Great Bridge Christian Academy
EARLY CHILDHOOD DEVELOPMENT CENTER

Infants through PreK3
7:00 a.m. – 6:00 p.m.

2019-2020
Application for Admissions

Family Name: ____________________________
REQUIREMENTS

☐ FEES
  ☐ Application Fee – Due upon receipt of application and is non-refundable.
  ☐ Book Fee – PreK3 only, due at enrollment

☐ DOCUMENTATION (for each student)
  ☐ Birth Certificate, Social Security Card or Military I.D. (New Students Only)
  ☐ School Entrance Health Exam (Annual Physical Exam)
  ☐ Updated immunization records (If not included with Health Exam Form)

If applicable:

☐ FINANCIAL
  ☐ FACTS online enrollment (preferred form of payment)
  ☐ Current copy of notarized custody documentation

Nondiscrimination Policy
Great Bridge Christian Academy admits students of any race, color, gender, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students. The school does not discriminate based on race, color, gender, and national or ethnic origin in the administration of its educational policies, admission policies, financial assistance, and athletic or other school-administered programs.
The Following Information is Required and Must Be Complete – If Not Applicable, Please Write or Check N/A

### I. Students

<table>
<thead>
<tr>
<th>1st Student</th>
<th>First Name</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nickname:</td>
<td>N/A</td>
<td>Date of Birth</td>
<td>Male</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd Student</th>
<th>First Name</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nickname:</td>
<td>N/A</td>
<td>Date of Birth</td>
<td>Male</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3rd Student</th>
<th>First Name</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nickname:</td>
<td>N/A</td>
<td>Date of Birth</td>
<td>Male</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4th Student</th>
<th>First Name</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nickname:</td>
<td>N/A</td>
<td>Date of Birth</td>
<td>Male</td>
</tr>
</tbody>
</table>
II. Family

**Primary Parent/Guardian (who the student resides with)**

<table>
<thead>
<tr>
<th>Miss.</th>
<th>Mrs.</th>
<th>Mr.</th>
<th>First Name</th>
<th>MI</th>
<th>Last</th>
<th>Relationship to student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Address</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Email Address</td>
<td>Cell Phone</td>
<td>Receive Text?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Secondary Parent/Guardian**

<table>
<thead>
<tr>
<th>Miss.</th>
<th>Mrs.</th>
<th>Mr.</th>
<th>First Name</th>
<th>MI</th>
<th>Last</th>
<th>Relationship to student</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Email Address</td>
<td>Cell Phone</td>
<td>Receive Text?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Relationship Status of Parents:**

- [ ] Living Together AND [ ] Married
- [ ] Not Living Together AND [ ] Divorced
- [ ] Not Married
- [ ] Legally Separated
- [ ] Single

If divorced or separated please fill out the section below:

- Court ordered custody? [ ] Yes [ ] No
  (If yes, please attach a copy of your legal documents)
  If yes, type: [ ] Joint [ ] Sole
  (Name of person with sole custody: ________________________________)

III. Person(s) **Legally Not Authorized for Pick Up**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to student</th>
<th>Primary Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

IV. Emergency Contacts

Emergency contacts authorized to pick up student if parent/guardian cannot be reached:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to student</th>
<th>Address / City / State / Zip Code</th>
<th>Primary Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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</tr>
</tbody>
</table>
V. Additional Persons Authorized for Pick Up

An authorized person must present positive identification before receiving your child

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to student</th>
<th>Primary Phone #</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

VI. Health

Name and explain any health condition(s), past or present, which need to be brought to the school’s attention to safeguard your student(s), i.e. allergies, diabetes, seizures, asthma, emotional disorders, educational challenges.

Student: ___________________________________________ Diagnosis: ___________________________________________

Medication needed: □ No □ Yes If yes, please specify__________________________________________________________

Please mark any of the following that might apply to your child:

- Speech/Language □ Yes □ No Emotional Issues □ Yes □ No Academic Problems? □ Yes □ No
- Learning Disabilities □ Yes □ No Social Issues □ Yes □ No Disciplinary Problems? □ Yes □ No
- ADD/ADHD □ Yes □ No Other: ________ □ Yes □ No Expelled/asked to withdraw? □ Yes □ No

If marked yes to any of the above, please explain: __________________________________________________________

________________________________________________________________________________________________________

Student: ___________________________________________ Diagnosis: ___________________________________________

Medication needed: □ No □ Yes If yes, please specify__________________________________________________________

Please mark any of the following that might apply to your child:

- Speech/Language □ Yes □ No Emotional Issues □ Yes □ No Academic Problems? □ Yes □ No
- Learning Disabilities □ Yes □ No Social Issues □ Yes □ No Disciplinary Problems? □ Yes □ No
- ADD/ADHD □ Yes □ No Other: ________ □ Yes □ No Expelled/asked to withdraw? □ Yes □ No

If marked yes to any of the above, please explain: __________________________________________________________

________________________________________________________________________________________________________

Student: ___________________________________________ Diagnosis: ___________________________________________

Medication needed: □ No □ Yes If yes, please specify__________________________________________________________

Please mark any of the following that might apply to your child:

- Speech/Language □ Yes □ No Emotional Issues □ Yes □ No Academic Problems? □ Yes □ No
- Learning Disabilities □ Yes □ No Social Issues □ Yes □ No Disciplinary Problems? □ Yes □ No
- ADD/ADHD □ Yes □ No Other: ________ □ Yes □ No Expelled/asked to withdraw? □ Yes □ No

If marked yes to any of the above, please explain: __________________________________________________________

________________________________________________________________________________________________________
VII. Medication

Will medication be needed during school hours?  ☐ Yes  ☐ No

If yes, please fill out a Medication Consent form which is available on our website or from the office. A Medication Consent form is required for all prescription and over-the-counter medication that will be given while at school. All prescriptions needing to be administered longer than 10 business days will need a doctor’s signature detailing dosage and frequency.

VIII. Illness Policy

To protect all the children at GBCA/ECDC, we have very stringent rules about sick children. Our staff is highly trained to recognize the signs and symptoms of illness. All teachers are instructed to observe the children both developmentally and physically. Children that develop symptoms of illness during the day are evaluated and separated from other children to prevent the spread of the illness.

Once you have been contacted, your child must be picked up within 30 minutes. If sent home for ANY reason he/she cannot return the next day unless the fever is caused by an ear infection or other non-contagious condition or prescription medication has been properly administered. A doctor’s note is required for your child to return within the 24-hour period.

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**REASONS A CHILD WOULD BE SENT HOME**

- Fever of 100.4°F or greater
- Vomiting
- Diarrhea, 2 or more runny stools within one hour
- Pink irritated eyes with discharge
- Untreated mouth sores
- Sore throat or trouble swallowing
- Severe coughing spells
- Complaints of severe headache, earache, abdominal pain or body aches
- Heavy nasal discharge that is not clear
- Difficulty breathing or wheezing
- Scabies, head lice, and other parasites
- Excessive rashes
- Chicken Pox
- Yellow skin or eyes

**PLEASE KEEP YOUR CHILD HOME IF HE/SHE**

- Currently has a fever or has had one in the last 24-hours.
- Please do not give your child fever breaking medication and send them to school.
- Has ANY of the listed symptoms
- Was sent home from school the day before
- Has had two or more runny stools within a 24-hour period
- Has had two or more episodes of vomiting within a 24-hour period
- Is not feeling well enough to participate in school activities
- Has not been on an antibiotic treatment for more than 24-hours

**COMMUNICABLE DISEASE**

- If a child has a communicable disease or a serious illness the parents must have a doctor’s statement that the child is able to take part in the normal routine before returning to the classroom.
- Parents must call GBCA/ECDC with the diagnosis as soon as possible so we can notify the other families of the risk of exposure.
- GBCA/ECDC will notify the health department and follow any precautions deemed necessary. Pediatricians may differ on the communicability of certain diseases; however, the Director has the authority to decide when a child can return to the classroom.

We reserve the right to refuse care to any child brought to GBCA/ECDC under these circumstances. It is imperative that we work together to keep all the children who attend our school as healthy and happy as possible.
IX. Statement of Faith

1. **We Believe** in God the Father, God the Son, God the Holy Spirit and that they are distinct personalities with distinct roles, but one God. And that One God is the Creator of the universe. (Gen 1:1; Matt 28:19; Joh 10:30).

2. **We Believe** the Bible is the divinely inspired Word of God in its entirety and that it does not contradict itself. It is our guide. (2 Tim 3:15; 2 Pet 1:21).

3. **We Believe** Jesus Christ is the Messiah, the Savior, the Son of God (Joh 10:33), who was born of a virgin (Isa 7:14), lived a sinless life (Heb 4:15, 7:26), died on a cross (1 Cor 15:3; Eph 1:7; Heb 2:9), and was raised from the grave (Joh 11:25; 1 Cor 15:4). He will return as our victorious Lord (Act 1:11; Rev 19:11).

4. **We Believe** our salvation comes only through Jesus Christ and cannot be earned. It is a gift of God. (Joh 3:16-19, 19:19; Rom 3:23, 5:8-9; Eph 2:9-10; Tit 3:5).

5. **We Believe** the church, as the body of Christ, is the extension of Jesus Christ’s character, attitude, behavior, and mission in our world today. (Eph 1:22-23; 4:15-16).

6. **We Believe** faith in Jesus requires repentance, confession of that faith before witnesses, obedience to His Word. Baptism by immersion demonstrates our faith and obedience while it depicts our union with Christ in His death, burial and resurrection. (Act 2:38).

7. **We Believe** man was created in the image of God and that He gives gifts to both men and women through the Holy Spirit for the benefit of the church’s ministry. (Gen 2:26-27; Eph 4:7-16; Col 1:18-20).

8. **We Believe** everyone who accepts Christ has the indwelling presence of the Holy Spirit who acts as a Comforter, Guide, and Advocate. (Rom 8:12-14).

9. **We Believe** that humility in prayer is the foundation for all we do and that celebrating communion together weekly is beneficial for all Christians (1 Thes 5:17-18; Acts 2:46-47).

10. **We Believe** marriage has been established by God. This church defines “marriage” as the exclusive covenantal union of one man and one woman in which such union is a lifetime commitment (Gen 2: 21-24; Mar 10:6-9).

State below the reason(s) you wish to enroll your child(ren) in Great Bridge Christian Academy:

________________________________________________________________________

________________________________________________________________________

X. Church and Ethnic Background

Current Church:______________________________________________________________

Pastor’s name:______________________________________________________________

Does your family regularly attend church? □Yes □No

Denomination preference: □Baptist □Presbyterian □Church of Christ □Catholic
□Episcopal □Methodist □Non-denominational □Other

Ethnic background: □Caucasian □African-American □Hispanic
□Asian □American Indian/Eskimo □Other:__________________________
XI. Admissions Policy

Attending GBCA/ECDC is a privilege and not a right. As students and parents consider making GBCA/ECDC their choice, the following standards and policies must be kept in mind:

1. Full cooperation is expected from both student and parents in the care of the student. If at any time the school determines that this cooperation is lacking, the student may be requested to transfer out.
2. All students must be open to instruction from a Christian perspective. Parents should be united in their belief that enrollment at GBCA/ECDC is the best choice for their child. Parents should exhibit a strong desire for having their child taught from a Christian perspective.
3. While your student is enrolled at GBCA/ECDC, several members of our faculty/staff may take pictures or videos of student activities and events. In addition to using the materials for student publications, we occasionally would like to use the pictures and videos in advertising, brochures, or other promotional materials.
4. I am familiar with the Illness Policy and understand that once informed of my child’s illness, he/she is to be picked up within 30 minutes.
5. I will inform GBCA/ECDC within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
6. I understand that I am to pick up my child immediately in a natural or man-made emergency.
7. I grant permission for my child to be transported to a safe location in an emergency.
8. I understand that it is my responsibility to inform GBCA/ECDC of any changes to my child’s registration forms.
9. I agree to drive cautiously and safely on the premises and will only park in marked areas.
10. I affirm that my child can function in group care without being a detriment to him/her or others.
11. I grant permission for my child to use GBCA/ECDC equipment and participate in various activities.
12. I grant permission for my child to participate in field trips in an authorized vehicle and understand that I will be informed of such trips and that I may withdraw my permission if I so desire, (Field trips are for children ages 3-11)
13. By signing this application, you give permission for your child to be included in school pictures/videos and give permission for those pictures to be used by the center for GBCA’s website, Facebook page, advertising, scrapbooks, trainings, etc.
14. I understand that GBCA closes promptly at 6:00 p.m. If parents, guardians or emergency contacts are not reached by 6:30 p.m., social services and/or the local authorities may be contacted.
15. I agree to give a two week advanced written notice upon withdrawal of my child. If a two week written notice is not received, I am responsible for two week’s tuition after my child’s last day of attendance.
16. AUTHORIZATION FOR MEDICAL CARE: The parent(s)/guardian(s) authorize Great Bridge Christian Academy / Early Childhood Development Center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be reached immediately. If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s)/guardian(s) that state the objection and the reason for the objection.

We agree with GBCA/ECDC’s educational philosophy and support the Statement of Faith, the Admission Policy, as well as, the expectations and standards as detailed in GBCA’s student handbook.

The information provided in this application is true and complete to the best of my knowledge.

Father/Guardian Signature Date  

Mother/Guardian Signature Date
## XII. Tuition Contract

<table>
<thead>
<tr>
<th></th>
<th>Weekly (52)</th>
<th>Monthly* (12)</th>
<th>Application Fee</th>
<th>Book Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Due Every</td>
<td>Due on the 1st</td>
<td>Due w/ completed Application</td>
<td>Due by July 31st</td>
</tr>
<tr>
<td></td>
<td>Monday</td>
<td>processed through FACTS*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infants</strong> (6wks to 15mths)</td>
<td>$215.00</td>
<td>$885.00</td>
<td>$125.00</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Toddlers</strong> (16mths to 24mths)</td>
<td>$175.00</td>
<td>$720.00</td>
<td>$125.00</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>K2</strong> (24mths to 36mths)</td>
<td>$160.00</td>
<td>$660.00</td>
<td>$125.00</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>K3 Full Day</strong> (3yrs old by 9/30)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Full Days</td>
<td>$145.00</td>
<td>$597.00</td>
<td>$125.00</td>
<td>$175</td>
</tr>
<tr>
<td>4 Full Days</td>
<td>$128.00</td>
<td>N/A</td>
<td>$125.00</td>
<td>$175</td>
</tr>
<tr>
<td>3 Full Days</td>
<td>$105.00</td>
<td>N/A</td>
<td>$125.00</td>
<td>$175</td>
</tr>
<tr>
<td><strong>K3 Half Day</strong> (until 12:00 p.m.)</td>
<td>$90.00</td>
<td>N/A</td>
<td>$125.00</td>
<td>$175</td>
</tr>
</tbody>
</table>

### Discount on ECDC Tuition (discounts cannot be combined):
- 5% discount will be applied if tuition is paid monthly on the 1st of every month.
- 5% discount will be awarded to any public servant (i.e. teacher, police officer, firefighter, military service member)
- We do not give refunds or account credit for student absences, inclement weather, school closings or holidays. See GBCA/ECDC calendar for openings and closings.

### Late Fee/Returned Check Fee:
- Weekly and Bi-Weekly Payments are due on Mondays for the current week of care.
- A $25.00 weekly late fee will be charged on all payments received after Monday.
- Services may be suspended if the account remains delinquent after 30 days.
- Returned check fee: $50.00.

### Payment Options

*Please Mark Preferred Form of Payment*

- □ *FACTS* - Monthly payers are required to sign up for AUTOMATIC PAYMENTS through FACTS. Yearly enrollment charge - $45.00. (See the finance office for more details.)
- □ Credit Card - (2% processing fee will be applied)  □ Weekly  □ Bi-Weekly
- □ Check, Cash, Money Order, Debit or Credit Card (Visa/Master Card) -  □ Weekly  □ Bi-Weekly

**Please provide the name(s) of the person(s) financially responsible for payments**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone #</th>
</tr>
</thead>
</table>

We agree with GBCA/ECDC's Tuition Contract and will comply with these terms.

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**Mother/Guardian Signature**  **Date**  **Father/Guardian Signature**  **Date**