

# **Dominion Christian Academy Preschool**

## **The DCA Mission Statement**

Dominion Christian Academy is a ministry of AFCWC which seeks to provide a learning environment for all students by teaching them how to live according to God's principles, to be passionate followers of Christ and to find and fulfill the destiny and purpose God has for their lives. As the Lord, Jesus Christ, in His youth grew in wisdom and stature and in favor with God and man (Luke 2:52), it is our desire for our students to reach maturity in all areas.

## **The DCA Vision**

The vision of Dominion Christian Academy is to make an impact in our community and the world by training young people in the ways of God, providing a strong academic foundation, and guiding them to find and fulfill their purpose in the kingdom of God, thus equipping them to make a significant impact on the lives of others for Christ. DCA will be an exemplary and diverse Christian school community (Preschool and K-12) that excels in college preparatory studies immersed in a biblical worldview. Strategic partnerships with parents, churches, the local community, businesses, and colleges will support efforts to develop each student's unique gifts and abilities to their highest potential for the glory of God and equip students for success. We will encourage all students to be rooted in Christ, think biblically and critically, and achieve holistic excellence. We will work diligently alongside their families to assist students in becoming transformational leaders for Christ and His kingdom in the local area and around the world.

## **The DCA Statement of Purpose**

Our purpose is to help your child develop socially, emotionally, intellectually, and spiritually. To strive towards that purpose, our goal is to have trained staff members that will teach all students to have strong self-esteem and become independent and thoughtful learners. We work diligently to prepare every student to continue their high level of success far beyond our walls and accomplish this goal by providing the best quality education for your child. We strive to have parents feel relaxed and assured that their child is safe and cared for in a caring Christian atmosphere. We are here to educate and assist in the growth of your child by providing him/her with a safe environment so they will have a plethora of learning experiences to last a lifetime and be able to discern the path that God has for their lives.

# Dominion Christian Academy Preschool

## STATEMENT OF FAITH

Parents must indicate their agreement with this statement when completing the application form.

The basis of faith shall be the Word of God as interpreted by the following:

A. Dominion Christian Academy (DCA) believes that the Bible is the inspired, infallible, authoritative Word of God.

B. There is one God-Father, Son, and Holy Spirit eternally existing as one.

C. The only means of salvation is through Jesus Christ. We believe in one Triune God, eternally existent in three co-equal persons -- Father, Son, and Holy Spirit.

We adhere to the ACSI Statement of Faith, as listed below:

D. We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (2 Timothy 3:16, 2 Peter 1:21).

E. We believe there is one God, eternally existent in three persons-Father, Son, and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30).

F. We believe in the deity of Christ (John 10:33), His virgin birth (Isaiah 7:14, Matthew 1: 23, Luke 1:35), His sinless life (Hebrews 4: 15, 7:26), His miracles (John 2:11), His vicarious and atoning death (1 Corinthians 15:3, Ephesians 1:7, Hebrews 2:9), His Resurrection (John 11:25, 1 Corinthians 15:4), His Ascension to the right hand of God (Mark 16:19), His personal return in power and glory (Acts 1:11, Revelation 19:11).

G. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature, and that men are justified on the single ground of faith in the shed blood of Christ, and that only by God's grace and through faith alone are we saved (John 3:16–19, 5:24; Romans 3:23, 5:8–9; Ephesians 2: 8–10; Titus 3:5).

H. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of condemnation (John 5: 28–29).

I. We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9 need to hell and utterly unable to remedy his lost condition by himself or by ecclesiastical rite.

In addition: we do not believe in teaching Santa Clause, Easter Bunny or Halloween. We do however, promote the Christian values of Christmas and Resurrection Day.

# TUITION CHART

Tuition at Dominion Christian Academy includes the following: technology use, school ID's, language arts novels, assigned lockers or cubby spaces. Middle and upper school students may be assigned an iPad or other technology for use in the eighth through twelfth grades.

TUITION PRESCHOOL (WEEKLY)		
STUDENT AGE GROUP	TUITION FEE	REGISTRATION FEE *
PRE-K 2 YEAR OLDS	\$185	\$100
PRE-K 3 & 4 YEAR OLDS	\$165	\$100
TUITION K-12 ACADEMY (ANNUAL)		
STUDENT GRADE LEVEL	TUITION FEE	REGISTRATION FEE *
Kindergarten	\$6900	\$100
Grades 1-5	\$6900	\$100
Grades 6-8**	\$6900	\$100
Grades 9-12**	\$6900	\$100
FEES*		
Book/Curriculum Fee (for all PreK-4 K-12 Students)	\$175	

**\*Registration and Book fees are due at enrollment** to reserve a student's place in a grade. The registration fee is **nonrefundable**.

\*\*Additional activities and sports fees to be distributed separately

### DISCOUNTS

Members of Ambassadors for Christ Worship Center and members of the US military may receive a discount on the tuition rate as determined by the Board of Directors for DCA.

### FINANCIAL AID

Please visit [www.ncseaa.edu](http://www.ncseaa.edu) to apply for the NC Opportunity Scholarship available for starting at 4 years old.

**Dominion Christian Academy Preschool  
FAMILY APPLICATION**

Date Application Completed \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child is (check one that applies) biological \_\_\_\_\_ step child \_\_\_\_\_ grandchild \_\_\_\_\_ foster \_\_\_\_\_ adopted \_\_\_\_\_

**FATHER**

Name \_\_\_\_\_ Mr. \_\_\_ Dr. \_\_\_ Rev. \_\_\_

*Last, First Middle*

Home Address \_\_\_\_\_  
*Number and Street City, State, Zip*

Cell Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_  
*Area Code, Number*

Marital Status: Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Single \_\_\_

Employer's Name \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail: \_\_\_\_\_  
*Area Code, Number*

**MOTHER**

Name \_\_\_\_\_ Mrs. \_\_\_ Miss \_\_\_ Dr. \_\_\_  
*First, Middle, Last*

Home Address \_\_\_\_\_  
*Number and Street City, State, Zip*

Cell Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_  
*Area Code, Number*

Marital Status: Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Single \_\_\_

Employer's Name \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-Mail: \_\_\_\_\_

**CHURCH INVOLVEMENT**

Church Father Attends \_\_\_\_\_ Member? Yes \_\_\_ No \_\_\_

Church Mother Attends \_\_\_\_\_ Member? Yes \_\_\_ No \_\_\_

**NAME OF SIBLINGS**

Child 1 Name \_\_\_\_\_ DOB \_\_\_\_\_ Attends School at \_\_\_\_\_

Child 2 Name \_\_\_\_\_ DOB \_\_\_\_\_ Attends School at \_\_\_\_\_

Child 3 Name \_\_\_\_\_ DOB \_\_\_\_\_ Attends School at \_\_\_\_\_

**Dominion Christian Academy Preschool**

**Family Application**

**Emergency Form**

Date Application Completed \_\_\_\_\_ Date of Enrollment \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**CHILD'S INFORMATION:**

Full Name: \_\_\_\_\_  
Last, First Middle

**EMERGENCY CONTACTS:**

Child will be released only to the parents/guardians listed above or any individuals listed on the authorization for release/pick-up form. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

**HEALTH CARE NEEDS:**

*For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes\_\_ No\_\_*

List any allergies and the symptoms and type of response required for allergic reactions. \_\_\_\_\_

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns \_\_\_\_\_

List any particular fears or unique behavior characteristics the child has \_\_\_\_\_

List any types of medication taken for health care needs \_\_\_\_\_

Share any other information that has a direct bearing on assuring safe medical treatment for your child \_\_\_\_\_

**EMERGENCY MEDICAL CARE INFORMATION:**

Name of health care professional \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY MEDICAL CARE AUTHORIZATION:** I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**Dominion Christian Academy Preschool**

**Family Application**

**Child's Medical Report**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address of Parent of Guardian \_\_\_\_\_

**A. Medical History** (May be completed by parent)

1. Is the child allergic to anything? No \_\_\_\_\_

Yes If yes, what? \_\_\_\_\_ If does he/she have an epipen? \_\_\_\_\_

2. Is the child currently under a doctor's care? No \_\_\_ Yes If yes, for what reason? \_\_\_\_\_

3. Is the child on any continuous medication? No \_\_\_ Yes If yes, what? \_\_\_\_\_

4. Any previous hospitalizations or operations? No \_\_\_ Yes If yes, when and for what? \_\_\_\_\_

5. Any history of significant previous diseases or recurrent illness?

Asthma Yes \_\_\_\_\_ No \_\_\_\_\_ - If Yes does he/she have an inhaler? \_\_\_\_\_

Diabetes Yes \_\_\_\_\_ No \_\_\_\_\_

Convulsions Yes \_\_\_\_\_ No \_\_\_\_\_

Heart Trouble Yes \_\_\_\_\_ No \_\_\_\_\_

6. Does the child have any physical disabilities: No \_\_\_ Yes If yes, please describe: \_\_\_\_\_

Any mental disabilities? No \_\_\_ Yes If yes, please describe: \_\_\_\_\_

7. Does your child take any medications? If yes please list. \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*PLEASE BRING RECORDS OF THE MOST RECENT IMMUNIZATION\*\***

**Dominion Christian Academy Preschool**

**Family Application**

**Physical Examination**

This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program. This needs to be done within 30 days of enrollment.

Height \_\_\_\_\_ Weight \_\_\_\_\_

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Throat \_\_\_\_\_ Neck \_\_\_\_\_

Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_

Neurological System \_\_\_\_\_ Skin \_\_\_\_\_

Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Results of Tuberculin Test, if given: Type \_\_\_\_\_

Developmental Evaluation: Delayed \_\_\_\_\_ Age Appropriate \_\_\_\_\_

If delay, note significance and special care needed \_\_\_\_\_

Should activities be limited? No \_\_\_\_\_ Yes If yes, explain: \_\_\_\_\_

Any other recommendations: \_\_\_\_\_

**Date of Examination** \_\_\_\_\_

**Signature of authorized examiner/title** \_\_\_\_\_

**Phone number** \_\_\_\_\_

## CHANGES IN FAMILY AND DEVELOPMENTAL HISTORY

Have parents separated or divorced? \_\_\_\_\_

If yes, please explain custodial/living arrangements: \_\_\_\_\_  
\_\_\_\_\_

Have there been any changes over the past year in childcare arrangements? \_\_\_\_\_

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

Please share any other changes in your family situation which would be helpful for your child's teachers to know: (i.e.: new sibling, separation/divorce, recent loss or death, change of job, more frequent business travel, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your child receives support services in any area of development or has any special needs that have been identified (i.e.: speech and/or language delays; physical disabilities; developmental delays; motor or sensory integration issues; social/emotional/behavioral difficulties), please update us below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any areas of your child's development that you are concerned about and would like us to observe (i.e.: speech/language development; fine and gross motor skills; learning skills; social/emotional/behavioral skills)? If yes, please explain briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share any recent updates related to your child's medical/health history:

Is your child subject to more than the usual number of any of the following illnesses?

Colds \_\_\_\_\_ Sinus Infections \_\_\_\_\_

Bronchitis \_\_\_\_\_ Strep \_\_\_\_\_ Ear infection \_\_\_\_\_

Does your child have **non- food-based** allergies (e.g. hay fever, pet dander, dust, mold, etc.)? \_\_\_\_\_

Does your child have any **non-medical** dietary restrictions (i.e.: religious or parental preferences) you would like us to observe (i.e. kosher, vegetarian, vegan)? Please share this information with your teacher at your pre-visit in August.  
\_\_\_\_\_  
\_\_\_\_\_



## ADDITIONAL INFORMATION

**TOILET TRAINING:**

Is your child toilet trained? \_\_\_\_\_

Is there anything about your child's toileting habits the teachers should know? \_\_\_\_\_  
\_\_\_\_\_

**SLEEPING:**

Does your child nap? \_\_\_\_\_ What hours? \_\_\_\_\_

What time does your child go to bed? \_\_\_\_\_

Please share any other information you would like the school to know regarding your child's sleep: \_\_\_\_\_  
\_\_\_\_\_

Please share any new information regarding the following:

Fears/Anxieties: \_\_\_\_\_

Separation Issues: \_\_\_\_\_

**What do you hope your child will gain from this coming year at DCA Preschool? Please share your goals for your child:**

\_\_\_\_\_

Who will be bringing your child to school most of the time? \_\_\_\_\_

**PLEASE FEEL FREE TO WRITE BELOW OR ON THE BACK OF THIS PAGE IF YOU HAVE ANYTHING ELSE YOU WOULD LIKE TO SHARE WHICH WAS NOT COVERED BY THIS FORM.**

\_\_\_\_\_  
Signature of parent/guardian completing this form

\_\_\_\_\_  
Date

**PLEASE FEEL FREE TO WRITE BELOW OR ON THE BACK OF THIS PAGE IF YOU HAVE ANYTHING ELSE YOU WOULD LIKE TO SHARE WHICH WAS NOT COVERED BY THIS FORM.**

**Dominion Christian Academy Preschool**

**Family Application**

**Student Pick up/Release Form**

Please complete this form listing any person- including the parent/ guardian(s)- who may pick up your child at the end of each day. Your child will NOT be permitted to leave campus with anyone other than the individuals listed below, unless authorized in writing. Any person authorized by the parent/guardian must be over 18 years old and must present a picture I.D. when picking up the child.

Please complete the following:

Students name: \_\_\_\_\_

The following people have permission to pick up the student named above at the end of each day. We also certify that each person listed below is an adult.

Name	Address & Phone	Relationship

Parent/Guardian(s) Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dominion Christian Academy Preschool**  
**Family Application**  
**Acknowledgement of Receipt of Policies and Procedures**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

**Discipline and Behavior Management Policy:**

I have read and received a copy of the facility's Discipline and Behavior Management Policy and the facility's director has discussed the facility's Discipline and Behavior Management Policy with me. (available on website [www.dcaraeford.com](http://www.dcaraeford.com))

Parent's Initial \_\_\_\_\_

**Prevention of Shaken Baby Syndrome:**

I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy, & Abusive Head Trauma. (available on website [www.dcaraeford.com](http://www.dcaraeford.com)) Parent's Initial \_\_\_\_\_

**Receipt of North Carolina Child Care Law:**

I have received the summary of the North Carolina Child Care law for childcare center (available on website [www.dcaraeford.com](http://www.dcaraeford.com)) Parent's Initial \_\_\_\_\_

**Receipt of Handbook Parent's Handbook:**

I have received a copy of Dominion Christian Academy. (available on website: [www.dcaraeford.com](http://www.dcaraeford.com)) Parent's Initial \_\_\_\_\_

**No Smoking Policy:**

I understand that Dominion Christian Academy Preschool is a smoke free facility. Parent's Initial \_\_\_\_\_

**Photo Release Permission:**

As a parent or guardian of this student, I hereby consent to use of photography/videotape taken during the course of the school year for publicity/promotional and educational purposes. I do this with full knowledge and consent and waive all claims or compensation for use or damages.

Yes, I give consent for Dominion Christian Academy Preschool to photograph my child for school purposes and/or at school events. Parent's Initial \_\_\_\_\_

**No, I do not authorize Dominion Christian Academy Preschool to photograph my child for any event**

Parent's Initial \_\_\_\_\_

**Statement of Faith Acknowledgement** \_\_\_\_\_

Parent's Name Print \_\_\_\_\_

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

Date \_\_\_\_\_