

Application For Admission

*Preschool
Student
2023-2024*



A ministry of New Beginning Family Worship Center

"EQUIPPING STUDENTS TO GLORIFY GOD IN ALL THEY DO"



NEW BEGINNING FAMILY WORSHIP CENTER

**1950 Park West Drive
Mailing Address: P. O. Box 1336
Northport, AL 35476
www.newbeginningfwc.com**

Dear Parents,

North River Christian Academy is a community outreach mission of New Beginning Family Worship Center. As the senior pastor of New Beginning I consider it an honor and privilege to serve you and your children. We consider our school to be a true ministry to those we serve and our desire is to provide a quality education with a biblical worldview that promotes character and academic excellence.

We believe every child can be a champion. Not just champions in the classroom, but champions in life. But we understand champions are made not born. One of our core values is excellence, and every day at North River Christian Academy we strive toward that goal in every area of student life. In 1 Corinthians chapter 9, Paul compared our lives to a race. He instructed the believers of Corinth to “run” to win. This is a philosophy of life we want to instill in every child. Be and do your best, and never quit. We want each child to be and do their best spiritually, academically, and athletically.

Understanding that it takes a champion to build a champion, our administration, teachers and staff pledge to do our part and to lead by example. Believing that prayer and preparation are cornerstone principles for potentiating success, we pledge to enter the classroom prepared to teach and to pray regularly for your child by name. We also pledge to provide a clean, safe, wholesome and encouraging learning environment. Lastly, we pledge to partnership with you in your child’s education. We cannot do this alone. We need your prayers, your hands, and your help. We encourage constructive suggestions and positive input to help us reach our goals.

Thank you for trusting North River Christian Academy with your child’s education and character development.

In Christ Alone,

Randy Fuller
Senior Pastor
New Beginning Family Worship Center



1950 Park West Drive
Northport, AL 35476
Preschool 205.330.7923
newbeginningfwc.com

A MESSAGE FROM YOUR DIRECTOR

Dear Parents,

Thank you for considering North River Christian Preschool for your child's care. It is our desire to assist you in providing the best Christian environment possible at an affordable price. As a ministry of New Beginning Family Worship Center, we exist to bring honor and glory to God. We believe that the greatest benefit to any child is to begin and develop a personal knowledge and relationship with Jesus Christ.

Please look over what we offer and come talk with me to see if North River might be the right preschool for you. Some things we are offering are:

- Christ-centered instruction with caring staff
- Character training in an environment of loving discipline

We look forward to meeting you and getting to know your child in the coming days.

In His Service,

Courtney Kelly

Preschool Director

APPLICATION FOR ADMISSION PRESCHOOL 2023-2024



Program applying for:

☐ 5 days: M T W R F

☐ 3 days: M T W R F

Drop off time: _____

Pick up time: _____

May only attend on days circled.

Any changes must be approved by director.

Child's full name _____ Preferred Name _____
first middle last

Girl ____ Boy ____ Age _____ Date of Birth ____/____/____ Required E-mail address _____

Address _____
street city state zip

Current age _____ Home phone (____) _____ Preferred Calling Tree Phone # (____) _____

Child residing with (check all that apply) _____ Mother _____ Father _____ Guardian _____ Stepmother _____ Stepfather

Other _____ Who has legal custody? _____

Parents are: _____ Married _____ Divorced _____ Separated _____ Widowed _____ Other (explain) _____

FATHER

Mr./Dr./Rev. _____ Preferred Name _____
first last

Home Phone (____) _____ Mobile Phone (____) _____

Employer _____ Job Title _____

Work phone (____) _____ E-mail address _____

MOTHER

Mrs./Ms./Dr. _____ Preferred Name _____
first last

Home Phone (____) _____ Mobile Phone (____) _____

Employer _____ Job Title _____

Work phone (____) _____ E-mail address _____

AFFIDAVIT FOR PARENT/GUARDIAN



State of Alabama
County of Tuscaloosa

Before me, a Notary Public in and for said state and county appeared _____
print parent/legal guardian's full name

and is known to me, after being duly sworn or affirmed, says as follows:

The affiant is the parent or legal guardian of the child/children _____;
print child's full name

that affiant has been notified by Dan Habrial, a representative of North River Christian Academy and
Open Door Baptist Church, that said school or church has filed notice and is exempt under law from
regulations by the Department of Human Resources.

parent/legal guardian signature

Sworn or affirmed to and subscribed before me on this day ____/____/____.

Notary Public signature

My commission expires: ____/____/____

*You may use NRCP's notary public to sign this form at no charge.
Please contact the school office for further information.*

FINANCIAL POLICIES TUITION/REGISTRATION 2023-2024



Registration

The registration fee is a non-refundable annual payment. Preschool students must re-register each year. Registration rates for returning students is \$50 depending on the date of registration. The registration fee for new students is \$100.

Supply fee - a \$55 supply fee is charged each term (3 times/year)
****effective August 2024 supply fee will be a one time payment of \$175/once a year****

Tuition

Monthly tuition remains the same with no deductions made for absences or scheduled vacation days or holidays. Tuition is paid monthly in one of the following ways:

Check or Money Order - Tuition is due on the first of each month. A late fee of \$25 will be added to accounts not paid by the 10th of month.

Credit Card- (preferred method of payment) This option is available through the NBFWC App. Tuition is due at the first of each month. The parent is responsible for setting up App.

Enrollment Requirements

Infants (6 wks-1yr) are required to be enrolled for a minimum of 5 days each week. K1-K4 are required to be enrolled for a minimum of 3 days each week.

Preschool Hours

The preschool is open from 7:00am - 5:30pm. Student care during these hours is included with their tuition from 7:00am - 5:30pm. Late pick-up fees are charged at the rate of \$10 for each 10 minute increment past 5:30pm. Parents are required to sign their student in/out each day on the sign in/out sheet at the entryway.

REGISTRATION RATES

New student	\$100
Returning student	
March 1st - April 30th.....	\$50
May 1st - enrollment	\$100

FEES

Supply Fee \$55/term

TUITION RATES

Infant Tuition..... \$645/month

K1-K4 Tuition

5 days..... \$605/month
3 days..... \$500/month
(Additional day..... \$50/day)

A 10% discount is offered for each child after

"I realize that monthly tuition remains the same with no deductions made for absences or scheduled vacation days or holidays."

_____parent initials

PRINT CHILD'S NAME _____ GRADE _____

PERSON RESPONSIBLE FOR BILL _____

PARENT'S SIGNATURE _____ DATE _____

GENERAL INFORMATION



Lunches & Snacks

All preschool students must bring a lunch, class snacks, and three drinks each day. Every class will have a scheduled lunch time.

Bad Weather

Classes will not be held during icy, snowy, or tornado conditions. We generally comply with the Tuscaloosa County School Board concerning closing the preschool due to bad weather conditions. A message will be sent out through Group Me or text if we have to close.

Illness

Please keep your child at home if they have any of these symptoms:

- Fever of 100.4 degrees or higher during the last 24 hours
- Discolored mucus from nose for 3 days or more
- Vomiting and/or diarrhea within the last 24 hours
- Symptoms of contagious infection (strep, pink eye, head lice and/or nits present on head, etc.)
- During flu season our policy is adjusted to the following: any child sent home with fever and/or flu symptoms must remain out for 5 calendar days or provide a doctor's note stating they may return earlier
- Sick children being sent home should be picked up in a timely manner (within 30 minutes) and cannot return to school the next day. The administration reserves the right to make the final decision for readmission after sickness.

Forms needed when applying (*personal checklist*):

- ☐ Application form
- ☐ Health Record form
- ☐ Preschool Pick up List form
- ☐ Emergency Card form
- ☐ Affidavit – may be notarized at no charge in the main office of the Tuscaloosa Campus
- ☐ Birth Certificate – copy of the original
- ☐ Proof of Medical Insurance – copy of medical insurance card
- ☐ Certificate of Immunization – must be the original State of AL blue card

Holidays and Program Dates

August 2-9, 2023	Teacher In-Service
August 8, 2023	Open House - Preschool (2:00pm-4:00pm)
August 10, 2023	First day of Fall session
September 4, 2023	Labor Day
October 9-10, 2023	Columbus Day
November 10, 2023	Veteran's Day
November 20-24, 2023	Thanksgiving Vacation
Dec. 18 - Jan. 3, 2024	Christmas Vacation
January 4, 2024	First day of Spring session
January 15, 2024	MLK, Jr. Day
February 19, 2024	President's Day
March 11-15, 2024	Spring Break
March 29, 2024	Good Friday
April 1, 2024	Easter Break
May 27, 2024	Memorial Day
June 1, 2024	First day of Summer session

Bold indicates dates closed

PRESCHOOL PICK UP LIST

2023-2024



Please list the names of all people you will allow to pick up your child from preschool. If someone comes to pick up your child and his/her name is not on the list, your child will not be released to that person until we have contacted you for permission.

If you want someone to pick up your child and they are not on your pick up list, please call the preschool office. For safety reasons, if we do not recognize your voice on the phone, we will call your place of work and ask for your information.

Until we get to know you, anyone that picks up your child may be asked to show a picture ID. Please be patient with anyone who does not know you and asks for identification. We are trying to ensure the safety and well-being of your child.

CHILD'S NAME: _____ AGE _____

Name	Relationship	Phone Number	Alternate Phone Number
	parent (s)		

Please list anyone that MAY NOT pick up your child: _____

HEALTH FORM

2023-2024



CHILD'S NAME _____ AGE _____

PHYSICIAN/DENTIST:

Physician's Name	Address	Phone Number
Dentist's Name	Address	Phone Number

MEDICATIONS: List all medications that your child regularly takes and give the reason for each.

Medication	Dosage	Reason(s)

PAST AND PRESENT HEALTH CONDITIONS:

Check any that your child currently has or has had.

- ☐ Attention Deficit Disorder
- ☐ Asthma
- ☐ Bone/Muscle Conditions
- ☐ Diabetes
- ☐ Chronic Ear or Throat Infections
- ☐ Emotional Problems
- ☐ Fainting/Sudden loss of consciousness
- ☐ Frequent Headaches or Migraines
- ☐ Head Injuries or any Major Accidents
- ☐ Heart Issues/High Blood Pressure
- ☐ Hearing Loss
- ☐ Physical Handicap
- ☐ Seizure Disorder
- ☐ Skin Problems
- ☐ Urinary/Bowel Condition
- ☐ Vision Problems
- ☐ Hospitalizations (specify) _____
- ☐ Any other concerns (specify) _____

ALLERGIES: List any substances or medications that your child is allergic to _____

PLAN OF ACTION IF EXPOSED: _____

IMMUNIZATIONS: Original Certificate of Immunization must be on file in the school office.

Does your child have any physical limitations? Yes or No

If yes, briefly explain _____

PARENT'S SIGNATURE _____ DATE _____

GUARDIAN'S SIGNATURE _____ DATE _____

Child's Medical Report

2023-2024



Child's Name: _____ Date of Birth: _____

Name of Child's Parent or Guardian: _____

Address: _____

Phone Number: _____

In addition to a medical report or medical screening, a Certificate of Immunization is required for each child two months to five years of age.

History of Allergies: _____

I examined this child on (date) _____. I find him/her to be in good physical condition and free of contagious and infectious diseases, except as noted below.

Signature of Physician, Physician's Assistant or Certified Nurse Practitioner

Date

Publicity, photo, achievement parent authorization 2023-2024



North River Christian Preschool is hereby granted permission to use the names, pictures, words, and/or class-work for the student listed on this form for the purpose of yearbooks, awards/recognition assemblies, newspaper, television, web pages, social media sites, news releases, calendars, newsletters, etc.

Without a permission signature, no publicity or recognition will be given.

I understand that promotional pictures (individual and group) have been/will be taken during the school year. I give permission for my child's photos to be used for any/all of the above purposes.

Student's Name

Grade

_____ I give my permission for my child's photos, etc. to be used.

_____ I do not give permission for my child's photos, etc. to be used.

Signature of parent/guardian

Date

PRESCHOOL EMERGENCY CARD 2023-2024



Child's Name _____ Birth Date ____/____/____

Address _____
street city state zip

Phone # _____ Email address _____

To Parent or Guardian: To serve your child in case of an accident or sudden illness, please furnish the following:

Name Work Phone # Cell Phone #
Mother _____

Father _____

List any known allergies or medical conditions _____

List a neighbor, nearby relative, or friend who will assume temporary care of your child if you cannot be reached.

Name & Relationship _____ Phone # _____

PERMISSION FOR EMERGENCY TREATMENT AND ADMINISTERING MEDICATION

I hereby give permission for the staff at North River Christian Preschool to call 911, if deemed necessary, in case of an emergency when I cannot be reached immediately. The attending physician also has my permission to give emergency medical treatment in my absence. I agree to assume responsibility for all medical costs incurred.

I give my permission for the staff at North River Christian Preschool to administer the following medication to my child if deemed necessary (*Check if Yes*):

- ☐ First Aid
- ☐ Sunscreen
- ☐ Diaper Rash Cream

No other medications will be administered except those listed above. If your child becomes ill, you will be notified. It is the parent's responsibility to make sure the child's emergency card is current.

Father's/Guardian's Signature Date

Mother's/Guardian's Signature Date