



# TK-6th Grade Student RE-ENROLLMENT Instructions

2024-2025 School Year

Dear TDCA Families,

We hope you will continue to be part of our journey into the next school year! In order to secure your child's spot in the Tabernacle of David Christian Academy for the 2024-2025 school year, please complete the attached Re-Enrollment Forms, and submit the required deposit by the **re-enrollment early bird deadline: March 15th.\***

**Please complete and submit the following forms and information to [Admin@TDCAPasadena.org](mailto:Admin@TDCAPasadena.org) no later than March 15\* to secure your student's enrollment:**

1. Read the **2024-2025 Family Handbook** and submit the Family Handbook Agreement and Consent Signature 2024-2025 form. The Family Handbook will be available on the website <https://www.tdcapasadena.org/current-students> (password: psalm274).
2. Re-Enrollment Payment Schedule (included on the Family Handbook form).
3. Pay Simple Authorization Forms. **Please initial options and sign BOTH pages.** Please include the Bank Name with the last four (4) digits of the account to confirm using the same account. Please fill out all bank information if changing accounts for the TDCA charges during the 2024-2025 school year.  
2024-2025 Tuition update:  
\$630 for TK 4 Half days  
\$825 for TK 4 Full Days  
\$825 for K-6th Grade
4. **\$500\*** deposit per child, due March 15th.

## **TK Students Only:**

5. Physicians Report (LIC 701) with their recorded 4 year old immunizations due within one (1) week of appointment and by August 1st (or after 4th birthday). **Report date of appointment** if not submitting updated Physician's Report with 4 year old immunizations (5th DTap, 4th Polio, 2nd MMR, 2nd VAR). These are required for 4 year olds prior to attending TK.
6. TK Half and Full Day Option Selection - located on the Family Handbook Agreement form.

Contact Lanna-Marie @ [Admin@TDCAPasadena.org](mailto:Admin@TDCAPasadena.org) with questions or if you wish to update any other forms (ie adding pick-up contacts).

## **OTHER IMPORTANT INFO:**

### **Late Enrollment Fee:**

Families enrolling after the March 15th\* deadline will incur late fees, which will be due with enrollment. See Financial Policy in the Family Handbook for early bird deadline and late fees.

### **Refer a Family Program:**

Help us recruit for our school, and have your friend include your name on their student's application, and get a \$100 discount on one month's tuition!

Please send enrollment forms, payments and questions to [Admin@TDCAPasadena.org](mailto:Admin@TDCAPasadena.org).  
Enrollment in Tabernacle of David Christian Academy for the 2024-2025 school year will not be confirmed until all the required enrollment forms and the enrollment deposit is received.

**Textbooks:**

Please note that school book fees (approx. \$90-\$450/grade) are in addition to student tuition and will be billed via Pay Simple in July. Textbook payments are due July 15 or at time of enrollment if after July 15th.

**Pay Simple: TDCA's Secure Payment System**

ALL families use Pay Simple, our secure electronic payment system, for tuition payments and other fees as you request to pay for field trips etc. Please fill out and return the Pay Simple Authorization Form so that we are able to bill you on payment due dates throughout the school year.

**Financial Policy:**

The Financial Policy is included in the Family Handbook which is on our website and under the Current Students tab. <https://www.tdcapasadena.org/current-students> psalm274

**\*Please return your completed Re-enrollment forms & deposit no later than March 15 in order to receive the Early Bird price and avoid late fees. See school structure for reference.**

1. Family Handbook Agreement with
2. Indication of how you wish to pay for re-enrollment - 1x (charged March 15) or 3 month payment plan (March 15, April 15, May 15).
3. PaySimple Authorization Form.
4. TK forms if applicable:
  - a. Physicians Report (LIC 701) Required for **TK students** with 4 year old immunizations record due within 1 week of appointment and by August 1st. **Report date of appointment** if not submitting updated Physician's Report with 4 year old immunizations (5th DTap, 4th Polio, 2nd MMR, 2nd VAR). These are required for 4 year olds and prior to attending TK.
  - b. TK Half and Full Day Option Selection on Family Handbook Agreement.

**We accept your re-enrollment as an indicator that you continue to agree with our Faith Statement, Mission and Values, and all of our Policies.** Please refer to the Family Handbook to review information. <https://www.tdcapasadena.org/current-students> Password: psalm274

Note that verbal communication of re-enrollment is not sufficient for reserving your student's spot or avoiding late fees. Your student is not considered enrolled until the enrollment forms and deposits/fees are up to date. ALL the documents must be received via email (photos are accepted) or dropped in the Office Mailbox.

Please contact Lanna-Marie @ [Admin@TDCAPasadena.org](mailto:Admin@TDCAPasadena.org) with any questions or if you wish for additional documents. Forms can be emailed or sent home with your student.

We're excited to journey with you in God's story for our school family this coming year!

**Please send enrollment forms, payments and questions to [Admin@TDCAPasadena.org](mailto:Admin@TDCAPasadena.org). Enrollment in Tabernacle of David Christian Academy for the 2024-2025 school year will not be confirmed until all the required enrollment forms and the enrollment deposit is received.**

## TDCa Handbook, Guidelines, and Policy Agreements & Consent

Please read each statement carefully and include your signature on page 2 to indicate your agreement with TDCa's Family Handbook and Policies. A filled out and signed second page must be submitted to: [Admin@TDCAPasadena.org](mailto:Admin@TDCAPasadena.org) or dropped in the Office Mailbox outside of the TDCa office, in order for your student(s) to be considered enrolled. The Family Handbook is available via email or at <https://www.tdcapasadena.org/current-students>

- I agree with TDCa's Statement of Faith as well as the Mission, Vision, and Values of the school.
- I have received the TDCa 2024-2025 Family Handbook and policies, with the understanding that any questions, comments, and/or concerns I may have, must be clarified before **March 15, 2024**. If I do not have any questions, comments, and/or concerns, I agree to sign and uphold the Enrollment & Billing Payment Authorization Form and **TDCa 2024-2025** policies. In the event of written non-consent, I understand admittance to TDCa will be under review with the board and my student(s) could be disenrolled from the school, effective immediately.
- I have read through the Financial Policy (pages 6-10) and agree to the terms within.
  - I will fulfill tuition on the 15th of each month. I will communicate to TDCa Admin if I have any concern in making payments.
  - I will fulfill applicable fees as mentioned according to the provided schedule.
  - I understand and agree that all monies (enrollment deposits and supply fees, and other applicable fees) submitted thus far are non-refundable and I am responsible for the remaining tuition balance and applicable miscellaneous fees for the **2024-2025** academic school year.
- TK-6th Grade Parents: I understand that my family will fulfill 15 hours of volunteering as part of the Parent Participation Program (P3) program. Hours are due April 15th.
- Preschool Parents: I understand that my family will fulfill the PS co-op requirement (separate from the P3 program hours) by serving on the scheduled rotation and fulfilling any other needs that may arise in the Preschool classroom.
- I understand that class attendance is a high value at TDCa and will promptly communicate with the school by email [Admin@TDCAPasadena.org](mailto:Admin@TDCAPasadena.org) regarding absences and sickness.
- My PaySimple Authorization Form is considered **ACTIVE, in perpetuity**, for all financial payments listed in the Financial Policy for as long as my child(ren) is/are enrolled at TDCa. This includes any raises in tuition and all other applicable fees. I authorize that all charges be made from my PaySimple account - tuition, textbooks, supply fee, field trips, merchandise, fundraisers, tardies, etc.

## TDCA Handbook, Guidelines, and Policy Agreement & Consent

I, \_\_\_\_\_, (parent's full name) on behalf of myself and my family, acknowledge I have received full access to the Family Handbook located on the TDCA website, with all the supporting documents (policies & forms), and agree to uphold all that is presented in all of the writings, herein referred to as "TDCA 2024-2025 policies." Furthermore, I agree and consent to adhere to the TDCA 2024-2025 policies.

With this form, I am **Enrolling/Re-enrolling** the following student(s) into 2024-2025 and in agreement with the 2024-2025 Family Handbook:

Student name(s): \_\_\_\_\_

### **My signature below indicates**

- I agree and accept all the statements and fees as listed above and in the Family Handbook including the Financial Policy for the upcoming academic school year.

### **TK Families:**

- I am signing up my student for the following and authorize payment for:
  - Half Day \$630 (Monday-Thursday 8:30am-12:00pm)
  - Full Day \$825 (Monday-Thursday 8:30am-3:00pm)
- **Date** of Doctor's appointment if Physician Report and updated Immunizations are not available at time of Enrollment (appointment date: \_\_\_\_\_)

### **New Families:**

- I acknowledge and agree that my PaySimple Account will be charged any fees that are due and not yet paid (i.e. assessment, textbooks, etc) upon receipt of this signature page.

### **RETURNING Families Only**

- I acknowledge and agree that my PaySimple Account will be charged the \$500 per student re-enrollment fee upon receipt of this signature page. If a selection is not chosen below, I will be charged the FULL amount for ALL students enrolled on March 15th.

\_\_\_\_\_ March 15th or  
\_\_\_\_\_ Payment Plan (\$200/\$150/\$150 per student, March-May 2024).

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This page is due **March 15th** to [Admin@TDCAPasadena.org](mailto:Admin@TDCAPasadena.org) (photos of documents are accepted) or the **Office Hallway Mailbox** to ensure your student's spot at TDCA and to qualify for early re/enrollment. Late forms will include extra fees according to the school schedule and structure fees. Verbal indication of re-enrollment is not sufficient.



1536 E. Washington Blvd. Pasadena, CA 91104 626.765.5105

### Billing Payment Authorization Form

Sign and complete this form to authorize **Tabernacle of David Christian Academy (TDCA)** to make debits to your checking or savings account for the charges below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date for the **duration of your child(ren)'s enrollment at TDCA**. You will receive an email as a verification for each payment. All debits are scheduled for the day that the payment is due unless otherwise requested.

**Please complete the information below:**

I, \_\_\_\_\_, authorize **TDCA** to charge my bank account indicated  
(Full name) below for the following TDCA charges **for the duration of my child(ren)'s enrollment at TDCA**: Including, but not restricted to, all of the following charges (#1-8) toward my account, according to my requests during the school year:

1. Late arrival/Late pick up payments: *Tardy penalties outlined in the Parent Handbook.*
2. Field Trips throughout the Year
3. TDCA Merchandise, Fundraisers, Hot Lunches, Library Late & Replacement book fees, Tardy (Payment) Fees, School Photos, PA Fundraisers, & MISC fees accrued each month.
4. Bi-Annual Term Supply Fee Due August 15th and February 15th - charged with tuition.
5. Textbook fee (Amounts will vary pending grade level //approx 90-\$450/student). Due July 15th.
6. Annual Parent Participation Program (P3) deposit as part of enrollment deposit.
7. Returning enrollment fee, billed when re-enrollment is submitted for the next school year.
8. Monthly tuition. Please fill out the second page for recurring auto payments.

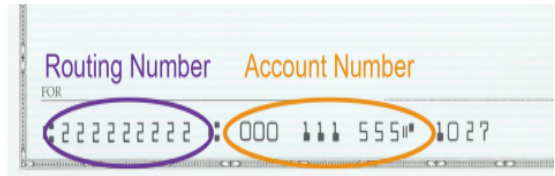
Billing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Phone# \_\_\_\_\_  
Email \_\_\_\_\_

**Account Type:**  **Checking\***  **Savings**

**\*Include a voided check, or email a copy of account information if not yet submitted.**

Name on Acct \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Bank Routing # \_\_\_\_\_  
Bank City/State \_\_\_\_\_



**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_ *See Second Page*

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non Sufficient Funds (NSF) I understand that TDCA may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$20 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute TDCA's billing with my bank so long as the transaction corresponds to the terms indicated in this agreement. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify TDCA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.



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## Recurring Auto Payment or Donation Authorization Form

Schedule your payments to be automatically deducted from your bank account, or charged to your bank account for the **duration of your child(ren)'s enrollment at TDCA**. Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage).
- Your payment is always on time (even if you're out of town), eliminating late charges
- You only need to complete this form once for the duration of your child(ren)'s enrollment at TDCA

### Here's How Recurring Payments Work:

You authorize regular fees & additional misc fees to be scheduled for payment from your listed checking/savings account. You will be charged the appropriate amount each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

### Please complete the information below:

For my student's tuition and additional applicable fees, I \_\_\_\_\_

*Parent's full name*

authorize **TDCA** to charge my bank account for my student's tuition on the **15th** of each month starting August and ending in May for each academic school year of your child(ren)'s enrollment as well as other applicable school fees when due.

Parent's Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Checking\*  Savings

**\*Include a voided check, or email a copy of account information not yet submitted.**

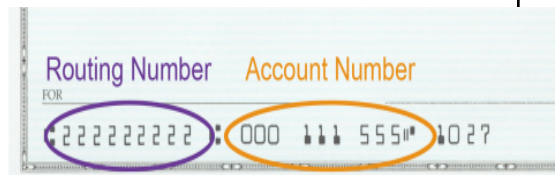
Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify TDCA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that TDCA may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

## PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)  
a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:  
Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_  
Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_  
Developmental: \_\_\_\_\_ Food: \_\_\_\_\_  
Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_  
Dental: \_\_\_\_\_  
Other (Include behavioral concerns): \_\_\_\_\_  
Comments/Explanations: \_\_\_\_\_  
MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

### IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY (HAEMOPHILUS B))	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

**SCREENING OF TB RISK FACTORS** (listing on reverse side)

Risk factors not present; TB skin test not required.

Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_ Date of Physical Exam: \_\_\_\_\_  
Address: \_\_\_\_\_ Date This Form Completed: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
- \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- \* Live in out-of-home placements.
- \* Have, or are suspected to have, HIV infection.
- \* Live with an adult with HIV seropositivity.
- \* Live with an adult who has been incarcerated in the last five years.
- \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- \* Have abnormalities on chest X-ray suggestive of TB.
- \* Have clinical evidence of TB.

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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.