



TOWER GROVE CHRISTIAN ACADEMY

4257 Magnolia Avenue
St. Louis, Missouri 63110
Tgcs.net

Preschool Office

314-776-6757

Preschool Director

Nancy Craig

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Assistant Director

Crystal Simonis

csimonis@tgcp.net

A ministry of **Tower Grove Baptist Church**

314-865-4673
towergrove.org

Why Tower Grove Christian Academy?

- 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, P.E. classes offered throughout the school year
- Secure Building
- Daily Reports

The preschool at Tower Grove Christian Academy provides quality early childhood education for each child who enters our doors. We work hard 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 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

Tower Grove Christian Academy
Preschool Tuition & Fee Policies
Effective January 2017

Registration Fees

\$100.00 per child

Registration fees are due upon enrollment and are non-refundable

Monthly Tuition

	1 st Child	2 nd Child	3 rd Child
1 year old	\$840.00	\$672.00	\$420.00
2 year old	\$665.00	\$532.00	\$332.00
3-5 year old	\$590.00	\$472.00	\$295.00

Late Pick-up Fees

A late fee is assessed after 6 PM as follows:

*6:00-6:10pm= \$7.00

*6:11-6:20pm= \$15.00

\$2.00 per minute charges thereafter

*All times are recorded by 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.

Today's Date:	Preferred Starting Date:
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Tower Grove Christian Academy
Preschool Registration Form

Child Information		
Child's Full Name		
Child's Age	Child's Gender Male or Female	Child's Date of Birth
Child's Home Address		
City	State	Zip

Parent/Guardian(s) Information		
Parent/Guardian 1 Name		Parent <input type="checkbox"/> Guardian <input type="checkbox"/>
Primary Phone	Email Address	
Place of Employment & Address		Business Phone
Home Address (Check box if same as child)		<input type="checkbox"/>
City	State	Zip
Parent/Guardian 2 Name:		Parent <input type="checkbox"/> Guardian <input type="checkbox"/>
Primary Phone:	Email Address	
Place of Employment & Address		Business Phone
Home Address (Check box if same as child)		<input type="checkbox"/>
City	State	Zip

Note: Attach any applicable court orders such as custody, guardianship, restraint, etc.

I hereby attest that the information given 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/Guardian Signature

___/___/___
Date

Registration Form (continued, page 2)

Emergency Contacts		
<p>The child may be released to the person(s) listed on previous page or the following with photo ID:</p>		
Contact 1 Name		Relation
Primary Phone	Email	
Address		
City	State	Zip
Contact 2 Name		Relation
Primary Phone	Email	
Address		
City	State	Zip
Contact 3 Name		Relation
Primary Phone	Email	
Address		
City	State	Zip

Registration Form (continued, page 3)

Health and Development Information	
Child's Physician	Phone
Hospital Affiliation	Phone
List Allergies	Symptoms
Frequent Illnesses Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, please explain
Eating habits or difficulties	
Preferred hand Left <input type="checkbox"/> Right <input type="checkbox"/> No preference <input type="checkbox"/>	
Any suspected hearing, vision, or speech difficulties Y <input type="checkbox"/> N <input type="checkbox"/>	
Languages Spoken at Home English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese (Mandarin) <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	
Age when toilet training began	
When daytime control was established	
When nighttime control was established	

Registration Form (continued, page 4)

Family/Household Information	
Please list names and ages of siblings	
List individuals, other than parents 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 that we should know about your child? Y <input type="checkbox"/> N <input type="checkbox"/>	
If yes, please detail that information here	
Has your child attended any preschool in the past? Y <input type="checkbox"/> N <input type="checkbox"/>	
If yes, where and for how long?	Phone
Church now attending or preference	Do you attend regularly Y <input type="checkbox"/> N <input type="checkbox"/>
Do you attend Sunday School or Bible Study? Y <input type="checkbox"/> N <input type="checkbox"/>	
How did you hear about the Preschool at Tower Grove Christian Academy?	

Tower Grove Christian Academy is a ministry of Tower Grove Baptist Church. As a ministry, we feel it is important to help your child grow mentally, physically, and spiritually. The greatest legacy you can leave on your child is one of Faith in the Lord Jesus Christ.

If you have any questions about your relationship with Jesus, we would be glad to talk with you.

MEDICAL HISTORY
Tower Grove Christian Preschool
4257 Magnolia Ave. St. Louis, MO. 63110

(To be completed and signed by a physician)

Name _____ Birth date _____

General physical condition: At present time _____
 For past year: _____

Serious illness, accidents, or surgeries and dates: _____

Allergies _____

Asthma _____

Frequent colds/sore throats? _____ 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 _____ are _____ are not satisfactory in a preschool program:

 Physician's Name: (Printed)

 Date

 Physician's Signature

 Telephone #

Name of group practice, clinic, or other and address

Child Information Sheet

Childs name _____ Birth date _____

Address _____

Parent/Guardian Information

Parent/Guardian 1 _____

Parent/Guardian 2 _____

Cell _____

Cell _____

Work _____

Work _____

Email _____

Email _____

Allergies: _____

Permission to take pictures: yes _____ no _____

Authorized to pick up:
(Name and relationship to child)

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 \$46.00 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
4257 Magnolia Ave, Saint Louis, Missouri 63110

and

Parent/Legal Guardian (1)

Parent/Legal Guardian (2)

Name: _____
(Print Name)

Name: _____
(Print Name)

For the Care of:

- 1. Child's Name: _____
2. Child's Name: _____
3. Child's Name: _____

- Date of Birth: ___/___/___
Date of Birth: ___/___/___
Date of Birth: ___/___/___

Parent/Legal Guardian (1)

Parent/Legal Guardian (2)

(Signature)

(Signature)