

Bethany Academy

the preschool ministry of Bethany Church

4301 Beulah Church Road 704-814-9033 / Fax 704-846-7141 www.MyBethany.com

Dear Parents, Guardians and Caregivers,

Bethany Academy starts with the premise that the only complete education includes a Christian education dealing with all the dimensions of life as viewed from a Biblical perspective. Bethany Academy offers your child a loving Christian atmosphere for learning. While in our care, your child will experience a place where God's goodness is freely shared and His world, which surrounds us, is explored.

The mission of Bethany Academy is to assist parents with the moral and spiritual training of children and to provide technical assistance to the child for age appropriate academic skills and concepts.

I look forward to receiving your registration information as we anticipate God's blessings in preparation of our next school year. As always, it is a pleasure and a privilege to provide our preschool program for you and your children. May God bless you and your family.

Teresa Blair

Bethany Academy Director

Tuition Rates: Due first day of each month.

(All classes, fees, and times may be subject to change by the Director and/or The Bethany Church Leadership Team.)

Registration Fee: \$125 per applicant (non-refundable)

MMO (18 months) meet 9:30 - 12:30 pm available: Monday - Thursday \$95/month per day.

Two-Year Olds:	Monday/ Wednesday or Tuesday/Thursday:	\$195.00
	Tuesday-Thursday	\$215.00
	Monday-Thursday	\$240.00

Three-Year Olds:	Monday/Wednesday OR Tuesday/Thursday:	\$195.00
	Tuesday-Thursday	\$220.00
	Monday-Thursday	\$245.00

Four-Year Olds:	Tuesday - Thursday	\$225.00
	Monday-Thursday	\$250.00

The following three items must be turned in at registration to complete the registration process for your child. Your child will not be considered registered/enrolled until we receive all three items.

- 1.) Completed Registration Application
- 2.) Current Immunization Record* (copy)
- 3.) Registration Fee

All 3 year olds must be fully potty trained by the first day of school. Your child must be the appropriate age of the class on or before August 31.

Page: 1

Days Requested: 1-2 - 3 - 4 program Requested: MMO 2yr 3yr 4yr Child must be appropriate age for class Aug. 31

(Please Print)

Child's Name: _____

Name Preferred: _____ Birthdate: _____ Sex: _____
(first) (last)

Home Address: _____

Home Phone: _____
(city) (zip)

Email: _____

Names & age of siblings: _____

Mother's Name: _____ Mobile: _____

Employed By: _____

Phone: _____

Address: _____

Father's Name: _____ Mobile#: _____

Employed By: _____

Phone: _____

Business Address: _____ Phone: _____

Address: _____

Previous Preschool

Experience: _____

How did you learn of our program? _____

Religious Affiliation: _____ C h u r c h attending _____

Are you interested in being a: Preschool Teacher ___ Teacher Asst. ___ Substitute Teacher ___

A hand book will be emailed to each registered student. Please read.

Parent Signature: _____

Office Use Only

Registration Fee: \$ _____ Cash ___ Check # _____ By: _____

Immunization Record received Date: _____

Handbook emailed: _____

Release/Waiver of liability for prescribed medication by a physician:

Bethany Academy staff has my permission to administer emergency treatment for severe allergies to Child's Name: _____. I understand it is my responsibility to inform Bethany Academy of updates /changes concerning said treatment and provide prescribed medication, (EpiPen) in its original packaging. I will keep an updated supply of prescribed medication for Bethany Academy.

Parent's Signature: _____ Date: _____

Prescribing Physician Name & Practice: _____

Phone: _____

Address: _____

Name of Medication: _____

Special instructions: _____

Emergency contact (person who would assume responsibility of your child when parents could not be reached)

1) Name: _____ Phone: _____ Relationship: _____

2) Name: _____ Phone: _____ Relationship: _____

Family Physician: _____ Phone: _____ Address: _____

Hospital : _____

Family Dentist: _____ Phone: _____

Permission is granted to meet the needs of my child in case of an emergency.

Parents Signature: _____ Date: _____

Page: 3

(Registration Application) Permission to Release Child

I, _____, give permission for the following people to pick up my child, _____, from Bethany Academy. Anyone not listed below will not be allowed to leave the campus with my child without prior written notice from the parent.

(List name of Adult(s) and Relationship to Child.)

Name

- 1. _____ / Relationship _____
- 2. _____ / Relationship _____
- 3. _____ / Relationship _____

Although I have listed these adults, I will still give written notice to my child's teacher on the day(s) a listed adult will pick them up and I will loan my carpool tag to the one adult responsible for the pickup of my child. I will also instruct the adult to be responsible for having a car seat for my child and to be responsible for buckling my child into their car seat. During carpool/pickup, the Academy staff will NOT place a child in a car that does not have a car seat for that child(ren).

Parent's Printed Name: _____

Parent Signature: _____ **Date:** _____

page 4 (Registration Application) **PHOTO - VIDEO Release Form**

Bethany Academy uses photographs, slides, videos, or illustrations of students for many of our special school programs (Thanksgiving & Graduation) and possibly, on our website, newsletters and other school publications. Such photographs, videos, or other illustrating material will only be used as forms of entertainment, communication and promotion for the school. No children's names will be used without permission, (with the exception of classroom only material).

This form allows you as a parent/guardian to choose whether your child may be used in this type of media for our school.

CHECK ONE:

I give permission to Bethany Academy to make photographs, slides, videos, or illustrations of my child for classroom use and for the Fall/Holiday Program and the 4's Graduation Program. Further, I authorize their use without inspecting or approving the finished product or its specific use. I will be informed, however, if my child is to be considered for the website.

I do NOT give permission for my child to be included in any type of photo or video presentations by Bethany Academy, including photos and illustrations for classroom use and for the Fall/Holiday Program and the 4's Graduation Program.

_____ *Student's Name*
_____ *Parent/Guardian Signature*
_____ *Date*

NOTE: Please respect the privacy of the children and families when you take pictures at the preschool. Please DO NOT post or tag other children's pictures on social networking sites.