

Tyro Community Christian School

"Knowledge Without God is Incomplete"

STUDENT REGISTRATION FORM

Student _____

Last

First

Middle

Application for enrollment in grade _____ Today's Date _____

Home Address _____

Street

City

State

Zip Code

Home Phone Number _____ Alternate Phone _____

Age _____ Birth Date _____ Birth Place _____

Social Security # _____ Sex _____ Race _____

Blended Family Information:

Name and Relationship to Student for Alternate Address _____

Alternate Address _____

(If records need to be sent to another address)

Street

City

State

Zip Code

Phone Number _____

Dad

Mom

Name of Parent(s) or _____

Legal guardian(s)

Work Phone _____

Cell Phone _____

E-Mail Address _____

Employer _____

Social Security # _____

Emergency name and number (other than home or work numbers) _____

Student lives with: _____ Parents _____ Father _____ Mother _____ Guardian _____

Other (explain): _____

Names and ages of other children in the family

Church Preference _____ Church Name _____

Parents: _____ Members _____ Attend Regularly _____ Attend Occasionally

Does student attend Sunday school? _____ Where? _____

School last attended _____

From _____ to _____ Grade _____
Date Date

Tyro Community Christian School Permanent Health History (confidential)

Name: _____ Sex: M _____ F _____ Date of Birth _____

Emergency Numbers: _____ or _____

Medical Insurance: Yes _____ No _____ Company: _____

Policy No. _____

Family Physician _____ Address _____

Family Dentist _____ Address _____

Last Eye Exam: _____ Glasses? _____ Contacts? _____

Last Hearing Screening: _____ Findings: _____

Has your child had any severe illness? _____ Explain: _____

Operations? _____

Specific Allergies: _____

Does your child: Have frequent complaints? _____ Explain: _____

Appear restless or overactive? _____

Present any problem in discipline? _____

Have problems in getting along with others? _____

Take medication at present? _____ Explain: _____

In making this application, I understand:

1. The teacher has full discretion in the classroom discipline of my child.
2. The administration has full responsibility for placing my child in the proper grade, as determined by the testing program.
3. My cooperation is expected in:
 - A. Regular tuition payment.
 - B. Recommended practical help.
 - C. Faithful prayer.
 - D. Homework.
4. The Tyro Community Christian School reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the education progress.
5. Neither the Tyro Community Christian School nor its staff will be held liable for accidents or injuries incurred by my child while in attendance at school or during any of its sponsored activities (parents are to provide their own medical insurance).
6. I understand and agree that TCCS may publish my child's pictures and directory information in school publications, including online, throughout the school year.

If you do not want this information published, check here

Consent for RX

In the event that my child _____ becomes ill or sustains injury while in the care of Tyro Community Christian School, I appoint the authorized personnel to render whatever first aid deemed necessary. If required, I authorize said person(s) to seek and I consent to medical surgical treatment from any licensed physician he/ she thinks the existing emergency requires for the relief of pain and to preserve my child's life and health. I understand our private physician will be contacted first if possible. I understand expenses for such treatment are my responsibility.

Signature of parent or legal guardian _____ Date _____

Immunization History: Turn in a copy or fill out attached form.

Birth Certificate: Turn in a copy.

THE PHILOSOPHY OF TYRO COMMUNITY SCHOOL

INTRODUCTION

A philosophy is the basic beliefs on which an individual or corporate body bases its actions. It is not the aims and objectives. The body that comprises TCCS traces its roots to 1983. It was a group of parents who, believing that during the very formative years of primary education, children should receive God-centered instruction, organized and founded the Tyro Community Christian School. The Tyro Christian Church Board allowed for the housing of the school in its facility.

PHILOSOPHY STATEMENT

Purpose and Objectives-101

Tyro Community Christian School believes in a God-centered as opposed to a man-centered view of life. We believe that the education of children is the responsibility of parents. The school exists as an extension of the home to assist the parents with this responsibility. All instruction must have the Bible as its base. Its main purpose is to assist parents to bring their children unto conformity with God's revealed will so that every person may be presented perfect before Christ. The child needs to prepare to be a productive member of society and the body of Christ.

We believe we are to follow Philippians 4:8 and teach our children to do the same:

Brothers, whatever is true, whatever is noble,
whatever is right, whatever is pure,
whatever is lovely, whatever is admirable
if anything is praiseworthy
-Think about such things.

DOCTRINAL STATEMENT

Purpose and Objectives-102

We believe in one triune God who is personal, spiritual, sovereign-perfect, infinite, self-existent and self-revealing in three distinct persons--The Father, The Son, and The Holy Spirit.

We believe in the Lord Jesus Christ, the only begotten Son of God, who was born of a virgin birth, lived as both true God and true man, died on the cross as a sacrifice for our sins, rose from the dead, and is the advocate and intercessor for man with God. Jesus Christ is the eternal Word, the source of all knowledge and wisdom. It is only through faith in Jesus that man can receive the free gift from God of salvation and eternal life in heaven. Christ will return to earth a second time to resurrect and translate all those who have accepted His gift of salvation. He will judge every man, and non-believers will be cast into the final place of everlasting judgment.

We believe in the Holy Spirit who indwells the child of God to empower him to live a Holy Life. It is the Holy Spirit who guides and teaches the believer in truth. He enables the believer to know that which the non-believer can never know.

We believe that man is the direct creation of God and in NO way the product of an animal ancestry. By direct disobedience to the revealed will of God, man became and is sinful and the progenitor of a fallen race. Within himself, he has no possible means of recovery or salvation. Man is to live a righteous life and do good works, not in any sense as the procuring cause of salvation, but as its proper evidence and fruit. He is to have no fellowship with evil ways of unclean habits that defile mind or body.

We believe in the existence of Satan, who through unlawful ambition, rebelled against God and thus became utterly depraved. He is the deceiver and god of this world, but is defeated and judged at the cross. The child of God is able to resist and overcome him with God's armor and Christ's blood.

We believe in the Holy Scriptures as the inspired Word of God without error. It is sufficient as our infallible rule of faith and practice. It is the basis for all truth. Its truth is eternal, not material or temporal. All knowledge and wisdom must be based on God's Word.

THE PURPOSE/MISSION OF TYRO COMMUNITY CHRISTIAN SCHOOL

Purpose and Objectives-103

It is Tyro Community Christian School's exclusive purpose to educate elementary and secondary age students.

It is further the position of the Board, that as God provides, we will provide facilities, curriculum, staff, and support services necessary to educate all children who desire to attend TCCS.

We believe the school to be an extension of the home to assist the parents. Our goal is to provide a Christ-centered educational atmosphere where principles are taught and nurtured which will build stable minds and productive members of society.

I understand and agree to the above statement of Philosophy, Goals, and Mission.

Signature: _____ Date: _____

KANSAS CERTIFICATE OF IMMUNIZATIONS (KCI)

This record is part of the student's permanent record and shall be transferred from one school to another as defined in Section 72-5209 (d) of the Kansas School Immunization Law (amended 1994.)

Student Name: _____ Address: _____
 Parent or Guardian Name: _____
 Phone: _____
 Birthdate (MM/DD/YYYY): _____ SEX: [] MALE [] FEMALE Race: _____ Ethnicity: _____ County: _____

VACCINE	RECORD THE MONTH, DAY, AND YEAR THAT EACH DOSE OF VACCINE WAS RECEIVED						
	1st	2nd	3rd	4th	5th	6th	7th
DTaP/DT/Td/Tdap (Diphtheria, Tetanus, Pertussis) Required for school entry. Single Tdap required for grades 7-12. State Type _____	DT DTap Td Tdap	DT DTap Td Tdap	DT DTap Td Tdap	DT DTap Td Tdap	DT DTap Td Tdap	DT DTap Td Tdap	DT DTap Td Tdap
Polio Required for school entry.						If additional doses are added, please initial the dose and sign below: _____ _____	
HEP B (Hepatitis B) Required for school entry.							
Varicella (Chickenpox) Required for school entry. 2 doses grades K-4 & 7-9. One dose Grades 5-6 and 10-12 for school year 2013-2014.			Hx of Disease: _____ Physician Signature: _____	Date of Illness: _____			
MMR (Measles, Mumps, and Rubella combined) Required for school entry.	MMR Me/Mu/Ru	MMR Me/Mu/Ru					
Influenza (Flu) Recommended annually for ages 6mo and older. Not required for school entry.							
HIB (Haemophilus Influenzae Type B) Required < 5 years of age for preschool or child care operated by a school.							
PCV (Pneumococcal Conjugate) Required < 5 years of age for preschool or child care operated by a school.							
HEPA (Hepatitis A) Required < 5 years of age for preschool or child care operated by a school.							
MCV4 (Meningococcal) Initial dose recommended at 11-12 years of age and booster dose recommended after 16 years of age. Not required for school entry.							
HPV (Human Papillomavirus) Recommended for males and females at 11-12 years of age. Not required for school entry.							
Rotavirus Recommended < 8 mo. Not required for school entry.							

DOCUMENTATION	LEGAL ALTERNATIVES TO VACCINATION REQUIREMENTS "KSA 72-5209"
<p>KCI MAY ONLY BE SIGNED BY A PHYSICIAN (MD/DO), HEALTH DEPT, OR SCHOOL.</p> <p><input type="checkbox"/> I certify I reviewed this student's vaccination record and transcribed it accurate</p> <p>Agency Name: _____</p> <p>Authorized Representative: _____</p> <p>Address: _____</p> <p>The record presented was _____ Date _____</p> <p><input type="checkbox"/> Kansas Immunization Record</p> <p><input type="checkbox"/> Other Immunization Record (Specify) _____</p>	<p>1. "Annual written statement signed by a licensed physician (Medical Doctor/M.D. or Doctor of Osteopathy/D.O.) stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child." Medical exemption shall be validated annually by physician completion of KCI Form B and attachment to the KCI.</p> <p>2. "Written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations."</p>

KANSAS IMMUNIZATION PROGRAM
 1000 SW Jackson, Suite 075, Topeka, KS 66612-1274
 PHONE 785-296-5591 FAX 785-296-6510
 WEB SITE www.kdheks.gov/immunize

I give my consent for information contained on this form to be released to the Kansas Immunization Program for the purpose of assessment and reporting.

Parent/Legal Guardian's Signature _____ Date Rev. 02/01/2013

KANSAS IMMUNIZATION REQUIREMENTS: Based on age of child as of September 1 of current school year.

As per Kansas Statute 72-5209, all children upon entry to school must be appropriately vaccinated. In each column below, vaccines are required for all ages listed in that column.

Ages 0-4	Ages 5-6	Ages 7 and Older
<p>Recommended Schedule</p> <p>Birth HEP B</p> <p>2 Months DTaP/DT POLIO HEP B HIB PCV ROTAVIRUS</p> <p>4 Months DTaP/DT POLIO HIB PCV ROTAVIRUS</p> <p>6 Months DTaP/DT POLIO HEP B HIB PCV ROTAVIRUS</p> <p>12-15 Months MMR VAR HIB PCV HEPA</p> <p>15-18 Months DTaP/DT</p> <p>18-24 Months HEPA</p> <p>Recommendations are based on the ACIP recommended schedule.†</p>	<p>DTaP: 5 Doses</p> <p>a) 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4. b) 4 doses acceptable if dose 4 given on or after the 4th birthday. c) If dose 4 administered before 4th birthday, 5th dose must be given at 4-6 years of age.</p> <p>POLIO - Grade K-2</p> <p>a) 4 week minimum interval between first 3 doses; 6 month interval required between dose 3 and dose 4; one dose after 4th birthday b) 3 doses acceptable if 4 weeks between dose 1 and 2; 6 months between dose 2 and 3; one dose after 4th birthday</p> <p>POLIO - IPV/OPV Combination Schedule: 4 Doses required</p> <p>a) 4 week minimum interval between first 3 doses; 6 month interval required between dose 3 and dose 4; one dose after 4th birthday b) 3 doses not acceptable with combination schedule</p> <p>Grades K-2, new students and students completing series must have 6 months between last two doses with one dose after 4th birthday.</p> <p>MMR: 2 Doses</p> <p>a) First dose on or after the 1st birthday. b) 4 week minimum interval between doses.</p> <p>VARICELLA: 2 Doses Grades K-4 for School Year 2013-2014</p> <p>a) First dose on or after the 1st birthday. b) Second dose must be given at least 28 days after first dose. c) None required if prior varicella disease verified by physician. d) Two doses are <u>recommended</u> for all children.</p> <p>HEPATITIS B: 3 Doses</p> <p>a) 4 week minimum interval between dose 1 and dose 2. b) 8 week minimum interval between dose 2 and dose 3. c) 16 week minimum interval between dose 1 and dose 3. Dose 3 must be given after 24 weeks of age.</p>	<p>Tdap/Td:</p> <p>3 doses if no history of any DTaP doses (a-b) a) 4 week minimum interval between dose 1 and dose 2; first dose must be Tdap b) 6 months between dose 2 and 3 c) Single dose of Tdap for an incomplete primary DTaP series d) Single dose of Tdap required for <u>Grades 7-12</u></p> <p>POLIO</p> <p>Grades 3-12</p> <p><u>Polio - All IPV or OPV Schedule: 4 doses</u> a) 4 week minimum interval between doses, regardless of age given.</p> <p><u>Polio - All IPV or OPV Schedule: 3 doses</u> a) 4 week minimum interval between each dose, with 1 dose given on or after the 4th birthday.</p> <p><u>Polio - IPV/OPV Combination Schedule</u> a) Must be 4 doses with 4 weeks between doses</p> <p>New students and students completing series must have 6 months between last two doses with one dose after 4th birthday.</p> <p>MMR: 2 Doses</p> <p>a) First dose on or after the 1st birthday. b) 4 week minimum interval between doses.</p> <p>VARICELLA: 2 Doses Grades 7-9 School Year 2013-2014 1 Dose Grades 5-6 and 10-12 School Year 2013-2014</p> <p>a) First dose on or after the 1st birthday. b) Second dose must be given at least 28 days after first dose. c) None required if prior varicella disease verified by physician. d) Two doses are <u>recommended</u> for all children.</p> <p>HEPATITIS B: 3 Doses</p> <p>a) 4 week minimum interval between dose 1 and dose 2. b) 8 week minimum interval between dose 2 and dose 3. c) 16 week minimum interval between dose 1 and dose 3. d) Dose 3 must be given after 24 weeks of age.</p>

† - The ACIP Schedules may be accessed at: <http://www.cdc.gov/vaccines/recs/schedules>

ACIP - Varicella vaccine minimum interval less than 13 yrs is 3 months; 13 yrs and older is 4 weeks however, a 28 day interval regardless of age may be counted as valid. All doses must be after first birthday.

Vaccine doses given up to 4 days before the minimum interval or age may be considered valid.

With the exception of Hepatitis B vaccine, immunizations given before 6 weeks of age are not considered valid.

Half doses or reduced doses of vaccine are not considered valid.

PARENTS AND/OR GUARDIANS ARE NOT AUTHORIZED TO COMPLETE KCI FORMS.

KCI FORM B - MEDICAL EXEMPTION is located at http://www.kdheks.gov/immunize/imm_manual_pdf/KCI_formB.pdf
BLANK VERSION OF KCI FORM is available at http://www.kdheks.gov/immunize/download/KCI_Form.pdf

A ROSTER WITH THE NAMES OF ALL EXEMPT STUDENTS SHOULD BE MAINTAINED. PARENTS OR GUARDIANS OF EXEMPT CHILDREN SHOULD BE INFORMED THAT THEIR CHILDREN SHALL BE EXCLUDED FROM SCHOOL IN THE EVENT OF AN OUTBREAK OR SUSPECTED CASE OF A VACCINE-PREVENTABLE DISEASE.