

Review & Date:

Principal: \_\_\_\_\_

Business Administrator: \_\_\_\_\_

Office Administrator: \_\_\_\_\_

Student Name: \_\_\_\_\_



# Anchor Christian Academy

**PRESCHOOL**

Registration Packet

2026-2027

**\$6300**

*Please read carefully.*

***The following forms need to be completed in full and returned to the ACA office  
at the time of enrollment.***

- Background Information**
- Student Health**
- Child Enrollment Authorization**
- Allergy Care Plan**
- Billing Information/Financial Contract**
- Student Information**

Anchor Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



## BACKGROUND INFORMATION

Student's Full Name: \_\_\_\_\_ Other last name used: \_\_\_\_\_

Does the student have any diagnosed or suspected learning disabilities or special educational requirements?  No  Yes

Please specify: \_\_\_\_\_

Is there a court order in effect limiting the presence of or removal of this student by any persons or person during school hours?  No  Yes\* \* Please provide a copy of the court order to our office.

How did you hear about Anchor Christian Academy?

\_\_\_\_\_

Were you referred? By whom? \_\_\_\_\_

Does your family attend church regularly?  No  Yes

Name of church: \_\_\_\_\_

# STUDENT HEALTH INFORMATION

Does your child have any health problems (including any concerns or physical limitations that would affect P.E. or recess)?  No  Yes

Please specify: \_\_\_\_\_

Is your child regularly taking any medications?  No  Yes

Please specify: \_\_\_\_\_

Does your child have a bee sting allergy?  Unknown  No  Yes  Mild  Severe

Does your child have a food allergy?  Unknown  No  Yes  Mild  Severe

If yes to either of the above, please specify:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any other allergies?  Unknown  No  Yes  Mild  Severe

If yes, please specify:

\_\_\_\_\_

## Release Information

I hereby give my consent for \_\_\_\_\_ (child's full name) to receive emergency medical treatment as may be considered necessary in the opinion of the attending physician(s) or paramedic(s) during the school year. In an emergency, ACA has my permission to call an ambulance or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

Signature of *both* parents required: (please circle the title that applies)

\_\_\_\_\_  
Father /Stepfather/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Stepmother/Legal Guardian

\_\_\_\_\_  
Date

Throughout the year, student photos and videos are posted on our public social media sites (FB & IG) and on our school website. They may also be shared on ClassDojo, which is a program staff and teachers use to communicate with ACA families; it is a private site. Photos with names are only shared in our yearbooks. Please indicate below your preferences:

Share photos/videos on:  Facebook/Instagram/website (public)  ClassDojo (school community only)  
 Yearbook

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



# Allergy Care Plan

Date Received by Child Care:

## CHILD INFORMATION

Child's Full Name

Group/Classroom

## EMERGENCY CONTACTS

*\*The parent must be notified immediately of any suspected allergic reactions, or if the child came in contact with the allergen even if a reaction did not occur.*

Name	Relationship	Phone #

## CHILD'S ALLERGY INFORMATION

My child has a severe allergy to:

Describe signs and symptoms of an allergic reaction (including asthma, if applicable):

How to avoid the allergen and prevent an emergency:

## EMERGENCY RESPONSE PLAN

List the steps and procedures to follow during an emergency related to your child's allergy:

## MEDICATIONS\*

*Medication Authorization Form must be completed for each medication*

Describe symptoms that would prompt emergency medication to be given.

- Antihistamine
- Inhaler
- Epi-pen
- Other

List medication to be given during an emergency:

Name of Medication	Dosage	Directions	Expiration Date

*\*If epinephrine is administered, emergency medical services must be contacted immediately, and OCC within 5 days.*

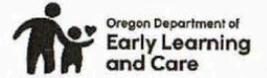
## SIGNATURES

Parent or Guardian Signature Date

Health Care Provider Signature (recommended) Date



# Child Enrollment Form



Child's Name (Last, First)		Child Nickname
Date of Birth	Date Entered Care	Age at Entry

**ALLERGY ALERT** Does your child have allergies?  YES\*  NO **\*If yes, please complete an allergy care plan.**

### Parent or Guardian Contact Information

Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Work Address (Street, City, Zip)	Work Phone

Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Work Address (Street, City, Zip)	Work Phone

### Required Emergency Contact Information- person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

### Non-Emergency Contact Information- person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

### Medical Contact Information

Insurance Provider and Policy Information (if applicable)	
Child's medical provider(s) or emergency care facility	Phone

### Parent or Guardian Authorizations

**Please list any restrictions to permission of the following:**

My child may be taken on neighborhood walks.  Yes  No Note: A signed permission slip is required for all field trips out of the neighborhood.

My child may use sunscreen  Yes  No My child may apply their own sunscreen under adult supervision.  Yes  No

My child may be photographed and/or recorded for publicity or news purposes:  Yes  No This applies to:  On-site  Off-site photography and video.

My child may participate in special occasions/celebrations including when food is served as part of the celebration.  Yes  No

I have reviewed a copy of this child care facility's current license certificate.  Yes  No

I have received a written copy of the program's child care policies.  Yes  No

**In an emergency,** the child care facility has my permission to call an ambulance or transport my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child must be notified as soon as possible.

Parent/Guardian Signature	Date
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Has your child previously been in child care?  Yes  No If yes, what type of care and for how long?

**Child General Information** – please include any information that will assist us in providing quality care for your child

General likes and dislikes

Eating habits and schedule

Sleeping habits and schedule

Developmental and health history that could affect the child's participation in child care

Interactions with other children

How does your child like to be comforted?

Child's home language

Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?

Does your child have any special needs (IFSP, IEP etc.)?  Yes\*  No **If yes, please complete a written care plan.**

**Child Medical Information**

Does your child have any chronic health issues or specific care needs (such as previous serious illnesses or injuries)?  Yes\*  No **If yes, please complete a written care plan.**

Does your child regularly need medication, or have medications prescribed for continuous, long-term use?  Yes  No If yes, why?

**Other Children in the Home**

Name	Age	School or other information you want to share:
Name	Age	School or other information you want to share:
Name	Age	School or other information you want to share:
Name	Age	School or other information you want to share:

**Enrollment form annual review or update(s).** A center must have the parent or guardian review, update, and sign or initial the enrollment form at least annually. Please date and initial below anytime the enrollment information is reviewed and/or updated.

Date: \_\_\_\_\_ Parent initials: \_\_\_\_\_

Date: \_\_\_\_\_ Parent initials: \_\_\_\_\_

Date: \_\_\_\_\_ Parent initials: \_\_\_\_\_

## ACA Financial Contract 2026-2027

(One contract per family)

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent name(s): \_\_\_\_\_

### Party responsible for bill:

Name: \_\_\_\_\_

Tuition: \$ \_\_\_\_\_

Email for statements: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Billing Plan (choose one):**  9 month (Sept-May)  12 month (June-May) *(payments must start in June)*

### TUITION INFORMATION

#### **Admission Process**

To enroll your child into ACA, you must complete and return the application form and registration fee. The registration fee is due at the time of the enrollment.

#### **Fee Schedule (Due upon return of enrollment application):**

Registration Fee: \$150\* (\$300 max family cap) \*NON-REFUNDABLE

Book Fee (3rd-8th): \$75\* \*NON-REFUNDABLE

### 2026-2027 Yearly Tuition

Preschool \$6300

**\*\*Discounts cannot be combined\*\***

**Multiple child discount:** the oldest child enrolled will be charged full tuition. 10% discount for additional children.

**Full payment discount:** 5% off when full tuition is paid in advance.

**Military, law enforcement officer, and full-time senior pastor discount:** 5% off tuition

#### **Referral discount:**

Referrals are a big part of growing our Anchor Christian Academy family, so we want to thank you for helping. A statement credit of \$100 will be applied for each new family you refer. The credit will be applied after the new student(s) has attended for 30 days. You must be named as the referring party on their enrollment form.

### **OFFICE USE ONLY**

Date paid : \_\_\_\_\_

Registration paid: \$ \_\_\_\_\_

Tuition paid : \$ \_\_\_\_\_

Book fees paid: \$ \_\_\_\_\_

Payment made by:  Cash  Check

Check #: \_\_\_\_\_

Business Administrator initial: \_\_\_\_\_

**Tuition payments are due on the 5<sup>th</sup> of each month. Any payments not received by the 5th will be considered past due. A 5-day grace period is offered. If payment is not received by the 10<sup>th</sup> a late fee of \$25 will be assessed.** If it is not possible for payments to be made on time, it is the responsibility of the parents to notify the school to work out an agreeable payment plan.

I, the undersigned, for good and valuable consideration, the receipt of which is hereby acknowledged, agree, promise, and covenant as follows:

- That I owe Anchor Christian Academy the sum of \$ \_\_\_\_\_ for the above named student(s) for the above named school year which will be paid as follows:  
 9 month     12 month.
- That all payments shall be made to Anchor Christian Academy at its business office, placed in the office drop box, or sent through the mail.

**I, acknowledge and agree:**

- **That because Anchor Christian Academy must hire teachers on a full year basis, this is a one year contract, registration and book fees are non-refundable, and after 30 days I am responsible for the full amount of the annual contract whether or not my child(ren) completes the year at Anchor Christian Academy. \_\_\_\_\_ (initial)**
- To pay Anchor Christian Academy **a late charge in the amount of \$25 if tuition is not paid by the 10<sup>th</sup> of each month. \_\_\_\_\_ (initial)**
- That Anchor Christian Academy has the right to accelerate the payment of all tuition and may demand payment in full at any time that the aforesaid payments are not made in a timely manner. Further, Anchor Christian Academy, upon five (5) days written notice to me has the right to cease to provide services to any student whose tuition is not paid in a timely manner as agreed to herein. Accounts 20 days past due can be sent to collections.
- That Anchor Christian Academy may withhold the above named student's report card and diploma until all financial obligations owing to ACA resulting directly or indirectly from enrollment of the above named student(s) have been paid in full.
- That for the purpose of any suit, action and arbitration brought to collect any sum due hereunder, the losing party agrees to pay the prevailing party's costs and disbursements and attorney fees related to said proceedings. Further, in the same manner, if an appeal is taken from any decision of an arbitrator and trial court, the losing party agrees to pay to the prevailing party the prevailing party's costs, disbursements, and attorney fees on all appeals.
- All returned checks are subject to a \$40.00 service charge.

**I, THE UNDERSIGNED, HAVE READ AND AGREE, BY MY SIGNATURE BELOW, TO THE TERMS OF THIS PAYMENT PLAN.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

ACA Representative

# 2026-2027 STUDENT INFORMATION CARD

## Student Information

Student's Date of Birth: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Last Name First Name Middle Name

Grade:  K3  K4  K5/Kindergarten  1st  2nd  3rd  4th  5th  6th  7th  8th

Ethnicity:  African-American  Asian/Pacific Islander  European-descent  Native American  Hispanic/Latin American  Other: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Home/Cell Phone: \_\_\_\_\_ Student lives with: \_\_\_\_\_

### Parent/Guardian Contact #1

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Work place: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Parent/Guardian Contact #2

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Work place: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Student *MAY* be released to:

Name: \_\_\_\_\_  
Best contact #: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Best contact #: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_  
Best contact #: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

### Student *MAY NOT* be released to:

Full Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
  
Full Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
\*If a child is not allowed to be released to his/her biological parent, please provide legal documentation for school records.