



AIM HIGH FOR GOD
WISDOM • STRENGTH • BRAVERY

4C Christian Academy

Chinese-English Bilingual Christian Preschool
四海基督教双语幼儿园

Enrollment Package (2024-2025 School Year)

- Enrollment Information
- Medical Information
- Rate (Tuition & Fees) Agreement
- Other Agreement

Enrollment Package (2024-2025)

4C Christian Academy (4CCA)

四海基督教双语幼儿园

Completion of this agreement is required for enrollment. This form will help 4CCA staff better understand your child and meet his or her needs. Information marked with an asterisk (*) is necessary to comply with Texas state child-care licensing regulations.

Enrollment Information				
Child's Information				
*Child's first name		*Child's middle name		*Child's last name
Child's last name in Chinese		Child's first name in Chinese		Child's nick name
*Age	*Birth date	Child's primary language		Parent/guardian primary language
*Sex	*Cell phone	* Admission date to 4CCA		Family religion
*Child's home address		*City	*State	*Zip
Family Information				
List the family members your child lives with, including full names, relationships, and ages of siblings if applicable.				
Primary parent/guardian		*Name		Relationship
				*Cell phone
*Home address if different from above		*City	*State	*Zip
*Email		Employer (if applicable)		Work phone
Employer address		City	State	Zip

Secondary parent/guardian	*Name	Relationship	*Cell phone
*Home address if different from above	*City	*State	*Zip
*Email	Employer (if applicable)	Work phone	
Employer address	City	State	Zip

Child Emergency Contact and Pickup Authorization (do not include parents/guardians)

Emergency contact refers to another responsible individual (friend or relative) who should be contacted in an emergency when the parent/guardian cannot be reached.

Emergency contact	*Name	Relationship to the child	*Cell phone
*Home address	*City	*State	*Zip

Authorized Pickups refers to persons other than a parent/guardian to whom the child may be released. Please notify 4CCA staff ahead of time if a release contact will pick up your child on a given day. For the safety of your child, 4CCA requests that all authorized pickups provide a photo ID at the time of pick-up.

Authorized Pickup #1	*Name	Relationship to the child	*Cell phone
Email	*Photo ID Type		*Photo ID Number
Authorized Pickup #2	*Name	Relationship to the child	*Cell phone
Email	*Photo ID Type		*Photo ID Number

Note: if you want a person who is not identified above to pick up your child, you must notify 4CCA staff in advance, in writing via email to info@4ccchristianacademy.org. Your child will not be released without prior authorization.

Primary Parent/Guardian Signature: _____ **Date:** _____

Medical Information

*Child's name	*Birth date	Height	Weight	Hair color	Eye color
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Distinguishing marks (if applicable)

Child's Medical & Developmental History

1. Does your child have any medical conditions 4CCA staff should be aware of? ☐ No ☐ Yes
(If yes, please explain below and attach care instructions from your child's physician.)

2. Is there any medication need to be administered regularly? ☐ No ☐ Yes
(If yes, please be aware that 4CCA staff will **NOT** administer any medication. However, parents are welcome to come to the school and administer medication to their child.)

3. Is your child toilet trained? ☐ No ☐ Yes
(If no, please explain below)

4. *Does your child have special care needs? ☐ No ☐ Yes
If yes, please attach a statement of the child's special care needs, which include:
(A) Any limitation or restrictions on the child's activities;
(B) Special care the child requires, including:
 - (i) Any reasonable accommodations or modifications;
 - (ii) Any adaptive equipment provided for the child, including instructions for how to use the equipment; and
 - (iii) Symptoms or indications of potential complications related to a physical, cognitive, or mental condition that may warrant prevention or intervention while the child is in care; and
(C) Any medications prescribed for continuous, long-term use.

***Allergies**

(Please list your child's allergies and a complete food allergy emergency plan for your child, if applicable.)

Food Allergies

Reaction

Medication Allergies

Reaction

Insects Allergies

Reaction

Respiratory Allergies

Reaction

Other Allergies

Reaction

Are any of these allergies life-threatening?☐ Yes☐ No**Miscellaneous Screenings and Tests** (please check all that apply and add the date of last screening)☐ Vision☐ Speech☐ Educational☐ Hearing☐ Developmental☐ Other

To the best of the applicant's knowledge the information contained above is accurate.

Primary Parent/Guardian Signature: _____ **Date:** _____

Medical Information (continued)

*Child's name

*Birth date

Child's Medical Care Provider

*Primary physician's name

*Primary physician's practice name

*Phone

*Physician's practice address

*City

*State

*Zip

*Preferred hospital/clinic for emergency care

*City

*State

Child's Insurance Provider

Child's health insurance
provider name

Policy number

Secondary health insurance
provider name

Policy number

*Child's Immunization History (please attach a copy of your child's immunization records)

Please refer to <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html> for a comprehensive list of immunizations that your child should have received according to their age.

*Additional Medical Policies

**Parent
Initial**

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs.
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.
4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact the person listed in the Emergency Contact.

*Emergency Medical Authorization & Consent

Parent
Initial

1. In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release*, and lastly my physician.

2. In case of a medical emergency, I agree that my child may receive first aid and/or CPR.

3. In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.

4. In case of a medical emergency, I will be responsible for the emergency medical expenses.

5. In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.

*Sunscreen & Insect Repellant Application Authorization & Consent

Parent
Initial

1. I give my permission to this center to apply ☐ sunscreen and ☐ insect repellant to my child. (Please check the products you will permit.)

2. I understand that I must supply my own sunscreen and/or insect repellant with a valid expiration date, and it will be labeled with my child's name.

3. I ☐ have ☐ do not have special instructions for the application process. (Please explain if you have special instructions)

Primary Parent/Guardian Signature: _____ Date: _____

Rate (Tuition & Fees) Agreement

*Child's name

*Birth date

Hours of Operation

Regular operating hours are from **8:00 AM to 4:00 PM on weekdays (Monday-Friday) each month** except closings for various holidays, and inclement weather as described in the Parent Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of school closures.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced by text and email. If it becomes necessary to close early, we will contact you or someone listed in the Emergency Contact section, and it will be your responsibility to arrange for your child's early pick up.

Tuition and Fees Policy

Payment Policy

Payment is always due in advance with no deduction for any absences, holidays, or closures due to inclement weather, power outages, or other situations beyond our control. Full tuition is due by the first of each month. The first tuition payment is due prior to the child's first day of attendance.

Tuition Rates and Fees

- A non-refundable \$80 enrollment fee is required to complete the enrollment process.
- A non-refundable \$120 supply fee is due by July 1 for the upcoming school year or if enrolling after July 1, due upon enrollment.
- A tuition deposit of \$400 is required to complete the enrollment process.

Age	Full-time Tuition Rate 2023-2024
2 Year Olds	\$ 900
3 Years Olds	\$ 900
4 Years Olds/ Pre-K	\$ 900

Tuition Discount

A 10% tuition discount applies to the following situations:

- A full-time employee at 4C Christian Academy
- A Christian Creative Communication Center employee or member
- A Dallas Chinese Fellowship Church member (member certificate is required)
- When a family enrolls more than one child, discount applies to the second and third children enrolled in 4CCA from the same household.

Scholarships

The 4C Christian Academy realizes that families have different financial needs and may not be able to afford the full cost of childcare services. Scholarships to reduce the cost may be available to eligible families depending on the funding availability. Please reach out to the school office at info@4cchristianacademy.org for more information.

Rate (Tuition & Fees) Agreement (continued)

*Child's name

*Birth date

**Parent
Initial**

1. Tuition is not subject to discounts for holidays and emergency closures (e.g., severe weather or pandemic).
2. I agree to pay the full tuition and fees according to the 4CCA Tuition and Fees Policy.
3. I agree to pay the full tuition fee even if my child is absent for one or more days.
4. A late fee of \$30 is due if tuition is not received on time.
5. A late pick up fee of \$1 per minute per child is due if my child is not picked up after closing time at 4:15 PM.
6. Accounts two weeks in arrears may result in immediate termination of service.
7. All returned checks or ACH transactions (automatic debits) will be charged a fee of \$30. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status.
8. A two-week written notice is required for any child being withdrawn from the program. Failure to provide notice in writing will result in forfeiture of deposit.
9. A receipt for income tax purposes will be provided upon request.

Primary Parent/Guardian Signature: _____ **Date:** _____

Other Agreements

*Child's name

*Birth date

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by this center. This center shall remain harmless from any such arrangement.

**Parent
Initial**

Media Release

Occasionally, 4CCA staff may take photos of your children at the school for use within the school, on 4CCA official website, and/or in newsletters. Please initial if you authorize the use and reproduction of photographs of your child in conjunction with 4CCA.

**Parent
Initial**

Parent Handbook Acknowledgement

I have received and read the entire 4CCA Parent Handbook during the enrollment process. I agree that it is my responsibility to familiarize myself with the policies and procedures outlined in the Parent Handbook and to abide by them.

**Parent
Initial**

I understand that it is my responsibility to go directly to the 4CCA administration with any questions I may have regarding the policies and procedures and information contained in this 4CCA Enrollment Package.

I understand that information contained in 4CCA Parent Handbook may be subject to change.

Primary Parent/Guardian Signature: _____ **Date:** _____

Enrollment Agreement

By signing below, I, _____ (your name), as the parent/guardian of
_____ (your child's name), certify that I have read, understand, and accept all of
the terms and conditions described in this 4CCA Enrollment Package.

Primary Parent/Guardian Print Name: _____

Primary Parent/Guardian Signature: _____ **Date:** _____

4CCA Director Print Name: _____

4CCA Director Signature: _____ **Date:** _____

Thank you for completing the enrollment package!
Please return it to info@4ccchristianacademy.org via email to continue the enrollment process.

4C Christian Academy

Tel: (972) 398-1170

Email: info@4ccchristianacademy.org

Address: 2640 Glenclyff Dr, Plano, Texas 75075