle One)* **Mother / Step-Mother**

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

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Other home for student:**

*(Please Circle One)* **Father / Step-Father**

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

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

*(Please Circle One)* **Father/Step-Mother**

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

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Will you or have you applied for the following scholarships**

Step up for Students? \_\_\_ Yes \_\_\_ No

McKay Scholarship? \_\_\_ Yes \_\_\_ No

4-C? \_\_\_ Yes \_\_\_ No

**Emergency/Alternate Pick Up (Other than parents)**

**\*\*Please note all listed people must be 18 years of older\*\***

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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Phone Number(s): \_\_\_\_\_

**Spiritual Information:**

Church Name: \_\_\_\_\_

Church Denomination: \_\_\_\_\_

Do you attend Church regularly? \_\_\_\_\_ Is the student a Christian? \_\_\_\_\_

**Medical Information**

Is the student's immunization record up to date? \_\_\_\_\_

Does the student have any medical condition? \_\_\_\_\_

If yes, what is the condition \_\_\_\_\_

Allergies: Yes \_\_\_\_\_ or No \_\_\_\_\_ If yes, has an Epi Pen been prescribed? \_\_\_\_\_

What type of reaction does the student experience for this allergy?  
\_\_\_\_\_

Please list any chronic/severe illnesses, injuries, surgeries, etc:  
\_\_\_\_\_

What medications does the student currently take? \_\_\_\_\_

In case of an emergency, please list you hospital preference: \_\_\_\_\_

**Please Note: New for 2019-2020**

Any medication that needs to be given to your child at school must be accompanied by a Doctor's note (Dr. Signature required) with specific dosage directions (including any over the counter medicine). All medication must be within expiration dates.

**There will be no Tylenol/Advil/Benadryl (etc.) provided by the school.**

**Special Considerations**

Note below (or separately) any physical disabilities, academic and /or emotional challenges or conditions for which the student has received treatment.

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Do we have your permission to consult with the appropriate resource(s) for evaluations concerning the above challenges or conditions? \_\_\_ Yes \_\_\_ No

Name, address and phone number(s) of resources for evaluations (Copies of evaluations for any testing should be included with this application)

**Emergency Information**

If parents or legal guardian is not available in case of an emergency, please contact (person not living in household):

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Medical Authorization:**

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

**Educational Information**

Has the student ever attended TKCA before? \_\_\_\_\_ If yes, what year(s) \_\_\_\_\_

School attended prior to Treasure of Knowledge Christian Academy: \_\_\_\_\_

Grades Attended: \_\_\_\_\_ Any grade repeated? \_\_\_\_\_

Has the student ever been expelled from a previous school? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has the student ever been suspended from a previous school? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has the student ever experienced academic, behavior, emotional or attention difficulties that resulted in discussion or referral for evaluation by a school official, psychologist, or other professional? If yes, please give details:

\_\_\_\_\_  
\_\_\_\_\_

Is there any tuition of other fees outstanding at the previous school?

\_\_\_\_\_

**General Information**

How did you hear about this school? \_\_\_\_\_

Reason for selecting this school:

\_\_\_\_\_

- **Student will be driving to school** Yes \_\_\_\_\_ No \_\_\_\_\_
- **Student will be riding a bike to school** Yes \_\_\_\_\_ No \_\_\_\_\_
- **Student will be picked up by a School Bus** Yes \_\_\_\_\_ No \_\_\_\_\_

**Name of the Bus**

**Company** \_\_\_\_\_

**Parent/ Guardian Financial Responsibilities**

Application must be filled out completely before it can be processed.

Read the financial obligation chart below, and sign initials to confirm that you understand and are aware of your financial duties.

<b>Financial Obligation:</b>	<b>Fees:</b>	<b>Parent/ Guardian Initials</b>
Registration Fee	1 student \$150.00 (nonrefundable) 2 students \$250.00 3 students \$350.00	
Monthly Tuition	Private Pay/Non-Scholarship students, see administrator for pricing. We accept 4-c, McKay and Step up Scholarships. Step up Scholarship pays between <b>\$6,500.00 &amp; \$7,111</b> depending on the grade level and other school fees. If approved at 100%. This will cover Treasure of knowledge yearly tuition is including books, test fee and Think Wave Parent Access.	
<b>Uniforms are order online at <a href="http://www.frenchtoast.com">www.frenchtoast.com</a></b>  <b>Plus size will be more (see Mrs. Garcia for more details in prices)</b>  <b>PE UNIFORMS ARE ORDER WITH MRS. GARCIA ONLY.</b>	Average Price: \$45.00 (jumper and polo) size 16 & up will be \$50 for sets  \$ 45.00 ( skirt and polo) size 16 & up will be \$50 for sets  \$18.00 (Boys polo/Girls polo) Adult polos \$22 to \$25.( P.E. uniform \$20)	
Morning Extended Day (7:00 a.m. – 8:15 a.m.) <b>Afternoon Extended Day</b> (3:15 p.m. – 6:00 p.m.)	\$100.00/month \$125.00/months that have 5 weeks \$100.00/month \$125.00/months that have 5 weeks	
Morning and Afternoon extended day	\$ 175.00 / month	
Graduation Fee  (Kindergarten, 5 <sup>th</sup> , 8 <sup>th</sup> & 12th grade)	\$60.00 (includes cap, gown, invitation and diploma) <b>Due in March 2020</b>	
Lunch (Optional)	\$60 monthly, \$15.00 weekly or \$3.00 a day	

## TUITION MANAGEMENT SYSTEM AND PAYMENT PLANNER

**School year 2019-2020**

Monthly Payments	Tuition Payments	McKay Scholarship	Step up for Students Scholarship	4C
August	\$			
September	\$			
October	\$			
November	\$			
December	\$			
January	\$			
February	\$			
March	\$			
April	\$			
May	\$			
Books Fees	\$			
A.M./P.M Extended Day	\$			
Full Time Extended Day	\$			
Test Fee(Stanford 10)	\$			
Graduation Fee	\$			

**NOTE:** *If the person responsible for school expenses is other than the parent(s) or person(s) having custody), then this person must provide the information below and sign the Tuition Management System Payment Planner, if not noted on this enrollment application.*

Name \_\_\_\_\_

Date \_\_\_\_\_

## **Parent Financial and Promissory agreement**

***Please sign initials on the space available***

\_\_\_ The registration fee is due in full at registration. These fees are **non-refundable** once they have been paid, even if my child does not attend TKCA.

\_\_\_ Tuition may be paid annually by August 1<sup>st</sup> or in 10 monthly installments beginning in August 1<sup>st</sup>. This first payment is **non-refundable and non-transferable**. If my child does not attend TKCA or withdraws during the school year, I will be responsible for all fees and tuition accrued through the month in which I withdraw my child. There are **no refunds** other than payments made over and above the fees and tuition charged through the month of withdrawal.

\_\_\_ Monthly payments are due to TKCA by the first of each month. A late fee of \$25 will be applied when accounts are not paid by the 5<sup>th</sup> of the month. If the 5<sup>th</sup> falls on a weekend, please pay the Friday before that weekend. I hereby pledge to pay my financial obligations to the school on the date due and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account.

\_\_\_ Books fees are due before July 31st. These are **non-refundable**.

\_\_\_ Report cards and other school records are issued only when accounts (including lunch accounts) are paid in full. No students will be permitted to graduate until all tuition and any other fees are paid in full. A student and /or athlete may NOT participate in any sports or extra-curricular activities (including field trips and good conduct trips) if the school account is not current. A student will not be admitted to class if payments are one month past due. Student accounts must be paid in full before students return to classes following Christmas break and Spring break. Administration has the discretion to not permit a student to class due to an outstanding account balance.

\_\_\_ I understand that **NO CHECKS are permitted**. Payments need to be made with **Cash, Debit/Credit Card or Money order**.

\_\_\_ I will be responsible for any lab fee, after-school care, uniforms, fines, field trips, yearbooks, lunches, activity fees, athletic fees, and other miscellaneous fees.

\_\_\_ I agree to pay all of our financial obligations to Treasure of Knowledge Christian Academy on or before the due date. If I am ever unable to do so, **I will notify the School Office immediately**.

\_\_\_ I give permission for my student to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity. I agree to uphold and support the high academic standard of the



school by providing a place at home for my student to study and giving my student encouragement in the completion of any homework or assignments.

\_\_\_\_ I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to God and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my student.

\_\_\_\_ **I understand and agree that Treasure of Knowledge Christian Academy does not employ corporal punishment to none of our students including our Prek students.**

\_\_\_\_ I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

\_\_\_\_ I have read the Parent/ Student Handbook, and understand the terms stated on this enrollment package and agree thereto.

\_\_\_\_ I understand that if for any reason Treasure of Knowledge would closed, all files will be turned over to the church (El Shaddai Christian Church) and the Flocs organization.

*We understand all of the application documents and have disclosed all information accurately. We agree to cooperate fully with faculty and staff of Treasure of knowledge Christian Academy and to abide by the Parent's Financial and Promissory Agreement. If we dissatisfied with TKCA, we will follow the procedures set up in the Parent's Agreement. We also understand that administration has full discretion to make any changes to policies during the school year.*

**Completion of this application does not guarantee enrollment. The administration evaluates each applicant and decisions are made based on the ability of Treasure of Knowledge Christian Academy to meet the needs of each child.**

**I agree to abide by the terms and conditions herein outlined.**

\_\_\_\_\_  
**Father or Legal Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Mother or Legal Guardian Signature**

\_\_\_\_\_  
**Date**

***TKCA's Permission Slip For Photographing Your Child***

From time to time we take pictures and videotaped students during school activities. We would like your permission to use these pictures on our website, or bulletin board. We will never reference your child by name or provide any specific information regarding your child. We also will never sell this picture; (only to the parent) we will use them exclusively for TKCA's purposes.

\_\_\_\_\_ Yes, I grant you permission to use photos of my child on TKCA'S website, bulletin board, and or newsletter.

-OR-

\_\_\_\_\_ NO. Please do NOT take or use any photos of my child.

Child (ren)'s Name(s) (Please Print):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Name (Please Print)

\_\_\_\_\_

Parent/Guardian's Signature

Date:

\_\_\_\_\_

***Acknowledgement and Receipt of TKCA Parent/ Student Handbook***

I acknowledge that I have received a copy of the Treasure of Knowledge Christian Academy Parent Handbook. I understand that it contains important information on the School's general policies. I understand this Parent Handbook is not intended to cover every situation that may arise, but simply is a general guide to the School's policies.

I understand that it is my responsibility to familiarize myself with the materials and that I agree with the provisions and any other policies or rules of the School.

I understand and Hereby agree to assume all of the risks which may be encountered during School Activities, including activities preliminary and subsequent thereto. I do hereby agree to hold TKCA and its agents and employees, harmless from any and all liability, actions, causes of actions, claims of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I further understand and acknowledge that the School may change, add to or delete any policies or provisions in the Parent Handbook from time to time, in its sole discretion, with or without prior notice. I also understand that the School may make exceptions to interpret, depart from and apply the provisions in the Parent Handbook as it sees fit in its sole judgment and discretion.

I further understand that this Parent Handbook supersedes and replaces any and all prior handbooks or materials previously distributed.

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Student's Name

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Parent's or Guardian's Signature

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PLEASE SIGNED AND RETURN COMPLETE APPLICATION TO SCHOOL OFFICE.

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**OFFICE USE ONLY:**

**Insure all forms have been completed. Note fees paid on the same page.**

Registration paid: \_\_\_\_\_ Cash: \_\_\_\_\_ C/C: \_\_\_\_\_

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

TKCA Parent/Student Handbook given:  Yes  No

Student Profile(s) Returned:  Yes  No Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRATION CHECKLIST:**

\_\_\_ Student Application Form Completed (if printed online).

\_\_\_ DH 680 Form, Florida Certification of Immunization (Blue Card or white card)

\_\_\_ DH 3040 Form, School Entry Health Exam (Yellow Card)

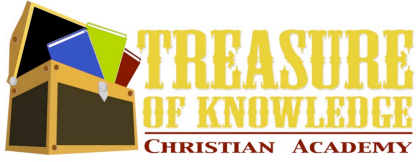
\_\_\_ Copy of Birth Certificate

\_\_\_ Copy of Medical Insurance Card

\_\_\_ Copy of Both Parents' or legal guardian Photo ID

\_\_\_ All Record Release Form from Previous School (last Report cards, FCAT scores etc) including withdrawal form from previous School.

\_\_\_ **Copy of both Parents Social Security cards for (Private Pay only).**



ENROLLMENT PACKAGE/ STUDENT APPLICATION

COVER PAGE

LAST NAME

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FIRST NAME

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MIDDLE NAME (IF ANY)

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STUDENT I.D: \_\_\_\_\_

DATE ENROLLED: \_\_\_\_\_

# Parent Reference Form

This form is only for students entering K3

Name of Student \_\_\_\_\_ Date \_\_\_\_\_  
*(Please Print)      First Name                      Last Name*

The above student is a candidate for admission to Treasure of Knowledge Christian Academy. We would appreciate your observations about the areas listed below.

<i>(Please circle the appropriate number)</i>	Developmentally Above Average	Average	Below Average	Not Observed/ No Interest Shown
1. Displays self control	4	3	2	1
2. Talks with other children	4	3	2	1
3. Pronounces words clearly	4	3	2	1
4. Speaks in sentences	4	3	2	1
5. Recognizes own name	4	3	2	1
6. Uses "baby talk"	4	3	2	1
7. Shows interest in books	4	3	2	1
8. Listens to a complete story	4	3	2	1
9. Makes friends easily	4	3	2	1
10. Dresses him/herself	4	3	2	1
11. Washes hands and face	4	3	2	1
12. Uses the bathroom alone	4	3	2	1
13. Prefers playing with others	4	3	2	1
14. Prefers playing alone	4	3	2	1
15. Has urinary/bowel control	4	3	2	1

Write four adjectives or characteristics which you believe describe your child. For example - fun Loving, laid back, organized, or likes to be in charge.

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Has your child attended a Pre-School program? *(Circle one)* Yes No

**This form must be returned to the School Office.**

# Parent Reference Form

This form is only for students entering K4 and K5

Name of Student \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print) First Name Last Name

The above student is a candidate for admission to Treasure of Knowledge Christian Academy. We would appreciate your observations about the areas listed below.

<i>(Please circle the appropriate number)</i>	Developmentally Above Average	Average	Below Average	Not Observed/ No Interest Shown
1. Expresses interest in coming to school	4	3	2	1
2. Finds constructive things to do on his/her own	4	3	2	1
3. Stays on task without urging for 10 - 15 minutes	4	3	2	1
4. Responds well to correction	4	3	2	1
5. Adjusts to new situations Without undue fear	4	3	2	1
6. Expresses him/herself in complete sentences	4	3	2	1
7. Listens without interrupting	4	3	2	1
8. Has trouble controlling his/her temper	4	3	2	1
9. Uses crayons beyond scribbling	4	3	2	1
10. Chooses to look at books	4	3	2	1
11. Remembers a song or TV commercial	4	3	2	1
12. Listens to a complete story	4	3	2	1
13. Cries easily or uncontrollably	4	3	2	1
14. Has urinary/bowel control	4	3	2	1
15. Separates from parent well	4	3	2	1