



BERGEN COUNTY CHRISTIAN ACADEMY

15 Conklin Place Hackensack, NJ 07601 www.BergenChristian.org

PHONE: (201) 487-7212 FAX: (201) 487-1427

SCHOOL PROFILE

MISSION STATEMENT

Our mission is to partner with parents and the local church to provide students with a quality education, grounded in Biblical principles, all for the glory of God.

HISTORY

Bergen County Christian Academy began as Hackensack Christian Schools 1972 when, through prayer, a group of dedicated believers from First Baptist Church had a burden and a vision to provide a quality Christian education for students where there is an emphasis on Biblical teaching in all subjects and disciplines. The blessings of God became evident as parents asked the school leaders to add more classes, and in just 2 years, HCS could offer a full Pre-K thru 12th grade program. In an effort to broaden the school's reach, its' name was changed in 2016 to Bergen County Christian Academy.

PHILOSOPHY

We believe all children can and will learn to be successful. To accomplish this, we work to educate our students in a safe environment where the mind and spirit of every child are nurtured and challenged. We create a place where despair and discouragement are replaced with academic success, social development, emotional strength and, most importantly, spiritual growth.

ASSOCIATIONS

Bergen County Christian Academy is members with:
Association of Christian Schools International (ACSI)
American Association of Christian Schools (AACS)
Garden State Association of Christian Schools (GSACS)
Northern New Jersey Christian School Association (NNCSA)
Metro Christian Athletic Association (MCAA)

SCHOOL

Type: Coed, Christian school
Grades: Preschool, Kindergarten - 8
Year Founded: 1973
Principal: Mrs. Linda Horn

FACULTY

Teachers are degreed - many have advanced degrees
Faculty that are HCS/BCCA alumni: 20%

*All pursue professional development on regular basis

STUDENTS

Enrollment: 125 students
Student/Faculty Ratio: 8:1
International Students: 5% of Elementary & Middle School student body

PROGRAMS

Athletics: Soccer, Basketball, Volleyball
Arts: Visual Arts, Music, Chorus, Hand bells, Worship Team
Technology
Extracurricular: Student Leadership Team, Yearbook

UNIFORM

Uniforms purchased through LandsEnd for all students in Preschool through 8th grade

BCCA CORE VALUES

Educational Excellence

Provide educational excellence that integrates faith and learning.

"The fear of the Lord is the beginning of knowledge..."

Proverbs 1:7a

Respect

View with mutual regard the real worth of others.

"Do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourselves."

Philippians 2:3

Discipleship

Develop fully devoted followers of Christ.

"The disciples went and did as Jesus had instructed them."

Matthew 21:6

Safety

Create a safe and caring environment.

"...but whoever trusts in the Lord is kept safe."

Proverbs 29:25b

Christian Character

Cultivate the character qualities inherent in Christ.

"But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control. Against such things there is no law."

Galatians 5:22

Opportunity

Offer a variety of experiences that will prepare students for responsible living in a global society.

"Therefore, as we have opportunity, let us do good to all people, especially to those who belong to the family of believers."

Galatians 6:10

Prayer

Exist in a constant state of adoration, confession, supplication, intercession, and thanksgiving.

"Devote yourselves to prayer, being watchful and thankful."

Colossians 4:2

Unity

Work in conjunction with each other and the community toward common goals.

"How good and pleasant it is when brothers live together in unity."

Psalms 133:1

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Admissions Process Information

☐ Step 1 Complete and return:

- Registration form with applicable fees
- Application for Admission (filled out completely by parent/guardian)
- 6-8th grade applicant questionnaire (filled out completely by applicant)
- Copy of applicant's birth certificate
- Immunization Record & Current Physical
- Transcript Release Form (Kindergarten-8th grade only)
- Proof of Residency (utility bill, mortgage statement, etc)

☐ Step 2 Reference form packet (Kindergarten-8th grade)

- Give the reference forms to the appropriate persons; these may be mailed or faxed directly to BCCA or brought to us in a sealed envelope.

☐ Step 3 Final interview

- Once all paperwork is completed, you will be contacted for the final interview date with the principal. Both parents and student are requested to be at this interview.

Final Instructions:

- Enrollment is based on past academic performance and interview results. All students are accepted on a probationary basis.
- Upon acceptance, you will be given Parent/Student Handbook and Physical Forms for your doctor. There will also be several documents needing parent and/or student signatures.

*Student will not be allowed to begin school until these final forms are signed and turned in to the school office.

BERGEN COUNTY CHRISTIAN ACADEMY
2024-2025 Financial Agreement

REG. CK# _____ \$. _____
TEST. CK# _____ \$. _____
_____. CK# _____ \$. _____
DATE RECEIVED _____

PARENT INFORMATION

FATHER NAME: _____
ADDRESS: _____
TOWN _____ ZIP _____
PHONE: _____
WORK #: _____
CELL: _____/email _____
Church/Pastor _____

MOTHER NAME: _____
ADDRESS: _____
TOWN _____ ZIP _____
PHONE: _____
WORK #: _____
CELL: _____/email _____
Church/Pastor _____

REGISTRATION INFORMATION

STUDENT NAME	GRADE ENTERING	REGISTRATION FEE
PRESCHOOL		
KINDERGARTEN		
FIRST - FIFTH		
SIXTH - EIGHTH		

_____ + _____
Sub Total Sub Total
= _____
Total

SELECTED PAYMENT SCHEDULE

(Please check choice) _____
monthly annually

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 2 mo. in arrears must of necessity be withdrawn from classes until such account is brought current. It is also understood 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 SIGNATURE: _____ Date: _____

MOTHER SIGNATURE: _____ Date: _____

BERGEN COUNTY CHRISTIAN ACADEMY
2024-2025
TUITION SCHEDULE

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 Preschool student

After July 1st ----- \$300 per K-12 student

NOTE: Registration fees are refundable ONLY if a student is not accepted.

PRESCHOOL MONTHLY TUITION RATES

Schedule	Full Day
5 days per week	\$952.00
4 days per week	\$762.00
3 days per week	\$572.00

GRADE SCHOOL YEARLY TUITION RATES

Grade School	Full Day
Pre-Kindergarten – 5th	\$9,520.00
6th - 8th	\$10,275.00

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

ATHLETIC FEES
(6th - 12th Grade)

Fee per student, per sport: \$50
Maximum fee per student: \$100
Maximum fee per family: \$200

After care preschool through 8th grade provided
3:30pm-5:30pm at \$6.00/hour
***Pick up after 5:30pm - \$15.00 each 15 minute*
increment

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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ADMISSION/READMISSION APPLICATION

A Non-Refundable application fee must be submitted with application for the application process to continue

Applicant Information *(Please print all information)*

Student Name _____ Sex _____ Date of Application _____

Address _____ Social Security No. _____

Grade to Enter: _____ Date of Birth _____ Place of Birth _____

School previously attended _____

Address _____

Church Attending _____ Member? _____

Address _____

Family Information *(Please print all information)*

Father/Guardian

Last Name _____ First _____ MI _____

Address: _____

_____ Street _____

Town _____ State _____ Zip Code _____

Phone # (____) _____

Cell Phone # (____) _____

E-mail address _____

Employer _____

Position _____

Business Phone # (____) _____

Education High School _____ # years completed

College _____ # years completed

Marital status ☐ Married ☐ Separated ☐ Divorced

☐ Widowed ☐ Remarried ☐ Single

Church Name _____

Address _____

Senior Pastor _____

Telephone number _____

E-mail _____

Mother/Guardian

Last Name _____ First _____ MI _____

Address: _____

_____ Street _____

Town _____ State _____ Zip Code _____

Phone # (____) _____

Cell Phone # (____) _____

E-mail address _____

Employer _____

Position _____

Business Phone # (____) _____

Education High School _____ # years completed

College _____ # years completed

Marital status ☐ Married ☐ Separated ☐ Divorced

☐ Widowed ☐ Remarried ☐ Single

Church Name _____

Address _____

Senior Pastor _____

Telephone number _____

E-mail _____

Have you accepted Jesus Christ as your personal Savior?
☐ Yes ☐ No ☐ I'd like more information
if **yes**, please share how and when that decision was made:

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☐ Yes ☐ No ☐ I'd like more information
if **yes**, please share how and when that decision was made:

What do you feel is the most important thing in life? (Please number 1 through 5 according to your priorities, with 1 being most important?)
_____ good personal health
_____ successful career
_____ happy and united family
_____ healthy children
_____ knowing you have eternal life

What do you feel is the most important thing in life? (Please number 1 through 5 according to your priorities, with 1 being most important?)
_____ good personal health
_____ successful career
_____ happy and united family
_____ healthy children
_____ knowing you have eternal life

Why do you want your child to attend Bergen County Christian Academy?

Why do you want your child to attend Bergen County Christian Academy?

List the Names of all your children:

Name	Date of Birth	Current School	Current grade or highest grade completed in school

APPLICANT LIVES WITH:
☐ Both Parents ☐ Mother only ☐ Father only ☐ Other _____

Additional Information *(Please print all information)*

Has the applicant ever been retained? If yes, please explain and include the grade level.

Has the applicant ever been expelled from school? If yes, please explain.

Has the applicant ever been tested or received special help for reading or learning difficulties? If yes, please summarize.

Does the applicant regularly require any medication? If yes, please explain.

Please list three (3) people as references for your child (preferably a pastor; student's former teacher or principal; and an adult friend.)

	Name	Address	Phone	Relationship
1.	<hr/>			
2.	<hr/>			
3.	<hr/>			

How did you hear about Bergen County Christian Academy?

☐ Friend/Relative: _____ Current BCCA Family ☐ Yes ☐ No
Name

☐ Open House Flyer ☐ Website ☐ Advertising If so, which publication? _____

☐ Social Media: _____ Facebook _____ Instagram ☐ Internet Search

Please note: Submission of this form is non-binding

We affirm that the information provided is true to the best of our knowledge.

Father/Guardian Signature _____ Date _____

Mother/ Guardian Signature _____ Date _____

Application Questionnaire *(Must be filled out by Student)*

For grades 6-8

Please answer the following questions truthfully and honestly and return with your Application.

1. Please state all church, school, community, or any other group in which you have been or are involved. (Sports, Music, Drama, Art etc.)

2. Are there any awards/honors you have been given? If yes, please list and explain.

3. What are your hobbies?

4. Please state one subject/course you have enjoyed this past school year and explain why.

5. Please state two subjects/courses that have been difficult for you this past school year and explain why.

6. Have you made the decision to accept Jesus Christ as your personal Savior? If so, please state how and when you did that.

7. How has this decision made a difference made in your life?

8. Are there any talents/abilities that the Lord has given you?

9. Why do you want to attend Bergen County Christian Academy?

10. How can you contribute to the BCCA community?

11. Is there anything else you want to tell us about you?

(Use a separate sheet of paper for additional explanations.)

Bergen County Christian Academy

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PASTOR'S REFERENCE FORM

Student Name: _____ Grade: _____

- | | | | |
|----|-------------------|--------------------------|--------------------------|
| I. | Church attendance | Regular | Occasional |
| | Father _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | Mother _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student 1 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student 2 _____ | <input type="checkbox"/> | <input type="checkbox"/> |

II. Church Offices held or Responsibilities

Father _____
Mother _____

- | | | | | | |
|------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| III. | Church-Related Activities | Mission Club | Choir | Youth Group | Team Sports |
| | Student 1 _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Student 2 _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IV. Observable Interest in Spiritual Things. Please fill in using a scale 1-10, 10 being high and 1 being low

Father _____
Mother _____
Student 1 _____
Student 2 _____

- V. Born Again Believer – “Based upon your knowledge of each person, would you say they are a Born Again Christian?”
We believe that in order to be born into God's family and have eternal life, one must realize he is a sinner (Romans 3:10,23), believe that Jesus died for his sins (John 3:16, Romans 10:9,10) and ask Jesus Christ to come into his life.

	Yes	No
Father _____	<input type="checkbox"/>	<input type="checkbox"/>
Mother _____	<input type="checkbox"/>	<input type="checkbox"/>
Student 1 _____	<input type="checkbox"/>	<input type="checkbox"/>
Student 2 _____	<input type="checkbox"/>	<input type="checkbox"/>

VI. Relationship

Do you personally know this family? ☐ Yes ☐ No How long have you known this family? _____

What is your relationship to this family? _____

Based on my personal knowledge of this family, I recommend them ☐ without reservation,
☐ with reservation, ☐ I cannot recommend this family at this time.

Additional Comments:

Signature

Date

Name (Please Print or Type)

Official Title

Church

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ACADEMIC REFERENCE

The student whose name follows has applied for admission to Bergen County Christian Academy. We ask for your candid evaluation of this student. We need your input to help us in making a good decision for the student. Please understand that this evaluation will be held in strict confidence. Thank you for your help! Please return this form to the address above. You may also Fax it to the number above.

Student Name _____ Applying for Grade _____

Your relationship: ☐ Teacher ☐ Administrator ☐ Counselor ☐ Other _____

How long have you known this student? _____ Grade level and/or Subject(s) _____

Please rate the applicant in each of the following areas using the continuum provided. Please note that 10 is SUPERIOR and 1 is POOR. In areas where you are unable to judge, check "N/A."

	POOR AVERAGE SUPERIOR										N/A	COMMENTS
	1	2	3	4	5	6	7	8	9	10		
Academic Potential												
Relationships												
Completion of Assignments												
Desire to Learn												
General Behavior												
Initiative												
Leadership Potential												
Parental Support of School												
Parental Support of Student												
Self Confidence												
Self-Discipline												
Self Esteem												
Stability												

- To your knowledge (please check), does this student have any known:

☐ Learning Disabilities ☐ Emotional Problems ☐ Hyperactive ☐ Attention Deficit Disorder

Please describe the applicant's strengths:

- Please describe the applicant's areas that need strengthening:

- Please describe the applicant's personality:

ACADEMIC REFERENCE PAGE 2

- Please describe the applicant's behavior in the classroom:

We would appreciate your observations in the following areas:

LEADERSHIP	<input type="checkbox"/> A positive leader	<input type="checkbox"/> A follower	<input type="checkbox"/> A negative leader
COOPERATION	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Cooperates occasionally	<input type="checkbox"/> Uncooperative
DEPENDABILITY	<input type="checkbox"/> Dependable	<input type="checkbox"/> Dependable occasionally	<input type="checkbox"/> Undependable
RELATIONSHIP OF ACHIEVEMENT TO ABILITY	<input type="checkbox"/> Overachiever	<input type="checkbox"/> Achievement consistent with ability	<input type="checkbox"/> Achievement below ability
CITIZENSHIP	<input type="checkbox"/> A good citizen	<input type="checkbox"/> Adequate behavior well behaved	<input type="checkbox"/> Immature, unreliable, misbehavior

I recommend this student academically: ☐ Yes ☐ No ☐ Questionable

I recommend this student's character: ☐ Yes ☐ No ☐ Questionable

SIGNATURE OF REFERENCE

DATE

TITLE

SCHOOL

PHONE

Bergen County Christian Academy

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TRANSCRIPT RELEASE

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL MATERIAL

Student Name

Grade

I authorize _____

(Current school)

(Address of school)

to release to the Bergen County Christian Academy all, records pertaining to my son/daughter
from kindergarten through the last grade attended.

- ☐ Medical
- ☐ Discipline
- ☐ Educational
- ☐ Child Study Team Records

Please fax copies and send originals to:

Bergen County Christian Academy
15 Conklin Place
Hackensack, New Jersey 07601
201-487-1427 (fax)

Authorization given by:

Print Name

Signature

Date