

# **BERGEN COUNTY CHRISTIAN ACADEMY**

15 Conklin Place Hackensack, NJ 07601 [BergenChristian.org](http://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**

Hackensack Christian Schools began in 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 (AACCS)  
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 8<sup>th</sup> 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*

## 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.

## Prek - Admissions Process Information

### ☐ Step 1 Complete and return:

- Registration form with applicable fees
- Application for Admission (filled out completely by parent/guardian)
- Scheduling Form
- Copy of applicant's birth certificate
- Immunization Record & Current Physical
- Proof of Residency (utility bill, mortgage statement, etc)

### ☐ Step 2 Reference form

- 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

## PRESCHOOL CENTER

### Financial Agreement 2024-2025

#### 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			
_____	_____	_____	_____
_____	_____	_____	_____
KINDERGARTEN			
_____	_____	_____	NA
_____	_____	_____	NA
FIRST-FIFTH			
_____	_____	_____	NA
_____	_____	_____	NA
_____	_____	_____	NA
SIXTH-EIGHTH			
_____	_____	_____	NA
_____	_____	_____	NA
_____	_____	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: \_\_\_\_\_

**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 1<sup>st</sup> - 31<sup>st</sup> ----- \$75 per student

Open Registration - All Students

March 1<sup>st</sup> - June 30<sup>th</sup> ----- \$150 per student

After July 1<sup>st</sup> ----- \$200 per Preschool student

After July 1<sup>st</sup> ----- \$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***  
(6<sup>th</sup> - 12<sup>th</sup> Grade)

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

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

**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.

# BERGEN COUNTY CHRISTIAN ACADEMY

## PRESCHOOL CENTER

### Application

2024-2025

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: \_\_\_\_\_

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**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) \_\_\_\_\_

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**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 \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

# BERGEN COUNTY CHRISTIAN ACADEMY

## PRESCHOOL CENTER

### Scheduling

2024-2025

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

Early and late day care is provided for working parents from 7:30-8:15 AM and 3:15-5:30 PM (3:15-5:30 is an additional \$6.00/hour. After 5:30pm each 15 minutes increment is \$15.00)

### Attendance Schedule: (Check applicable boxes)

#### Full Day

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:

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Special scheduling needs:

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



# 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:

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

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- Please describe the applicant's personality:

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ACADEMIC REFERENCE PAGE 2

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

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We would appreciate your observations in the following areas:

<b>LEADERSHIP</b>	<input type="checkbox"/> A positive leader	<input type="checkbox"/> A follower	<input type="checkbox"/> A negative leader
<b>COOPERATION</b>	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Cooperates occasionally	<input type="checkbox"/> Uncooperative
<b>DEPENDABILITY</b>	<input type="checkbox"/> Dependable	<input type="checkbox"/> Dependable occasionally	<input type="checkbox"/> Undependable
<b>RELATIONSHIP OF ACHIEVEMENT TO ABILITY</b>	<input type="checkbox"/> Overachiever	<input type="checkbox"/> Achievement consistent with ability	<input type="checkbox"/> Achievement below ability
<b>CITIZENSHIP</b>	<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

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

I authorize \_\_\_\_\_

(current school)

\_\_\_\_\_  
(address of school)

to release to the Bergen County Christian Academy all following 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