



## Zion Baptist Academy Statement of Faith

- The Holy Bible was written by men divinely inspired and is God's revelation of Himself to man. It is a perfect treasure of divine instruction.
- There is one and only one living and true God. He is an intelligent, spiritual, and personal Being, the Creator, Redeemer, Preserver, and Ruler of the universe. God is infinite in holiness and all other perfections.
- Man is the special creation of God, made in His own image. He created them male and female as the crowning work of His creation.
- Salvation involves the redemption of the whole man and is offered freely to all who accept Jesus Christ as Lord and Savior, who by His own blood obtained eternal redemption for the believer.
- Election is the gracious purpose of God, according to which justifies, sanctifies, and glorifies sinners. It is consistent with the free agency of man and comprehends all the means in connection with the end. It is the glorious display of God's sovereign goodness, and is infinitely wise, holy, and unchangeable. It excludes boasting and promotes humility.
- Christianity is the faith of enlightenment and intelligence. In Jesus Christ abide all the treasures of wisdom and knowledge. All sound learning is, therefore, a part of our Christian heritage. In Christian education there should be a proper balance between academic freedom and academic responsibility.
- God has ordained the family as the foundational institution of human society. It is composed of persons related to one another by marriage, blood, or adoption.

## Covenant Statement

As a covenant commitment with Zion Baptist Academy, we, as a family, hereby agree to the following standards:

- I. We have carefully examined and agree with the Statement of Faith of Zion Baptist Academy and desire Zion Baptist Academy to work as agents of our household.
- II. We pledge our loyalty to the intentions and principles of the Zion Baptist Academy and will bring any disparagements directly to the teacher and/or administration so that they may be handled in a biblically appropriate manner (Matthew 18). We will avoid discussions with those not involved so as to avoid a spirit of dissension or division at the expense of our child or the school.
- III. We understand that a student may be dismissed due to student or parental noncompliance of school policy or if an administrative decision is made that Zion Baptist Academy is not the most appropriate setting for the student/family.

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Parent Signature

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Date

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Child's Name



# PRIVATE SCHOOL ENROLLMENT FORM

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Father's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Mother's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangements: (check one)  Both Parents  Mother  Father  Other

Child's Legal Guardian(s): (check one)  Both Parents  Mother  Father  Other

The child may be released to the person(s) signing this agreement or to the following:

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)  
Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Relationship to Parent(s) or Guardian \_\_\_\_\_  
Other identifying information (if any) \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)  
Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Relationship to Parent(s) or Guardian \_\_\_\_\_  
Other identifying information (if any) \_\_\_\_\_



Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

\_\_\_\_\_

Does your child require any special accommodation(s) to most effectively meet the child's needs while at the center? \_\_\_\_\_

\_\_\_\_\_

Is your child currently on medication(s) prescribed for long-term continuous use and/or have any pre-existing illness, allergies, or health concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_  
suffer an injury or illness while in the care of Zion Baptist Academy and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: \_\_\_\_\_

Signature

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

Zion Baptist Academy Administrator \_\_\_\_\_

Signature

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



Parental Agreement with Child Care Facility

1. Zion Baptist Academy agrees to provide childcare for \_\_\_\_\_ Monday-Friday from 7:00am to 6:00pm year-round. Child's Full Name
2. I agree to pay the tuition fee of \$\_\_\_\_\_ as designated by the school.
3. My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_  
 \_\_\_\_\_ I agree to provide the school with all necessary information pertaining to the administering of medication (date, prescription #, doctor's notes, direction, medication in original pharmaceutical container, etc.).
4. I agree to follow all requirements of the school's medical policy.
5. My child has the following special needs that may affect participation in school activities: \_\_\_\_\_  
 \_\_\_\_\_
6. The following special accommodation(s) may be required to most effectively meet my child's needs while at this school: \_\_\_\_\_
7. I understand my child will be provided with all snacks, breakfast, and lunch served daily during his/her hours of attendance. I also understand that no outside food is allowed unless a note is provided by a physician or parent specifying dietary restrictions or religious preferences (excludes infants).
8. I understand I am responsible for any special diet required by my child. If my child's diet consists of breast milk or formula taken from a bottle, I understand I will provide Zion Baptist Academy with the appropriate number of bottles containing formula/ breast milk necessary for my child each day. Each bottle will be clearly labeled with my child's full name and current date.
9. If my child wears diapers, I understand I will provide whatever disposable diapers are necessary for my child. I understand that only disposable diapers are permitted in the school and that they will be changed every two hours, or as needed.
10. Should my child become ill during the time he or she is in the care of Zion Baptist Academy or suffers an accident of any nature, the school will contact me immediately and is authorized to secure such medical attention and care for my child as necessary. (The parent/guardian will assume responsibility for payment).
11. I understand that if my child is ill, including, but not limited to, a severe cough or sore throat; undetermined rash or spots; temperature over 100.0 degrees; severe headaches, upset stomach or diarrhea, he or she cannot be accepted into the school until well and fever free without medication. In the event my child has a notifiable disease, a release form from a medical source may be required before my child re-enters the school. Zion Baptist Academy will notify parents if a notifiable disease has been introduced into the school and guidelines will be followed per the CDC Chart/Health Dept.
12. I understand that it is my responsibility to escort my child into and out of the school. And to sign my child in and out of the school. I understand that a staff member will escort my child into the school when being transported from school by county or Zion Baptist Academy transportation.
13. Zion Baptist Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities, away from the facility, and water related activities occurring in the water that is more than two (2) feet deep.
14. I understand that Zion Baptist Academy will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in Zion Baptist Academy activities.
15. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.

I agree to abide by the policies and procedures of Zion Baptist Academy as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.

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

Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Owner/Director Signature

Date

\_\_\_\_/\_\_\_\_/\_\_\_\_



## Release

### Emergency Authorization

In the event of an emergency, Zion Baptist Academy staff will make every effort to notify me immediately. If I cannot be reached, I hereby give permission to the physician or other health care professional selected by Zion Baptist Academy staff to hospitalize, secure proper treatment, administer medications, order injections and/or anesthesia and/or surgery for my child. I further authorize the release of any necessary medical information to appropriate medical personnel and/or the insured's health insurance company. I will pay for any medical expenses so incurred.

### Photo Release

I grant permission to Zion Baptist Academy to take and use photographs of my child for use in Zion Baptist Academy related publications such as brochures and newsletters, display boards, in electronic versions of the same publications on the Zion Baptist Academy website, or other electronic forms or media, and to offer them for use or distribution in publications outside Zion Baptist Academy, electronic or otherwise, without notifying me. I understand that these photographs may be taken on campus as well as off-campus, and will not identify my child or children by name.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown. I waive any right to royalties or other compensation arising from or related to the use of these images.

I hereby agree to release, defend, and hold harmless Zion Baptist Academy and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs. I understand that once images are published and/or distributed electronically, their use or misuse by third parties is completely beyond the control of Zion Baptist Academy.

### Activity Participation

As the parent (or legal guardian), I certify that my child has my express permission to participate in all activities sponsored by the Zion Baptist Academy. Parents will be informed in advance of all call events and field trips.

I have carefully read this release of liability and understand its contents. By signing this form, I certify that I have legal authority to act on behalf of the minor child identified herein. I understand that this release is a contract, and my signature binds me, the minor child, all successors and assignors, and all third parties to this release of liability for any injury to the child. By signing this form, I hereby release, waive, and forever discharge my right and the child's right to file a claim, demand, or cause of action of any type against Zion Baptist Academy, its staff, representatives, or volunteers for any act or omission. I fully accept all risks, if any, these activities pose on behalf of the minor child. Further, I will hold Zion Baptist Academy harmless and will indemnify Zion Baptist Academy for any cost (including litigation and/or legal fees that may result from the minor child's participation in Zion Baptist Academy events.

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Bright from the Start: Georgia Department of Early Care and Learning  
CACFP Meal Benefit Income Eligibility Statement\***

**PART I: Child(ren) or Adult enrolled to receive day care**

Name: (Last, First and Middle Initial)	SNAP, TANF, or FDIPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: Do not use EBT numbers. Write case number and proceed to Part III.	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs)				
		Head Start	Foster Child	Migrant	Runaway	Homeless
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)**

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

**A. Child Income<sup>1</sup>** - Sometimes children in the household earn or receive income. Please indicate the TOTAL income received by child household members listed in PART I here. Child Income/How often?  
\$ \_\_\_\_\_/\_\_\_\_\_

**B. Other Household Members<sup>1</sup>**. List all household members (including yourself) not listed in Part I even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often	2. Welfare, child support, alimony / How Often	3. Social Security, pensions, retirement / How Often	4. All other income / How Often
1. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
2. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
3. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
4. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
5. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____

**C. Total Household Members (Adults and Children) listed in Part I and Part II** \_\_\_\_\_

**Social Security Number**. If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.

Last four Digits of Social Security Number XXX-XX \_\_\_\_\_  I do not have a Social Security Number

**PART III: Enrollment Information: Children Only**

My child is normally in attendance at the facility between the hours of \_\_\_\_\_ [am/pm] to \_\_\_\_\_ [am/pm].  (✓) Check here if only before/after school care is provided.

Check the days your child will normally attend the center:  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Check the meals your child will normally receive while in care  Breakfast  AM Snack  Lunch  PPM Snack  Supper  Evening Snack

**PART IV: Signature**

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. If not completed fully and signed, the participant will be placed in the Paid category.*

Signature: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

**PART V: Participant's Ethnic and Racial Identities (optional)**

Check (✓) one ethnic identity:  Hispanic/Latino  Not Hispanic/Latino  
 Check (✓) one or more racial identities:  Asian  White  Black or African American  Indian or Alaska Native  Hawaiian or other Pacific Islander

Official Use Only Section for Provider: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total income: \_\_\_\_\_ Per:  Week  Every 2 weeks  Twice a month  Month  Year Household Size: \_\_\_\_\_

Categorical Eligibility: check (✓) if applicable  Eligibility check (✓) one Free  Reduced  Paid Denied

Day Care Homes Only: check (✓) one Tier I  Tier II

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

Households that receive SNAP, TANF, FDPIR, SSI or Medicaid: Complete the following:

**Part I:** For family day care home and child care center, list participant's name and a SNAP, TANF, or FDPIR case number. For adult day care, list participant's name and a SNAP, TANF, FDPIR, SSI or Medicaid case number. **Note:** foster children (children placed in the household by the court system) can be included in this section. A separate form is no longer needed for foster children. **Note:** Children in foster care, enrolled in Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Please refer to the Q&A section for a definition of each free categorical eligibility.

**Part II:** Skip this part.

**Part III:** Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

**Part IV:** Sign the form. A Social Security Number is not necessary.

**Part V:** Answer this question if you choose to.

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All other Households, including WIC households, complete the following:

**Part I:** For family day care home, child care center or adult day care, list participant's name.

**Part II:** To report total household income from last month, complete the following:

**A- Child Income:** Please indicate the TOTAL income received by Child household members listed in PART I. Please list any child income and how often it is received in this section.

**B- Adult Income:** List the first and last name of each Adult person living in your household as an economic unit. You must indicate yourself and all other adult members living with you. In the case of an adult participant, the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant should be listed here as well. Attach another sheet if necessary.

**List Gross Income.** Next to each person's name, list each type of income received last month, and how often it was received.

**B-Column 1:** List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

**B-Column 2:** List the amount each person got last month from welfare, child support, alimony.

**B-Column 3:** List Social Security, pensions, and retirement.

**B-Column 4:** List all other income sources including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits IVA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income from self-owned businesses, farming, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Social Security Number:** If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or mark the "I don't have a Social Security Number" box.

**If no income:** If the person does not receive income from any source, write "0". If "0" is entered or any income field are blank, the person is certifying that there is no income to report.

**C- Total Household Members.** Please list the total number of all household members (children and adults) in this section.

**Part III:** Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

**Part IV:** An adult household member must complete this section completely and then sign the form. Please refer back to Part II to ensure the last four digits of his/her social security number have been recorded or the box has been marked if he/she does not have one.

**Part V:** Answer this question if you choose to.

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Privacy Act Statement: This explains how we use the information you give us.



## Child Allergy Profile

Child's Full Name: \_\_\_\_\_ Suite: \_\_\_\_\_

Allergy: \_\_\_\_\_

Symptoms of Allergic Reaction:

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Emergency Care Plan:

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

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Owner/Director Signature

\_\_\_/\_\_\_/\_\_\_  
Date





## Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give East Cobb United Methodist Preschool permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

\_\_\_\_\_ Baby Wipes

\_\_\_\_\_ Band-aids

\_\_\_\_\_ Neosporin or similar ointment

\_\_\_\_\_ Bactine or similar first aid spray

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Insect Repellent

\_\_\_\_\_ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

\_\_\_\_\_ Baby Powder

Other (please specify) \_\_\_\_\_

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

\_\_\_\_\_  
Date



## Child Profile

This profile will help your child's teacher get to know your child better. Your input will also help with your child's adjustment to their new classroom.

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Child's living arrangements:  Both Parents  Mother  Father  Other

What is the primary language spoken in the home? \_\_\_\_\_

Family Members in the household: \_\_\_\_\_  
\_\_\_\_\_

Is this your child's first experience in childcare?  Yes  No

What milestone(s) has your child reached? \_\_\_\_\_

Please list any special accommodations needed to most effectively meet your child's needs while at this school:

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

\_\_\_/\_\_\_/\_\_\_  
Date

# Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING  
NUMBER

ACCOUNT  
NUMBER

CHECK  
NUMBER

#### FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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**Zion Baptist Academy**  
**2022-2023 Tuition and Fee Schedule**

**Tuition**

- Infant \$285/wk \$185.50/ 3days
- Young Toddlers \$275/wk \$175/3 days
- Advance Toddlers \$265/wk \$165.50/ 3 days
- Preschool \$260/wk

**Application Fee**

- \$65

**Enrollment Fee (every enrolled child)**

- \$200

**Discounts:**

- Siblings 5% (to the second and subsequent child. Not applicable with GA PreK)
- ZBC Church Members 10% (must provide documentation)
- Full Time Clergy on Church Staff 10% (must provide documentation)
- Active Military, Police, and Fire Personnel 10%
- Legacy Discount honoring 2-, 4-, and 6-years continuous enrollment
- Academy Employees 50%

**BSP/ASP:**

- BSP Drop-In \$12.00
- BSP (Only) \$45.00/week
- ASP Drop- In \$15.00
- ASP (Only) \$70.00/ week
- BSP/ASP Combo \$110.00/ week

**Late Fees:**

- \$40.00 returned check
- \$75.00 late tuition fee
- \$25.00 plus \$1.00 minute ASP late pick up charge



## 2022-2023 ZBA Calendar

(Events and Event Structures subject to Change Based on COVID-19 Protocols)

July 25	Open House
August 1	First Day of School
September 5	<b>NO SCHOOL</b> - Labor Day
September 26-30	<b>NO SCHOOL</b> Fall Break (PRE-K ONLY)
November 21-25	<b>NO SCHOOL</b> - Thanksgiving Break (PRE-K)
November 22	Early Dismissal (4pm) Lower Academy
November 23-25	<b>NO SCHOOL</b> - Thanksgiving Break (Lower Academy)
December 19- January 5	<b>NO SCHOOL</b> - Christmas Break (PRE-K)
December 22	Early Dismissal (4pm) Lower Academy
December 23-26	<b>NO SCHOOL</b> - Christmas Academy (Lower Academy)
January 2	<b>NO SCHOOL</b> - New Year's (Lower Academy)
January 3-4	<b>NO SCHOOL</b> - Teacher Workday
January 16	<b>NO SCHOOL</b> - MLK BIRTHDAY
February 20-24	<b>NO SCHOOL</b> -Winter Break (PRE-K only)
February 20	<b>NO SCHOOL</b> - President's Day (Lower Academy)
April 3-7	Spring Break (PRE-K only)
April 14	<b>NO SCHOOL</b> - Good Friday
May 24	PRE-K GRADUATION

## Safe Sleep Practices Policy

\*Only complete the next two pages for children 12 months and under.

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

### Safe Sleep Practices/Policies:

1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.

2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.

3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.

4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.

5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.

6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed. This facility will adhere to the following practice:

7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety-approved crib for sleep.

8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.

9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**INFANT FEEDING PLAN**

\*Only complete the next two pages for children 12 months and under.

Child's Full Name \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Does the child take a bottle? Yes [ ] No [ ]
- Is the bottle warmed? Yes [ ] No [ ]
- Does the child hold own bottle? Yes [ ] No [ ]
- Can the child feed self? Yes [ ] No [ ]
- Does the child eat: (check all that apply)
- Strained Foods [ ] Whole Milk [ ]
- Baby Foods [ ] Table Food [ ]
- Formula [ ] Other [ ]

What type formula used, if applicable? \_\_\_\_\_  
 Amount and time of formula/breast milk to be given? \_\_\_\_\_ Date \_\_\_\_\_

UPDATED AMOUNTS OF FORMULA/BREAST MILK TO BE GIVEN			
DATE	TIME	AMOUNT	TYPE

Does the child take a pacifier? Yes [ ] No [ ] If yes, when? \_\_\_\_\_

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? Yes [ ] No [ ] Parent Initials: \_\_\_\_\_

The child has reached the following developmental skills:

- Can hold his/her head steady? Yes [ ] No [ ]
- Opens mouth/leans forward in anticipation of food offered? Yes [ ] No [ ]
- Closes lips around a spoon? Yes [ ] No [ ]
- Transfers food from front of the tongue to the back and swallows? Yes [ ] No [ ]

Instructions for the introduction of solid food \_\_\_\_\_  
 Food likes \_\_\_\_\_  
 Food dislikes \_\_\_\_\_  
 Allergies? (including any premixed formula) \_\_\_\_\_

UPDATED AMOUNTS/TYPE OF FOOD TO BE GIVEN					
TIME	AMOUNT	TYPE	TIME	AMOUNT	TYPE

Any updated instructions regarding adding new foods or other dietary changes, please list as needed.  
 \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_