

BERGEN COUNTY CHRISTIAN ACADEMY

15 Conklin Place Hackensack, NJ 07601 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:
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: Ms. Lily Ahn

FACULTY

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

*All pursue professional development on regular basis

STUDENTS

Enrollment: 110 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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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 2026-2027

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
_____	_____	_____	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
2026-2027
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-8 student

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

PRESCHOOL MONTHLY TUITION RATES

Schedule	Full Day
5 days per week	\$1,050.00
4 days per week	\$850.00
3 days per week	\$650.00

GRADE SCHOOL YEARLY TUITION RATES

Grade School	Full Day
Pre-Kindergarten – 5th	\$10,500.00
6th - 8th	\$11,300.00

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

*After care preschool through 8th grade provided
3:30pm-5:30pm at \$8.00/hour
**Pick up after 5:30pm - \$15.00 each 15 minute
increment*

***ATHLETIC FEES
(6th - 8th Grade)***

*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

2026-2027

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: _____

BERGEN COUNTY CHRISTIAN ACADEMY

PRESCHOOL CENTER

Scheduling

2026-2027

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 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:

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.

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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:
