



## **F.P.A. (Preschool) Enrollment Packet**

Please complete this form and email it to:  
**connie@fpachatt.com**

Child's Application

Photo of Parent(s) & Student(s)

F.P.A. Covenant School Agreement

Admission and Tuition Agreement

Tuition Express Agreement

Parent Handbook Agreement

Immunization Records (we can copy) or

Exemption Medical Release / Allergies

Photo Permission

About Your Child

Sick Child Information

TN-DOE Summary Information

\*Please note that if you are completing this packet electronically then all pages with your signature which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, electronic signatures shall include hand typed, faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.



## F.P.A. Covenant School Agreement

By enrolling your student in Foundations Preschool & Academy (F.P.A.) you understand F.P.A. holds to the following Statement of Faith and Statement of Beliefs. You agree to covenant with us as we as educators and you as parents seek to conduct ourselves & your children according to these statements.

### STATEMENT OF FAITH

- We believe in the verbal, plenary inspiration of both the Old and New Testament, i.e. that the very words of the original Scriptures are infallible and inerrant and that they are our final and absolute authority in every area of life and knowledge.
- We believe that there is one God, eternally existent in three Persons: Father, Son, and Holy Spirit. He is omnipotent, omniscient, and omnipresent.
- We believe in the deity of our Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension to the right hand of the Father, and His personal return in power and glory.
- We believe that God the Holy Spirit is a personal being who convicts the world of sin, regenerates, indwells, empowers, guides, bestows spiritual gifts on believers, and seals them eternally for God. We believe that for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely necessary.
- We believe that man was created by a direct act of God in His image, not from previously existing life, that all men sinned in Adam (the historical father of the entire human race) and thus incurred both physical and spiritual death and inherited a sinful nature.
- We believe that salvation is by grace alone through faith in Christ alone.
- We believe that faith without works is dead.
- We believe in the bodily resurrection of both the just and the unjust; the everlasting blessedness of the saved and the everlasting punishment of the lost.
- We believe in the spiritual unity of all believers in our Lord Jesus and that all are under the mandate to proclaim the Gospel to the world.



## STATEMENT OF BELIEFS

F.P.A. believes that all matters of faith and conduct must be evaluated on the basis of the Holy Scripture, the Old and New Testaments ("Holy Scripture"), which is our infallible guide. (2 Timothy 3:16–17). Because Holy Scripture does speak to the nature of human beings and their sexuality, it is imperative that we correctly understand and articulate what Holy Scripture teaches on these matters. We are committed to the home and family as set forth in Holy Scripture. Based on Holy Scripture we believe:

**Marriage** – F.P.A. believes God has ordained and created marriage to exist between one man and one woman, with absolute marital fidelity. It is our firm conviction that we uphold the dignity of each individual as we embrace the unchanging and longstanding principles of scriptural truth. (Genesis 1:27-28, Genesis 2:18-24, Matthew 19:4-9, Mark 10:5-9, Ephesians 5:31-33)

**Sexual Orientation** – F.P.A. believes that God created and ordered human sexuality to the permanent, exclusive, comprehensive, and conjugal "one flesh" union of man and woman, ordered to procreation and biological family, and in furtherance of the moral, spiritual, and public good of binding father, mother, and child. Consequently, we believe that professing Christians should resist any and all same-sex sexual attractions and refrain from any and all same-sex sexual acts or conduct. (Genesis 1:27, Genesis 2:24, Matthew 19:4-6, Mark 10:5-9, Romans 1:26-27, 1 Corinthians 6:9-11, Ephesians 5:25-27, Revelation 19:7-9, Revelation 21:2)

**Gender Identity** – F.P.A. believes that God created mankind in His image: male (man) and female (woman), sexually different but with equal personal dignity. Consequently, we believe that professing Christians should affirm their biological sex and refrain from any and all attempts to physically change, alter, or disagree with their predominant biological sex. (Genesis 1:26-28, Romans 1:26-32, 1 Corinthians 6:9-11)

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Parent's signature (Father) *(Printed name is your signature)*

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Date

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Parent's signature (Mother) *(Printed name is your signature)*

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Date



## Child's Application

Full Name of Child: \_\_\_\_\_ Date of Admission: \_\_\_\_\_  
(Desired Start Date)

Child's DOB: \_\_\_\_\_ Male ☐ Female ☐ Name the child goes by: \_\_\_\_\_

### Parents/Custodial Parents:

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Carrier: \_\_\_\_\_  
(Verizon, ATT, etc...)

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Work Address: \_\_\_\_\_

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

Work Hours: \_\_\_\_\_

Parents Divorced? NO ☐ YES ☐

If Yes, with whom does the child live with? \_\_\_\_\_

Are both mother & father involved in the child's life? NO ☐ YES ☐ If not explain circumstances: \_\_\_\_\_

What time do you expect to drop off? \_\_\_\_\_ pick up? \_\_\_\_\_

Prior School Attended? \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Do you attend Calvary Chapel Chattanooga? NO ☐ YES ☐



## Physician Contact Information:

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Background Information:

Other Children in the Family	Date of Birth	Do siblings live together?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Experiences with Others:

What are some of the ways the child plays at home? \_\_\_\_\_

Does he/she play with children from other families? \_\_\_\_\_ How? \_\_\_\_\_

Does he/she react when he/she does not get his/her own way? \_\_\_\_\_

\_\_\_\_\_

## Napping:

Does your child take daily naps? \_\_\_\_\_ (if yes) Nap Time from \_\_\_\_\_ to \_\_\_\_\_

Is there difficulty in taking a nap, how is this handled? \_\_\_\_\_

Habits/Items associated with going to bed? \_\_\_\_\_

Is bed wetting an issue at nap time? \_\_\_\_\_



### **Restroom Habits:**

Is your child Potty Trained? \_\_\_\_\_ If no, have you begun training? \_\_\_\_\_

Does your child tell you when he/she needs to go and does he/she go willingly? \_\_\_\_\_

Can he/she manage his/her clothes and cleaning in the restroom stalls? \_\_\_\_\_

What words does he/she use for: Urinating: \_\_\_\_\_ BM: \_\_\_\_\_

### **Ongoing Medical Care:**

Does the child have any medical diagnosis that requires ongoing care? If yes, explain what type of care is administered at home and by whom?

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Are you requesting that this care be provided by F.P.A.? \_\_\_\_\_ If yes, describe the care required:

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(Request a doctor's statement for any specified requests for care at the facility).



## Persons Authorized to Pick up Student and Emergency Contacts:

Name of persons, other than the child care provider, authorized to pick up child or contact if parents are unavailable.

1. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternate Phone Numbers (home): \_\_\_\_\_ (work): \_\_\_\_\_

2. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternate Phone Numbers (home): \_\_\_\_\_ (work): \_\_\_\_\_

3. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternate Phone Numbers (home): \_\_\_\_\_ (work): \_\_\_\_\_



## Parent Declarations:

*(Your signature on this page provides a “yes” answer to each of these questions. If your answer is no to any of these questions please see the F.C.A. Director prior to signing for clarity)*

- I received a summary of the **TN-DOE 0521-12-01** (last pages of Application).
- I do hereby authorize emergency medical care for my child (a limited power of attorney may be required for military dependents).
- I received a copy of the child care facility’s Policy Statement or Handbook, Covenant agreement, and Payment Contract, and I have signed their copy, verifying by receipt my understanding and agreement of their content.
- I authorize F.P.A. to transport my child in the event of an emergency as listed in the F.P.A. "Emergency & Disaster Plan".
- I authorize F.P.A. to instruct my child in a Personal Safety Curriculum.
- I authorize F.P.A. to apply diaper cream (provided by parents)
- I authorize F.P.A. to apply sun screen (provided by parents)
- By enrolling a student in F.P.A., a parent agrees to allow our staff to occasionally show media of Holiday & Bible based lessons on Christian principles that have been pre-viewed by F.P.A. staff.
- I understand F.P.A. is a smoke/vape-free environment.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)  
(Printed name is your signature)

\_\_\_\_\_  
Date

This form/information shall be maintained for one year after date of un-enrollment.

Information on this form shall be updated annually or as needed to ensure the protection of the child.





**2025 Admission & Tuition Agreement** Start Date: \_\_\_\_\_

School Year: August 11th, 2025 – August 14th, 2026

**Child's Name:** \_\_\_\_\_

If different name to be called at school: \_\_\_\_\_

Father Cell Carrier: \_\_\_\_\_

Mother Cell Carrier: \_\_\_\_\_

(Example: Verizon, ATT, T-Mobile etc...)

**PART DAY** ☐ **FULL DAY** ☐ **POTTY TRAINED** **YES** ☐ **NO** ☐

**Full Day is any time between 7am-5:30pm. / Other changes must be preapproved by Director.**

### **Non-Refundable Registration Fee:**

(due at each new or re-enrollment registration regardless of month registering)	\$90.00	(yearly)
Full Day Program (7:00am- 5:30pm) Includes Two Snacks	\$215.00	(weekly)
Part Day Program (8:30am - 12:30pm) Includes AM Snacks Only	\$165.00	(weekly)
Potty Training / Diapering	\$2.00	(per day)
Lunch is to be provided by Parents: (If parents forget, F.P.A. will provide lunch)	\$5.00	(per incident)
If a child is not clocked in or out fee: (State mandated to clock children in/out)	\$2.00	(per incident)
Day of changes from Part Time to Full Time (charge per day)	\$20.00	(per incident)
Late Payment Fee (Wednesday after 9:00am)	\$20.00	(per incident)
Sibling Discounts: 10% off second child enroll in F.P.A.		

### **Hours and Holidays**

We are open from 7:00 am to 5:30 pm Monday through Friday with the exception of the following holidays. When the holiday falls on a Saturday we will be closed Friday, when on Sunday we will be closed Monday.

- Labor Day: 9/1/25
- Thanksgiving Day and Day After: 11/27-28/2025
- Christmas Eve & Day: 12/24-25/2025
- New Years Eve & Day: 12/31/2025-1/1/2026
- Good Friday: 4/3/2026
- Memorial Day: 5/25/2026
- 4th of July: 7/3/2026

### **Financial Policy**

1. If your child is absent for any portion of the week (including illness or vacation), there will be no reimbursement or adjustment made to the regular weekly tuition. Holidays cannot be rescheduled.
2. Weekly tuition invoiced Monday for the current week. Tuition payments can be paid with Tuition Express, checks and cash. Checks and cash must be dropped off to our office staff. A late fee of \$20.00 applies if your tuition is not paid in full by Wednesday at 9:00 am each week. Your Tuition Express form on file will be processed. If your account goes two weeks past due, your child may be temporarily suspended or dropped from our program until all outstanding amounts are paid in full unless previously other arrangements have been made with the director.



3. If you need separate records of payments (Mom and Dad will pay separately) made on the account, you will need to notify the director at the time of enrollment.
4. Diapering / Potty Training: A \$2 a day fee for all students that are not potty trained. Student needs to be two weeks' accident-free to be considered potty trained and not wearing a pull up at nap time. If recurring accidents occur after the child is potty trained, a \$2 a day fee will be added to your account.
5. Parents will be assessed a late charge of \$1 for each minute past closing (5:30 pm), for full-day and (12:30 pm) for part-day, that they are late picking up their child. You will be invoiced for any late pick-up charges and are due promptly. Chronic lateness may result in dismissal from the preschool.
6. If you forget to bring lunch for your child, we can provide lunch for \$5, which will be added to your account.
7. In-Service Days: We have two in-service days per school year. We will notify the parents at least 30 days ahead of time.
8. Weather Days: We will notify parents by 6:00 am if we have a weather day. You may receive notifications by email, text message, and/or parent engagement app.
9. To discontinue enrollment, we will need a two-week **written** notice in advance that must be emailed to the director. Without prior written notice, you will be required to pay your weekly tuition for the remaining days.
10. If you choose to remove your child from our program, their place will be given to a child from our waiting list, and if you decide to enroll them later, you will have to pay registration again. If we need to remove your child, the director may approve for your child to return, if there are any openings, within the same year without being charged a registration fee.
11. Parents will be given at least 30-calendar-days prior written notice of any necessary rate change.

## Continuing Enrollment Requirements

1. Current enrollment information must be maintained at all times.
2. Respect for other's rights both verbally and physically at all times.
3. Compliance with all policies, school philosophies, rules, requirements, and financial policies.
4. Immediate pick-up of the child upon the request of the center's director.



## **Armed Security Guard** *(drafted in compliance with Tennessee Code Annotated Section 49-50-803)*

Foundations Preschool & Academy prohibits the carrying, whether openly or concealed and with the intent to go armed, of any firearm on its campus to include buildings, recreation areas, or any area of property owned by Calvary Chapel Chattanooga and Foundations Preschool & Academy.

Foundation Preschool & Academy authorizes approved employees of Foundations Preschool & Academy as well as approved employees of Calvary Chapel Chattanooga to carry a firearm on the premises with the intent to enhance safety and security to the premises, as well as the staff and student body of Foundations Preschool & Academy.

Foundations Preschool & Academy as well as Calvary Chapel Chattanooga staff that carry a firearm on the premises must have a valid Concealed Carry Permit as well as have direct approval from the designated Department Heads on the approval committee.

Any adult that is operating a privately owned vehicle and is authorized to possess a firearm legally may have the firearm safely stored within the vehicle while on the premises of Foundations Preschool & Academy as well as Calvary Chapel Chattanooga.

**We reserve the right to dismiss any child for non-compliance with our policies, or if they, in our judgment, do not benefit from, or prevent others from profiting from our program.**

**I have read the above policies and parent handbook, and I agree to cooperate with and follow the guidelines and philosophies stated.**

\_\_\_\_\_  
Parent's signature (Father) *(Printed name is your signature)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Day Time Phone

\_\_\_\_\_  
Parent's signature (Mother) *(Printed name is your signature)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Day Time Phone

\_\_\_\_\_  
F.P.A. Director Approval *(Printed name is your signature)*

\_\_\_\_\_  
Director Approval Date

Father's Email Address: \_\_\_\_\_  
*(Please Print Clearly)*

Mothers's Email Address: \_\_\_\_\_  
*(Please Print Clearly)*

# Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) Foundations Preschool & Academy to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION (A) CREDIT CARD (3% Fee will be added to your credit card total)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature (By typing your name you give approval as your signature.) Date	

#### SECTION (B) BANK ACCOUNT (1% ACH Fee will be added to each transaction)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	Checking <input type="radio"/>	Savings <input type="radio"/>	

Authorized Signature  
(By typing your name you give approval as your signature.)

Date

#### FOR OFFICIAL USE ONLY

Your Name  
Any Street, Anytown  
Tel: (001) 555-0000

DATE \_\_\_\_\_

0001

PAY TO THE ORDER OF **ATTACH VOIDED CHECK HERE** \$

**DEPOSIT SLIPS NOT ACCEPTED** 100 DOLLARS

Savings Bank  
Any Street, Anytown  
Tel: (001) 555-5555

RE \_\_\_\_\_ MP

123456789

000123456789

0001

ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER

Date Received
Employee Signature

800.338.3884 • [procaresoftware.com](http://procaresoftware.com)

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# F.P.A. (Preschool) Parent Handbook

2025

3401 Broad Street.

Chattanooga, TN 37409 423-633-9150

## Philosophy / Purpose

Our desire is in ministry to the child and their parents, so our educational program deals with each child's spiritual, intellectual, cultural, physical, & artistic needs. We attempt to equip them with a Biblical view of life. Our goal is to help them grow "in wisdom, in stature, and in favor with God and man" (Luke 2:52) with Jesus Christ as their example. We believe that all children are created in the image of God; we do not discriminate based on sex, race, or color.

## Age, Rates, Hours & Holidays (Preschool 2-5 years)

Non-Refundable Registration Fee:

<i>(due at each new or re-enrollment registration regardless of month registering)</i>	\$90.00	(yearly)
Full Day Program (7:00am- 5:30pm) Includes Two Snacks	\$215.00	(weekly)
Part Day Program (8:30am - 12:30pm) Includes AM Snacks Only	\$165.00	(weekly)
Potty Training / Diapering	\$2.00	(per day)
Lunch is to be provided by Parents: <i>(If parents forget, F.P.A. will provide lunch)</i>	\$5.00	(per incident)
If a child is not clocked in or out fee: <i>(State mandated to clock children in/out)</i>	\$2.00	(per incident)
Day of changes from Part Time to Full Time <i>(charge per day)</i>	\$20.00	(per incident)
Late Payment Fee <i>(Wednesday after 9:00am)</i>	\$20.00	(per incident)
Sibling Discounts: 10% off second child enroll in F.P.A.		

**We are open from 7:00am to 5:30pm Monday through Friday, with the exception of the following holidays.** When the holiday falls on a Saturday we will be closed Friday, when on Sunday we will be closed Monday.

- Labor Day: 9/1/25
- Thanksgiving Day and Day After: 11/27-28/2025
- Christmas Eve & Day: 12/24-25/2025
- New Years Eve & Day: 12/31/2025-1/1/2026
- Good Friday: 4/3/2026
- Memorial Day: 5/25/2026
- 4th of July: 7/3/2026

## Preschool Office

If you need to meet with the director, or set up a time to meet with your child's teacher, contact the director to schedule a meeting.

## Communication

We encourage open communication between the school and parents. Be assured that if there is a problem, we will contact you immediately. Let us know if you have any concerns so we can make an appointment with the director.

## Visitors

Parents are welcome to visit our school anytime. We require that all visitor's check-in at the office first.



## **Daily Program**

A carefully supervised and balanced program is offered to assist the children in their learning process. We include various hands-on activities that will help them become curious learners and creative problem solvers. The preschool classroom is divided into learning centers that invite your child to explore and imagine while developing school readiness skills. Our preschool's function, in cooperation with the home and church, is providing a Christ-centered education. We desire to promote a strong relationship between family, church, and school.

## **Arrivals & Departures**

All children must be checked IN and OUT at the kiosk every day. Children will only be released to authorized adults listed on the student's emergency information sheet. We will not release any child to anyone whose behavior may place the child in immediate risk. If you need someone that is not on your emergency list to pick up, you will need to send an email to the director with the person's information that you are authorizing to pick up. Those that are not registered in the kiosk will need to show a valid picture I.D. and sign out. If you are unable to pick up your child by closing, please notify the director.

## **Reimbursement Policy**

If it becomes necessary for you to withdraw your child during the week or if your child is absent for any portion of the week, there will be no financial reimbursement.

## **Payment Schedule**

Full payments are due for weekly tuition. Tuition payments are due by Wednesday by 9:00 am for the current week. Payments can be made by Tuition Express, checks and cash. If payment is not received by Wednesday by 9:00 am and Tuition Express was not processed a late fee will be applied.

## **Late Pick-up Charges**

Late pick-up charges will be assessed on all children picked up late. Part-time pick up after 12:30pm. Full time pick up after 5:30 pm. You will be invoiced \$1 per for every minute late.

## **Withdrawal Procedure**

Two weeks advance written notice for withdrawal must be dated and handed to or emailed to the director.

## **Health Requirement**

We need Immunization records or a religious exemption form completed. All children are required to have a complete set of enrollment forms on file before their first day. A daily health check will be given to your child as they arrive. Their teacher/director will evaluate if they are well enough to stay and participate. Please refer to "when a child becomes too sick to attend" the information we have given you. If your child becomes too sick to stay at school, we will call you. In this case, you must make arrangements to pick up your child as soon as possible.

## **Health & Medications:**

Medications will be administered only if:

1. A prescription that is prescribed for the child by a physician in the original container.
2. Non-prescription medications in the original container.
3. Medication form must be filled out by parent or guardian.



## **Accidents**

All accidents occurring at the school are reported to the director, and an accident report is written. Parents will be informed of minor accidents. In the case of a minor medical situation, the following steps will be taken:

1. Attempt to contact the parent or guardian.
2. Attempt to contact the persons listed on the emergency information sheet.

### **In a serious medical emergency, we will do the following:**

1. Call 911
2. Attempt to contact the parent or guardian.
3. Attempt to contact the persons listed on the emergency information sheet.

## **Diapering / Toilet Training**

Parents provide diapers and wipes with items labeled with child's name. A charge of \$2 per day will be charged based on the number of days enrolled. This charge will be added to your weekly tuition invoice. If recurring accidents occur after the child is potty trained, a \$2 a day fee will be added.

## **Personal Belongings / Toys**

We ask that your child leave all toys at home. We are not responsible for lost or broken toys brought to school. The exception to this is an appropriate "security" item for nap time.

## **Clothing Requirements**

All children are required to have a spare change of clothes at school. Potty trainers need a couple extra sets of clothes. All extra clothing should be labeled with your child's name.

## **Nap Time**

We provide preschoolers a rest time each afternoon to rejuvenate their active minds and bodies. All preschoolers are encouraged to have a labeled small blanket for nap time. Blankets must be taken home on Friday (or the last day your child attends each week), laundered, and returned by your child's first day of school for the week.

## **Food**

The children should bring a healthy lunch daily. We provide a healthy and well-balanced mid-morning and mid-afternoon snack daily.

## **Emergency Plan**

We regular practice emergency drills. In the event there is an emergency we will notify parents via email, ProCare parent engagement app, or a text message giving them all information needed.

## **Holding a Child's Place**

If you choose to remove your child from our program, their place will be given to a child from our waiting list, and if you decide to re-enroll them later, you will have to pay registration again. If we need to remove your child, the director may approve for your child to return. If there are any openings within the school year, the registration fee will not be charged.

## **Discipline Policy**

Good behavior is essential for a successful program. Discipline will be consistent with the age and needs of the child. The use of physical punishment is never permitted. Discipline will NOT be associated with food, rest or toileting. We believe it is important to give positive guidance, setting clear limits and redirection. We may use a quiet time with a teacher/aide lasting no more than one minute for each year of the child's age. When finished, the teacher will pray with the child. If an improper behavior continues, the child will be referred to the director, and the parents will be called to the school to handle the situation further. If a child continues to have improper behavior, he/she may be kept home for a short period (a day or so). If the behavior continues, your child could be removed from the school. Like-mindedness is essential in this area between parents and the school.





**Campus Pastor:**

Pastor Robert - 714-401-2416 - robert@fpachatt.com

**Administrative Director:**

Connie Benoun - 423-633-9150 - connie@fpachatt.com

I have read Foundations Preschool Parent Handbook and fully understand and all the policies listed.

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

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**Parent/Guardian Name and Signature (Printed name is your signature)**



# Diseases Covered by Tennessee Child Care and School Immunization Requirements

TN 1200-14-1-.29: <https://publications.tnsosfiles.com/rules/1200/1200-14/1200-14-01.20191013.pdf>

Disease	Child Care	Kindergarten	New students, Grades 1-12
H. flu type B (Hib)	Up to date/ complete	-	-
Pneumococcus (PCV)	Up to date/ complete	-	-
Diphtheria, Tetanus, Pertussis	Up to date (no 4y dose)	Complete (incl. 4y dose)	Same as K, Tdap <u>req'd</u> only for 7 <sup>th</sup> gr.
Measles, Mumps, Rubella	1 dose	2 doses	2 doses
Polio	Up to date (no 4y dose)	Complete (incl. 4y dose)	Complete (incl. 4y dose)
Hepatitis B	Up to date/ complete	Complete	Complete
Hepatitis A	1 dose	2 doses	-
Meningococcal disease ( <u>MenACWY</u> )	-	-	-
Varicella (or disease history)	1 dose or disease	2 dose or disease	2 dose or disease

**Other important vaccines are recommended by CDC for all children and teens, but not required for school attendance.** For more information, visit the TennIIS homepage at <https://tennesseeiis.gov> and click on the blue bar titled School Immunization Requirements. For the Official Certificate, go to the above website and login to TennIIS.

*Last updated by Tennessee Immunization Program: January 2020*



STATE OF TENNESSEE  
**DEPARTMENT OF EDUCATION**  
6<sup>th</sup> FLOOR, ANDREW JOHNSON TOWER  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-0375

## Religious Exemption from Vaccination(s)

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

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
State Zip

Pursuant to Tennessee Code Annotated §49-6-5001(b)(2), I am declining vaccination(s) for my child because the vaccinations conflict with my religious tenets and practices.

I declare under penalty of perjury that the foregoing is true and correct.

Parent/Legal Guardian Signature

\_\_\_\_\_  
(Printed name is your signature) Date \_\_\_\_\_



## CONSENT FOR EMERGENCY MEDICAL TREATMENT

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

FOUNDATIONS PRESCHOOL & ACADEMY TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
(Facility Name)

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER  
(Child's Name)

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE OR LIMB OF THE CHILD NAMED ABOVE.

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Parent Signature  
(Printed name is your signature)

\_\_\_\_\_  
Date

### \* PLEASE READ COMPLETELY BEFORE SIGNING.

**My child** \_\_\_\_\_ **is allergic to the following:**  
(Child's Name)

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

\_\_\_\_\_  
Parent's Signature (Printed name is your signature)

**My child** \_\_\_\_\_ **has NO allergies that I am aware of:**  
(Child's Name)

\_\_\_\_\_  
Parent's Signature (Printed name is your signature)



## Photo / Media Permission Form

I hereby grant Foundations Preschool & Academy, its employees and the Calvary Chapel Chattanooga Photography Team on behalf of F.P.A. the right to photograph my dependent and use the photo and/or other digital reproduction of him/her or other reproduction his/her physical likeness for publication purposes only, whether electronic, print, digital or electronic publishing via the internet.

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

*(Check One Box)*

☐ YES, I agree to allow Foundations Preschool & Academy to take and use photos of my child in the manner listed above.

☐ NO, I do not allow Foundations Preschool & Academy to display photos of my child.

Print Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_  
(Printed name is your signature)

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

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

Child's Birthday: \_\_\_\_\_

PLACE  
  
PHOTO  
  
HERE  
  
Please attach child's photo  
with application

What people like and admire about me:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



WHAT'S IMPORTANT TO ME:

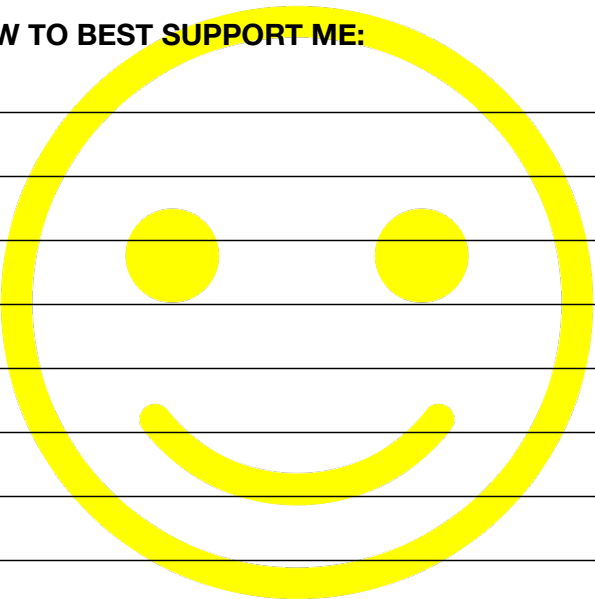
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

WHAT MAKES ME HAPPY:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

HOW TO BEST SUPPORT ME:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_





## Too Sick to Go to Preschool?

*Do you wonder if your child is too sick to go to preschool?  
Here are some things to keep in mind.*

### **Fever**

A fever is: 100.4 F or higher with an ear thermometer. 100. F or higher with an oral thermometer. 99 F or higher with an armpit thermometer. If your child has a fever at or over the above temperature above they will need to be picked up from school. They must wait at least **24** hours after the fever has come down and stabilized without medication to send your child back to school.

### **Colds**

On average, a child catches 6–8 colds per year. There is no need to keep them home with sniffles or congestion—as long as their temperature is LOWER than the above degrees and there are no other signs of illness.

### **Vomiting or diarrhea**

Keep your child home. Call the doctor if these problems persist or your child seems dehydrated. They can return to preschool when they can drink liquids without problems—at least **24** hours after the last time they vomit and at least **12** hours after the last time they had diarrhea.

### **Stomachache, headache, earache, toothache**

Observe your child; if they are in severe pain, call their doctor immediately. If they don't look or act sick, try gentle encouragement (like reminding them of something fun they will be doing that day). Call their doctor if they complain of pain frequently, their pain persists, or you're unsure they are ill.

### **Conjunctivitis ("pinkeye") or Strep Throat**

Your child needs to stay home until they have been on an antibiotic for **24** hours and has no fever. Red "bloodshot" eyes and yellow or greenish discharge from the eyes are signs that they should see a doctor. If they have a sore throat or a sore throat and a fever, they should be tested for strep at the doctor's office.

### **Rash**

You don't need to keep your child home for a minor diaper or heat rash. If they have an unusual rash with fever or acts unwell, see a doctor before sending them to preschool. A child with impetigo (a skin infection characterized by blisters that itch) they should stay home for **24** hours after first dose of antibiotics. Cover any remaining blisters or scaling with a bandage or dressing when they return to preschool.

### **Head lice**

Keep your child home until the morning after her first treatment. Note: Some treatments work better than others do, also check your child's head thoroughly before sending them back to preschool.

### **Chicken pox**

Keep your child home at least 6 days after the rash first appears.

## **Standards for School-administered Child Care, Chapter 0520-12-01 SUMMARY**

### **Program Organization and Administration, 0520-12-01-.05**

- A Child Care Center must have an adequate budget. General liability, automobile liability, and medical payment insurances must be maintained on all properties and vehicles owned or operated by the program.
- Children's files must include a complete application, an official immunization record (exceptions do apply), and health history.
- On-going parent communication is expected. Programs must provide a parent handbook with the policies, procedures, and the TDOE requirements, chapter 0520-12-01. It is expected that parents sign for receipt of the policies and requirements, and this would be kept in the child's file. All parents shall be given a pre-placement visit opportunity.
- Parents must have access to all areas of the center when their child is present.
- The parents must receive an educational program regarding child abuse detection, reporting and prevention.
- A written plan must be in place for the release of each child, this should include individuals who are allowed to pick up the child at the end of the day or any given time by the parent.
- Children must be signed out of the program by the legal guardian. Staff may require to see a person's identification when releasing a child from the program.
- Injuries and incidences will be reported to the parent as soon as possible or at the end of the school day. This shall be documented in the child's file.
- Staff records must be kept on each employee that includes educational background, reference checks, TBI check, in-service training, physical exams and performance reviews.
- If the center provides transportation, the driver should be appropriately licensed, have a drug screening on file, and certificate of CPR/First Aid, there must be liability insurance and the children must have adequate space and supervision. Transportation provided by the center or under center authorization shall comply with state law.
- Programs must have the current Certificate of Approval posted where parents and visitors can easily see it, along with the Department of Human Services childcare complaint number and the Department of Children's Services Child Abuse Hotline number.
- No smoking must also be posted in a conspicuous manner.
- A copy of the state board rules (chapter 0520-12-01) must be maintained in a central space and available to all staff and parents.

### **Program Operation (Supervision), 0520-12-01-.06**

- Careful supervision of each group is expected at all times and suited appropriately for each age grouping.
- Adult: child ratios and group sizes must be followed.

#### **Multi-age grouping chart:**

<b>AGE</b>	<b>GROUP SIZE</b>	<b>ADULT: CHILD RATIO</b>
Infant - 18 months	8	1:4
18 - 36 months	16	1:8
3 - 4 years old only	20	1:10
3 - 6 years old*	24	1:13

*\*Not including first grade children*

- Group sizes must be maintained in the classroom, but classes may combine while outdoors, in common dining areas, or common napping areas.
- a separate area must be provided for infants and toddlers.
- At nap time, ratios may be relaxed for groups (except for infants and toddlers).
- A written playground supervision plan is required.
- Field trips requires adult: child ratios to be doubled. Swimming has a separate ratio chart and the life guard is not included in the ratio.

#### **Staff, 0520-12-01-.07**

- All programs must have a director and enough teachers and staff to meet the required ratios for adequate supervision.
- Staff must be physically, mentally and emotionally stable to work with children and have knowledge of early childhood behaviors and development.
- Preschool directors, teachers and assistant teachers must be 21 years of age.
- All new staff must complete 2 hours of orientation before assuming duties and receive annual instruction in early childhood topics that are required in this chapter section.
- The program must maintain written documentation that each employee has read the full set of all applicable rules.
- A copy of the entire rules must be maintained and readily accessible to all employees.
- All staff must have a criminal background check upon hiring and must be cleared before assuming duties. A new fingerprint sample is required every 5 years for all employees.
- A director shall be responsible for the day-to-day operations, shall be physically present in the facility for at least half the hours of operation, be at least 21 years of age, and follow the qualification guidelines listed in this chapter section.
- An assistant director may be designated in charge when the director is absent.
- All directors, assistant directors, teachers, assistant teachers, and other staff working directly with the children must have 30 hours of professional development training. At least 6 hours of this professional development must be in developmentally appropriate literacy practices.

#### **Program, 0520-12-01-.09**

- Educational activity must be developmentally appropriate for the age and ability of the children enrolled. (See TN-ELDS for Birth-48 Months and TN-ELDS for 48 month-Kindergarten)
- Any technology used by the children must be reviewed by staff, approved by parents, and shall not exceed 2 hours per day.
- Children shall not be left in restraining devices (swings, car seats, high chairs, etc.) for periods longer than 30 minutes.
- Children should have opportunities to play together and also alone when they choose to do so.
- Personal safety must be taught each year for children ages 3 through school age.
- Outdoor play must be provided for all ages who are in care for more than 3 daylight hours, weather permitting (temp ranges 32-95 degrees).
- Behavior management and discipline must be reasonable and age appropriate. Spanking or other corporal punishment is not allowed. Timeout must be based on the age of the child and take place in an appropriate location.
- Children shall not be in care for longer than 12 hours in a day.
- Routines such as snack, meals, and res shall occur at approximately the same time each day.



**Health and Safety, 0520-12-01-.10**

- A first aid kit must be on the premises and a comprehensive first aid chart or list must be available.
- There must a staff member present at all times who has a current certification in CPR and first aid training.
- A written plan to protect children during disasters is required. Drills must be practiced and documented each month. At least one drill must be practiced during extended care hours.
- Smoking and the consumption of alcohol are not allowed on the premises of a child care program.
- Firearms are not allowed on the premises or in a vehicle used to transport children  
(*unless in compliance with updated Tennessee Code Annotated Section 49-50-803*)
- Kitchen knives or other potentially hazardous tools must be kept inaccessible to children.
- Staff personal belongings must be kept inaccessible to children.
- Emergency contact numbers must be listed and posted near all telephones.
- Conduct regular morning health checks of each child and notify parents immediately when a child is sick or injured.
- Medication may not be given to any child without the written consent of the parent/guardian.
- Safe sleep practices for infants must be followed:
  - Infants must be placed on their back to sleep, in a crib or pack 'n play with only the sheet. Soft bedding for infants is not allowed.
  - No swaddling or wrapping in a blanket.
  - Infants must be touched by a teacher every 15 minutes to check breathing and body temperature.
  - Infant room teachers must have SIDS and safe sleep training before reporting for duty.
- Hand washing and diapering procedures must be followed to minimize the spread of germs in the classrooms.
- Developmentally appropriate equipment that is in good repair and easily cleaned is required. All manufacturer's safety instructions must be followed.
- Electrical cords and outlets should be inaccessible to the children.
- Children must have a place to store their belongings that minimizes the spread of germs.
- Each child must have their own napping equipment (2" thick mat or cot; sheet or cover for the mat; and a coverlet for their body)
- All staff must report reasonable suspicions of child abuse to DCS hotline number or local law enforcement. Annual training for this is required.

**Food, 0520-12-01-.11**

- Children will receive meals based on the number of hours spent in the program.
- Food should not be forced or withheld from children.
- Infants must be held while bottle feeding and bottles may not be heated in the microwave.
- Special diets and instructions must be provided in writing.
- A menu must be posted each week. Changes to the meal must be documented before the meal occurs.
- Teachers and children must wash hand when handling and eating food.
- All eating surfaces must be washed with soapy water and sanitized before eating and after eating.
- Children must be seated at appropriately sized tables and adults must closely supervise them while eating.
- Milk must be placed in the refrigerator immediately after it is served. All formulas remaining in bottles after feeding must be discarded.
- Highchair manufacturer's restraints must be used.
- Food must be properly handled and stored to protect from it contamination.
- Milk and perishable food must not sit on the table longer than 15 minutes before being served.

**Physical Facilities, 0520-12-01-.12**

- All facilities must pass an annual fire inspection and health inspection.
- A working telephone is required.
- A minimum of 30 square feet of usable indoor play space for each child is required.
- The area must be clean and safe for the children to use.
- A minimum of 50 square feet per child is required outdoors.
- The outdoor area must be fenced.
- Outdoor play equipment must be age appropriate for the group of children.
- Outdoor equipment must be placed to avoid injury and have a proper amount of resilient surfacing material to cushion a fall.
- The outdoor playground must be properly maintained with a written playground maintenance plan. A pre-play inspection is required before children play outdoors.
- Drinking water shall be provided in all occupied rooms.
- Adequate temperature must be maintained in all classrooms.
- Classroom pets must be kept in a clean cage and kept away from food storage or food preparation areas.

**Care of Children with Special Needs, 0520-12-01-.14**

- When children with special needs are enrolled, all reasonable and appropriate efforts shall be made to provide those children equal opportunity to participate in the same program activities as their peers.
- Adaptations to the environment shall be directed toward normalizing the lifestyle of the child with a disability by helping him/her become independent and develop self-help skills.
- The program shall inform parents of any specialized services available from the program, and if the program is aware of any specialized services available through third parties, shall additionally inform the parent of such services.
- Governing agency shall develop policies and procedures, in accordance with 0520-01-09-.23, governing personnel authorized to use isolation and restraint, training requirements and incident reporting procedures.

**COMPLAINT HOTLINE: (LONG DISTANCE) 1-800-462-8261  
(NASHVILLE AREA) 615-313-4820**