

Listed below are the available options for your child. Class size is limited in both full and half day programs. Please designate your preference. **Final acceptance and placement is at the Academy's discretion, every attempt will be made to honor your request.**

3 year old class _____ 4 year old class _____

Half Day AM (check number of days and circle choices of days)					
____ 3 days	M	T	W	Th	F
____ 4 days	M	T	W	Th	F
____ 5 days	M	T	W	Th	F

Half Day PM (check the class of your choice)					
____ 2 days		T		Th	(3 year old class)
____ 3 days	M		W		F (4 year old class)

Full Day or School Day (check number of days and circle choices of days)					
____ 3 days	M	T	W	Th	F
____ 4 days	M	T	W	Th	F
____ 5 days	M	T	W	Th	F

Persons authorization to take child from Academy*

 Name Address Phone

 Name Address Phone

*Your child will not be allowed to leave the Academy without authorization from responsible parent or guardian. It is the parent's responsibility to forward to the Academy immediately any Court Orders prohibiting or altering child custody. All children entering our Early Childhood Programs are conditionally accepted subject to a trial period to determine his/her capacity to benefit from the program which is geared to the child who is reasonably sound in mental characteristics. Under normal circumstances, this trial period is the first month of the child's attendance. Failure to provide accurate information may result in your child's termination from the program.

We/I have carefully read this Application Form and Early Childhood Handbook and wish to enroll our child at Holmesburg Baptist Christian Academy. We/I understand and will complete all Pre-Admission forms prior to final acceptance and the start of School. We/I pledge to uphold tuition requirements and give our best in the necessary cooperation between the home and School.	
Enclosed is the \$35.00 non-refundable application fee. (Please make check payable to: <i>Holmesburg Baptist Christian Academy</i>).	
Signature of Father / Guardian _____	Date _____
Signature of Mother / Guardian _____	Date _____

DISCIPLINE POLICY

Children are not expected to immediately understand or fully comply with all of the rules; rather, they are to be gently taught in a Christ like manner, reminded and when necessary, redirected. It is the responsibility of the staff to provide an environment that encourages cooperation and sharing, rather than promoting aggressive behaviors.

There are times when children, because they are "testing the limits," may actually endanger themselves or others by their actions. Due to these actions, specific behavior guidance steps have been set up and will be followed by the staff. These are:

LOGICAL CONSEQUENCES

A child who damages a toy, for instance, may be prohibited from the use of that toy for the play period in question.

A child who intentionally spills or throws food may be required to assist in the clean up of the spill.

VERBAL REPRIMAND

These are brief verbal behavioral guidance measures consisting of a statement of the problem behavior, the fact that it is unacceptable, and the statement of the acceptable alternative.

TIME OUT

At times a child may require time to himself to calm down and redirect his thinking. When a time out is given the child remains within sight of the staff, and the time out is no longer than necessary, and no longer than the age of the child in minutes (i.e. for a 4 year old it wouldn't be longer than 4 minutes). Every time a child is given a time out it will be recorded on a separation report and reported to the parent or guardian. Parents are expected to sign the report.

H.B.C.A. complies with all federal, state and other relevant laws which prohibit corporal or abusive punishment. Additionally, staff are expressly prohibited from using unproductive or shaming methods of punishment that would reflect a non-Christ like attitude.

H.B.C.A. believes that parents and staff must work together to address persistent behavioral issues such as biting, unusual or dangerous aggression, or other issues. Parents will be contacted for a conference when a child appears to be unusually stressed, anxious or otherwise motivated to engage in negative behaviors.

H.B.C.A. reserves the right to dismiss any student whose ongoing negative behavior prevents a conducive learning environment within their classroom. A student may also be dismissed because of a philosophical disagreement or the negative attitudes of the parents.

I have read and understand this document.

Father's Signature (Guardian) _____ **Date** _____

Mother's Signature (Guardian) _____ **Date** _____

FULL DAY CONTRACT FOR PRESCHOOL SERVICES

Beginning _____ (date), _____ (child's name) will begin the Full Day Preschool program _____ days a week at a weekly rate of _____.

The weekly rate of \$ _____ will be paid the Friday prior to or on Monday for that week's services. Refunds or adjustments in tuition are not made for School holidays, closing for inclement weather, or days your child is absent.

EXCEPTIONS:

Family Vacation Policy

After a Full Day student has completed four months of paid attendance in the program, they are eligible for one week of excused unpaid vacation time. Prior to three full months of attendance the student's family is still responsible for the full weekly payment. Every full three months of attendance entitles the student to one week of excused vacation time for which they are not charged. Vacation time may be secured by notifying the School in writing two weeks in advance. When proper notification is not given, the full weekly rate will be charged.

Sickness Policy:

Should your child be sick and out of School for four or more consecutive days within a given week, you will receive a \$30.00 per day credit, if the Academy has been notified by the second day of illness. If your child is sent home sick during the day it will not count as a sick day. There is a three week limit per year on this credit policy.

Sick Care is not available. It is a parent's responsibility to make substitute arrangements.

H.B.C.A. reserves the right to excuse any child who is not adjusting to the classroom setting or behaving in an acceptable manner. Two weeks notice in writing will be given if dismissal is necessary. Exceptions may be made to this policy if the Administrator deems necessary. Two weeks notice in writing is required from the parents or guardians if withdrawal is necessary. Parents are responsible for the two weeks of fees regardless of attendance.

When a change of hours, days or payment is needed, a new contract is required prior to the change.

Parents arriving after Preschool closes must pay the late fee of \$5.00 per every ten minutes. Parents must notify the Academy if they are delayed beyond their scheduled pick up time (see Early Childhood Handbook).

I (we) understand, accept, and agree to abide by the policies and procedures as stated in the Preschool Handbook and the above service contract. I also understand that from time to time the Academy's Administrator or School Board may implement or change policies as needed. I understand that I will be notified of such changes.

Father's Signature (Guardian) _____ Date _____

Mother's Signature (Guardian) _____ Date _____

PRESCHOOL FINANCIAL CONTRACT AND COMPUTATION SHEET

(to be completed and filled out by all applicants)

CHILD'S NAME _____ PHONE # _____
 ADDRESS _____ ZIP CODE _____
 MOTHER'S NAME _____ FATHERS'S NAME _____
 MOTHER'S WORK # _____ FATHER'S WORK # _____
 CELL PHONE # _____ CELL PHONE # _____
 E-MAIL ADDRESS _____ E-MAIL ADDRESS _____
 EMERGENCY CONTACT _____ PHONE # _____

LIST LEGAL NAME OF ALL STUDENTS TO BE ENROLLED IN EARLY CHILDHOOD

HALF DAY AND SCHOOL DAY COMPUTATION

FEES	AMOUNT PER STUDENT	NUMBER OF STUDENTS	TOTAL	DATE PAID
NON-REFUNDABLE Application Fee	\$35.00			
2 DAYS	<u>Half Day</u>	<u>School Day</u>		
	\$1200.00	N/A		
3 DAYS	<u>Half Day</u>	<u>School Day</u>		
	\$1400.00	\$2700.00		
4 DAYS	<u>Half Day</u>	<u>School Day</u>		
	\$1720.00	\$3400.00		
5 DAYS	<u>Half Day</u>	<u>School Day</u>		
	\$2000.00	\$4000.00		
Race for Education/ Applicable discounts				

TOTAL DUE \$ _____

Check One: _____ One Payment _____ 10 Monthly Payments

TUITION PAYMENTS WILL BE \$ _____

All Payments are due the first of each month (August - May)

Signature of Father/Guardian

Signature of Mother/Guardian

(Complete Reverse Side for Full Day Student)

CHILD'S HISTORY FORM

Child's Name _____ Nickname _____

Address _____ Zip _____ Phone _____

Age _____ Sex _____ Birthdate _____

Father's Name _____ Age _____ Level of Education _____

Mother's Name _____ Age _____ Level of Education _____

Marital status of parents _____ Is Child Adopted? _____

Are there other adults living in the home? _____ Who? _____

Father's Place of Employment _____

Phone # _____ Position _____

Cell Phone _____

Mother's Place of Employment _____

Phone # _____ Position _____

Cell Phone _____

Does either parent have an interest or occupation that could be shared with the children?

Please explain _____

List all children in the family household: Age Sex Relationship to Child

Names of other adults in the household and relationship to child _____

What pets are in the home? _____

What ages are the child's favorite playmates? _____

Does he/she have imaginary playmates? _____

What does he/she play with the most when indoors? _____

Outdoor? _____

Describe your child in one word. _____

One of the nicest things about my child is _____

One thing I would like to change about my child is _____

Is he/she dependent or independent? _____

Does he/she have any nervous habits? _____

Are you aware of any problems (vision, hearing, speech, allergies, coordination, or emotional problems) that might limit participation in school? _____

Are you willing to drive occasionally on field trips? _____

Is your child right handed or left handed? _____

Is there any special problem area you would like us to concentrate on with your child? _____

Please describe any family problems that we must be aware of (divorce proceedings, custody disputes, recent change in family environment etc.) _____

The foregoing pages are true and correct to the best of our/my knowledge.

Mother's Signature _____

Date _____

Father's Signature _____

Date _____

IDENTIFICATION AND EMERGENCY AUTHORIZATION FORM

Child's Name _____

Birth Date _____

Child's Soc. Sec # XXX-XX-_____
(last 4 digits)

Mother's Name _____

Father's Name _____

Phone _____

Phone _____

Cell Phone _____

Cell Phone _____

E-Mail _____

E-Mail _____

Employed At _____

Employed At _____

Bus. Phone _____

Bus. Phone _____

Names of friends or relatives to call, if you cannot be reached:

1. _____ Phone _____ or _____

2. _____ Phone _____ or _____

Physician to be called in an emergency:

1. _____ Phone _____ or _____

2. _____ Phone _____ or _____

Dentist to be called in an emergency:

1. _____ Phone _____ or _____

Medical Insurance Company _____ Policy # _____

I hereby grant permission for the Administrator or supervising staff person to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following: (a) Call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses under 4, above, will be borne by the child's family.

Date _____ Signature _____

(parent or legal guardian)

HOLMESBURG BAPTIST CHRISTIAN ACADEMY

7927 Frankford Avenue

Philadelphia, PA 19136

(215) 335-4323

FAX: (215) 335-2013

www.Holmesburgbca.com

RELEASE OF LIABILITY

This release is made by _____

Mother's/Guardian's Name

whose address is _____

and _____

Fathers/Guardian's Name

whose address is _____

as the parent(s)/guardian(s) of _____

Child's name

who resides at _____.

In consideration of the permission granted by:

_____, for _____

Mother's/Guardian's Name

Father's/Guardian's Name

Student's Name

to attend, Holmesburg Baptist Christian Academy and participate in the activities herein, I hereby release and discharge Holmesburg Baptist Christian Academy, its agents, employees and officers from all claims, demands, actions, judgements and executions which the undersigned's heirs, executors, and administrators may have or claim to have against its successors or assigns to all personal injuries know or unknown, and injuries to property caused by or arising out of the above described attendance and activities.

Mother's/Guardian's Signature

Date

Father's/Guardian's Signature

Date

PRE-ADMISSION HEALTH EVALUATION - PARENT'S REPORT

Child's name _____ Sex _____ Birth date _____

Father's name _____ Age _____

Does father live in home with child ? _____

Mother's name _____ Age _____

Does mother live in home with child ? _____

Has child been under supervision of Physician ? _____ Date of last examination _____

DEVELOPMENTAL HISTORY

Pregnancy: Full Term _____ Premature at _____ months.

Walked at _____ months. Began talking at _____ months.

Toilet training started at _____ months.

Past Illnesses. Check those that child has had and record the approximate dates:

	Dates		Dates		Dates
___ Chicken Pox	_____	___ HIV	_____	___ Mumps	_____
___ Asthma	_____	___ Immune Suppressive Disorders	_____	___ Hepatitis A	_____
___ Rheumatic Fever	_____	___ Diabetes	_____	___ Hepatitis B	_____
___ Epilepsy	_____	___ Hay Fever	_____	___ Poliomyelitis	_____
___ Ten Day Measles Rubela	_____			___ Three Day Measles Rubella	_____

Other serious illnesses or accidents _____

Does child have frequent colds? _____

List any allergies staff should be aware of _____

Does the child have any emotional or psychological problems ?

Explain _____

Has your child had psychological or behavioral evaluations? _____

If yes, please provide evaluation results.

DAILY ROUTINES

What time does child get up ? _____ Go to bed ? _____

Does child sleep well ? _____

Does child sleep during the day ? _____ When ? _____ How long ? _____

(over)

Diet (quantity and food) Breakfast _____

Noon Meal _____

Evening Meal _____

Usual eating hours Breakfast _____

Noon Meal _____

Evening Meal _____

Any food dislikes ? _____

Any eating problems ? _____

Are bowel movements regular ? Yes ___ No ___ What is usual time ? _____

Word used for Bowel movement _____ Urination _____

Parent's evaluation of child's health _____

Parent's evaluation of child's personality _____

How does child get along with parents, brother, sisters and other children ? _____

Has the child had group play experiences ? _____

Does the child have any special problems ? (fears, etc)

Explain _____

What is the plan for care when child is ill ? _____

Reason for Early Childhood enrollment _____

The foregoing pages of information on this Health Statement are true and correct to the best of our/my knowledge.

Mother's Signature (Guardian) _____ Date _____

Father's Signature (Guardian) _____ Date _____