

**ZION TEMPLE CHRISTIAN ACADEMY  
TEACHER INFORMATION CARD/B & ASW  
(CARBONLESS COPY - PLEASE PRESS DOWN FIRMLY AND PRINT CLEARLY)**

DATE \_\_\_\_\_

Name: \_\_\_\_\_ Grade applying for: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Age ( ) \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Date of Birth (mm/dd/yy)

Will your child (ren) be in the Before School Watch? Yes \_\_\_ No \_\_\_ After School Watch? Yes \_\_\_ No \_\_\_ Time \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone \_\_\_\_\_ School Ins. \_\_\_\_\_

Any physical difficulties: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Circle grades previously attended at this school: K3 K4 K5 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>  
Has child attended a Special Education Program or been recommended for one? Yes \_\_\_\_\_ No \_\_\_\_\_  
Grades have been: Superior ( ) Above Average ( ) Average ( ) Below Average ( ) Child has failed ( )

Name and grades of other children attending this school: \_\_\_\_\_

Church you now attend: \_\_\_\_\_ Attend Sunday school? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If parents are separated, with whom does the child reside? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Additional Information that would be helpful to the teacher: \_\_\_\_\_

PLEASE LIST NAMES OF EVERYONE ALLOWED TO PICK UP YOUR CHILD.

NAME	PHONE NUMBER	NAME	PHONE NUMBER
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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If there is information that needs to be added on this form, please add to duplicate also. Please see office and teacher(s).  
Revised 02/10)

## ZION TEMPLE CHRISTIAN ACADEMY

**SIGNATURE AND DATE IS REQUIRED WITH CHILD'S NAME. PLEASE DO NOT ADD TO OR TAKE AWAY FROM THESE STATEMENTS.**

### DISCIPLINE STATEMENT

I agree to authorize the Administrator or the assigned teacher of the Zion Temple Christian Academy to exercise authority as to control behavior and discipline over \_\_\_\_\_, while at  
Student's name  
school or during any school activity outside school as they deem necessary.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

### STATEMENT OF CO-OPERATION

In making application for my child, it is my desire to have him complete the school year 20\_\_\_\_ - 20\_\_\_\_. **It is also my understanding that the policy of the school is to make no refunds on registration fees.** I also give permission for my child 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 child because of any injury to my child at school and during any school activity.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

### STATE ACCREDITATION

Due to some of the questions in the past concerning State Accreditation, we want to take this opportunity to clarify. We are **NOT** accredited by the State of Ohio, which would give them the right to tell us how to operate our school, what to teach etc., however, we are accredited by the National Private Schools Accreditation Group Inc. and we follow the State requirements concerning required number of credits and subjects for graduation.

According to the State Supreme Court ruling in 1976, any parent with very strong religious convictions has the right to put their child in a private school.

We want to make this very clear about this matter. If you understand and comply with the above, please sign this form and return it to the school office.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Thank You,  
Zion Temple Christian Academy

**ZION TEMPLE CHRISTIAN ACADEMY**

To parents whose child(ren) are not in the extended After School Watch Program:

Parents whose child(ren) are not enrolled in the extended After School Watch program will have to request a Job Verification form that would require a job letterhead from both parents to receive the free child watch service between 3:00 p.m. - 4:00 p.m.

**To assist working parents with after school pickup, we are requesting a letterhead from your job with work phone number and statement of time you are released, and your providing us with your expected arrival time.**

This after 3:00 p.m. service is intended for the working parents only and it will become impossible for the school to provide it if you do not cooperate by conforming to the specific time requirements. A \$8.00 fee is required for an after 4 p.m. pickup. A \$8.00 charge beginning with 1 minute late within each 5 minute segment after 6:00 p.m. On the second occasion the same cost as the 1<sup>st</sup> tardy with a note stating that the 3<sup>rd</sup> late charge will be \$25.00 per minute late within each 5 minute segment. **School is dismissed at 3:00 p.m. and parents are expected to pick their child(ren) up at that time if not in the extend watch program.**

Thank you in advance for your cooperation in helping us to maintain an effective after school service.

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<b>Child's Name</b>	<b>Grade Level</b>
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Please circle below for appropriate pickup time

3:00 - 3:15 p.m.	3:30 - 3:45 p.m.
3:15 - 3:30 p.m.	3:45 - 4:00 p.m.

Comments:

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<b>Parent/Guardian Signature</b>	<b>Date</b>
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*Job Verification*

Zion Temple Christian Academy  
**CHILD ENROLLMENT AND HEALTH INFORMATION  
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

**This form shall be completed prior to the child's first day of attendance and updated annually and as needed.**

Child's Name		Date of Birth		First Day at Center	
Home Address				City	
State	Zip Code		Home Telephone Number		
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
<b>Where can you be reached while your child is in this program?</b>					
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
<b>Where can you be reached while your child is in this program?</b>					
<b>Emergency Contacts:</b> Parents <b>cannot be listed</b> as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness <b>if you cannot be reached</b> . Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City	State		City	State	
Telephone Number		Relationship to Child		Telephone Number	Relationship to Child
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		



Child's Name

### Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or type A home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No  
 Yes - check all that apply     Food     Medication     Environmental    Please list and explain:

Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? (*check one*)

- No  
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (*check one*)

- No  
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No  
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.  
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No  
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No  
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."  
 N/A - child does not attend a full time program.

Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff <b>or medical personnel</b> in an emergency situation.
List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

**Toilet Training Statement (Preschool)**

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, we do not accept children who are not toilet trained)
If your child have an accident, parents will be called to pick them up. They must be picked up within the hour.
<input type="checkbox"/> I agree with the program's policy

**Emergency Transportation Authorization**

<b>Give <u>Permission</u> to Transport</b>	<b>OR</b>	<b><u>Do Not Give Permission</u> to Transport</b>
Center or Type A Home Name	<b>Do not sign both</b>	Center or Type A Home Name
<b>has permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		<b>does not have permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature                      Date		Parent's Signature                      Date

**Acknowledgement of Policies and Procedures**

I have reviewed and received a copy of the center's or type A home's policies and procedures/handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>
This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care. After the child is attending the program the administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form in the section below to indicate when the form was last reviewed.
Parent/Guardian Signature(s)                      Date
Administrator/Designee Signature                      Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.			
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by centers and type A homes to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37. This form must be on file at the center or type A home on or before the child's first day of attendance and thereafter while the child is enrolled.

Zion Temple Christian Academy  
**CHILD MEDICAL STATEMENT** (must be updated yearly)  
 For Child Care Centers and Type A Family Child Care Homes

Child's Name ( <i>print or type</i> )	Date of Birth
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This is to certify all of the following:

- I have examined this child and found that he or she is in suitable condition for participation in group care.
- The child has had the age appropriate immunizations recommended by the Ohio Department of Health.
- My office has entered the child's immunizations record below or attached a printed record of the immunizations or found that this child should be exempt from immunizations for the following reasons: \_\_\_\_\_  
 \_\_\_\_\_

List any limitations or health conditions for this child (including allergies, daily medication, dietary restrictions) \_\_\_\_\_  
 \_\_\_\_\_

<b>Recommended Immunizations</b> ( <i>enter month, day, and year</i> )					
Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
Rotavirus					
Hepatitis A					
Other					

The immunizations above are recommended by the Centers for Disease Control and Prevention and the Ohio Department of Health.

**Recommended Assessments/Screenings:**

Vision:  Yes  No Date: \_\_\_\_\_      Hearing:  Yes  No Date: \_\_\_\_\_  
 Dental:  Yes  No Date: \_\_\_\_\_      Lead:  Yes  No Date: \_\_\_\_\_  
 BMI:  Yes  No Date: \_\_\_\_\_      Other: \_\_\_\_\_

Signature of examining Physician/Physician's Assistant/Advanced Practice Nurse	Date of Examination
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**Ohio Administrative Code rules 5101:2-12-37 and 5101-2-13-37 require that this examination be given no more than twelve months prior to the date of admission to the child care center or type A home.**

Name of Physician /Physician's Assistant/Advanced Practice Nurse	Telephone Number
Street Address	
City, State and Zip Code	

This is a sample form used to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37 of the Administrative Code.



## ZION TEMPLE CHRISTIAN ACADEMY Before & After School Watch

Dear Parent:

In regard to the Before School Watch (BSW) and After School Watch (ASW) programs, please note these guidelines: The full extended watch will begin on the first day of school and is from 7:00 a.m. until 6:00 p.m. If children are dropped off between 8:00 and 8:30 a.m., there is no charge. However, In order for Zion to waive the charge between 3 p.m. and 4 p.m., you must be signed up for the Before or After School Watch program or you must submit a letterhead from your place of employment stating your time of release from work. Please pick up job verification form from the school office. Children are not permitted to be unattended on school property at any time.

**School is yet dismissed at 3:00 p.m. and parents are expected to pick up children at that time unless prior notice is given to the school. Late pickup after 6:00 p.m. will be as described:**

- (1) A charge of \$5.00 beginning with the 1 minute late within each 5 minute segment after 6:00 p.m. on the first occasion; (e.g. 6:01 - 6:05 = \$5.00 and etc.)
- (2) On the second occasion, the same cost as the 1<sup>st</sup> tardy with a note stating that the 3<sup>rd</sup> late charge will be \$25.00 per minute late within each 5 minute segment.

Children may be picked up anytime between 4:00 p.m. and 6:00 p.m., if signed up for the extended watch.

Payment must be in monthly advances to FACTS Tuition Services. The cost is \$1,080.50 yearly per program per child or \$1,922.40 for two programs per child and is due with each tuition (10 payments) beginning August \_\_\_\_\_. The BSW hours are 7:00 a.m. to 7:59 a.m. If needed less than 4 days a week for either program on a regular basis, the cost is on a scaled rate. **If arrival is no earlier than 7:50 a.m., the cost is \$53.55 per month. The occasional rate is \$8.00 per stay per child (payable to Zion Temple Christian Academy).**

**THERE IS A \$16.80 NONREFUNDABLE REGISTRATION FEE FOR EACH PROGRAM PER FAMILY.**

**Due to the preparation and availability of facilities and attendants, a two day absence in any given week will not merit a deduction in cost.**

### ZION TEMPLE CHRISTIAN ACADEMY B & ASW

Yes, I would like to have my child (ren) attend the BSW \_\_\_\_ days per week.  
Yes, I would like to have my child (ren) attend the ASW \_\_\_\_ days per week.

My BSW drop off time will be before 7:50 a.m. \_\_\_\_\_ I agree to pay\$ \_\_\_\_\_ monthly  
My BSW drop off time will be between 7:50 & 7:59 a.m. \_\_\_\_\_ **Office Use Only: \$ \_\_\_\_\_ monthly**

PARTICIPANTS OF BEFORE/AFTER SCHOOL WATCH MUST COMPLETE THIS FORM AND RETURN IT TO THE OFFICE – IF THIS FORM IS NOT ON FILE IN THE SCHOOL OFFICE, YOUR CHILD WILL NOT BE ADMITTED TO THE PROGRAM(S).

	BSW/ASW \$108.05 Per month	BSW & AWS \$192.94 Per month	GRAND TOTALS
PRE-SCHOOL/ OTHER			
CHILD (REN) NAME / GRADE LEVEL	PROGRAM	PROGRAM	TOTALS
1 <sup>ST</sup> CHILD			
2 <sup>ND</sup> CHILD			
3 <sup>RD</sup> CHILD			
YEAR'S TOTAL			

**Starting Date:** \_\_\_\_\_ **Emergency Name and Number** \_\_\_\_\_

I also understand that the rules and regulations that govern the school day also apply to the Before School and After School Watch, Monday through Friday according to the designated school calendar days.

**REGISTRATION FEE MUST BE PAID PRIOR TO ACCEPTANCE INTO THE PROGRAM.**

**REGISTRATION FEE PAID: CASH AMOUNT \$ \_\_\_\_\_ CHECK AMOUNT \$ \_\_\_\_\_**

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_



**ZION TEMPLE CHRISTIAN ACADEMY  
FINANCIAL POLICY  
2015/2016**

**Tuition**

1. **All tuition, Before School Watch and After School Watch payments must be paid through Facts Tuition Plan.**
2. **Special tuition discounts apply for accounts that are paid in full before the first day of school, please see the office.**
3. Parents desiring to complete tuition payments in our recommended nine month plan may do so by using the same payment schedule as recognized on Cost Sheet. Your cost can be determined by dividing your total tuition amount by nine (9) and following the payment schedule omitting May's payment. This plan will allow cost preparedness for the school year following by having the month of May open to pay for books, etc.
4. All family discount rates pertain to immediate family.
5. Re-enrollees (K5 - 6<sup>th</sup> Grade) must pay a sum of \$202.90 when enrolling, K-3 re-enrollees pay \$159.85.
6. Books fees for re-enrollment are to be paid as thus: one half by April 2<sup>nd</sup> and one half by May 1<sup>st</sup>.
7. **Registration, testing, promotion and tuition are all non-refundable fees.**

**LATE CHARGES:**

1. Late charges will be \$30.00 after the 10 day grace period following the due date of your tuition payment. No postdated checks for insufficient funds will be accepted.
2. If after 15 days payment is not made, parent(s) must keep child at home or parent will be called to pick child up. For all payments 15 days past due, it is mandatory that you contact the school office by phone or in person.
3. If tuition is not paid within the maximum of 15 days beyond due date, we reserve the right to begin the process of replacing your child with another student. Books and or report cards & etc. are not released until all balances are paid in full.
4. A late charge of \$5.00 beginning with the 1 minute late within each 5 minute segment after 6:00 PM on the first occasion, and on the second occasion the same cost as the 1<sup>st</sup> tardy with a note stating that the 3<sup>rd</sup> late charge will be \$25.00 per minute late within each 5 minute segment. School is dismissed at 3:00 PM and parents are expected to pick up their children at that time. Those who are not signed up for the After School Watch are charged \$8.00 between 4:00 PM and 6:00 PM if a child is picked up late.
5. **Parents who are not on the ASW will have to request a Job Verification form that would require a job letterhead from both parents to receive the free child watch service between 3:00PM-4:00PM.**

## NOTE TO PARENTS

1. Re-enrollment for a new school year, usually held in January or February is not permitted; neither entrance in August/September is granted unless balance and charges are paid in full from previous year and are current for the year to come. Unpaid balances must be paid whether or not child returns to school.
2. During summer recess, parents may make as many advance payments or regular payments as necessary from 8:00 AM until 4:00 PM, Monday through Friday. All moneys received will be credited in the order of payment described on this form. EXAMPLE: Book fee is to be paid before tuition fee and etc.
3. **During the Christmas and Easter recess, payments must be made to FACTS as usual.**
4. Lost books must be paid for by parents.
5. **Report cards will be issued only when tuition and charges are paid current to date.** If your child does not receive his/her report card on due date, you must request it either in person or by letter when outstanding balance is paid.
6. **Children are not permitted on field trips and are to remain at home when outstanding balance is overdue.**
7. **If a balance is due upon leaving the school, the books become school property for late fee charges, and no credit is to be given for them. Also, we realize that schools will not keep student without certain information. However, it is our policy that if there is a balance left outstanding here, that no grade, credit, health record or information is to be released until the outstanding balance is paid in full. Therefore, with all things considered, it is of the utmost importance that all fees are paid on time. We appreciate you and thank you in advance for your cooperation.**
8. Our commitment to our Lord, our school and our staff is to do everything within our means to collect moneys due and for all good reasons. A good dedicated staff as we have and the kinds of services they give qualifies them as worthy of their pay and more. We want the best educators and technology and to have our school run as efficiently as possible. We simply desire to accomplish our objectives which are also yours, which is to teach in a Christian environment and in an atmosphere of academic excellence. We trust that all will help with the commitment of timely payment.
9. **Unpaid balances will be turned over to an outside agency.**

# **ZION TEMPLE CHRISTIAN ACADEMY**

3771 Reading Road – Cincinnati, Ohio 45229  
(513) 861-5551 - Fax: (513) 861-1563

District Elder Charles L. Smith, Pastor/Principal  
Rodney D. Napier, Assistant Principal  
Mary E. Jackson, Director

“Train up a child in the way he should go; and when he is old, he will not depart from it.”  
*Proverbs 22:6*

## Photo Release Form

Dear Parents/Guardians:

During the course of the school year there are times when pictures or videos of your child may be taken, or when he or she may be interviewed while at school, to showcase an event or to detail a project of his or her grade. These pictures, videos, and interviews may be used for internal and external audiences. These materials include but not limited to advertisements, brochures, news releases newspapers, newsletters, yearbook, web sites, and television.

Please complete the form below and return it with your packet or to your child’s teacher. We appreciate your cooperation.

Sincerely,

Administration  
Zion Temple Christian Academy

\_\_\_\_\_ ***I will only take pictures of my child(ren) and post on social media websites (e.g. Facebook and Twitter). I will not post pictures of other children without their parents’ permission.***

\_\_\_\_\_ I give my permission for my child to be photographed, videotaped, or interviewed for all school purposes, including the Zion Temple Christian Academy web site.

\_\_\_\_\_ I do not give my permission for any photographs, videotapes, or interviews of my child to be published or used for any purpose.

Child’s Name: \_\_\_\_\_

Grade: \_\_\_\_\_

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

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