

EBC Christian Academy

Educating for Eternity Since 2004

Student Registration Form

Prospective Enrollment Date:

Today's Date: _____

PERSONAL INFORMATION:

Child's Full Name:	Age:	Date of Birth:	Gender: Male Female
Home Address:			

Mother's Name:	Home Phone:	Mobile Phone:
Place of Employment:	Work Address:	
Work Phone:	Email:	Marital Status: ___ Married ___ Single ___ Divorce
Home Address: (if different from child's address)		

Father's Name:	Home Phone:	Mobile Phone:
Place of Employment:	Work Address:	
Work Phone:	Email:	Marital Status: ___ Married ___ Single ___ Divorce
Home Address: (if different from child's address)		

EMERGENCY INFORMATION: *List 2 people other than yourself that we can contact in case of an emergency.*

Name:	Phone:	Relationship to Child:
Address:	Is this person authorized to pick up your child? Circle one: YES NO	
Name:	Phone:	Relationship to Child:
Address:	Is this person authorized to pick up your child? Circle one: YES NO	

For your child's protection, list person(s) NOT authorized to pick up your child.

HEALTH INFORMATION:

Child's Physician:	Office Phone:	City, State
List ALL Known Allergies:		

I have completed the information to the best of my knowledge.

Parent's Signature: _____

Date: _____

EBC Christian Academy

Educating for Eternity Since 2004

STUDENT EMERGENCY CARD

Child's Full Name:	Age:	Date of Birth:	Gender: Male Female
Home Address:			

Mother's Name:	Home Phone:	Mobile Phone:
Place of Employment:	Work Address:	
Work Phone:	Email:	Marital Status: __ Married __ Single __ Divorce
Home Address: (if different from child's address)		

Father's Name:	Home Phone:	Mobile Phone:
Place of Employment:	Work Address:	
Work Phone:	Email:	Marital Status: __ Married __ Single __ Divorce
Home Address: (if different from child's address)		

EMERGENCY INFORMATION: *List 2 people other than yourself that we can contact in case of an emergency.*

Name:	Phone:	Relationship to Child:
Address:	Is this person authorized to pick up your child? Circle one: YES NO	
Name:	Phone:	Relationship to Child:
Address:	Is this person authorized to pick up your child? Circle one: YES NO	

MEDICAL CONCERNS:

List any known allergies: _____

Any special medical notes: _____

EBC Christian Academy

Educating for Eternity Since 2004

PHOTOGRAPHIC AUTHORIZATION & RELEASE FORM

Dear Parent/Guardian,

Throughout the school year, your child is going to participate in many wonderful school events and might be included in pictures taken during those events. With your permission, we'd like to make those pictures available for use in EBC Christian Academy media such as the church website, videos, advertisements, or newsletters. Before we can do that, we need your permission. Please fill out the form below and return it to the office.

Parents'/Guardians' Name(s): _____

Student: _____ Birth Date: _____

- a. I, as a parent or guardian of the above named student, hereby authorize and grant to EBC Christian Academy the right to print, publish, and edit as desired photographs and recorded images of the student named herein. This authorization permits the use of the photographs and recorded image(s) in any medium or form of distribution including but not limited to audio, video, film, slide or any other electronic and print formats (known as "Recordings") for use in any EBC Christian Academy media purpose generated by or through the EBC Christian Academy administration.
- b. I understand and agree that the use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
- c. I understand and agree that EBC Christian Academy shall have the exclusive right, title, and interest, including copyright, in the Recordings.
- d. I understand and agree that EBC Christian Academy shall have the unlimited right to use the recordings for any EBC Christian Academy media purpose.
- e. I hereby release and hold harmless EBC Christian Academy from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

Home Address: _____

Phone: _____ Email Address: _____

I **do not** want photographs of my child used in any EBC Christian Academy media.

Initial only, do not sign below.

My signature shows that I have read and understand the release and I agree to accept its provisions:

Parent/Guardian Signature

Date

Ebenezer Baptist Church

13020 Telegraph Road
Woodbridge, VA 22191

EBC Christian Academy

Educating for Eternity Since 2004

REQUEST PERMISSION TO ATTEND ACTIVITIES

I hereby grant permission for my son/daughter _____ to attend activities sponsored by Ebenezer Baptist Church Christian Academy, Woodbridge, Virginia. This includes permission to transport my son/daughter to and from such activities. I understand that all activities will be chaperoned by adult teachers and volunteers of the EBC Christian Academy. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage. I understand that in the event medical treatment is required, every reasonable effort will be made to contact me. However, if I can't be reached, I give my consent and permission to the EBC Christian Academy staff, as agent for me, to secure any X-ray examinations, injections, anesthesia, medical, dental, or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, wither as an outpatient or in any hospital to the best of my knowledge and other pertinent information. My child has permission to partake in all prescribed activities except as noted by me below.

Parent's Signature _____

Date _____

List any activities you DO NOT want your child to participate in.

PARENT/PROVIDER CONTRACT

Please read this contract carefully. This is a binding financial commitment.

Child's Full Name: _____

Parent/Guardian's Full Name: _____

Registration

Enrollment in EBC Christian Academy requires a registration fee of \$75.00, book fee of \$95.00, and your completed forms. These requirements must be prior to holding space or providing care for your child. These fees are non-refundable. In addition, medical forms and immunization records are due within the first week of enrollment.

1. At the beginning of each new school year on September 1, parents must re-enroll their child. Parents are required to complete new registration forms and turn them in along with a \$75.00 child re-enrollment fee. A newly updated parent handbook will be provided for parents at that time.
2. Children 4-5 years old must be enrolled full time in order to take full advantage of the A Beka Curriculum. Children under the age of 4 may be enrolled part time, but it must be for a set schedule and at least three days a week (EX: Mon, Tue, Wed or Mon, Wed, Fri).

Tuition

1. Tuition is the week prior for the upcoming week.
2. Tuition is billed on a calendar month basis. Proration of partial calendar months will be based on weekly and/or daily rates.
3. Full month tuition may be paid on the first of the month, or half-month tuition may be paid on the first and the remainder on the 15th day of the month. If the first and 15th falls on a weekend or holiday, payments are then due on the last day EBC Christian Academy is open prior to the first and the 15th.
4. Due dates apply regardless of attendance. If your child is absent or not scheduled on a due date, the due date still applies. Snow days are also billed.
5. Parents who pay on a weekly basis payments are due on the Friday prior to the school week.
6. Tuition payments received after 6:00PM on the due date are considered late. NOTE: Late fees are different than your tuition obligation. It is imperative that you make your tuition payments on time.
7. Payments are due by COB each Friday or the last day of service for the week for the following week of service. A \$50.00 late fee will be charged on the 3rd business day by COB. Service will then be denied until all fees are paid.
8. Check and other forms of payment will be processed twice a week. Please deposit your payment with the EBCCA attendant on duty in Room 206. If you are paying by Credit/Debit the EBCCA attendant will assist you by swiping your card at the desk.
9. A payment statement will be provided upon request. Tax information will be provided by mid January of every year.
10. Acceptable forms of payment: Money Order, Cashier's Check, Cash, Credit/Debit Cards and Personal Checks. There is a \$40.00 fee for all returned checks. Payment by personal check will no longer be honored after 3 returned checks.
11. Late Pick Fee: The first 10 minutes after 6:00PM there will be a \$10.00 charge; and \$2.00 per minute thereafter.
12. All fees are nonrefundable.

Withdrawal

Please read very carefully to avoid being charged for services after withdrawal.

1. Clients who wish to discontinue childcare services with EBC Christian Academy must give 3 weeks/21 days advanced notice of withdrawal in writing.
2. Your child’s withdrawal date will be 3 weeks/21 days from the date written notice is given, and you will be billed accordingly regardless of actual attendance.
3. If your child is withdrawn without notice, one month’s tuition will be charged from the child’s last day of attendance.
4. Your child will be considered withdrawn without notice if you do not inform EBC Christian Academy of any absences in excess of one week excluding holidays. Please inform the Director of any planned absences.

Termination of Service

Reasonable steps will be taken to avoid termination; however, EBC Christian Academy may terminate services for any of the following reasons:

1. Late payments, returned checks, or any other problems with payment of tuition and fees.
2. Failure to honor obligations listed in this contract, the Parent Handbook, or in any written policies provided by EBC Christian Academy.
3. Any actions by parents or children that adversely affect the program at EBC Christian Academy.
4. Failure to cooperate with EBC Christian Academy in matters which the Director determines serious enough to warrant termination.

EBC Christian Academy may terminate services with or without notice depending on the severity of the reason(s) for termination.

Signature to Agreement

EBC Christian Academy will provide childcare services in accordance with the terms of the most current Parent Handbook, the registration form, and this contract. By signing this contract, the Parent(s) and/or Guardian(s) agree to cooperate with the general policies of the school and to perform their obligation as set forth in this contract, the registration form, and Parent Handbook. The signature(s) below indicates that the Parent(s) or Guardian(s) understand and agree to the terms of this contract, and that they have read, and will comply with, the policies of the Parent Handbook. The undersigned Parent(s) and/or Guardian(s), agree to pay all court costs, attorney fees, and any other damages or expenses to EBC Christian Academy arising from failure to abide by the terms of this agreement.

Parent/Guardian Signature (1): _____ Date: _____

Parent/Guardian Signature (2): _____ Date: _____

Director of EBCCA Signature: _____ Date: _____

EBC CHRISTIAN ACADEMY

Educating for Eternity Since 2004

Master Schedule

6:00	Doors Open
6:00 – 7:45	Student Choice Centers
7:45 – 8:00	Clean Up Centers, Hand Washing for Breakfast
8:00 – 8:30	Breakfast in Café
8:30 – 9:00	Bodies in Motion in the Gym
9:00 – 9:15	Morning Meeting and Devotions
9:15 – 11:15	Classroom Instruction
11:15 – 11:30	Hand Washing for Lunch
11:30 – 12:00	Lunch in Café
12:00 – 12:30	Bodies in Motion in the Gym
12:30 – 12:45	Restroom Break, Prep for Rest Time
12:45 – 2:30	Rest/Nap Time
2:30 – 2:45	Restroom Break, Clean Up from Rest Time
2:45 – 3:15	Snack in Classroom
3:15 – 4:00	Bible Lesson, Music, Art
4:00 – 4:45	Enrichment Learning Centers
4:45 – 5:50	Games and Free Play in the Gym
5:50 – 6:00	Clean Up
6:00	Doors Closed