

# APPLICATION FOR ADMISSION

Preschool Student

2019-2020



A ministry of New Beginning Family Worship Center

"EQUIPPING STUDENTS TO GLORIFY GOD IN ALL THEY DO"



**NEW BEGINNING FAMILY WORSHIP CENTER**

1950 Park West Drive  
Mailing Address: P. O. Box 1336  
Northport AL 35476  
205-333-0695  
[www.nbfwchurch.org](http://www.nbfwchurch.org)

Dear Parents,

North River Christian Academy is a community outreach mission of New Beginning Family Worship Center. As the senior pastor of New Beginning I consider it an honor and privilege to serve you and your children. We consider our school to be a true ministry to those we serve and our desire is to provide a quality education with a biblical worldview that promotes character and academic excellence.

We believe every child can be a champion. Not just champions in the classroom, but champions in life. But we understand champions are made not born. One of our core values is excellence, and every day at North River Christian Academy we strive toward that goal in every area of student life. In 1 Corinthians chapter 9, Paul compared our lives to a race. He instructed the believers of Corinth to “run” to win. This is a philosophy of life we want to instill in every child. Be and do your best, and never quit. We want each child to be and do their best spiritually, academically, and athletically.

Understanding that it takes a champion to build a champion, our administration, teachers and staff pledge to do our part and to lead by example. Believing that prayer and preparation are cornerstone principles for potentiating success, we pledge to enter the classroom prepared to teach and to pray regularly for your child by name. We also pledge to provide a clean, safe, wholesome and encouraging learning environment. Lastly, we pledge to partnership with you in your child’s education. We cannot do this alone. We need your prayers, your hands, and your help. We encourage constructive suggestions and positive input to help us reach our goals.

Thank you for trusting North River Christian Academy with your child’s education and character development.

In Christ Alone,

Randy Fuller  
Senior Pastor  
New Beginning Family Worship Center



## A MESSAGE FROM YOUR DIRECTOR

1950 Park West Drive  
Northport, AL 35476

Office 205.349.4881  
Fax 205.349.3246  
Preschool 205.330.7923

[northriverchristian.com](http://northriverchristian.com)

Dear Parents,

Thank you for considering North River Christian Preschool for your child's care. It is our desire to assist you in providing the best Christian environment possible at an affordable price. As a ministry of New Beginning Family Worship Center, we exist to bring honor and glory to God. We believe that the greatest benefit to any child is to begin and develop a personal knowledge and relationship with Jesus Christ.

Please look over what we offer and come talk with us to see if North River might be the right preschool for you. Some things we are offering are:

- Christ-centered instruction with caring staff
- Character training in an environment of loving discipline
- Tumblebus
- Compuchild computer training
- A Beka curriculum

We look forward to meeting you and getting to know your child in the coming days.

In His Service,

*Stacy Galloway*

*Kelley Campbell*

Preschool Directors

# APPLICATION FOR ADMISSION PRESCHOOL 2019-2020



Program applying for:

- 5 days: M T W R F
- 4 days: M T W R F
- 3 days: M T W R F
- 2 days: M T W R F

Drop off time: \_\_\_\_\_

Pick up time: \_\_\_\_\_

*May only attend on days circled.  
Any changes must be approved by director.*

*For office use only*

Age level: \_\_\_\_\_ Financial Office  
 Registration fee:  GL \_\_\_\_\_  
 • Ck # \_\_\_\_\_ School Office  
 • Cash \_\_\_\_\_  GL \_\_\_\_\_  
 • Date Paid \_\_\_\_\_ Tuition rate: \_\_\_\_\_  
 • Received \_\_\_\_\_ Start date: \_\_\_\_\_  
 • Approved \_\_\_\_\_

Child's full name \_\_\_\_\_ Preferred Name \_\_\_\_\_

*first middle last*

Girl \_\_\_ Boy \_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Required E-mail address \_\_\_\_\_

Address \_\_\_\_\_

*street city state zip*

Current age \_\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_ Preferred Calling Tree Phone # (\_\_\_\_\_) \_\_\_\_\_

Child residing with (check all that apply) \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather

Other \_\_\_\_\_ Who has legal custody? \_\_\_\_\_

Parents are: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Other (explain) \_\_\_\_\_

**FATHER**

Mr./Dr./Rev. \_\_\_\_\_ Preferred Name \_\_\_\_\_

*first last*

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

**MOTHER**

Mrs./Ms./Dr. \_\_\_\_\_ Preferred Name \_\_\_\_\_

*first last*

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

# AFFIDAVIT FOR PARENT/GUARDIAN



State of Alabama  
County of Tuscaloosa

Before me, a Notary Public in and for said state and county appeared \_\_\_\_\_  
*print parent/legal guardian's full name*

and is known to me, after being duly sworn or affirmed, says as follows:

The affiant is the parent or legal guardian of the child/children \_\_\_\_\_;  
*print child's full name*

that affiant has been notified by Dan Habrial, a representative of North River Christian Academy and Open Door Baptist Church, that said school or church has filed notice and is exempt under law from regulations by the Department of Human Resources.

\_\_\_\_\_  
*parent/legal guardian signature*

Sworn or affirmed to and subscribed before me on this day \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
*Notary Public signature*

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

*You may use NRCP's notary public to sign this form at no charge.  
Please contact the school office for further information.*

# FINANCIAL POLICIES TUITION/REGISTRATION



## Registration

The registration fee is \$100 and is a non-refundable annual payment. Preschool students must re-register each year.

## Fees

**Activity fee** - charged to parents who wish to have their child participate in gymnastics, the Tumblebus, and/or Compuchild.

**Book fee** - a one time, non-refundable book fee that covers books and art supplies. The book fee is a rental fee. If a student withdraws from preschool they do not keep the books.

**Supply fee** - a \$40 supply fee is charged each term (3 times/year)

	<i>Book Fee</i>	<i>Supply Fee</i>
Infants	NA	\$40 each term
K1	NA	\$40 each term
Toddler	\$15	\$40 each term
K2	\$35	\$40 each term
K3	\$50	\$40 each term

## Tuition

Tuition is paid monthly in one of the following ways:

- Check or Money Order** - Tuition is due on the first of each month. A late fee of \$25 will be added to accounts not paid by the 10th of the month. Made payable to NRCP.
- Credit Card** - (Preferred method of payment) This option is available through the student's Gradelink account. Tuition is due on the first of each month. The parent must set this up through the Gradelink account.

## Attendance Requirements

The following classes are required to be enrolled for a minimum number of days each week:

- 6 wks-1yr: 5 day minimum
- K1-K2: 2 day minimum
- K3: 3 day minimum

## Preschool Hours

The preschool is open from 6:30a.m. - 5:30p.m. Student care during these hours is included with their tuition from 6:30a.m. - 5:30p.m. Late pick-up fees are charged at the rate of \$10 for each 10 minute increment past 5:30p.m. Parents are required to sign their student in/out using the Gradelink Preschool Sign In/Out computer.

Check the program you are applying for:			
	Full-day	5 days	\$535 per month
		4 days	\$450 per month
		3 days	\$365 per month
		2 days	\$280 per month
	Infants (6 wks-1yr)	5 days	\$575 per month

*A 10% discount is offered for the 2nd child. A 50% discount is offered for 3 or more children.*

**Monthly tuition remains the same with no deductions made for absences or scheduled vacation days or holidays.**

**"I realize that monthly tuition remains the same with no deductions made for absences or scheduled vacation days or holidays."**

\_\_\_\_\_parent initials

Daily rate: \$35 full day

Monthly Tuition Rate \_\_\_\_\_

PRINT CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PERSON RESPONSIBLE FOR BILL \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# GENERAL INFORMATION



## Lunches & Snacks

All preschool students must bring a lunch, snacks, and three drinks each day. Every class will have a scheduled lunch time.

## Bad Weather

Classes will not be held during icy, snowy, or tornado conditions. We generally comply with the Tuscaloosa County School Board concerning closing the preschool due to bad weather conditions. The local ABC (33/40) affiliate will carry our announcements should we need to close. A calling tree message and an email message will also be sent out from the school.

## Illness

Please keep your child at home if they have any of these symptoms:

- fever of 100.4 degrees or higher during the last 24 hours
  - discolored mucus from nose for 3 days or more
  - vomiting and/or diarrhea within the last 24 hours
  - symptoms of contagious infection (strep, pink eye, head lice and/or nits present on head, etc.)
  - during flu season our policy is adjusted to the following: any child sent home with fever and/or flu symptoms must remain out for 5 calendar days or provide a doctor's note stating they may return earlier
  - sick children being sent home should be picked up in a timely manner (within one hour) and cannot return to school the next day
- The administration reserves the right to make the final decision for readmission after sickness.

## Forms needed when applying (*personal checksheet*):

- Application form
- Health Record form
- Preschool Pick up List form
- Emergency Card form
- Affidavit – may be notarized at no charge in the main office of the Tuscaloosa Campus
- Birth Certificate – copy of the original
- Proof of Medical Insurance – copy of medical insurance card
- Certificate of Immunization – must be the original State of AL blue card

## Holidays and Program Dates

**August 5-7, 2019**

August 6, 2019

August 8, 2019

**September 2, 2019**

**October 14, 2019**

**November 11, 2019**

**November 25-29, 2019**

**December 23-January 3**

January 6, 2020

**January 20, 2020**

**February 17, 2020**

**March 16-20, 2020**

**April 10, 2020**

**May 25, 2020**

May 26, 2020

## Teacher In-Service

Open House - Preschool (3:00pm-5:00pm)

First day of Fall session

**Labor Day**

**Columbus Day**

**Veteran's Day**

**Thanksgiving Vacation**

**Christmas Vacation**

First day of Spring session

**MLK, Jr. Day**

**President's Day**

**Spring Break**

**Good Friday**

**Memorial Day**

First day of Summer session

Bold indicates dates closed

# PRESCHOOL PICK UP LIST 2019-2020



Please list the names of all people you will allow to pick up your child from preschool. If someone comes to pick up your child and his/her name is not on the list, your child will not be released to that person until we have contacted you for permission.

If you want someone to pick up your child and they are not on your pick up list, please call the preschool office. For safety reasons, if we do not recognize your voice on the phone, we will call your place of work and ask for your information.

Until we get to know you, anyone that picks up your child may be asked to show a picture ID. Please be patient with anyone who does not know you and asks for identification. We are trying to ensure the safety and well-being of your child.

CHILD'S NAME: \_\_\_\_\_ AGE \_\_\_\_\_

Name	Relationship	Phone Number	Alternate Phone Number
	parent (s)		

Please list anyone that MAY NOT pick up your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# HEALTH FORM 2019-2020



CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

PHYSICIAN/DENTIST:

Physician's Name	Address	Phone Number
Dentist's Name	Address	Phone Number

MEDICATIONS: List all medications that your child regularly takes and give the reason for each.

Medication	Dosage	Reason(s)

PAST AND PRESENT HEALTH CONDITIONS:

Check any that your child currently has or has had.

- Attention Deficit Disorder
- Asthma
- Bone/Muscle Conditions
- Diabetes
- Chronic Ear or Throat Infections
- Emotional Problems
- Fainting/Sudden loss of consciousness
- Frequent Headaches or Migraines
- Head Injuries or any Major Accidents
- Heart Issues/High Blood Pressure
- Hearing Loss
- Physical Handicap
- Seizure Disorder
- Skin Problems
- Urinary/Bowel Condition
- Vision Problems
- Hospitalizations (specify) \_\_\_\_\_
- Any other concerns (specify) \_\_\_\_\_

ALLERGIES: List any substances or medications that your child is allergic to \_\_\_\_\_

\_\_\_\_\_

PLAN OF ACTION IF EXPOSED: \_\_\_\_\_

\_\_\_\_\_

IMMUNIZATIONS: Original Certificate of Immunization must be on file in the school office.

Does your child have any physical limitations? Yes or No

If yes, briefly explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# BOOK LIST 2019-2020



**Books must be purchased during registration. The book fee is a rental fee. If the student withdraws from preschool they do not keep the books. Books will not be issued until the book fee is paid.**

STUDENT NAME(S): \_\_\_\_\_ CLASS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BOOK FEES:	Toddler	\$15	_____
	Kindergarten 2	\$35	_____
	Kindergarten 3	\$50	_____
	<b>Total Due</b>		_____

FINANCIAL OFFICE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PUBLICITY, PHOTO, ACHIEVEMENT  
PARENT AUTHORIZATION  
2019-2020



North River Christian Preschool is hereby granted permission to use the names, pictures, words, and/or class-work for the student listed on this form for the purpose of yearbooks, awards/recognition assemblies, newspaper, television, web pages, social media sites, news releases, calendars, newsletters, etc.

Without a permission signature, no publicity or recognition will be given.

I understand that promotional pictures (individual and group) have been/will be taken during the school year. I give permission for my child's photos to be used for any/all of the above purposes.

\_\_\_\_\_ Student's Name

\_\_\_\_\_ Grade

\_\_\_\_\_ I give my permission for my child's photos, etc. to be used.

\_\_\_\_\_ I do not give permission for my child's photos, etc. to be used.

\_\_\_\_\_ Signature of parent/guardian

\_\_\_\_\_ Date

# PRESCHOOL EMERGENCY CARD 2019-2020



Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
*street city state zip*

Phone # \_\_\_\_\_ Email address \_\_\_\_\_

To Parent or Guardian: To serve your child in case of an accident or sudden illness, please furnish the following:

<i>Name</i>	<i>Work Phone #</i>	<i>Cell Phone #</i>
Mother _____	_____	_____

Father _____	_____	_____
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List any known allergies or medical conditions \_\_\_\_\_

List a neighbor, nearby relative, or friend who will assume temporary care of your child if you cannot be reached.

Name & Relationship _____	Phone # _____
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## PERMISSION FOR EMERGENCY TREATMENT AND ADMINISTERING MEDICATION

I hereby give permission for the staff at North River Christian Preschool to call 911, if deemed necessary, in case of an emergency when I cannot be reached immediately. The attending physician also has my permission to give emergency medical treatment in my absence. I agree to assume responsibility for all medical costs incurred.

I give my permission for the staff at North River Christian Preschool to administer the following medication to my child if deemed necessary (*Check if Yes*):

- First Aid
- Sunscreen
- Diaper Rash Cream

No other medications will be administered except those listed above. If your child becomes ill, you will be notified. It is the parent's responsibility to make sure the child's emergency card is current.

\_\_\_\_\_  
Father's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's/Guardian's Signature

\_\_\_\_\_  
Date