

2024 – 2025 Tower Grove Christian Academy Preschool Registration Paperwork



Packet Contents:

- Why Choose TGCA Preschool
- Registration and Tuition Information
- Child Registration Form (2 pages)
- Authorized Child Pickup List
- Medical History
- Parent/Guardian Agreement

Why Choose Tower Grove Christian Academy Preschool?

- Age- appropriate classrooms
- Bible-based curriculum
- Two snacks and hot lunch included in tuition
- Indoor and Outdoor Playgrounds
- On and off campus events and activities
- Music and P.E. classes offered throughout the school year
- Secure Building
- Brightwheel App for communication

Tower Grove Christian Academy Preschool provides quality early childhood education for each child who enters our doors. We strive to be a blessing to each child, their family, and the community that surrounds us.

The Preschool at Tower Grove Christian Academy is nestled in the Shaw Neighborhood on the corner of Tower Grove and Magnolia between Tower Grove Park and the renowned Missouri Botanical Garden. Our partnership with each of these institutions allows us full access that can be used as an extension to the classrooms and we can experience nature as God created it.

We believe that one of the goals of a Christian education is to develop and train children's character. God says "Train up a child in the way he should go: and when he is old, he will not depart from it" (Proverbs 22:6). In order to succeed in our mission, we also strive to:

1. Create a healthy atmosphere - physically, mentally, and spiritually.
2. Foster a desire in each child to discover God's love and the wonders of his creation.
3. Provide an environment where each child is respected and accepted as an individual and foster development of an emotionally healthy and happy child.

Registration and Tuition Information

Registration Fee (effective January 2021)

A non-refundable Registration Fee of \$200 per child is due upon enrollment.

Tuition

	1 st Child	2 nd Child	3 rd Child
Infants	\$1371	\$1234	
1 year old	\$1371	\$1234	\$960
2 year old	\$802	\$722	\$561
3-5 year old	\$714	\$643	\$500

Late Pick-up Fees

A late fee is assessed after 6:00pm as follows:

- 6:00pm-6:10pm = \$7.00
- 6:11pm-6:20pm = \$15.00
- \$2.00 per minute charges thereafter

All times are recorded by the office clock.

Tuition Management

TGCA has contracted with FACTS Management Company to manage our tuition payments. FACTS Management Company serves over 4,000 schools nationwide and is the industry leader in tuition management for private and faith-based schools.

Please know there will be an annual fee for enrolling in FACTS. Once your account is set up, you will receive an initial invoice/statement from FACTS. It will list your total tuition and fee balance for the upcoming school year along with instructions on how to enroll in a payment plan online.

There is no reduction in tuition for absence, holidays, or weather-related days.

Tower Grove Christian Academy requires a two-week notice should you remove your child from our program. There will be no refunds without a two-week notice.

Child Registration Form

Applicants for admission are considered without regard to sex, race, or national origin. *Please print legibly.*

Today's Date:	Preferred Start Date:
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Child's Information:			
Name:			
	Last	First	Middle
Age:	Birth Date:	Gender:	Male or Female
		MM/DD/YYYY	
Address:			
Street		City, State	Zip

Parent/Guardian 1's Information:			
Name:	Are you the parent or guardian?		
Phone:	Email:		
Address:			
Street		City, State	Zip
Place of Employment and Address			Work #:

Parent/Guardian 2's Information:			
Name:	Are you the parent or guardian?		
Phone:	Email:		
Address:			
Street		City, State	Zip
Place of Employment and Address			Work #:

Emergency Information:			
<i>Please list the names of 3 persons (relatives, neighbors, etc.) who will assume temporary care of your child until you are available:</i>			
Contact 1 Name:	Relation:		
Phone:	Email:		
Address:			
Street		City, State	Zip
Contact 2 Name:	Relation:		
Phone:	Email:		
Address:			
Street		City, State	Zip
Contact 3 Name:	Relation:		
Phone:	Email:		
Address:			
Street		City, State	Zip

Continued on next page.

Health and Development Information:		
Child's Physician:	Phone:	
Hospital Affiliation:	Phone:	
List all allergies and any symptoms.		
Does your child have frequent illnesses? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain.		
Does your child have any eating habits or difficulties? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain.		
Preferred hand: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> No Preference	Any suspected hearing, vision, or speech difficulties? <input type="checkbox"/> Y <input type="checkbox"/> N	
Age toilet training began?	Age daytime control established?	Age nighttime control was established?

Family/Household Information:	
Sibling 1 Name:	Age:
Sibling 2 Name:	Age:
Sibling 3 Name:	Age:
Sibling 4 Name:	Age:
List individuals, other than parents/guardians and siblings listed above, who live in your home and their relationship to your child:	

General Information:	
Are there any unusual situations or other information we should know about your child? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain.	
Has your child attended any preschool in the past? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, where and how long? Phone:	
Permission to take photographs or videos? <input type="checkbox"/> Y <input type="checkbox"/> N	
Church now attending or preference:	Do you attend regularly? <input type="checkbox"/> Y <input type="checkbox"/> N
Do you attend Sunday School or Bible Study? <input type="checkbox"/> Y <input type="checkbox"/> N	
How did you hear about Tower Grove Christian Academy Preschool?	

Please read and sign the following statement:

I hereby attest that the information give above is correct and accurate. I also understand that this information will be kept confidential and will only be used in the event that payment is past due as stated in the handbook.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Authorized Child Pickup List

Name(s) of your child/children that attend Tower Grove Christian Academy Preschool:

1. _____
2. _____
3. _____

The following individuals are authorized to pick up my child/children:

Name	Relationship	Phone (include area code)

In the event that someone other than the individuals listed above would need to pick up your child/children, please send a written note to your child's teacher. Please include the full name of the person who will be responsible for picking up your child/children, the date they will be picking up, and sign and date the note. Thank you!

Print Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Medical History

Please have this information completed and signed by a physician. Return the completed information to:

Tower Grove Christian Academy
 4257 Magnolia Avenue
 St. Louis, MO 63110

Name:			Birth date:		
General physical condition >>>		At present time: For the past year:			
Serious illness, accidents, or surgeries and dates:					
Allergies:			Asthma:		
Frequent colds/sore throats?			Frequent ear infections?		
	Dose #1	Dose #2	Dose #3	Dose #4	Dose #5
DTP/DT					
Polio					
Hib					
Hepatitis B					
MMR					
PVC (pneumococcal)					
Varicella					
Tuberculin test(s) result (may be submitted separately):					
Any other comments or recommendations:					
I have examined the above-named child and verify that this child's medical history and current state of health <input type="checkbox"/> are <input type="checkbox"/> are not satisfactory in a preschool program.					
Physician's Name (printed):				Date:	
Physician's Signature:				Phone:	
Name of practice:					
Address:					
<small>Street</small>		<small>City, State</small>		<small>Zip</small>	

Parent/Guardian Agreement

The following agreement is to be completed and signed by the parent/guardian before care begins. Please read over all policies and fees before signing this agreement. You will receive a copy of the signed agreement for your records. If you have any questions regarding fees, services, policies, or practices, please feel free to discuss them with us.

1. I have read the “Policies for Tuition Payment” and I agree to follow them.
2. I agree to make my payments to FACTS Tuition due on the 10th or 20th of each month in the amount of \$_____.
3. I understand that there is a \$50.00 annual (family) fee due to FACTS Tuition.
4. I agree to notify the preschool at least two weeks before I withdraw my child.
5. I give permission for my child to participate in all activities and field trips with Tower Grove Christian Academy. I authorize Tower Grove Christian Academy to take my child on walking trips to Shaw’s Garden and Tower Grove Park. I will be notified any time my child leaves the building.
6. I give permission to preschool staff to take my child’s picture. Photos of preschool activities may be used on the TGCA website, social media, and other promotional materials. If you DO NOT want your child’s picture posted, please send written notice to the office indicating such. Names of children will not be shared.
7. If a medical emergency should arise while my child is in the care of Tower Grove Christian Academy and I cannot be reached, I hereby give permission to the director, assistant director, or my child’s teacher to select a physician and/or hospital. Furthermore, I give the physician and/or hospital, as selected by the preschool representative, my permission to give medical care as necessary for the welfare of my child.

This agreement is between Tower Grove Christian Academy and the parent/guardian of the following children:

1. Child’s Name: _____ Date of Birth: ____/____/____
2. Child’s Name: _____ Date of Birth: ____/____/____
3. Child’s Name: _____ Date of Birth: ____/____/____

Parent/Guardian #1:

Print Parent Name: _____ Date: _____

Parent Signature: _____ Date: _____

Parent/Guardian #2:

Print Parent Name: _____ Date: _____

Parent Signature: _____ Date: _____

Child Information Sheet for Classroom Teacher

Child's Information:			
Name:			
	Last	First	Middle
Age:	Birth Date:	Gender:	
	MM/DD/YYYY		Male or Female
Allergies:			
Is there anything I should know about your child?			

Parent/Guardian 1's Information:	
Name:	Email:
Phone:	Work #:

Parent/Guardian 2's Information:	
Name:	Email:
Phone:	Work #:

The following individuals are authorized to pick up my child/children:

Name	Relationship	Phone (include area code)

I give permission to preschool staff to take my child's picture. Photos of preschool activities may be used on the TGCA website, social media, and other promotional materials. If you DO NOT want your child's picture posted, please send written notice to the office indicating such. Names of children will not be shared.

Parent/Guardian #1:

Print Parent Name: _____ Date: _____

Parent Signature: _____ Date: _____

Parent/Guardian #2:

Print Parent Name: _____ Date: _____

Parent Signature: _____ Date: _____