

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	(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
4 year old students only AM or PM 1st Choice _____ 2nd Choice _____					

Full 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.

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 _____

HOLMESBURG BAPTIST CHRISTIAN ACADEMY

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 EARLY CHILDHOOD SERVICES

Beginning _____ (date), _____ (child's name) will begin the Full Day Early

Childhood 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 \$28.00 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 Early Childhood 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 Early Childhood 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 _____

EARLY CHILDHOOD 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 COMPUTATION

FEES	AMOUNT PER STUDENT	NUMBER OF STUDENTS	TOTAL	DATE PAID
NON-REFUNDABLE Application Fee	\$35.00			
3 DAYS	\$1,080.00			
4 DAYS	\$1,400.00			
5 DAYS	\$1,700.00			
Discount if applicable				
Race for Education Credit				

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? _____

(over)

1/10

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 _____

HOLMESBURG BAPTIST CHRISTIAN ACADEMY

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)

RELEASE OF LIABILITY

This release is made by _____
 whose address is _____
 and _____
 whose address is _____
 as the parent(s)/guardian(s) of _____
 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	_____	___ Hepatitis A	_____
		Suppressive Disorders			
___ Rheumatic Fever	_____	___ Diabetes	_____	___ Hepatitis B	_____
___ Epilepsy	_____	___ Hay Fever	_____	___ Poliomyelitis	_____
___ Ten Day Measles	_____			___ Three Day Measles	_____
Rubella				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)

1/10

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 _____

HOLMESBURG BAPTIST CHRISTIAN ACADEMY

7927 Frankford Avenue
Philadelphia, PA 19136
(215) 335-4323
FAX: (215) 335-2013

Welcome and thank you for your interest in Holmesburg Baptist Christian Academy and your inquiry about our Early Childhood program. You are encouraged to visit us and see our Early Childhood program in progress. We are excited about our program and are sure you will be pleased with what you see. Please call ahead for an appointment at 215-335-4323.

We desire that each parent fully understand the policies and programs of our school. If after fully reviewing this handbook you believe H.B.C.A. is right for your child, you are encouraged to complete the enclosed application forms. Please attach the application fee and send it to:

H.B.C.A.
Early Childhood Admissions
7927 Frankford Avenue
Philadelphia, PA 19136-3124

Applications are considered and reviewed in the order they are received. Therefore you are encouraged to send your completed forms and fee as soon as possible. Student applications received after a class is full will be placed on a waiting list. Forms received without the application fee will not be processed.

Please contact the Academy if you have questions or concerns that are not addressed in this **handbook**.

Sincerely,

Linda C. Lewis
Administrator

FEES AND FINANCIAL POLICIES

Tuition fees are as stated below and guaranteed for the school year 2010 – 2011.

APPLICATION FEE - A \$35.00 per child, non-refundable, fee is due when application is submitted.

HALF DAY PROGRAMS - Available September, 2010 through May, 2011 for children 3 and 4 years old. Hours are 8:45 AM - 11:30 AM only. An afternoon program will be held for the 4 year old Pre Kindergarten children from 12:15 PM until 2:45 PM.

Three Days	\$ 1,080.00 Yearly	(10 payments at \$108.00)
Four Days	\$ 1,400.00 Yearly	(10 payments of \$140.00)
Five Days	\$ 1,700.00 Yearly	(10 payments at \$170.00)

All fees for half day programs are due the 1st of each month beginning August 1st through May 1st. A 4% discount may be taken off the tuition if paid by August 1st.

Late Payments - Monthly fees are assessed a \$30.00 late fee if they are not paid by the first of the month. Students will not be permitted to attend school when their account is four (4) weeks past due.

FULL DAY PROGRAMS - Available September 7th 2010 through the school year with the exception of the days the School is closed as stated in the calendar. Hours are 7:00 AM - 6:00 PM.

Three Days	\$140.00 weekly
Four Days	\$160.00 weekly
Five Days	\$180.00 weekly

Weekly fees must be paid on the Friday before or Monday morning of the week care is given. **Students will not be permitted to stay in School if payment has not been received by Monday AM.**

Advance Payment - One week advance payment is required at the time of acceptance prior to the start of school.

Late Payments - Fees paid weekly must be paid either on the Friday before or the Monday morning of the week School is attended. Attendance will be denied if payment is not received. Teachers are not authorized to make exceptions. If special financial arrangements need to be made for extenuating circumstances you must contact the Financial Secretary prior to the due date. Late payments agreed upon will be **assessed a 5% late fee per week**. Students may be dismissed from School if financial problems become chronic. The Financial Secretary can be reached at 215-335-4323.

LATE PICK UP FEE - Early Childhood students must be picked up at 11:30 AM from morning half day sessions; 2:45 PM from afternoon half day sessions; by 6:00 PM for full day students.

Students picked up after 11:30 AM, 2:45 PM and 6:00 PM will be assessed a late fee of \$5.00 (per child) for every ten minutes you are late. Example: If you pick your child up from 6:01 – 6:10 PM you will be charged an additional \$5.00; if you do not arrive until 6:11 PM your fee increases to \$10.00 per child. This fee is due on the next school day. Late fees are paid in cash directly to the caregiver or in the main office. Chronic lateness in picking students up will result in a meeting with Administration and may eliminate your child from the Early Childhood program.

TUITION PAYMENTS - All checks or money orders are to be made payable to **Holmesburg Baptist Christian School or H.B.C.A.** Half day monthly tuition may be mailed or taken to the School office. Weekly tuition fees should be delivered to the School office or given to the teacher if the School office is not open. **Cash payments are only accepted in the School office. The teachers will not accept cash.** The School **will not** be responsible for any cash tuition payments unless you can show a receipt from the School office. Payments may be made by credit or debit card. A 5% convenience fee will be added to credit card payments and a 3% fee to debit transactions. Visa, Mastercard, or Discover Card are accepted.

Returned Checks - are assessed a \$32.00 returned check fee and the appropriate late payment fees are added. After two (2) returned checks in a fiscal year, payments must be made in cash, money order or certified check.

Discounts

Family Discounts:

Two children from the same family unit, enrolled in HBCA, will receive a 15% discount on the second child.

Holmesburg Baptist Church Membership:

Parent(s) must be a member with **regular Church and Sunday School attendance.**

	Half Day	Full Day
Three Days	\$20.00 a month	\$20.00 per week
Four Days	\$25.00 a month	\$25.00 per week
Five Days	\$30.00 a month	\$30.00 per week

Full Time Pastors:

Pastors may apply for a 25% discount by submitting a written request to the Financial Secretary for Board approval.

Other Full Time Christian Workers:

Individuals employed in a full time Christian non-profit ministry may apply for a 25% discount by submitting a written request to the Financial Secretary for School Board approval. Proof of full time employment must be included with the request.

General Note: Discounts apply to tuition only. Fees and other charges are not considered tuition and are not eligible for discounts.

CONTRACT TIME (Full day students only)

Each parent must specify the child's schedule prior to **full day** attendance. Parents are responsible for notifying the Academy of any changes before the change occurs. Payment is required for all contracted time whether or not your child is in School. Exceptions are:

Family Vacation Policy

After a Full Day Student has completed 3 months of paid attendance in the program, they are eligible for one week of excused unpaid vacation time. Prior to 3 full months of attendance the student's family is still responsible for the full weekly payment. Every full 3 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 Academy two weeks in advance by written notice. When proper notification is not given the full weekly rate will be charged. No vacation credit will be given during the first 3 months of a student's enrollment. Vacation credit is based on a student's starting date, not the start of the school year. Vacation credit cannot be carried over from fiscal year to fiscal year unless previous arrangements have been made and approved by the Financial Secretary.

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 \$28.00 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.

CREDIT IS NOT GIVEN FOR CLOSED SCHOOL HOLIDAYS OR INCLEMENT WEATHER CLOSINGS AS LISTED IN THIS HANDBOOK.

ADMISSION POLICY

Completed applications, submitted with appropriate fees, are **considered** for enrollment in H.B.C.A.'s 3 year old Preschool or 4 year old Pre Kindergarten programs on a first come, first serve basis. Children with siblings enrolled in the K-8th grade program are considered ahead of new families. Admission into Early Childhood is made without regard to race, color, religious preference, sex or national origin.

All students are accepted for a trial period of nine (9) weeks to determine their ability to adjust and benefit from the program. A Probation Readiness Report will be given after 30 school days. If there are any concerns, a conference with the parents and teacher will be scheduled. A final decision will be made by the end of the nine week trial period. **Students must be toilet trained before admission.**

Parents agree to accept all financial obligations, follow all health and safety policies as stated below, and adhere to all School rules and regulations. All requested forms and contracts must be signed and returned prior to the child beginning School.

PROGRAM

Our program is designed to provide a full academic and social program, for three and four year old children, in a Christ centered environment. Half day and full day programs with the availability of three, four or five days of enrollment are offered.

The purpose of our Early Childhood Education Program is to develop the total child through instruction and emphasis in language development, number development, social development, music, art and Bible stories. Each child will also participate in times of active play and have a snack each day. Our goal is to meet the academic, mental, emotional, physical, spiritual and social needs of each child.

Full day students will have a nap time each day. Afternoon activities are less structured and more relaxing than the morning educational program. Outdoor play (weather permitting), storytime, arts and crafts and snack time are all part of the afternoon session.

Our program is enhanced by offering an 8 week, Bible based Summer Camp program for children 3-5 years old. Hours vary depending on your needs. Students may attend any of the 8 week sessions. This program offers a good opportunity to introduce your child to the school prior to the start of the school year. Contact the school office for additional information and fees.

STAFF

All of our teachers and classroom aides have carefully been chosen to oversee and teach your child. All Early Childhood teachers are degreed and qualified personnel. Our staff is comprised of born again Christians who have many years of experience in providing care and education to young children.

HEALTH POLICY

1. Prior to enrollment each applicant must submit an up-to-date health appraisal signed by a physician. The Commonwealth of Pennsylvania requires this form be updated yearly.
2. An emergency information form must be on file prior to child's attendance. As required by the Commonwealth of Pennsylvania this information must be updated in January and July if your child is full day. Half day students must submit a new form each September.
3. No child should be sent to school with a fever, rash, sore-throat, runny nose, frequent sneezes, enlarged glands, upset stomach or deep raspy coughs. Children with mild coughs will be admitted. However, staff does have the option of denying admission on any given day to a child who is brought to school ill; they may request that a child be taken home if they become sick during the day. Do not request that children remain indoors during recess time. If your child is too ill to play outside they are too sick to be in school. Please keep them home.

4. If your child becomes ill with a communicable or contagious disease please notify the teacher immediately. This would include conditions such as: Chicken Pox, Hepatitis, Scarlet Fever, Measles, Whooping Cough, Ringworm, Pink Eye, Pinworms, and Impetigo. A doctor's note is required for re-admission after having any contagious or communicable disease. If a child becomes infested with head lice they must be treated with an appropriate shampoo. The student may not return to school without a note from their physician stating the child is free of lice and able to return to school.

5. Parents are required to evaluate carefully a student's physical health after an illness before that student returns to School. A student who has displayed an oral temperature of 100⁰F or more must not return to School until that temperature has returned to normal. If the fever responds to medication, returns to normal and does not rise again; it may be permissible for the student to return to School provided she/he is free of other symptoms of illness. Students with vomiting and/or diarrhea should be symptom free of illness for 24-hours before returning to School. Students with contagious conditions will not be permitted in School without a physician's written note indicating the child may return to School. Precautions are necessary to protect the health of all students. Parents have a mutual responsibility to guard the health of other students as well as their own children.

6. If your child becomes ill during the school day you will be notified. If you are called to pick up your child it is for your child's comfort and the well being of the class. Please arrive within the hour. If you personally cannot pick up your child, please make arrangements for another contact person to pick up your child.

7. The Academy will dispense Tylenol only with parental permission. The teacher and office staff will only administer non-aspirin pain reliever. Body temperatures over 100⁰ F in School will be cause for parents to be notified to come and pick up the child.

It is best if doctors can prescribe medications on a three dose a day schedule (before School, after School and bedtime).

If medication must be given during School hours the parent must complete and sign a *Request for Medication Administration Form*, with the dosage and time appropriate for dispensing the medication provided by the parent. Prior to administration of any prescription medication by the School, the parental *Request for Medication Administration Form* and the *Physician Statement of Need Form* completed by the physician, must be given to the School Office. A separate set of forms (physician and parent) must be completed for administration of each medication whenever changes are made in the medication dose, or child's reaction. It is the parent's responsibility to assure that these forms are current and complete. New forms (physician and parent) must be submitted at least once a year. Any medicine brought to School must be in their original containers and stored according to the physician's request. The medicine should be given to a staff member in room 218, where it will be dispensed according to the completed forms. All medication will be logged in our medical records. **Do not** leave medicine in your child's lunch box. **Medicine will not be administered to half day students.**

SAFETY

1. Student I.D. cards are issued to the parents of each child. This card must be in the possession of the person picking up your child.
2. Full day parents must accompany their child to the classroom each day.
Half day students will assemble on the grass area, north side of the building at 8:45 AM or 12:15 PM (in inclement weather students may wait in the gym or the parent resource room on the second floor). These procedures are fully explained at orientation.
3. In the event of a custody disagreement or Court Orders, the Academy will honor the most current Court Order. It is the parent's responsibility to immediately supply the Academy with any such orders or changes to a current order.
4. Articles of clothing, book bags and lunch bags should be labeled with your child's initials only, school name and grade. Do not put their full name, address or phone numbers on anything that could be found by a stranger.
5. Children may not wear sandals or flip flops.
6. If you receive a phone call from School make sure the staff member identifies herself or himself. If you are unsure you are speaking to a staff person ask for someone you know.
7. Full Day parents should report absences by 8:30 AM.

INSURANCE

The Academy carries secondary insurance for each child. This insurance is for the entire school term and covers accidental bodily injuries while your child is participating in School activities and will cover only what your own insurance will not. There is no additional cost to you for this coverage.

SCHOOL TRIPS

Field trips are scheduled throughout the School year. Parent participation is encouraged. The cost of these trips vary depending upon the activity. They are paid for as they are scheduled and are not included in tuition fees. Letters will be sent home detailing the time, cost and activities of field trips.

DISMISSAL AND WITHDRAWAL POLICY

Students may be dismissed from the Academy for non-compliance of the policies set forth in this handbook.

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. Every attempt will be made to give two weeks notice in writing if dismissal becomes 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.**

GENERAL INFORMATION

1. Our Early Childhood program operates September through the school year for full day students; half day students finish in late May.
2. All morning students must arrive by 8:45AM. 8:45 - 11:30 AM are mandatory hours for all Early Childhood children. Afternoon half day students attend from 12:15 PM until 2:45 PM.
3. The Early Childhood phone number is **215-335-4644**. This number is only to be used between 7:00 – 8:45 AM and 3:00 – 6:00 PM. Calls between 8:45 AM and 3:00 PM should be made to 215-335-4323.
4. Progress Reports will be issued in December and in May. A conference will be held in December to discuss your child's progress.
5. Our school closing number is #159. School closing information may be found on our website at www.holmesburgbca.com on the home page. Closings will also be found on KYW's website www.kyw1060.com or call 215-925-1060.
6. All full day children must have a change of clothing in School (socks, underwear, shirt, pants). Please put these clothes in a clear plastic bag with their name on the bag.
7. Full day students are to bring a nutritious lunch. **Do not send glass bottles. Do not send gum or candy.** Afternoon snack will be provided.
8. Full day students will need a blanket or mat for afternoon nap time. Students may bring a small doll or stuffed animal for nap time (a mat with attached blanket and pillow is available at cost in the school office).

2010-2011 HOLIDAY SCHOOL CLOSINGS
for Full Day Students

New Year's Day Holiday

Martin Luther King Day

President's Day

Good Friday

Memorial Day (Observance)

Fourth of July (Observance)

Labor Day

Teacher's Conference (to be announced)

November 24 – 3PM Closing

Thanksgiving Day

Thanksgiving Friday

December 23 – 3PM Closing

Christmas Vacation

Students in the Half Day Program will observe the school closings that are scheduled for students in the K-8th grade program.

**PRE-ADMISSION HEALTH EVALUATION
PHYSICIAN'S REPORT**

Statement to Physician

Name of child

Birth date

has applied to Holmesburg Baptist Christian Academy. This Academy provides a program three, four or five days a week. The daily activities include vigorous outdoor play, quiet indoor activities (of both a recreational and academic nature), and social interaction with other children. Please provide a report on the above named child using the form below.

Parent or Guardian Date

Physician's Report

This report states that the applicant is in good health. It is implied that I have actually examined the child within a reasonable length of time (depending upon the health status of the child). The above named child is under my professional care and to my knowledge is physically and emotionally equipped to participate in the Early Childhood programs described above.

Is there any problem which might limit full participation in the Academy program?

Explain _____

Any serious illness, operation or injuries? If yes, explain and give age at which it happened.

Are there any medications that will be expected to be given on a regular basis? _____

HAS CHILD HAD (Please Circle):

DOES CHILD HAVE (Please Circle):

HEAD INJURY	Yes	No	FREQUENT COLDS	Yes	No
EAR PROBLEMS	Yes	No	FREQUENT SORE THROAT	Yes	No
EYE INJURY OR DISEASE	Yes	No	ALLERGIES _____	Yes	No
ASTHMA	Yes	No	SPEECH DIFFICULTIES	Yes	No
CONVULSIONS/SEIZURES	Yes	No	EYE GLASSES	Yes	No
PULMONARY DISEASE	Yes	No	HEARING LOSS	Yes	No
CHICKEN POX	Yes	No	CHRONIC COUGH	Yes	No
MEASLES	Yes	No	VISION DIFFICULTIES	Yes	No
GERMAN MEASLES	Yes	No	BEHAVIOR PROBLEMS	Yes	No
MUMPS	Yes	No	EMOTIONAL PROBLEMS	Yes	No

SCARLET FEVER
OTHER _____

Yes No
Yes No

OTHER _____
OTHER _____

Yes No
Yes No

(over)

1/10

THE COMMONWEALTH OF PENNSYLVANIA REQUIRES ALL CHILDREN TO BE IMMUNIZED BEFORE ENTERING SCHOOL. PLEASE COMPLETE THE FOLLOWING INFORMATION:

*MMR'S MUST BE GIVEN ON OR AFTER THE FIRST BIRTHDAY

TUBERCULIN TEST DATE: _____ RESULTS _____

LEFT

RIGHT

COMMENTS

VISUAL SCREENING

HEARING SCREENING

IS THE CHILD ON ANY MEDICATION? _____ REASON _____

Name _____ Dosage _____ Times _____

Doctor's Name _____ Phone _____

Office Address _____

Hospital Affiliation _____

Doctor's Signature _____ Date _____

This form must be completed and returned to school prior to your child's attendance at Holmesburg Baptist Christian Academy.