

APOLLO BEACH CHRISTIAN PRESCHOOL

2018-2019 FEE SCHEDULE and ENROLLMENT PROCESS

Thank you for the privilege of partnering with you in the education of your child.

All forms must be completely filled out and returned with the tuition deposit. We cannot reserve a place on the class roster without both the enrollment packet and the non-refundable tuition deposit. VPK vouchers need to be submitted to our office within a week after they are issued. The VPK voucher secures your child's place, without it we will have to proceed to the next student on our waiting list. Please include **health forms** (3040 and 680) and a copy of their birth certificate with enrollment packet. They must be up to date and on file **before** your child can attend the first day of school. Please check with your pediatrician to make sure your child's records will be current.

When filling out the financial contract, use the following information:

Tuition Deposit (NON-REFUNDABLE): For all classes: \$300.00 Due with application
(Tuition Deposit does not apply for those students enrolling in our **VPK only** programs)

Balance of Tuition (after paying the deposit)

Choose the appropriate class

- *Young 3 Year olds (potty training students who are turning 3 during the first half of the school year)
- *3 Year olds (potty trained students who are 3 by September 1st)
- *4 years olds (students that are not participating in Florida VPK)
- *VPK (students who turn 4 by September 1st and have a voucher)

Choose a class schedule

*3 day- half day	Tues-Wed-Thurs. (8:15-11:45)	\$2700.00 year/\$ 270.00 monthly
*3 day - full day	Tues-Wed-Thurs. (8:15- 3:45)	\$4200.00 year/ \$420.00 monthly
*5 day- half day	Mon-Fri. (8:15-11:45)	\$3400.00 year/\$ 340.00 monthly
*5 day - full day	Mon- Fri (8:15-3:45)	\$5600.00 year/\$ 560.00 monthly
*VPK 5 day-half day	Mon – Fri (12:30pm-3:30pm)	No tuition fee with voucher
*VPK 5 day-half day	Mon-Fri (8:15-12:00)	\$900.00/ 10 payments of \$90.00 w/voucher
*VPK 5 day –full day	Mon-Fri (8:15-3:45)	\$3700.00/ \$370.00 monthly w/voucher
*VPK 3 day	Tues–Wed-Thurs (8:15-1:00)	\$200.00/ 2 payments of \$100.00 w/voucher
*VPK 3 day –full day	Tues-Wed-Thurs (8:15-3:45)	\$1600.00 / 10 payments of \$160.00

NOTE: When paying for more than one student, there is a 9% discount on the tuition balance for the younger sibling. This does not include VPK students.

Tuition balance (amount due after deposit) is payable monthly (10 installments) from **July 1 – April 1**
15% of the total tuition balance is due if a student withdraws after the 1st day of school.

Late pickup policy:

After the 15 minute grace period a \$1.00 per minute late fee will be added to your next monthly installment.

If you have any questions you can call the school office at (813) 641-2201 Monday-Friday until 1:30.

After that time you can leave a message or e-mail the office abcpinfo@bsbacademy.com

"I have no greater joy than to hear that my children are walking in the truth." 3 John 1:4

School Year 20__-20__



Apollo Beach Christian Preschool

6414 Golf and Sea Blvd. Apollo Beach 33572
Phone: (813) 641-2201 Email: abcpinfo@bsbacademy.com
Website: www.bsbacademy.com

STUDENT APPLICATION FORM

STUDENT

Last Name _____ First _____ Middle _____

Preferred Name _____ Male _____ Female _____ Date of Birth _____

Ethnicity (Optional) African American Caucasian Middle Eastern Multiracial _____

Asian American Latino/Hispanic Native American Other _____

Primary language spoken in the home (optional) _____

Student's Present Address _____ City _____ Zip _____

Phone _____

Student lives with (*check any that apply*) If "other" please specify person/relationship.

Mother Father Stepmother Stepfather Other _____

Father is deceased Mother is deceased Parents are divorced Parents are separated

Siblings' names, grades and schools attending: _____

PARENT(S)

Father's Name _____ Address _____ City _____ Zip _____

Father's Home #: _____ Father's Cell #: _____ Father's work #: _____

Father's Employer _____ Occupation _____

Father's E-mail _____

Mother's Name _____ Address _____ City _____ Zip _____

Mother's Home #: _____ Mother's Cell #: _____ Mother's work #: _____

Mother's Employer _____ Occupation _____

Mother's E-mail _____

Enrollment: (3 day option is Tuesday - Thursday)

- ___ Young 3 Year Old Choose: ___ 3 day
- ___ 3 Year Old (half day) Choose: ___ 3 day or ___ 5 day
- ___ 3 Year Old (full day) Choose: ___ 3 day or ___ 5 day
- ___ 4 Year Old (VPK only) Choose: ___ 5 day 12:30-3:30pm
- ___ VPK Plus (half day) Choose: ___ 3 day or ___ 5 day
- ___ VPK Plus (full day) Choose: ___ 3 day or ___ 5 day

Please check all that apply:

- ___ Returning student
- ___ New student
- ___ Has older ABCP sibling
- ___ BSBC church member
- ___ ABCP staff

CHURCH

Name of church family attends: _____ No. of yrs. _____

Does your family (child) attend church regularly? _____

MEDICAL INFORMATION

Does the student have any physical, emotional, mental problems or handicaps that may affect activities or progress? Yes ___ No ___

If yes, Please explain: _____

Has the student ever been seen by a psychologist or psychiatrist, or educational testing for learning difficulty? Yes ___ No ___

If yes, explain: _____

SCHOOL:

Previous school attended (if any) _____

Address _____ City _____ State _____ Zip _____

Reason for leaving last school: _____

Has student had any discipline problems? _____

How did you learn about our school? ___ ABCP Family ___ Friend ___ Relative ___ Neighbor ___ Church
___ Internet ___ Newspaper ___ Co-worker ___ Yellow Pages ___ Radio ___ Other; specify _____

Please write a short paragraph to describe why you would like your son/daughter to attend Apollo Beach campus of BSBA.

ALL PARENTS:

Who has legal custody of the student for whom this application is made? _____

A current copy of any legal documents must be kept on file in the office. It is the sole responsibility of the parent to provide the school with any changes or updated legal documents.

I (We) understand that all State of Florida immunization and physical examination requirements must be met as part of the enrollment process (Charter 232.032 Florida Statutes) and forms must be on file before the first day of school or attendance will be denied.

Signature of parent or guardian enrolling student: _____ Date: _____

Signature of parent or guardian enrolling student: _____ Date: _____

Consistent with Christian principles, Bell Shoals Baptist Academy/ ABCP does not discriminate with regard to race, sex or national origin in the administration of its educational policies, athletic or other school-administered programs.

Apollo Beach Christian Preschool

2018-2019 FINANCIAL CONTRACT

I/We the parent(s), _____, agree to enroll _____ into the following

- | | |
|--|--|
| ___ Young 3's (3 days T, W, Th 8:15-11:45)
3 by December 31st | ___ VPK Plus (5 half day M-F 8:15-12:00)
4 by September 1 st |
| ___ 3 Year Old (5 full day 8:15-3:45)
3 by September 1st | ___ VPK Plus (5 full day 8:15-3:45)
4 by September 1 st |
| ___ 3 Year Old (3 full day T, W, Th 8:15-3:45)
3 by September 1 st | ___ VPK PLUS (3 full day T, W, TH 8:15-3:45)
4 by September 1 st |
| ___ 3 Year Old (5 half days 8:15-11:45)
3 by September 1 st | ___ VPK Plus (3 half day T, W, Th 8:15-1:00)
4 by September 1 st |
| ___ 3 Year Old (3 half day Tues- Thurs. 8:15-11:45) | |
| ___ VPK only (M – F 12:30-3:30) | |

Please initial that you have read and understand the following:

___ 1. FEES: Yearly tuition _____

Tuition Deposit \$300.00 (NON-REFUNDABLE-TRANSFERABLE, DUE WITH APPLICATION)

*Not for students enrolling in VPK only for the 540 hours (M-F 12:30-3:30)

_____ Date deposit received Check # _____ Cash _____

Tuition Balance \$ _____ in _____ monthly installments of \$ _____ beginning the first day of _____ with the last payment due **April 1**.

___ 2. We also understand that 15% of the total tuition balance is due if a student withdraws after the first day of the school year.

___ 3. We understand that the tuition balance can be paid yearly, by semester, or may be divided into 10 equal installments with the **first payment made on July 1 and the last on April 1**. Tuition payments are due on the first of each month. Payments received after the 10th of the month will result in a late charge of 5% of the unpaid balance. If more than (2) payments are delinquent, class attendance will not be permitted until arrangements have been made to bring the account to a current status. The monthly payment is due regardless of the number of days attended or the number of school days in the month. There will be a \$20.00 fee charged for NSF.

___ 4. We understand that if the student is transferred or withdrawn from school for any reason, we will notify the school thirty days prior in writing. Tuition will be pro-rated according to the date of withdrawal.

Person(s) responsible for tuition _____ Relationship _____

Signature _____ Date _____

Signature _____ Date _____



Apollo Beach Christian Preschool

Discipline Practices and Procedures

Discipline should be a learning experience, not punishment. Our aim is to give your child guidelines, to set limits, and to use outer control that leads to inner or self-control. Our school states these guidelines in a positive way. "We walk inside—run outside; use quiet voices inside—loud voices outside; share our toys and take turns."

We give your child opportunities to make choices, solve problems, and interact with adults and other children. When a child uses inappropriate language or actions we do the following things—using only the steps necessary.

1. Remind the child of our rules; expect a cooperative response.
2. Separate the child from other children to think or calm down.
3. A privilege may be denied.
4. The child will meet with the director or the assistant director.
5. An appointment with the parents will be made to discuss the situation and decide on a plan of action together.

I have read and discussed the above policy with my child and we do agree to comply with these procedures.

Parent's Signature

Date

Student Name _____ Class _____

**BELL SHOALS BAPTIST CHURCH OF BRANDON,
INC. /BELL SHOALS BAPTIST ACADEMY
YOUTH ACTIVITY PARTICIPANT FORM FOR MINORS UNDER 18 YEARS OF AGE**

- (1) PARTICIPANT INFORMATION
- (2) AUTHORIZATION FOR MEDICAL TREATMENT
- (3) PHOTOGRAPHIC AND REPROGRAPHIC RELEASE
- (4) PRE-INJURY WAIVER, RELEASE AND HOLD HARMLESS
- (5) DISPUTE RESOLUTION

PARTICIPANT INFORMATION (PLEASE PRINT LEGIBLY)

Minor's Name (per Passport or DL): (Last) _____ (First) _____ (Middle) _____
Date of Birth: _____ Age: _____ Grade: _____ Sex (check one): _____ Male _____ Female
Father's Name: _____ Mother's Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Participant/Minor Home Phone: _____
Father's Cell: _____ Work Phone: _____ Ext. _____
Mother's Cell: _____ Work Phone: _____ Ext. _____
Primary Email Address: _____
In Case of Emergency, please contact: _____ Relation to Participant: _____
Home/Cell Phone: _____ Work Phone: _____ Ext. _____
2nd Emergency contact: _____ Relation to Participant: _____
Home/Cell Phone: _____ Work Phone: _____ Ext. _____
We, _____ and _____ are the parents or legal guardians
("Participant's Guardians") of _____, a minor child under 18 years of age ("Participant").

AUTHORIZATION FOR MEDICAL TREATMENT

Participant's Guardians authorize and consent to a member of the Bell Shoals Leadership Team, including a mission team member, camp leader, Bell Shoals Baptist Academy faculty or staff member (hereafter "Bell Shoals Designee"), to administer general first aid treatment for any minor injuries or illnesses experienced by Participant. If the injury or illness is life threatening or in need of emergency treatment, Participant's Guardians authorize the Bell Shoals Designee to summon any and all professional emergency personnel to attend, transport, and treat Participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state or country in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Bell Shoals Designee in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Participant's Guardians assume personal responsibility for all medical bills and certifies that they have secured primary medical insurance for Participant. Further, should it be necessary for Participant to return home due to medical reasons, for disciplinary action, or otherwise, Participant's Guardians hereby assume responsibility for all related transportation and/or communication costs.

MEDICAL HISTORY

HOSPITAL INSURANCE: Yes _____ No _____ Insurance Company & Policy Number _____

PHYSICIAN'S NAME: _____ PHONE #: _____

ILLNESSES: (Please list all chronic illnesses and give details as needed)

CURRENT MEDICATIONS: (List all dosages and milligrams) _____

ALLERGIES: (i.e. food, penicillin, etc.)

PREVIOUS OPERATIONS/ADDITIONAL MEDICAL INFORMATION: _____

PHOTOGRAPHIC AND REPROGRAPHIC RELEASE

By signing this document Participant's Guardians hereby give Bell Shoals the absolute and irrevocable right and permission to use Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of Participant with or without Participant's voice, or in which Participant may be included in whole or in part, photographed, taped, videotaped, and/or recorded during any Youth Activity, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any lawful purpose whatsoever.

PRE-INJURY WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

We realize and acknowledge that Participant's participation in a Bell Shoals Baptist Church of Brandon, Inc. and/or the Bell Shoals Baptist Academy ("Bell Shoals") event, mission trip, ministry project, youth camp, field trip, sports activity or activity of any kind (collectively "Youth Activity") anywhere within the United States, in a foreign country and travel to and from a Youth Activity, includes many risks and possible dangers. We further acknowledge that a Youth Activity may expose Participant to accidents, disease, war, political unrest and inherently dangerous activities, including by general description and not by way of limitation, horseback riding, go-cart racing, swimming, water skiing, jet skiing, other water sports, hiking, archery, sports activities and any other activities in which youth may engage (collectively "Risks"). We have measured the Risks against the benefits of Participant participating in a Youth Activity and have determined that the benefits far outweigh the Risks.

In good and valuable consideration, including but not limited to Participant being allowed to participate in a Youth Activity, and to the fullest extent permitted by law, we on behalf of ourselves, heirs, executors, administrators and Participant unconditionally agree to waive, release and hold harmless Bell Shoals, its trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives, Bell Shoals Academy faculty and staff members, and assigns (collectively "Bell Shoals Releasees") from any and all liability, claims, demands and causes of action for personal injury, sickness, disease, death, damages, property damage and expenses of any nature (collectively "Claims"), incurred by us and/or Participant, arising out of or related to in any way to a Youth Activity, including negligence and/or fault, in whole or in part, of the Bell Shoals Releasees. This Pre-injury Waiver, Release, and Hold Harmless Agreement applies to all Claims that exceed insurance coverage payments, if any, actually received by Bell Shoals. If no insurance payments are received by Bell Shoals, then this Bell Shoals Baptist Church of Brandon, Inc./Bell Shoals Baptist Academy Youth Activity Form For Minors Under 18 Years Of Age Authorization For Medical Treatment and Photographic And Reprographic Release And Pre-injury Waiver, Release And Hold Harmless Agreement ("Youth Activity Form") applies to all Claims. However, there is no obligation, express or implied, for Bell Shoals to procure insurance coverage to cover any potential Claim. Bell Shoals will use reasonable efforts to obtain commercially reasonable and available commercial liability insurance. Bell Shoals affirms that the safety and well-being of all Participants is of utmost importance.

Participant's Guardians have considered the ability to obtain independent insurance coverage and certify that we have secured primary medical insurance for Participant or have other means to cover the expense of any loss, damage or injury, as described above, and we accept the Risks and associated expense.

To the extent any of the terms or provisions of this Youth Activity Form is deemed unenforceable by a court of competent jurisdiction or arbitration panel, then the terms or provisions that are deemed unenforceable shall be stricken and the remaining terms and provisions shall remain in full force and effect to effectuate the intent of the parties for this Youth Activity Form to be an enforceable non-commercial pre-injury release of a minor under Florida common law.

This form will be effective for participation in any Bell Shoals Youth Activity that begins on or after the date this document is signed and notarized and through August 31, 2019. Participant's Guardians acknowledge that they are the parents and/or legal guardians of Participant, have read and understood this Youth Activity Form in its entirety and have signed and delivered it voluntarily.

DISPUTE RESOLUTION

Participant's Guardians believe the Bible commands them to make every effort to live at peace and to resolve disputes in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, Participant's Guardians agree that any Claim or dispute arising from or related to this Youth Activity Form shall be settled by Biblically-based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for The Institute For Christian Conciliation. All such mediation and arbitration shall take place in Hillsborough County, Florida. Judgment upon an arbitration award may be entered in any court of competent jurisdiction. The Participant's Guardians understand that these methods shall be the sole remedy for any controversy or Claim arising out of this Youth Activity Form and Participant's Guardians and Participant expressly waive their right to file a lawsuit in any civil court against Bell Shoals, its trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives, Bell Shoals Baptist Academy faculty and staff members, Bell Shoals Designees and assigns, for such disputes, except to enforce an arbitration decision. The Participant's Guardians agree that the prevailing party in any dispute will be entitled to attorneys' fees, costs and expense of litigation and that Participant's Guardians will be responsible for such attorneys' fees, costs and expense of litigation should Bell Shoals be deemed the prevailing party in any action. The Arbitrator(s) shall determine entitlement and amount of attorneys' fees, costs and expense of litigation. For more information regarding The Institute For Christian Conciliation, please go to their website at www.peacemaker.net.

PLEASE COMPLETE AND SIGN BELOW

_____ Date

_____ Date

_____ Signature of Parent(s) or Guardian(s)

_____ Signature of Parent(s) or Guardian(s)

_____ Printed Name of Parent(s) or Guardian(s)

_____ Printed Name of Parent(s) or Guardian(s)

NOTARY PUBLIC

STATE OF: **FLORIDA**

COUNTY OF: **HILLSBOROUGH**

The foregoing instrument was acknowledged before me this _____ day of _____, 201_____, by

_____ Name of Person(s) Acknowledging

_____ Signature of Notary Public

_____ Printed Name of Notary Public

___ Personally Known or ___ Produced Identification.

Type of Identification Produced: _____

Apollo Beach Christian Preschool
Student Information, Carline and Emergency Evacuation Information
2018-2019

Student's Name _____

Teacher/Class _____

Allergies and/or medications _____

Sibling(s) at ABCP _____

Parents Names _____

Email address _____

*Email is one of our main tools of communication. Please be sure to provide an email address that you check daily.

Emergency phone numbers to quickly reach you if needed

Mom _____ cell _____ home phone _____ work phone

Dad _____ cell _____ home phone _____ work phone

List additional people other than parents listed above that you would allow your child to go home with, ID Required,

Initial and date if amended. Your child WILL NOT be released to anyone NOT on the list.

(Relationship to the child)

1. _____ (_____) phone _____

2. _____ (_____) phone _____

3. _____ (_____) phone _____

4. _____ (_____) phone _____

5. _____ (_____) phone _____

6. _____ (_____) phone _____

7. _____ (_____) phone _____

8. _____ (_____) phone _____

IN AN EXTREME EMERGENCY THE CHILDREN WILL BE TAKEN TO A SECURE LOCATION (Apollo Beach Elementary School) AND WE WOULD CONTACT THE PARENTS TO NOTIFY WHERE TO PICK UP THE CHILDREN.