

# Brunswick Christian Academy

## Application for Preschool (2 years old-K4)

For Office Use Only	
Class	_____
Received	_____
Fees Paid	_____
Gradelink	_____
Quickbooks	_____

Child's Name \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Current Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
City/State

### Parent/Guardian Information

#### Father/ Guardian

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Celll Phone \_\_\_\_\_  
Parent email \_\_\_\_\_

#### Mother/ Guardian

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Parent email \_\_\_\_\_

### Employer Information

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

If you work more than one job, please list employer name, address, and phone number \_\_\_\_\_  
\_\_\_\_\_

### **PREVIOUS/CURRENT SCHOOL INFORMATION**

Has this student ever been enrolled at BCA? \_\_\_\_ No \_\_\_\_ Yes- If yes, when? \_\_\_\_\_

Why did student leave? \_\_\_\_\_  
\_\_\_\_\_

Last school attended \_\_\_\_\_

Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What are your child's academic strengths? \_\_\_\_\_

What are their academic weaknesses? \_\_\_\_\_

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

CONCERNING YOUR CHILD, PLEASE ANSWER THE FOLLOWING:	YES	NO
1. Says "Sir" and "Ma'am" at home.....		
2. Has difficulty remembering multiple commands.....		
3. Has trouble completing chores on time.....		
4. Watches "M-TV".....		
5. Has been in a fight at school/daycare before.....		
6. Frequently blames others for their own mistakes.....		
7. Loves to be active.....		
8. Has difficulty sitting still for long periods.....		
9. Seems to have difficulty paying attention.....		
10. Attends Sunday School and/or church regularly.....		
11. Shows concern for spiritual matters, (prays,etc.).....		
12. Throws tantrums, or screams at parents when upset.....		
13. Has been to the principal/director's office.....		
14. Has been suspended from school, (allowed to return).....		
15. Must be told several times before obeying.....		
16. Has experienced a recent loss, or tragedy.....		
17. Pretends a lot.....		
18. Has been expelled from school, (not allowed to return).....		
19. Has used profanity in the past.....		
20. Has problems speaking clearly.....		
21. Wets the bed occasionally (Daycare students).....		
22. Currently receives special help in school/day care.....		
23. Seems to be a "picky" eater.....		
24. Was born prematurely.....		
25. Is this student the only child in the household?		

26. Favorite food(s) \_\_\_\_\_

27. Least favorite food(s) \_\_\_\_\_

28. Food allergies, (we must have a copy of Doctor's note): \_\_\_\_\_

29. Please not any additional information that might be helpful to staff members caring for your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Brunswick Christian Academy  
Parental Agreement**

Child's Name \_\_\_\_\_ Current Age \_\_\_\_\_

Last                                      First                                      Middle

1. Daily care shall include:
  - Supervision of child by qualified staff at all times.
  - A consistent daily schedule including rest periods.
  - Daily planned learning activities involving music, art, phonics, numbers, Bible teaching, and aware of the world God made.
  - Nutritious morning and afternoon snacks.
  - Hot lunches (menu posted in lunchroom).
  - Outdoor play, as weather permits, on a safe playground.
  
2. Should my child become ill or suffer an accident of any nature while in the care of Brunswick Christian Academy, the school will undertake to contact me immediately. The school is authorized to secure such medical attention and care for my child as may be necessary. The parent/guardian shall assume responsibility for payment.
  
3. Physician or clinic to be contacted when parent cannot be reached:
  - Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Telephone: \_\_\_\_\_
  
4. Does your child have any allergies? \_\_\_\_ No \_\_\_\_ Yes If yes, please list. \_\_\_\_\_
  
5. Does your child have any medical, mental, emotional problems, or are there any special procedures required for your child? \_\_\_\_ No \_\_\_\_ Yes If yes, please list. \_\_\_\_\_
  
6. My child cannot be given any medication without my written consent. With each occurrence I must fill out and sign a medication authorization form and give to the teacher.
  
7. I must notify the school of any change in my address, phone numbers (work or home), my job, or authorized persons to pick up my child.
  
8. My child must be accompanied by a teacher or parent upon entering or leaving the school. This means into and out the room and playground.
  
9. I have received and read the rules and regulations as outlined in the Preschool/Daycare Handbook. I have a personal copy for future reference.
  
10. **I understand what the weekly fees are for preschool/daycare and that payments are due in advance on every Friday for the following week. If payment is not made by Monday morning, I will be charged a late fee per week. If payment falls in arrears, my child may be dismissed from school.**

11. I understand that, if my child is attending preschool on or before September 30<sup>th</sup> of the current school year, I will be allowed a two week vacation from school during the current school year for which I will not be charged. If my child begins attending preschool after September 30<sup>th</sup> of the current school year, I will be allowed a one week vacation from school during the current school year for which I will not be charged. After my child has taken the applicable one/two week vacation for the current school year, I will be charged for all other weeks, even those during which my child does not attend.

12. I understand that there are no deductions for days not attended or for Holidays that the center is closed.

The undersigned parties agree to the above.

Father/Guardian's Name (Please Print) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Father/Guardian's Signature (Having full, legal authority over this student)

Mother/Guardian's Name (Please Print) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Mother/Guardian's Signature (Having full, legal authority over this student)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Brunswick Christian Academy, Day Care Director

**Brunswick Christian Academy**  
**Statement of Cooperation and Understanding**

Student's Name \_\_\_\_\_ Age/Grade \_\_\_\_\_  
Last First Middle

1. I/We understand that Brunswick Christian Academy (BCA) is a ministry of the First Free Will Baptist Church. BCA accepts applications for enrollment regardless of race, color, or country of national origin.
2. I/We understand that attendance at BCA is a privilege, not a right. BCA reserves the right to accept/reject any application for enrollment.
3. I/We understand that grade and class placements are left totally to the discretion of the BCA administration.
4. I/We understand that every effort will be made to provide a sound, biblically-based and supported academic education in accordance with the student's grade level. BCA does not guarantee or promise that students will always comprehend, learn, complete a grade, or receive promotion.
5. I/We understand that BCA uses a proven, challenging curriculum. As such, it is further understood that there may be considerable class work and homework loads in each grade.
6. I/We understand that BCA, as a Christian ministry, presents and requires Christian training for every student. This will include any, or all of the following: mandatory chapel attendance, Bible classes, programs (using drama, music, or recitation), attendance at special church services, prayer, and individual religious guidance, and/or advice.
7. I/We understand that BCA is not a "reform school" for troubled, disruptive, or undisciplined students. Students who will not cooperate with the letter and spirit of BCA's policies are subject to expulsion.
8. I/We understand that, for safety reasons, BCA personnel are authorized to search students, their book bags, purses, athletic bags, lockers, desks, books, notebooks and any other container, box, or bag brought onto school property, or to any school-sponsored activity. Any unauthorized, improper, or dangerous substance, compound, publication, drawing, object, or device will be confiscated and sent to the office. Furthermore, I/We that the final disposition of the student and anything confiscated will rest with the BCA administration.
9. I/We understand that BCA practices and supports loving, strict discipline. I/We give BCA's teachers, staff, and administration full discretion in the discipline of our student. This includes loss of special event privileges, suspension, and/or expulsion from school. If the administration considers a student's, or parent/guardian's attitude to be out of harmony with the spirit and standards of BCA, (whether or not there has been a specific breach of conduct), I/We may be instructed to withdraw the student.
10. I/We understand that I/We am/are expected to support the school and its reputation in the community. I/We will address legitimate concerns, or complaints through proper school channels. If, in the opinion of the school's administration, I/We do not cooperate, or are found to display detrimental actions/attitudes toward BCA its staff, faculty, and/or administration, my/our student will be subject to permanent expulsion.
11. I/We understand that my/our participation in school fund raising activities are expected. Parents who choose not to participate in fund raising activities are expected to donate \$100.00 per student, per semester to the school's general fund.
12. I/We understand that prompt payment of the student's account is a must. I/We authorize the school's administration to take whatever action may be necessary to ensure the collection of any unpaid fees and/or tuition. If my child's account falls in arrears, the account is subject to being charged a late fee (per late payment), and/or I/We will be asked to withdraw our child until the account is current.

13. I/We understand that student records, including report cards and test scores will not be released and/or forwarded until the account balance is settled to the satisfaction of the administration.
14. I/We understand and accept that the student's enrollment and re-enrollment status will be left totally to the discretion of BCA's administration.
15. I/We will not hold Brunswick Christian Academy, and/or First Free Will Baptist Church, of Brunswick, Georgia, or its staff and/or personnel responsible for any injury, or alleged injury that may occur in the course of the school day, or during any school activity.
16. I/We give BCA personnel and staff permission to secure emergency medical care and/or transportation as may be required for my child in the course of the school day, or at any school-sponsored activity. I/We accept full financial responsibility for this care, or transportation and hereby release Brunswick Christian Academy, and/or First Free Will Baptist Church, of Brunswick, Georgia, and/or its staff from all liability in securing such care and/or transportation.
17. Should legal action be taken for any reason, on my/or my child's behalf, against Brunswick Christian Academy, and/or the First Free Will Baptist Church, of Brunswick, Georgia, and/or any of its staff, or personnel and they are not found at fault, I/We agree to pay any/all attorney's fees, courts fees, damages, and all other costs incurred in defense of such actions.
18. I/We agree to abide by the school's handbook, individual class rules, and such policies and procedures as spoken, written, or otherwise set forth by the school's personnel, and/or administration. We will abide by the administration's decision in any matter involving my/our student, my/our account, or disposition of any records and/or transcripts.
19. I/We further understand that the registration fee is non-refundable.
20. I/We assume full legal and financial responsibility for any property damage caused by my/our child while at school, or while attending any school activity.
21. I/We give full authority and discretion to the administration of Brunswick Christian Academy in verifying any/all information that I/We have provided herein, and/or in the course of any personal interview. This includes, but is not limited to, contacting previous schools, or day care providers, requesting records, reports, grades, evaluations and/or tests scores. I/We have not been promised, or assured enrollment for my/our student and hereby leave that decision totally at the discretion of the BCA administration.

**All information provided herein is true, full and accurate to the best of my/our knowledge, and no effort has been made to change, hide, or exclude any requested information.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Father/Guardian's Signature (Having full, legal authority over this student)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Mother/Guardian's Signature (Having full, legal authority over this student)

**\*BOTH legal parents/guardians (having custody) must sign before enrollment. (This includes any divorce situations involving joint/shared custody.)**

-----OFFICE USE ONLY- DO NOT WRITE BELOW THIS LINE-----  
 Application has been reviewed and \_\_\_\_\_ accepted \_\_\_\_\_ rejected

Notes/remarks \_\_\_\_\_

Signature of Director \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY INFORMATION**

Allergies \_\_\_\_\_ No \_\_\_\_\_ Yes (Explain type, treatment, etc.) \_\_\_\_\_

Glasses \_\_\_\_\_ No \_\_\_\_\_ Yes Contact \_\_\_\_\_ No \_\_\_\_\_ Yes

Diabetic \_\_\_\_\_ No \_\_\_\_\_ Yes – Insulin dependent? \_\_\_\_\_ No \_\_\_\_\_ Yes

Daily Medication(s) \_\_\_\_\_ No \_\_\_\_\_ Yes – Please list \_\_\_\_\_

Doctor ordered diet restrictions \_\_\_\_\_ None \_\_\_\_\_ Yes – As follows: \_\_\_\_\_

Physical Restrictions \_\_\_\_\_ None \_\_\_\_\_ Yes – As follows: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Office Location: \_\_\_\_\_

If parent/guardian cannot be reached in the event of an emergency, or when the student must leave before their normal pick-up time, who is authorized to pick your child up? **(The State of GA requires that parents/guardians specify two emergency contact people.)** In the event of an emergency, the following individuals may pick up my child.

Name	Relationship to Student	Phone
_____	_____	_____
_____	_____	_____

**HOME INFORMATION** (To be used to understand student's background. This will not be used to determine acceptance)

Does student live with both biological parents, under the same roof? \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, please explain who is raising the student and taking legal, personal, and financial responsibility.) \_\_\_\_\_

Why do you want your child to have a private, Christian education? \_\_\_\_\_

Do any of your student's friends/relatives attend BCA? \_\_\_\_\_ No \_\_\_\_\_ Yes – If yes, who? \_\_\_\_\_

Has your child accepted Christ as their personal Savior? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

Church Preference \_\_\_\_\_

Attend regularly? \_\_\_\_\_ Yes \_\_\_\_\_ No Pastor \_\_\_\_\_

**I/We hereby affirm that all information provided herein is true, full, and accurate to the best of my/our knowledge, and that no effort has been made to change, hide, or exclude any requested information.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Father/Guardian's Signature (Having full, legal authority over this student)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mother/ Guardian's Signature (Having full, legal authority over this student)

**Brunswick Christian Academy**

**Statement of Financial Responsibility**

**Child's Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_  
Street City State Zip

**Tuition/Day Care Payments**

**Account payments are due in advance on Fridays for the following week. Accounts not kept current are subject to being charged a late fee (per late payment), and/or your child will not be allowed to return to class until the parent/guardian has made mutually suitable payment arrangements with the school.**

I/We do understand the above stated policy for payment of Tuition/Day Care fees. I/We authorize the school's administration to take whatever action may be necessary, including but not limited to securing the services of a Collection Agency, to ensure the collection of any unpaid fees and/or tuition. Furthermore, it is understood that I/We will be responsible for any additional expenses incurred as a result of such action.

Father/Guardian's Name (Please print) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Father/Guardian's Signature (Having full, legal authority over this student)

**Social Security Number** \_\_\_\_\_

**Address** \_\_\_\_\_  
(If different from student's) Street City State Zip

Mother/Guardian's Name (Please Print) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Mother/Guardian's Signature (Having full, legal authority over this student)

**Social Security Number** \_\_\_\_\_

**Address** \_\_\_\_\_  
(If different from student's) Street City State Zip



**Brunswick Christian Academy**

**Discipline Agreement**

Child's Name \_\_\_\_\_ Current Age \_\_\_\_\_  
                                    Last                                    First                                    Middle

1. I understand that my child will only receive three behavior notes. After the third note, my child will automatically go to the Director's office.
2. I understand that after three visits to the Director's office, my child will be suspended. I understand that suspension can be from 1 to 3 days.
3. I understand that after three suspensions, my child will be expelled from BCA due to severe and/or continual discipline problems.
4. I understand that offenses as specified in the Preschool/Daycare Handbook can result in suspension or expulsion, without prior notice.
5. I understand that when I receive the second behavior note, or my child is suspended two times, I will need to schedule a conference with the teacher in order to help correct his/her behavior.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Father/Guardian's Signature (Having full, legal authority over this student)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Mother/Guardian's Signature (Having full, legal authority over this student)

## Brunswick Christian Academy Acknowledgement of Procedures

Child's Name \_\_\_\_\_ Current Age \_\_\_\_\_  
                                    Last                                    First                                    Middle

1. I acknowledge that I must notify the day care center of any change in my address, phone numbers (work and home), my job, or persons allowed to pick up my child/children.

Initial \_\_\_\_\_

2. I acknowledge that my child cannot be given any medication without my written consent. With each occurrence, I must fill out and sign a medication form and give it to my child's caregiver.

Initial \_\_\_\_\_

3. I acknowledge that my child must be accompanied by a care giver or parent upon entering and leaving the day care center. (This means into and out of the room or playground.)

Initial \_\_\_\_\_

4. I acknowledge that I have received and understand the student handbook.

Initial \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Father/Guardian's Signature (Having full, legal authority over this student)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Mother/Guardian's Signature (Having full, legal authority over this student)