



January 7, 2020

Dear First Baptist Academy Families,

Registration for the 2020-2021 school year is quickly approaching. In house enrollment for First Baptist Academy families, First Baptist Church members, and current Mother's Morning Out families will be **Tuesday, January 21 and Wednesday, January 22** in the Children's Building 2nd Floor. Open registration begins **January 27** in the Children's Building 2nd Floor in the Academy Office. Applications will not be received prior to Tuesday, January 21.

To expedite registration, please bring your completed packet, forms, pictures and registration check with you. Complete as much information as possible prior to arriving. Please **DO NOT** sign the notary page until it can be witnessed during registration time. If needed, blank packets and extra forms will be available during registration.

Please follow the schedule below to register your child:

Date	Time	# or Days Enrolling
Tuesday January 21-In House	9am-12:00pm	Tu-Th-2 days & 5 days
Wednesday January 22-In House	9am-12:00pm	M-W-F-3 days & 5 days
Monday January 27-Open Enrollment	9am-12:00pm	M-F -2,3 or 5 days

Please note that the State of North Carolina age eligibility is **August 31**. First Baptist Academy will operate according to these guidelines. Your child must be the appropriate age by the **August 31** date. The only exception will be children enrolled in the Transitional Kindergarten class. These children must be 5 by **December 31**. Entrance into TK class is through recommendation of your child's current teachers, informal assessment by the TK teachers, and input from the parents. Birthdate alone does not qualify a student for TK. Final approval is required by First Baptist Academy.

Financial assistance may be available to those who qualify. Qualification criteria are outlined in the Financial Assistance Application. You may obtain a packet during registration or from the First Baptist Academy office after that time. You must have a child registered before you can apply for Financial Assistance. Applications must be completed and returned by **Friday, April 24th at noon**.

Please help us spread the word about our wonderful school and receive a \$50.00 credit on your child's tuition. The details of our referral program are outlined in this packet. Thank you for entrusting your child to our care. We look forward to another enjoyable and exciting year at First Baptist Academy.

Sincerely,

Sheri Young
Director

FIRST BAPTIST ACADEMY
Registration Check List 2020-2021
YOU MUST BE PRESENT TO REGISTER

Name _____
Date of Registration _____ Days _____ Age _____

(Students MUST be toilet trained)

- _____ \$75.00 fee 3, 4's & TK
- _____ Tuition Schedule Agreement Form
- _____ Consent to Health Care Authorization (Ministry Asst. will notarize)
- _____ Field Trip Form (**does not apply to 3's**)
- _____ Picture/Media Release
- _____ Release Information Form
- _____ Room Assignment Card
- _____ Student Information Form
- _____ Pictures 2 (1 for classroom, 1 for office file)
- _____ Please print first and last name on back of each picture
- _____ Referrals
- _____ **These documents are due on or before September 30th**
- _____ Completed NC Health Assessment & Transmittal Form
- _____ Current Immunizations Record. (Documented medical exemptions only)
- _____ Copy of Birth Certificate

Important Dates

You will receive a reminder during the summer.

New Parent Orientation – Thursday, Aug 13th, 6:30-7:30 in the Chapel.

Parents only, please. Childcare is not provided. We will go over important policies and procedures in the First Baptist Academy handbook. Class lists will be posted.

Meet the Teacher – Friday- Aug. 21st

9:00 am -10:00 am- 3day students--- Monday - Wednesday - Friday
10:15 am -11:15 am- 2day students--- Tuesday - Thursday
5day students--- Monday - Friday

Meet your child's teachers! See your classroom. See the library. If you have children in more than one age group, see your younger child's teacher first, then go to your older child's class.

First Days – Mon Aug 24th and Tues. Aug. 25th are "Short Days".

First Baptist Academy will start at 8:20 and end 1 hour early.

You will be added to our school communication app brightwheel during the first week of school. You **must** join in order to receive important information and updates about your child's class and our school. Tuitions payments may also be made through Brightwheel.

Please pick up your child promptly at their assigned time to help with traffic flow and parking. **Parking Lot speed limit 8mph.**

Please do not use your cell phone during drop off or pick up!

First Baptist Academy 2020-2021 TUITION SCHEDULE

3 and 4 Year Old Classes

\$ 75.00 Non-refundable Registration fee

Number of days	Monthly Amount	Yearly Amount
2 days	\$165.00	\$1485.00
3 days	\$215.00	\$1935.00
5 days	\$275.00	\$2475.00

Transitional Kindergarten

\$75.00 Non-refundable Registration fee

5 days	\$285.00	\$2565.00
--------	----------	-----------

Tuition may be paid in full or in 9 monthly payments. Tuition is due on the 10th of each month beginning September 10, 2020. **There will be a \$10.00 late fee charge after the 15th.** There will be a \$25.00 service charge on returned checks. Cash payments must be delivered, by an adult, to the Academy office. Any account two months past due is subject to dismissal of student. In addition, any late pick-up fees will be added to your child's account and must be paid with the following month's tuition.

I/We understand the tuition charges of \$ _____ for our child
_____ and have agreed to pay this amount.

First Name _____ Last Name _____

(only one signature is required)

Signature: _____ Date: _____
(Mother/guardian)

Signature: _____ Date: _____
(Father/guardian)

First Baptist Academy
First Baptist Church Hendersonville, NC

STATE OF NORTH CAROLINA
COUNTY OF HENDERSON

AUTHORIZATION OF CONSENT TO HEALTH CARE FOR MINOR

I, _____ of Henderson County, North Carolina, am the custodial parent/guardian having legal custody of _____, a minor child, age _____, born on the _____ day of _____, _____. I authorize First Baptist Academy Staff adults in whose care the minor child has been entrusted, and who resides at 312 Fifth Avenue West, Hendersonville, NC, 28739, to do any acts which may be necessary or proper to provide for EMERGENCY HEALTH CARE of the minor child, including but not limited to, the (1) power to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (2) to consent to and authorize any health care, including administration of anesthesia, x-ray examination, performance of operations, and other procedures by physician, dentist, and other medical personnel, except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective from the date of execution to and including the 10th day of June, 20__.

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agents named herein.

This is the _____ day of _____, 20 _____.

Signature _____

STATE OF NORTH CAROLINA
COUNTY OF HENDERSON

I certify that the following person(s) _____ personally appeared before me this day _____ each acknowledging to me that he or she signed the foregoing document.

NOTARY PUBLIC

My commission expires: _____

Seal

**FIRST BAPTIST ACADEMY
FIRST BAPTIST CHURCH
312 5TH AVE. W.
HENDERSONVILLE, NC 28739**

**FIELD TRIP POLICY:
(does not apply to 3's)**

Some First Baptist Academy classes occasionally will schedule field trips during the school year. We will advise you of these dates as they occur. Due to our location, we often walk to our field trip destination in town. There may also be times when we will have an opportunity for an "impromptu" field trip, depending on the weather, and the trip's relationship to the lesson we are learning. These trips will be covered by this permission form.

"You have my permission for my child, _____,
to ride in the church van for school field trips. As a parent I will be required to buckle my own child's car seat into the vans for field trips. I also give permission for my child to go on walking field trips as described above. I understand by giving these permissions, I will not hold the First Baptist Academy staff or First Baptist Church responsible for any accidents while in transit to or from the field trip or while at the location of the field trip."

Parents/Guardian: _____ Date: _____

Parents are requested to provide car seats for children and they must buckle their own child's car seat into the church vans for field trips.

PERMISSION FOR STUDENT TO BE TRANSPORTED IN A PRIVATE VEHICLE

- * Transportation in privately owned vehicles for school sponsored activities must be approved in advance by the director.
- * When privately owned vehicles are to be used, students must have prior written approval by the student's parent or legal guardian.
- * Operator of private vehicles to transport students for school activities assumes responsibility and liability.
- * Parents or legal guardians are not prohibited from transporting their own children for school sponsored events, with the director's approval.
- * Any private vehicle (car, van, or bus) with a seating capacity of eleven (11) or more, including the driver, may not be used to transport students for school sponsored activities.

Please read the state law concerning car safety seats at NCPS.gov

First Baptist Academy
First Baptist Church
312 Fifth Ave. West
Hendersonville, NC 28739

Release for Photo Use and Permission to Talk to Media

NOTE: THIS IS A REQUIRED FORM TO BE FILLED OUT AND SIGNED BY THE PARENTS, LEGAL CUSTODIAN, OR GUARDIAN OF THE CHILD NAMED BELOW.

Student Name:

Last First Middle Initial

I give permission for First Baptist Academy to:

*Allow First Baptist Academy to photograph, video tape, or quote my child for any school system publication or the FBC websites at www.fbchnc.org. (including Facebook and Twitter)

*Allow pictures to be taken for class books and activities.

*Allow public media (i.e. radio, newspaper and local TV stations) to photograph, video tape, or talk with my child (with the possible use of photo, video, or quote).

Signing this form gives permission for First Baptist Academy to do the above mentioned things for the entire time my child is enrolled at the First Baptist Academy.

Note: If at any time a parent wishes to change this agreement, the office of the school the child attends must be notified in writing to request a change.

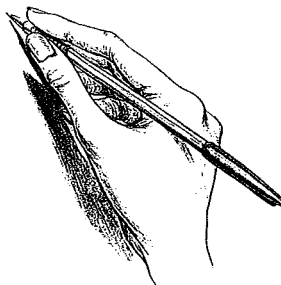
Yes, I agree for my child to participate as stated above.

No, I do not agree for my child to participate as stated above.

Parent/Legal Custodian/Guardian Signature:

Date

**THIS FORM MUST
BE SIGNED AND
RETURNED.**



Release Information Form

I give permission to First Baptist Academy to release to my child's classmates/parents for social activities outside the center (i.e. parties, visits between friends, etc.) the following information:

Please indicate by checking a block yes no all blocks **must** be checked

Name

Address

Phone number

Email address

All information unless indicated will be confidential.

Parent Signature _____ Date _____

FIRST BAPTIST ACADEMY
ROOM ASSIGNMENT CARD/EMERGENCY INFORMATION

Date: _____

CHILD'S NAME _____ NAME GOES BY _____

AGE ON AUGUST 31st OF ENTRY YEAR _____ SEX _____ BIRTHDATE _____

NAMES OF PARENTS/GUARDIANS WITH WHOM CHILD LIVES: _____

PHYSICAL ADDRESS: Street _____

City _____ State _____ Zip Code: _____

Mailing address: _____

Mother's Email address: _____

Father's Email address: _____

Mother's Home Phone: _____ CELL _____ WORK _____

Father's Home Phone: _____ CELL _____ WORK _____

ANY ALLERGIES? Yes/No LIFE THREATENING? Yes/No Please List below:

Special medical condition or other special needs

Authorized persons to pick up for your child or call in case of an emergency:

Name	Address (no PO boxes)	Phone #	Relationship to child

Under no circumstances will your child be released to anyone not known to the First Baptist Academy Staff without authorization from parents or guardians.

FIRST BAPTIST ACADEMY

First Baptist Church 312 5th Avenue West, Hendersonville, NC 28739

STUDENT INFORMATION FORM

New Student ___ Returning Student ___ 3's ___ 4's ___ TK ___
 I was referred to First Baptist Academy by _____.

Child's Name _____

Birth Date _____ Age on August 31st of entry year _____ Boy _____ Girl _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Mother (Guardian) _____

Mother's Employer _____ Work # _____

Father (Guardian) _____

Father's Employer _____ Work # _____

Marital Status of Parents: Married ___ Separated ___ Divorced ___

Mother's email address: _____

Father's email address: _____

Names and ages of other children living at home:

_____ Age _____ Age _____

_____ Age _____ Age _____

Authorized persons to pick up for your child or call in case of an emergency:

Name	Address (no PO boxes)	Phone #	Relationship to child

Under no circumstances will a child be released to anyone not known to the First Baptist Academy staff without authorization from parents or guardian. Please provide any specific custody/visitation arrangements. (A current copy of the court order **must** be on file in the office.) We can't legally refuse pick up by either parent unless there is a copy of a court order restricting **custody** on file in the office.

Church Attends _____ Sunday School Yes No

Would you like information about programs offered at First Baptist Church Yes No

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Hospital Preference _____

Has your child ever attended any other preschool/daycare? _____

Does your child have any allergies (Please list & describe how it manifests itself)

Does your child have any special medical conditions (Please describe fully)

Is your child on any medicine regularly Yes No What type _____

No staff member may administer any medications to a child. Please do not ask your child's teacher to give over-the-counter or prescription medication.

Does your child have any dietary restrictions Yes No (Please list)

Does your child have Frequent colds Yes No Earaches Yes No Tonsillitis Yes No

Nosebleeds Yes No Run high fevers Yes No Vomit easily Yes No Stomach Aches Yes No

Children must be toilet trained to attend the Academy. Is your child fully toilet trained: Yes No

Word your child uses for urination _____ Bowel Movement _____

Does your child have a regular Nap time Yes No Bedtime Yes No

What age did your child Crawl ____ Sit alone ____ Walk ____ Feed self ____

Does your child have fears? Animals Yes No Darkness Yes No Stairs Yes No

Puppets Yes No Clowns Yes No other (please describe) _____

Is your child Shy Yes No Lack Confidence Yes No Nervous Yes No Stubborn Yes No

Selfish Yes No Demand attention Yes No Play well with others Yes No Prefer playing alone Yes No

What does your child like to play? _____ Do you have pets Yes No

What type of TV programs does your child watch regularly? _____

How many hours a week _____ What is your child's favorite books/stories? _____

What songs do you hear your child sing? _____

Does your child have a special talent, gift or positive character trait you would like the teachers to know?

Signed _____ Date _____



NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.
 (Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

PARENT to COMPLETE THIS SECTION

Student Name:

(Last)

(First)

(Middle)

Birthdate (M/D/YYYY):

School Name:

Home Address:

City:

State:

County:

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s)

Home:

Work:

Cell Phone:

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

Medications prescribed for student:

Student's allergies, type, and response required:

Special diet instructions:

Health-related recommendations to enhance the student's school performance:

Vision screening information:

Passed vision screening: Yes No

Concerns related to student's vision:





PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016rev

Hearing screening information:

Passed hearing screening: Yes No

Concerns related to student's hearing:

Recommendations, concerns, or needs related to student's health and required school follow-up:

N/A

School follow-up needed: Yes No

Medical Provider Comments:**Please attach other applicable school health forms:**

- Immunization record attached:
- School medication authorization form attached:
- Diabetes care plan attached:
- Asthma action plan attached:
- Health care plans for other conditions attached:

Health Care Professional's Certification

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: _____

Date (m/d/yyyy):

Date of Exam (if Different):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Do you love having your child at First Baptist Academy?
Do you know a preschooler who would
enjoy coming to the Academy?



**Please help us spread the word about
our wonderful school!**

For each new student* you refer to our school, we would like to thank you with:

- A \$50 credit on your child's tuition. Credit will be issued after the referred student has been enrolled for two months with a current account

Or

- A chance to win a \$50 gift certificate from a local business. This is for families of former Academy students. You will be entered in the drawing once for each referral. The drawing will take place at the end of October. Each referred student must have been enrolled for two months at the time of the drawing.

*Only 1 referral for each new student will be eligible. The family you refer **MUST** write your name in the appropriate space on their child's Student Information Form in the enrollment packet.