Great Bridge Christian Academy
EARLY CHILDHOOD
DEVELOPMENT CENTER

Public School Aftercare
1st through 5th Grade
2:30 p.m. – 6:00 p.m.

2019-2020
Application for Enrollment

Family Name: ___________________________
Welcome!
From the Director

First and foremost, we are very excited that you have chosen Great Bridge Christian Academy to be a vital part in caring for your child. Every student that enters our doors automatically becomes a part of the academy family and we feel privileged to call you one of our parents.

We believe strongly in creating an atmosphere to aid the spiritual, cognitive, physical, and creative skills that children are developing each day. Our commitment to you and your child is to provide a Christ-centered, healthy, safe, loving, and nurturing environment that you feel comfortable leaving your child in and to create a positive experience your family will remember for a lifetime.

This application provides essential information about our policies and day-to-day operations. If you have additional questions or concerns, please contact us. We will do all that we can to answer your questions.

We thank you for allowing us to be a part of your family and welcome you into ours. We look forward to many years of working together.

Sincerely,

Michelle Johnson
Early Childhood Development Director

REGISTRATION CHECKLIST

☐ Sign, date, and return the completed application with signatures of both parents and/or guardians
☐ Registration Fee Paid (non-refundable): $80.00 per student
☐ Current Shot Record and Physical Form

If applicable:

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

OFFICE USE ONLY

IDENTITY VERIFICATION

<table>
<thead>
<tr>
<th>Form of Proof:</th>
<th>Birth Certificate</th>
<th>Social Security Card</th>
<th>Adoption Records</th>
<th>Passport</th>
<th>Public School Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Document Reviewed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person Viewing Documentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CLASS ASSIGNMENT

<table>
<thead>
<tr>
<th>Enrollment Date</th>
<th>Entrance Date</th>
<th>Departure Date</th>
<th>Assigned Class</th>
<th>Days of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>M</td>
</tr>
</tbody>
</table>

PROCARE

☐ Status ☐ Classroom ☐ Schedule ☐ Bill Bag ☐ Tracking ☐ KES Code ☐ Kiosk Register
☐ Registration Paid $ _________ / # of students _________ Check# _________ CSR# _________ TE _________
The Following Information is Required and Must Be Complete – If Not Applicable, Please Write or Check N/A

### I. Students

<table>
<thead>
<tr>
<th>Student</th>
<th>First Name</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Student</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Nickname: N/A
- Date of Birth
- Gender: Male, Female
- Grade: N/A

Previous Child Day Care Programs and/or Schools Attended

N/A

If Child Attends this Program and Another School/Program, Give Name of School/Program

N/A

<table>
<thead>
<tr>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Student</th>
<th>First Name</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

- Nickname: N/A
- Date of Birth
- Gender: Male, Female
- Grade: N/A

Previous Child Day Care Programs and/or Schools Attended

N/A

If Child Attends this Program and Another School/Program, Give Name of School/Program

N/A

<table>
<thead>
<tr>
<th>3&lt;sup&gt;rd&lt;/sup&gt; Student</th>
<th>First Name</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

- Nickname: N/A
- Date of Birth
- Gender: Male, Female
- Grade: N/A

Previous Child Day Care Programs and/or Schools Attended

N/A

If Child Attends this Program and Another School/Program, Give Name of School/Program

N/A

<table>
<thead>
<tr>
<th>4&lt;sup&gt;th&lt;/sup&gt; Student</th>
<th>First Name</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

- Nickname: N/A
- Date of Birth
- Gender: Male, Female
- Grade: N/A

Previous Child Day Care Programs and/or Schools Attended

N/A

If Child Attends this Program and Another School/Program, Give Name of School/Program

N/A
II. Family

Primary Parent/Guardian (who the student resides with)

<table>
<thead>
<tr>
<th></th>
<th>First Name</th>
<th>MI</th>
<th>Last</th>
<th>Relationship to student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miss.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address | City | State | Zip |
|--------|------|-------|-----|

Email Address | Cell Phone | Receive Text? | Yes | No | Home Phone |
|--------------|------------|---------------|-----|----|------------|

Place of Employment | Work Phone |
|---------------------|------------|

N/A

Secondary Parent/Guardian

<table>
<thead>
<tr>
<th></th>
<th>First Name</th>
<th>MI</th>
<th>Last</th>
<th>Relationship to student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miss.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address | City | State | Zip |
|--------|------|-------|-----|

Email Address | Cell Phone | Receive Text? | Yes | No | Home Phone |
|--------------|------------|---------------|-----|----|------------|

Place of Employment | Work Phone |
|---------------------|------------|

N/A

Relationship Status of Parents:

- Living Together AND Married
- Not Married
- Not Living Together AND Divorced
- 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: ________________________________)

If the student resides with a legal guardian other than parent, please complete this section.

<table>
<thead>
<tr>
<th></th>
<th>First Name</th>
<th>MI</th>
<th>Last</th>
<th>Relationship to student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miss.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address (if different from home address) | City | State | Zip |
|----------------------------------------|------|-------|-----|

Email Address | Cell Phone | Receive Text? | Yes | No | Home Phone |
|--------------|------------|---------------|-----|----|------------|

N/A

III. Individuals Authorized for Pick-Up

Anyone authorized to pick up your child must be registered. The attached form entitled “Authorized Pick-up List” must be completed and returned to the front office. If changes need to be made, a parent/guardian will need to email the changes or come into the office and make changes.
# Authorized Pick-Up List

## Student

<table>
<thead>
<tr>
<th>Name</th>
<th>Birthday</th>
<th>Age</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Parent/Guardian

<table>
<thead>
<tr>
<th>Name</th>
<th>Primary Phone #</th>
<th>Secondary Phone #</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Individuals That You Authorize to Pick Up Your Child

These names will be kept with your child’s records for the school year.

*If changes need to be made, a parent/guardian will need to email the changes or come into the office and make changes.*

## 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>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Persons NOT Authorized for Pick Up

*List anyone who cannot pick up your child. If this is a parent, custody papers must accompany this document.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Health & Medical Information

Physician/Pediatrician

Name: ___________________________________________ Phone: ____________________________

Health Conditions

Name and explain any health condition(s), past or present, which need to be brought to the daycare’s attention which would restrict physical activity levels and/or to safeguard the applicant(s) (e.g. allergies, diabetes, seizures, asthma, emotional/behavioral disorders, educational challenges, speech, vision, hearing, orthopedic problems, serious illness, injury, hospitalization, major or minor surgery, other.).

- Child’s name: ___________________ Description: ________________________________
- Child’s name: ___________________ Description: ________________________________
- Child’s name: ___________________ Description: ________________________________
- Child’s name: ___________________ Description: ________________________________

Medications

Are any of the students taking any prescription medication(s)? if YES - Specify:

- Child’s name: ___________________ Medication: ________________________________
- Child’s name: ___________________ Medication: ________________________________
- Child’s name: ___________________ Medication: ________________________________
- Child’s name: ___________________ Medication: ________________________________

If medication will be needed during aftercare hours, a Medication Consent Form must be on file. A medication consent form is required for all prescription and over-the-counter medication that will be given while at daycare. The Medication Consent Form is available in the office and online at www.academy.greatbridgefwb.com.

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.

Signature of Parent(s) or Guardian(s)

_________________________________________________________ Date ____________________________

Father/Guardian Signature Date

Mother/Guardian Signature Date
IV. Policies and Procedures

Initial below that you have read and understand the following policies and procedures:

1. **Registration Fee:** $80 (annually) per student  
   **Tuition:** $253 per month (September - May)

2. **Payment options:** $253 Monthly by the 1st, $60 Weekly every Monday or $120 Bi-weekly every other Monday. Payments received late will incur a $10.00 late fee, per week delinquent. If all delinquent charges have not been paid and brought up to date after a total of 30 days have elapsed services may be discontinued. GBCA reserves the right to terminate care if you are consistently late.

3. Tuition is based on 38 weeks of after school care (including June) and divided into 9 equal monthly payments, September – May. Includes half days and school closings except for Christmas Break and Easter Break. Care is available those weeks and charged additionally at $28 per day.

4. An electronic statement/bill will be generated and emailed monthly.

5. We do not give refunds or account credit for student absences, inclement weather, school closings or holidays. See GBCA calendar for openings and closings.

6. GBCA accepts onsite cash, debit, Visa, and Master Card payments. For online payment arrangements, contact the office. All checks should be made payable to Great Bridge Christian Academy (GBCA). There will be a $35.00 fee applied for all return checks.

7. **Pick up procedure:** Parents are required to electronically sign out their child daily at the kiosk located on the wall at the main entrance. Please see the office to set up your pin codes.

8. All students must be picked up by 6:00 p.m. After 6:00 p.m. a surcharge of $10.00 for every 10-minute period, per child will be charged to your account. If not picked up by 6:30 p.m., the surcharge will increase to $15.00 per 10-minute period, per student.

9. No student cell phone usage is allowed.

10. Electronic devices, such as DSIs, Tablets, IPad, etc. are allowed but will be used sparingly and at scheduled times. Although, GBCA has made every effort to protect your child from accessing the Internet, we are not responsible for any material your child may inadvertently access.

11. GBCA will not be responsible for any loss or damage to student’s personal items.

12. **Statement of Cooperation**
   - Our program is a ministry of Great Bridge Free Will Baptist Church and our desire is to glorify Christ in everything.
   - The Goal of GBCA is to provide care and education from a biblical worldview at an affordable cost.
   - It is necessary that you understand that attendance at GBCA(school, aftercare, and summer camp) is a privilege, not a right, and is dependent upon the complete cooperation of both the parents and the student with the school.
   - An effective ministry to your child is not possible without parental cooperation. Both the school and the home must have the same basic goals for the student, and we must work together in the accomplishment of those goals. Should it become apparent that either the parents or the student(s) harbor attitudes contrary to the school’s principles, standards, goals, or reflects an uncooperative attitude, the school reserves the right to dismiss the student or all students of said family.
   - All students and their families should understand the policy of Great Bridge Christian Academy is to let the Bible be the deciding factor in any dispute.
   - Because the Church and the school use the same facilities, we ask parents to please dress appropriately (modestly) when on church property.
V. 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, social media, or other promotional materials.
4. I am familiar with the Illness Policy (included in this packet) 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.

VI. Illness Policy

To protect all students 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.
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.

VI. Statement of Faith

- **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).
- **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).
- **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).
- **We Believe** our salvation comes only through Jesus Christ and cannot be earned. It is a gift of God. (Joh 3:16-19, 5:24; Rom 3:23, 5:8-9; Eph 2:9-10; Tit 3:5).
- **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).
- **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).
- **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).
- **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).
- **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).
- **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 Daycare:

__________________________________________________________

**Religious Background**

Do you have a church family?  ☐ Yes  ☐ No  Name of Church ________________________________

Would you like our Lead Pastor to contact you?  ☐ Yes  ☐ No

**In signing this application, I**

1. Agree with the above Policies & Procedures, Admission Policy, Illness Policy, and Statement of Faith included in this application.
2. Understand my cooperation is expected in: (a) Regular After Care payment; (b) Practical help; (c) Faithful prayer.

<table>
<thead>
<tr>
<th>Father/Guardian Signature</th>
<th>Date</th>
<th>Mother/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

700 Mount Pleasant Road  Chesapeake, Virginia 23322  www.greatbridgechristian.com  (757)482-4688