

BERGEN COUNTY CHRISTIAN ACADEMY

PRESCHOOL CENTER

Snapshot
2019-2020

Environment:

1. Three Classrooms beginning at 2.5 years of age, fully toilet trained.
2. ABC Jesus Loves Me Curriculum in each classroom.
3. Large fenced in playground for daily outside activities and play.
4. A dedicated staff of Christian teachers who positively encourage children's learning, focusing on their spiritual, social, emotional, physical, and intellectual growth and development

School Year:

September - June
July - August Available

Theme Verse:

"Train up a child in the way he should go, and when he is old he will not depart from it."

Proverbs 22:6

To Enroll:

1. Complete three forms: Applications
Registration, Scheduling
2. Return the completed forms and
The registration fee to the School
Office. Checks are payable to
Bergen County Christian Academy.
3. Enrollment will be confirmed.

Tuition Includes:

AM Snack (half & full day)

Hot Lunch (full day)

PM Snack (full day)

BERGEN COUNTY CHRISTIAN ACADEMY

PRESCHOOL CENTER

Tuition
2019-2020

REGISTRATION FEES

(Limit two per family)

Re-enrollment - Returning Students Only (New Students Pay Full Fee)

March 1st - 31st ----- \$75 per student

Open Registration - All Students

March 1st - June 30th ----- \$150 per student

After July 1st ----- \$200 per student

NOTE: REGISTRATION FEES ARE REFUNDABLE ONLY
IF A STUDENT IS NOT ACCEPTED

MONTHLY TUITION RATE

Schedule	Full Day	Half Day
5 days per week	\$928	\$465
4 days per week	\$743	\$387
3 days per week	\$572	\$299

One program change will be allowed; each additional program change will be assessed a \$20 fee.

Half day students will receive a morning snack

Full day students will receive two (2) snacks per day and a hot lunch

PROGRAMS AVAILABLE: 10 Months or 12 Months

Half Day: 8:15am - 11:15am

Full Day: 8:15am - 3:15pm

ADDITIONAL RATES

(Only applicable to an existing schedule)

Full Day Rate: \$60

Half Day Rate: \$30

Hourly Rate: \$12

Lunch per day: \$8-for half day
students who wish to stay for lunch.

TUITION PAYMENT SCHEDULE

MONTHLY: Payments are due on the 1st of each month (August through May).

ANNUAL: Payment is due in full on August 1st. The advanced payment discount is full tuition less 5%.

NOTE: A \$10 late fee will be applied to payments received after the 10th of the month.

A \$25 fee will be charged for all returned checks.

All discounts are prorated to time and program of enrollment.

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Registration *2019-2020*

PARENT INFORMATION

NAME: _____ HOME#: _____
 ADDRESS: _____ FATHER#: _____
 TOWN: _____ ZIP _____ MOTHER#: _____

REG. CK# _____ \$ _____
TEST CK# _____ \$ _____
_____ CK# _____ \$ _____
FAMILY CODE _____

REGISTRATION INFORMATION

STUDENT NAMES (S):	GRADE ENTERING	REG. FEE	TEST FEE
PRESCHOOL			
_____	_____	_____	_NA_
_____	_____	_____	_NA_
KINDERGARTEN			
_____	_____	_____	_____
_____	_____	_____	_____
FIRST-SIXTH			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
SEVENTH-TWELFTH			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Sub-Total	+
			Sub-Total
			=
			Total

SELECTED PAYMENT SCHEDULE
(Please check choice)

monthly

annual

FINANCIAL AGREEMENT

We acknowledge that Bergen County Christian Academy depends upon tuition payments being made on time. We also understand that any student whose account is 2mo. In arrears must of necessity be withdrawn from classes until such account is brought current. It is also understand that a student whose account is not clear will not have their records transferred until such account is cleared. Because we are in agreement with these policies we will be prompt in meeting our tuition schedule obligation.

Father: _____ Mother: _____ Date: _____

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Application
2019-2020

Child's Name:	_____	_____	_____	_____	_____
	Middle	Last	Nickname	Sex	Birth Date
Address: Number	Street	City	Zip	Social Security No.	_____

Family information

Father's Name	_____	Home Phone	_____
Address	_____	Work Phone	_____
Employer	_____	Occupation	_____
Church Attending	_____	Member	_____
Pastor's Name	_____	Phone	_____
Mother's Name	_____	Home Phone	_____
Address	_____	Work Phone	_____
Employer	_____	Occupation	_____
Church Attending	_____	Member	_____
Pastor's Name	_____	Phone	_____

Marital Status: Both Parents in the home: Separated: Divorced: Deceased: Other: _____

Please list siblings:

Name:	_____	Sex	_____	Birth Date:	_____
Name:	_____	Sex	_____	Birth Date:	_____
Name:	_____	Sex	_____	Birth Date:	_____

Other people living in the household: _____

Persons authorized to take my child from the Preschool Center (Excluding Parents)

Name:	_____	Relationship:	_____
Address:	_____	Phone:	_____
Name:	_____	Relationship:	_____
Address:	_____	Phone:	_____
Name:	_____	Relationship:	_____
Address:	_____	Phone:	_____

Emergency:

In the event of an emergency, if parents cannot be reached, which of the above listed people are authorized to pickup your child from School?

Name: _____ Name: _____

About Your Child

My child's general health is _____. He/she is prone to colds _____

My child has special health problems or conditions: Asthma Diabetes Epilepsy Other: _____

Allergies: (food, medication, other) Please list and describe reactions: _____

Vision: _____ Hearing: _____ Other (please explain) _____

List any medications your child is taking: _____

Is your child toilet trained? Daytime? ____ Nighttime? ____ My child naps at home ____ How long? ____

The majority of the time my child is cared for by _____

My child understands and speaks _____ His/her primary language is _____

My child's group experiences include _____

References about my child's prior group experiences may be obtained by contacting _____

I discipline my child by _____

I would describe my child as (Describe: likes and dislikes, favorite toys and activities, habits, or fears: Include anything that will help us better meet your child's needs) _____

School Information

I would like my child to attend Preschool because: _____

I would like my child to begin school _____

I learned about the Preschool Center via the: Sign Brochure Website Friend _____ Other _____

Permission for Medical Treatment

In case of a medical emergency, I, _____, authorize the personnel of Bergen County Christian Academy to take my child to the Emergency Room of Hackensack Medical Center.

Parent's Signature: _____ Date: _____

School Health Services - Authorization for Exchange of Confidential Information:

As a parent/guardian of _____, I hereby authorize the release of pertinent medical information conditions, allergies, and/or medication regimes) to be exchanged among appropriate professional staff involved in the care of my child. This consent is valid so long as my child is enrolled in Bergen County Christian Academy. If my child's medical history changes, I will notify my child's appropriate school.

Parent's Signature: _____ Date: _____

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Scheduling 2019-2020

Child's Name: _____
Middle Last Nickname Sex Birth Date

Address: Number Street City Zip Social Security No.

Father's Name _____ Home Phone: _____

Address Name _____ Work Phone: _____

Email Address _____ Cell Phone: _____

Mother's Name _____ Home Phone: _____

Address _____ Work Phone: _____

Email Name _____ Cell Phone: _____

Preschool Programs:

Half Day (Morning Session) 8:15-11:15 AM Full Day 8:15- 3:15 PM

Early and late day care is provided for working parents from 7:30-8:15 AM and 3:15-5:30 PM

Attendance Schedule: (Check applicable boxes)

AM

Full Day

Extended Care

7:30-8:15 AM

3:15-5:30 PM

3 Days/ Week Select consecutive days

4 Days/ Week Select any four days

5 Days/ Week Monday - Friday

Please indicate the days you would like to request if they were not listed above:

Special scheduling needs:

If you need a program not included in those described above, please do not hesitate to discuss your specific needs with the Preschool Director.