

Aldersgate Christian Academy

1810 Young Street, Cincinnati, OH 45202 | Phone: (513) 763-6655 | Fax: (513) 763-6643

Dear Prospective Student:

Greetings from Cincinnati, Ohio!

I just wanted to send a personal note of thanks for your interest in Aldersgate Christian Academy. I have enclosed the information you requested and I trust this will help you in your decision about choosing a school for your child's education. Please take a moment to look over the material. After you have done so, feel free to call my office with any questions you may have about the school.

Getting an education is one of the most important parts of life. Please take time to pray about your child's future. Finding God's perfect will for your child's life is very important.

If I can arrange a trip to our campus, I would love to assist you with a personal visit and arrange for your child to spend some time enjoying the atmosphere of our student body. Feel free to call my office at 513-763-6655 or e-mail me at bmarsall@qbs.edu to set up these arrangements.

Again, thank you for your interest.

God's best to you,



Mr. Tim Makcen
Principal



Aldersgate
CHRISTIAN ACADEMY



Aldersgate

CHRISTIAN ACADEMY

Elementary Application

Applying for term: 20

Date: _____

Student Information

Name: _____
(Last) (First) (Middle)

Address: _____

City/State: _____ Zip: _____ County: _____

Home Telephone: _____ Email address: _____

Age: _____ Gender: _____ Birth Date: _____ Birth Place: _____

Ethnic Background: ☐ White ☐ African-American ☐ Asian ☐ Other: _____

School Last Attended: _____

School Address: _____

Last Grade Completed: _____ In what school district do you live? _____

If not attending ACA, what school would your child attend? _____

Family Information

Father's Name: _____ Employment: _____

Position: _____ Business Phone: _____ Cell: _____

Mother's Name: _____ Employment: _____

Position: _____ Business Phone: _____ Cell: _____

Emergency Telephone Number, other than those already listed: _____

Emergency contact's relation to student: _____

Marital Status: ☐ Married ☐ Divorced ☐ Widow ☐ Separated

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other: _____

Children in family of school age if not applying:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Reason they are not applying: _____

Medical Information

*The Ohio Department of Education requires that all students' immunization records and copy of birth certificate be on file at the beginning of the school year. If they are not on file after 15 days from the start of school, the student will NOT be permitted to remain at school. This will be strictly enforced at Aldersgate Christian Academy.

Religious Information

Church Attending: _____

Address: _____

Pastor: _____ Phone: _____

Father: Christian? ☐ Yes ☐ No Mother: Christian? ☐ Yes ☐ No

Has applicant ever made a profession of faith in Christ? ☐ Yes ☐ No

Medical Information

Family Physician: _____

Phone: _____ Does student have any physical defects or allergies? ☐ Yes ☐ No

If yes, please explain: _____

Has student received immunizations? DTP/DTaP/DT/Td ☐ Yes ☐ No

Polio ☐ Yes ☐ No MMR ☐ Yes ☐ No

Varicella ☐ Yes ☐ No Hepatitis B ☐ Yes ☐ No

Scholastic Information

Has student ever been expelled, dismissed, suspended, or refused admission to another school? ☐ Yes ☐ No

If yes, please explain: _____

Has student ever had disciplinary difficulty at school? ☐ Yes ☐ No

If yes, please explain: _____

Does student have a juvenile or arrest record? ☐ Yes ☐ No

If yes, please explain: _____

Has student ever used tobacco or nonprescription drugs of any kind? ☐ Yes ☐ No

If yes, please explain: _____

Please indicate academic level of student's previous work:

☐ Excellent ☐ Good ☐ Average ☐ Poor

Has student ever failed an academic subject in school? ☐ Yes ☐ No

If yes, please explain: _____

General Information

How did you hear about this school? _____

Reason for selecting this school: _____

**Application must be filled out completely before it can be processed.
An interview with the parents and the student are required before final acceptance.**

For your convenience in meeting your financial obligations, yearly tuition and fees are divided into ten monthly installments. The first payment of is due on or before the day of registration; the final payment must be received prior to the mailing of the final Report card at the end of the school year.

"I hereby pledge to pay my financial obligations to the school on the date due and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account.

"I give permission for my student to take part in all school activities, including school-sponsored trips away from the school premises, and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity.

"I agree to uphold and support the high academic standard of the school by providing a place at home for my student to study and giving my student encouragement in the completion of any homework or assignments.

"I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my student.

"I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

"I have read the *Student Handbook* and understand the terms stated on this application and agree thereto."

Signature of Father

Date

Signature of Mother

Date



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STUDENT RECORD RELEASE

To Releasing School Counselor:

Today's Date: _____

Applying for Academic Year: _____

School Name

Address

City, State, Zip

Phone Number

Fax Number

Dear Counselor:

My child(ren) have been withdrawn from your school. Please release their academic and health records to the following school. Thank you.

Accepting Private School:
Aldersgate Christian Academy
1810 Young Street ~ Cincinnati, OH 45202
Ph. (513) 763.6655 ~ Fax: (513) 763.6643

Students' Name(s)

Age

Grade Level at
Time of Withdrawal

Please release all academic (including IEP/MFE where applicable) and medical records.

Signature of Requesting Parent/Guardian

Authorized Signature of Receiving School



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CHRISTIAN ACADEMY

Emergency Medical Authorization

Student Information

Student Name: _____ Student attends Aldersgate Christian Academy in
Address: _____ the Cincinnati Public School District, but resides
in: _____
Home Phone: _____ (school district)
Emergency Contact: _____
Emergency Phone: _____

Purpose of this form:

To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

Part I OR Part II must be completed.

Part I (To Grant Permission)

In the event reasonable attempts to contact me at (phone number) _____
or (other parent/guardian) _____
at (phone number) _____

have been unsuccessful, I hereby give my consent for:

1. the administration of any treatment deemed necessary by
(preferred physician) _____ or (preferred dentist) _____
or in the event the designated preferred practitioner is not available, by another licensed
physician or dentist; and
2. the transfer of the child to (preferred hospital) _____
or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

(date) (parent/guardian signature) (address)

DO NOT COMPLETE PART II IF YOU COMPLETED PART I.

Part II (Refusal to Consent)

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

(date) (parent/guardian signature) (address)



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CHRISTIAN ACADEMY

Elementary Division



Medical Information Notice

Research has shown that school is the primary source of infections in children. Due to this fact, we are instituting strict guidelines regarding the students when they are ill.

Student Illness

Students may return to school – ONLY if the following criteria are met:

1. The student must be fever free, and not taking fever-reducing medication (Motrin or Tylenol), for a complete 24-hour period.
2. Any contagious illness (strep-throat, pink-eye, upper respiratory infections, etc.) must be treated with an antibiotic for a complete 24-hour period.

Physician Visits

If your child will miss any school to attend a physician's appointment (including dental/orthodontic) it is considered an "excused absence". It is the responsibility of the student to obtain and complete any missed work. Please get a note from the physician's office stating your child was there and turn it in to the office.

Medication at School

If your child is to take medication while at school (including cough drops), you must send a note containing the following information:

1. Child's Name
2. Name of medication
3. Dose to be taken along with the date and time to be taken
4. Name of individual(s) permitted to administer medication during the school day
5. Parent's signature

Any prescription medication (including inhalers) must be kept in the office or in the teacher's desk along with a copy of the prescription.

If a student needs to take an acetaminophen during the course of the school day, parents will be called before medication is dispensed unless note of parental consent is on file.



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PASTOR RECOMMENDATION FORM

This recommendation form is to be completed by someone other than a relative.

TO BE COMPLETED BY THE PARENT:

I/We hereby authorize the release of the following information to be considered in my child's application for admission to Aldersgate Christian Academy. I/We understand that the information will be held in confidence and will not be released to me or anyone else. I/We understand that the person completing this form will mail it directly to Aldersgate Christian Academy.

Student's Name	Signature of Parent
Street Address	City, State, Zip Code
	Phone Number

TO BE COMPLETED BY THE PERSON RECOMMENDING STUDENT:

We ask your assistance as we seek to make an intelligent selection of students and to learn something about their needs. Please give any information regarding this applicant's past that could be detrimental to fellow students or Aldersgate Christian Academy. Students who cause serious problems usually have a history of problems before being admitted to ACA. Please be fair and honest with us in your comments. This information will be held strictly confidential and will not be made available to the applicant.

Thank you for your cooperation,
Aldersgate Christian Academy Administration

Name (please print)	Signature
Street Address	City, State, Zip Code
	Phone Number
Church Name	Position of Person Completing Recommendation

Applicant's Name:

How long have you known the applicant?

In what relationship do you know the applicant?

How well do you know the applicant? ☐ Very Well ☐ Well ☐ Casually ☐ Acquaintance ☐ Not at all

Do you have any concerns about the applicant's ability to adjust to the academic and social requirements of Aldersgate Christian Academy? ☐ Yes ☐ No

If yes, please explain:

Please comment on your knowledge of the applicant's Christian commitment:

Does the applicant attend church regularly? ☐ Yes ☐ No

If no, please explain:

Do the parents and applicant regularly attend church together? ☐ Yes ☐ No

If no, please explain family attendance.

List any type of ministry that the applicant participates in:

Do you recommend the applicant to Aldersgate Christian Academy? ☐ Yes ☐ No

Please rate the applicant based on his/her age in the following areas by circling the appropriate number: (1-poor, 2-below average, 3-average, 4-above average, 5-superior, blank-unable to answer)

Leadership Skills	1	2	3	4	5	Social Skills	1	2	3	4	5
Personal Integrity	1	2	3	4	5	Maturity	1	2	3	4	5
Emotional Stability	1	2	3	4	5	Self-Image	1	2	3	4	5
Concern for Others	1	2	3	4	5	Self-Motivation	1	2	3	4	5
Common Sense	1	2	3	4	5	Moral Character	1	2	3	4	5
Responsibility/Reliability	1	2	3	4	5	Physical Health/Stamina	1	2	3	4	5
Respect for Authority	1	2	3	4	5	Grooming/Personal Hygiene	1	2	3	4	5
Discretion with Opposite Sex	1	2	3	4	5						

Comments:

MAIL COMPLETED FORM TO:

Aldersgate Christian Academy ~ 1810 Young Street ~ Cincinnati, Ohio ~ 45202



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CHRISTIAN ACADEMY

2017 – 2018 Tuition Schedule

Elementary Division (K – 8 Grades)

Elementary Children	Yearly Tuition Rate (distributed over a 10 month payment plan)
1 st Child	\$2,830.00
2 nd Child	\$1,925.00
3 rd Child	\$1,605.00
4 th + Child	\$1,075.00

Additional Fees Applied as Applicable

Beginning or Intermediate Band Fee (4th-5th Grades) - \$50.00

Elementary Honors Choir Fee (K-5th Grades) - \$25.00

Band or Junior Honors Choir Fee (6th-8th Grades) - \$30.00

6th-8th Grade students are required to participate in Band and/or Junior Honors Choir, but are charged one fee.

Piano Lab Fee - \$320.00 (\$160.00 per semester)

Graduation - \$50.00

Fee is automatically assessed for Kindergarten and Eighth Grade graduates.

High School Division (9 – 12 Grades)

High School Children	Yearly Tuition Rate (distributed over a 10 month payment plan)
1 st Child	\$3,320.00
2 nd Child	\$3,090.00

Additional Fees Applied as Applicable *(Fees automatically assessed where applicable.)*

High School Choir - \$25.00

Lab - \$50.00

(Includes the following classes: Marriage & Family, Physical Science, Anatomy & Physiology, Chemistry, and Biology)

High School Band - \$50.00

Graduation - \$50.00

Late Payment - \$15.00

Vehicle Parking Permit - \$150.00 *(Individual fees assessed in applicable situations.)*

Lunch Card Price Schedule

Elementary Students		High School Students	
Single Meal Purchase	\$4.00	Single Meal Purchase	\$5.75
10-meal Lunch Card	\$30.00	10-meal Lunch Card	\$40.00

To All Students

Disclaimer: Any charges or fees listed above are subject to change at the discretion of the Board of Trustees of Aldersgate Christian Academy. If possible, advance notice will be provided; however, charges or fees may be changed without prior notice.

ODE EdChoice Scholarship families: Please note that the scholarship only covers tuition costs. All other fees are the responsibility of the family



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2017-18 Transportation Authorization Form

Student's Name: _____

School Year: _____

Who will be the primary person to pick up your child(ren) at the end of the school day or from the After School program?

1. _____

2. _____

Who do you authorize to pick up your child(ren) other than those listed above?

1. _____

2. _____

3. _____

4. _____

If there is any deviation from those listed above, please call the school office or send in a note granting permission for pick up.



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CHRISTIAN ACADEMY

Traffic and Entrance Information

Entry to Aldersgate Christian Academy:



The front entry door, on the elementary level, is the main port of entry to ACA. While the front door to ACA must remain locked AT ALL TIMES, we have a "door bell" and buzzer system that will allow us to quickly open the door for you.

In compliance with our safety director, we will have the back entry door, on the elementary level, locked AT ALL TIMES. Please do not "rattle" the back door handle, or knock on the back door at any time during the school day. Such activity disturbs the classes as well as deviates from our active safety policy, which states that this door is only to be used by authorized personnel with key access.

Traffic Pattern for Aldersgate Christian Academy:



Please keep in mind that when dropping off or picking up students, turn onto Young St., and then left onto Channing St. This will keep the ACA traffic flow going "down" Channing St. so that the traffic pattern is smooth.

Also, if possible, please pull into an empty street side parking spot to allow traffic to pass. This should allow for ease of traffic and quicker drop off and pick up of students.

If you have a high school student driving, please remind them of the proper traffic pattern as well as remind them to drive slowly and cautiously around the ACA property.

Thank you for your attention to these matters!

We look forward to a great school year!



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CHRISTIAN ACADEMY

Notes Concerning the Elementary School Year

1. School begins at 8:00am. Students arriving after 8:00am will not be permitted to enter the classroom without a tardy slip from the office. Students are expected to follow the attendance policy and it will be enforced in a strict manner.
2. When entering ACA, parents are requested to enter through the front entrance. Please do not attempt to enter through the back doors as this disturbs the learning environment. Students should be escorted by a faculty/staff member any time they leave the building.
3. For early dismissals, parents must sign their child out at the office while the office personnel get your child for you. Prior to dropping off your child each morning, please let your child know who will be picking them up at the end of the day or call the school office and we will let your child know.
4. In an effort to promote academic excellence, we strive to keep classroom disturbances to a minimum. Therefore, we ask that parents contact the office for any assistance that they may need during the school day.
5. Visitors must check in at the office and get a visitor's badge upon arrival.
6. Students are permitted to use the office phone in case of emergency with approval from their teacher and the office personnel.
7. K-8 students not picked up by 3:15pm and not supervised by a HS sibling will be escorted to the After School Program. Charges will be applied upon arrival to the program.
8. Students are not permitted to "roam" around campus unattended at any time. HS students (grades 9-12) are not permitted to attend After School Care. HS students may wait in the library, snack shop or HS lounge after school.
9. Parents are welcome to volunteer. We ask that you contact the office prior to the volunteer date so that we can make arrangements for your visit to be beneficial.
10. Our uniform policy is strictly enforced. If a student comes to school out of uniform, the parent will be notified and expected either to bring the student a uniform or pick the student up. If the student is picked up early for this reason, the absence will be recorded as an unexcused absence.

I have read the above information and agree that our family will comply with these requests as set forth in the above information.

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

Mother's Signature: _____

Father's Signature: _____



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CHRISTIAN ACADEMY

ELEMENTARY UNIFORM REQUIREMENTS

Boys

Pants:

Navy Pants - (standard dress pants – no cargo pants, jean material, etc.)

Available through: SchoolBelles, Wal-Mart, Meijer, Sears, JC Penny

Shirts:

Aldersgate dark green polo shirt.

(Shirt must be purchased through SchoolBelles and be embroidered with the ACA logo.)

ONLY available through: SchoolBelles (#1917)

Shoes:

Clean tennis shoes only

Girls

All jumpers and skirts should be 2 inches below the knee when sitting and standing.

All uniform jumpers and skirts must be purchased through SchoolBelles.

Jumpers: (Required Grades K-4)

ONLY Available through:

SchoolBelles (royal/lt. blue plaid)

Style #1476

Color #523

Skirts: (Available for Grades 5-8 only)

ONLY Available through:

SchoolBelles (navy)

Style #1521/3521

Color #0115

Blouses: (Grades K-4)

White Blouse - (button-down or polo style)

No colored t-shirts are to be worn under white blouse.

Available through: Wal-Mart, Meijer, SchoolBelles, JCPenney, etc.

Shirts: (Grades 5-8)

Aldersgate dark green polo shirt.

(Shirt must be purchased through SchoolBelles and be embroidered with the ACA logo.)

ONLY available through: SchoolBelles (#1917)

Shoes:

Clean Tennis Shoes only

ALL STUDENTS

- Body piercing is not permissible during the school year.
- Students are not permitted to wear coats in the classroom or during Chapel. However, they may solid color hoodies, sweatshirts, or sweaters. Students must wear the uniform shirt under hoodies, sweatshirts, and sweaters. The hoodies, sweatshirts, and sweaters may not have any writing or graphical images.



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CHRISTIAN ACADEMY

PHYSICAL EXAMINATION

This form is relative to Application for Admission

First Name	Middle Name	Last Name	
Street Address		City, State, Zip	
Date of Birth	Gender	Height	Weight
Blood Pressure	Pulse	Vision without glasses	Vision with glasses

Check the proper column for each item	Normal	Abnormal	Details of Abnormalities
1. Mouth/Teeth			
2. Throat/Tonsils			
3. Nose/Sinuses			
4. Hearing			
5. Lungs/Chest			
6. Heart (estimate cardiac function)			
7. Abdomen			
8. Endocrine System			
9. Genito-Urinary System			
10. Skin			
11. Neurological System			

Please explain all "yes" answers for the following questions. If additional space is needed, please use reverse side.

Is there a present illness?	_____ Yes	_____ No
Is there a history of any serious illnesses?	_____ Yes	_____ No
Is the applicant allergic to any drug(s)?	_____ Yes	_____ No
Does the applicant have any allergies?	_____ Yes	_____ No
Does the applicant show signs of emotional instability?	_____ Yes	_____ No
Is the applicant presently on any drugs?	_____ Yes	_____ No
Is there any reason why the applicant should not take physical education classes?	_____ Yes	_____ No
Does the applicant or his/her family have any history of epilepsy, mental illness or nervousness?	_____ Yes	_____ No

REQUIRED FOR ADMISSION

PPD _____ Negative _____ Positive _____
month/day/year

(PPD is required for foreign students only or those returning from an overseas mission. If positive, must have chest x-ray.)

Tetanus Shot: _____ MMR (Measles, Mumps, Rubella) 2 vaccines: _____
month/day/year month/day/year

Doctor's Signature

Examination Date

Doctor's Business Address

Doctor's Business Phone

To be completed and mailed by the examining physician.

Aldersgate Christian Academy ~ 1810 Young Street ~ Cincinnati, OH 45202

Revised 06/28/07



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CHRISTIAN ACADEMY

SCHOOL HEALTH HISTORY

To be completed by parent or guardian

Student Name

Last

First

Middle

Gender ☐ Male ☐ Female

Birthdate:

Month/Day/Year

Required compulsory immunization information law: 4 DPT; 3 polio, 1 measles, mumps, rubella (MMR) vaccine on or after first birthday. Second MMR vaccine required.

IMMUNIZATION RECORD

Type	Date (Month/Day/Year)	Type	Date (Month/Day/Year)
DPT		Rubella	
TD		Mumps	
Polio		MMR Combined	
Measles (Rubcola)		Other (Identify)	

Health Conditions (Please check any that student has had or currently has):

<input type="checkbox"/> Abnormal spinal curvature (scoliosis, etc.)	<input type="checkbox"/> Heart disease, type: _____
<input type="checkbox"/> Allergies or hay fever	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Anemia	<input type="checkbox"/> Kidney disease, type: _____
<input type="checkbox"/> Asthma or wheezing	<input type="checkbox"/> Measles (<input type="checkbox"/> old fashioned or <input type="checkbox"/> ten day)
<input type="checkbox"/> Bed-wetting at night	<input type="checkbox"/> Meningitis or encephalitis
<input type="checkbox"/> Behavior problem	<input type="checkbox"/> Mumps
<input type="checkbox"/> Birth or congenital malformation	<input type="checkbox"/> Near-drowning or near-suffocation
<input type="checkbox"/> Cancer, type: _____	<input type="checkbox"/> Nervous twitches or tics
<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Poisoning
<input type="checkbox"/> Chronic diarrhea or constipation	<input type="checkbox"/> Poor vision
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Eczema	<input type="checkbox"/> Seizures or epilepsy
<input type="checkbox"/> Emotional problem	<input type="checkbox"/> Sickle cell disease
<input type="checkbox"/> Ear problems, poor hearing	<input type="checkbox"/> Stool soiling
<input type="checkbox"/> Excessive worry about siblings or friends	<input type="checkbox"/> Substance abuse (alcohol, drugs, etc.)
<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Suicide attempt
<input type="checkbox"/> Frequent skin infections	<input type="checkbox"/> Toothaches or dental infections
<input type="checkbox"/> Frequent sore throat infections	<input type="checkbox"/> Urinary tract infection
	<input type="checkbox"/> Wetting during the day

I. Allergies: (Please list and describe allergies or medical reactions and recommended treatments)

II. Injuries and Illnesses: (Please list any severe injuries or illnesses)

Injuries/Illnesses	Age of Child at time of injury/illness	Hospitalized (Y/N) (If yes, include approx. date)
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IV. Additional Information

List medications:	Reason:	Daily or Frequently?
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This child is usually: ☐ very active ☐ normally active ☐ rather inactive

If applicable, please explain the following questions:

Do you have any concern about how your child gets along with other children?

Do you have other comments or concerns about the child's health, development, behavior, family, or home life that you would like the school to be notified about?

School History Form Completed By

Relationship to Child

Please include a copy of the student's immunization record from doctor and a copy of the student's birth certificate with this document.

MAIL COMPLETED FORM TO:

Aldersgate Christian Academy ~ 1810 Young Street ~ Cincinnati, Ohio ~ 45202



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Before and After School Care Program

The Before School Care program begins at 7:15am and the After School Care operates from 3:15pm until 5:30pm. The Before School program is held in the Academy while the After School program is in the Academy until 4:00pm and then moves to the gym until 5:30pm. Children may be dropped off at the Academy front entrance each morning as early as 7:15am. If your child is not able to be picked up from the After School program by 5:30pm, late fees will be assessed as indicated below.

If you do not have need of the B/A School Care program, your child can be dropped off on Channing Street at the front entrance of the Academy between 7:40-8:00am. Children may also be picked up at the front entrance between 3:00-3:15 pm. If your K-8 child needs to arrive before 7:40am and/or must remain after 3:15pm, they must use the B/A School Care program.

Aldersgate Christian Academy offers this program at an affordable family rate.

- * **Both before and after school care** for 1-2 children, \$25 per week.
- * **Both before and after school care** for 3+ children, \$30 per week.
- * **Before or after school care** for 1-2 children, \$20 per week.
- * **Before or after school care** for 3+ children, the cost is \$25 per week.

Daily rates and fees are applied as follows.

- * For 1-2 children, \$5.00 per service.
- * For 3+ children, \$6.00 per service.

Late fees, as stated below, will be applied to students remaining in the After Care Program past 5:30pm.

- * 5:30-5:40pm: \$5.00 additional fee per family per day
- * 5:40pm-??: \$10.00 additional fee per family per day

The B/A School Program does operate on a pre-pay basis. Families should remit weekly payments as services are provided. Please note, failure to keep your B/A School account current will result in your family not being able to use the program until the balance has been brought current.

EdChoice families, please note that the EdChoice scholarship only applies to the tuition account. All fees, including the B/A School Program, are the financial responsibility of the family.



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Parent Cooperation Agreement

"To make a difference, you have to be different."

We value the love and support of our families, and we desire to establish and maintain a good relationship with them. No two people will agree on everything; no organization is perfect, no matter how sincere the leadership. Still, there must be a basic unity of direction and a strong mutual trust for people to work together in a task as vital as the training of children. This agreement form addresses some areas that are important in maintaining that unity and trust.

Please read carefully. If you feel you cannot sign this agreement with a supportive spirit, please contact the principal so your concerns can be addressed.

In enrolling my child(ren) in Aldersgate Christian Academy (ACA) for the _____ school year, I/We understand the following:

1. I/We accept the challenge to help "bring them up in the nurture and admonition of the Lord" and state that this training will be carried on in the home. I/We place our trust in ACA to assist us in that training.
2. I/We will show sincere Christian purpose by the faithful and regular attendance of our child(ren) and ourselves (at least one parent) to a Bible-believing church.
3. I/We will support ACA by faithfully praying for its program and staff and will support the procedures and disciplinary actions of the school in fact and in spirit.
4. I/We will attempt to promote the spirit of unity within the ministry of ACA by following the Matthew 18 principle. This is, we agree that if we have a problem related to the school, we will always first contact the person involved and then, if necessary, continue up the proper chain of command until our problem is remedied.
5. I/We will speak of ACA in the best light possible, even when we disagree on a particular policy or action. I/We will assume that ACA means well, having as its goal the glory of God and the good of the students. If I/we no longer sincerely hold this assumption, I/we will transfer our child(ren), but will not tear down the school in the eyes of others.
6. I/We are vesting authority in ACA to discipline our child(ren) as necessary (no corporal punishment). I/We further agree that we will cooperate and discipline our child(ren) as needed in the home (Proverbs 13:24, 19:18, 23:13-14, 29:15, 17; Colossians 3:20; Hebrews 12:6).
7. I/We pledge that if for any reason, our child(ren) do(es) not respond favorably to ACA, I/we will not try to change ACA to fit him/her, but will confer with ACA authorities and if necessary will quietly withdraw him/her.
8. I/We understand that our child(ren) will go on scheduled field trips and other school activities unless excused by ACA authorities.
9. I/We agree to pay all tuition and fees by the 10th of the month or according to agreements, and to conclude all required payments on or before the last day of school. I/we understand that any previous balance due must be paid at the time of registration along with the first month's tuition for the current year.

Student Name(s):

1. _____
2. _____
3. _____

4. _____
5. _____
6. _____

Parent Signature: _____ Date: _____
Parent Signature: _____ Date: _____

We sincerely trust that the upcoming year will be the best for your child(ren).
We will be praying, planning, and working to make it so.