



## CHRISTIAN PRESCHOOL

### **Mission Statement**

Building the Church,  
by Building Community,  
by Touching Lives

The Mission of Baymeadows Baptist Church, Christian Academy and Preschool is to reach people with the gospel of Christ, to train Christ followers through the teaching of God's Word and to impact our community and world for the cause of Christ through life changing ministry.

We are committed to providing ministry that nurtures an atmosphere of Godliness and Holiness and gives all a desire to know God in a more personal way.

Through our Academic Ministry we will strive to provide a Quality Christian Education that promotes the highest standards for learning while training both children and adults in the Biblical Principles that will be the foundation for living a life pleasing to God.

#### *Statement of Non-discrimination*

*Baymeadows Christian Academy and Preschool admits students of any race, color, ethnicity to all the rights, privileges, programs and activities generally accorded or made available to students at the school.*

## **2019-20 Enrollment Packet**

---

All applicants must complete an enrollment packet and submit all required documents, including the non-refundable registration fee. Incomplete applications will not be accepted.

1. Application
2. Registration Fee
3. DH 3040 Student Health Exam
4. DH 680 Florida Certificate of Immunization
5. Copy of Birth Certificate

#### Contract Terms:

An enrollment contract is required to be signed by the financially responsible parent or guardian of the student attending Baymeadows Christian Academy. The terms are to include, but are not limited, to the following:

- All policies, rules, and regulations stated in the student handbook must be followed.
- The financially responsible parent or guardian is responsible for making the payments according to the plan selected AND through Tuition Express.
- All fees and Tuition are non-refundable in the event of withdrawal or dismissal.



# Admission & Registration Information

In order to complete the registration process, please return the completed enrollment packet along with the following:

- Non-refundable registration fee of \$75.00, payable by cash, check or credit card
- Copy of student's birth certificate
- DH3040 School Entry Health Exam dated within 1 year of enrollment
- DH680 Florida Certification of Immunization (not expired)
- For VPK Students:
  - VPK Certificate obtained from Duval County Early Learning Coalition
  - Signed VPK Attendance Policy
  - Completed VPK Signature Authorization Form

## Tuition & Financial Policies

**Weekly Tuition** is charged every Monday and due by close of business Tuesday.

**Monthly Tuition** is charged the first Monday of the month and is due by close of business the following Friday.

With the exception of the two-week vacation provision (explained below), payment is required whether your child is in attendance or not. If your child is enrolled in the "Full Time" preschool program, you are entitled to two weeks vacation per calendar year. AFTER your child has been in full time attendance for 90 days, and a two week notice has been given to the Director, you may use your vacation time. No vacation will be given to "Preschool" only students. Vacation time may not be rolled over from one year to the next or be taken in advance. Should you desire vacation before the three months has expired, and no payment is made during your child's absence, your child will be withdrawn and another registration fee will then be due. Understand that your child's "place" is not secure under those circumstances. A vacation credit will not be approved if there is a balance on the account at the time of your request. Your account must be current to receive vacation benefits.

### **Communications in Changes of Financial Circumstances:**

It is the desire of BCA to serve every student and family with a quality Christian education. We ask that if a parent's financial situation changes that they please notify the school office as soon as possible before a past due balance that might force BCA to make difficult decisions regarding enrollment. BCA will do our best to work with each parent and family with regards to financial situations. Communication is key.

We ask that you give us two weeks notice of your intention to withdraw your child.

**There is no reimbursement of any fee (registration, tuition, etc) for any student.**

# 2019-20 Preschool & Daycare Tuition Schedule

## FULL TIME CARE || WEEKLY TUITION (7:00 AM-6:00 PM; includes meals; includes non-school days)

Age	Weekly Tuition: 5 Days	Weekly Tuition: 3 Days	Student Fee	Registration Fee
Infants	\$205.00	N/A	N/A	\$75.00
Toddlers	\$195.00	N/A	N/A	\$75.00
K2	\$185.00	\$150.00	\$100.00	\$75.00
K3	\$180.00	\$145.00	\$100.00	\$75.00
VPK	\$135.00	N/A	\$100.00	\$75.00

## PRESCHOOL ONLY || MONTHLY TUITION (8:30AM-11:45 AM; School Days only)

Age	Monthly Tuition: 5 Days	Monthly Tuition: 3 Days	Student Fee	Registration Fee
K2	\$390.00	\$290.00	\$100.00	\$75.00
K3	\$375.00	\$275.00	\$100.00	\$75.00
VPK	Free with VPK Certificate	N/A	N/A	N/A

## PRESCHOOL EXTENDED CARE OPTIONS

	Monthly Tuition	Daily Rate
AM Care	\$80.00	\$10.00
11:45 AM-3:00 PM	\$185.00	\$15.00
11:45 AM-6:00 PM	\$370.00	\$20.00
Non-School Days	N/A	\$40.00

We offer Sibling, Military & First Responder Discounts. Please see the office for more information.

## Application of Admission

**FILL IN ALL BLANKS—ONE FORM MUST BE SUBMITTED FOR EACH STUDENT**

**(Please Print)**

Student Name : \_\_\_\_\_ Nickname: \_\_\_\_\_  
(First) (Middle) (Last)

Circle One: Male Female Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ethnic Origin/Race: \_\_\_\_\_

**Family Members**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Step-Mother (If applicable) \_\_\_\_\_ Step-Father (If applicable) \_\_\_\_\_

Who does child live with? \_\_\_\_\_

**First Contact (Parent/Guardian Only)**

First Contact Name \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Custody? **Y N** Same address as student **Y N** (IF **NO** then list below) Email \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Contact's Employer \_\_\_\_\_ Position \_\_\_\_\_

**Second Contact (Parent/Guardian unless none available)**

Second Contact Name \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Custody? **Y N** Same address as student **Y N** (IF **NO** then list below) Email \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Contact's Employer \_\_\_\_\_ Position \_\_\_\_\_

**THIRD CONTACT (we are required to have three contacts per child in case of emergency)**

Title \_\_\_\_\_ Name \_\_\_\_\_ Relation to student \_\_\_\_\_

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

Work Phone: \_\_\_\_ - \_\_\_\_ x \_\_\_\_ Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home Phone \_\_\_\_\_

**Additional Authorized Pickup Information**

I hereby give my permission to the following persons to pick up my child from this school. A Picture I.D. will be requested for those picking up students.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**MEDICAL INFORMATION**

List any allergies or disabilities the school should be aware of: \_\_\_\_\_

List any medical comments or medical alerts: \_\_\_\_\_

By signing below, you are stating that this information provided in this enrollment packet is true and correct to the best of your knowledge. You are also giving consent for Baymeadows Christian Academy & Preschool to provide any emergency dental or medical care prescribed by a duly licensed physician or dentist.

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

\_\_\_\_\_  
Date of Application

