



**BCA/Life Church Academy Preschool**

13271 Hwy. 90, Boutte, LA 70039

Phone: (985)785-2456 x14 Fax: (985)785-2412

www.bouttechristian.org

**Application for Admission**

Date of Application: \_\_\_\_\_

Start Date: \_\_\_\_\_

**Child's Information:**

Child's Name: \_\_\_\_\_  
First Middle Last Goes By

Gender:  Male  Female Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_



**Admission Requirements:**

- Submit a completed *Application for Admission, Admissions Agreement, an up-to-date Immunization Record, Child Information Card, Authorization for Non-Vehicular Excursion/Topical Products Form, Copy of Birth Certificate, Copy of Social Security Card* and a *Free/Reduced Meal Application*.
- Pay the *Registration Fee*.
- Complete a *Tour of the Facility* with the Preschool Director or designee.



**OFFICE USE ONLY:**

Time Rec'd \_\_\_\_\_ Admissions Agreement\_\_ Immunization Record\_\_\_\_ Child's Information Card\_\_\_\_

Non-Vehicular/ Products\_\_\_\_\_ Free/Reduced Application \_\_\_\_\_ Handbook\_\_\_\_\_

Birth Certificate\_\_\_\_\_ Social Security Card\_\_\_\_\_ Child ID Form\_\_\_\_\_ School Year\_\_\_\_\_

Payment Rec'd \_\_\_\_\_ Check # \_\_\_\_\_ Cash Receipt # \_\_\_\_\_ Credit Card \_\_\_\_\_

Amount Paid: \_\_\_\_\_

**Family Information:**

**Student Lives With:** Both Parents Father Mother Other

**Legal Documents on File:** (Custody, Restraining Order, etc.) Yes No

**Church Affiliation** (optional): \_\_\_\_\_

**Father's Information**

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact: Yes No Pick up: Yes No

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Mother's Information**

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact: Yes No Pick up: Yes No

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Stepparent in applicant's home**

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact: Yes No Pick up: Yes No

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Tuition:** (Check class applied for based on the child's current age)

**Registration Fee:** \$100.00 for 1 year olds through 3 year olds

_____	Toddlers (12 – 24 months)	\$145 per week
_____	Two Year Old Class	\$135 per week
_____	Three Year Old Class	\$135 per week
	(child must turn 3 on or before September 30 to register for Three Year Old Class)	

**Registration Fee:** \$200.00 for Prek-4

_____	Pre-K 4 Class	\$350 per month
	(child must turn 4 on or before September 30 to register for Four Year Old Class)	
_____	Before Care for Pre-K 4	\$4 per day
_____	After Care for Pre-K 4	\$6 per day

\*\* Online payments for Preschool, Elementary and The River (Before/After School) may be paid at [myschoolbucks.com](http://myschoolbucks.com)

### **Financial Agreement:**

In signing this Financial Agreement, I acknowledge and agree to the following:

1. The Registration Fee is non-refundable and must be paid in full at registration to secure a place in class.
2. BCA/Life Church Academy Preschool is a perpetual care, year-round facility.
3. The responsible party, listed below, is obligated to pay weekly tuition, whether the child attends or not, with the exception of one optional Free Week per year. The Free Week may only be used when a child does not attend for an entire week (Monday – Friday). Limit one per child per academic year (September 1 thru July 31). BCA/Life Church Academy does not offer the optional Free Week for students participating in the CCAP Program.
4. Tuition payments are due in advance on the Monday that childcare is provided. It is considered late if not paid by Friday. A late fee of \$5.00 will be assessed on Monday at 8 a.m. The past due tuition payment and late fee must be received by Friday by check, cash, money order or credit card. The child may not attend and the parent will forfeit their child's place in class if payment is not received by 8 a.m. on the following Monday. No payment arrangements will be made.
5. Parents are requested to give a two-week notice to the center before withdrawing their child. If a parent withdraws their child from the program or fails to pay their weekly tuition, they may re-register their child at a later date, if there is a vacancy in the class, their accounts are paid in full, and a new registration fee is paid.
6. A child may be promoted to the next age group when they have their birthday, there is a vacancy and they are ready to be promoted. Vacancies may also be filled with new applicants.
7. This financial agreement remains in effect until:
  - The parent withdraws the child from the program
  - The parent fails to pay the weekly tuition, as agreed
  - The child graduates from the 3-year-old program
  - The child is disenrolled from the program for behavioral or other reasons.
8. My tuition payment for \_\_\_\_\_ child(ren) will be \$\_\_\_\_\_ per week for 1 through 3 year old

My tuition payment for \_\_\_\_\_ child(ren) will be \$\_\_\_\_\_ per month for Pre-K 4

Signature of Financially Responsible Party: \_\_\_\_\_

**Medical Information:** (Doctor and Dentist information is required).

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Chronic Illnesses (asthma, seizures, diabetes, etc.): \_\_\_\_\_

Prescription Medicines: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary Restrictions (must be accompanied by a Physician's note) \_\_\_\_\_

Describe your child's status concerning toilet training: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Emergency Authorization:**

I/we hereby authorize this facility:

1. to care for my child during the time he or she is in the facility; and
2. in accordance with the provisions of La. Civil Code Article 2997(7), I hereby authorize the Preschool Director or her designee to obtain and consent to emergency medical treatment for my child while under their care, in the event that said Preschool Director or her designee is unable to contact me.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent to Publish Photographs:**

I/we hereby authorize this facility to publish photographs of my child taken during school activities in the school newsletter, the local newspaper and the school's website.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Handbook Agreement:**

I/we hereby affirm that I/we will read and adhere to the school's policies as set forth in the Boutte Christian Academy Parent/Student Handbook.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*“Those who hope in the Lord will renew their strength.  
They will soar on wings like eagles; they will run and not grow weary,  
they will walk and not be faint.”  
Isaiah 40:31*

# ADMISSION AGREEMENT

## BCA/Life Church Academy Preschool

13271 Hwy. 90, Boutte, La. 70039  
985-785-2456

BCA/Life Church Academy is a Child Care/Preschool facility owned by the Life Church. The school is licensed to serve children ages 1 year through 4 years old by the Louisiana Department of Education under the Type III division.

### A. BASIC SERVICES

The school, BCA/Life Church Academy, shall provide the following basic services for:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Person Enrolling Child: \_\_\_\_\_ Relationship: \_\_\_\_\_

1. The child shall be furnished a Nutritious of breakfast, lunch, and afternoon snack.
2. The child shall be given assistance with personal care, as needed.
3. The child shall be provided a nap time after lunch (at least one hour in length) on a mat provided by the school.
4. The child shall be placed in a group of peers based on age and maturity determined by the Administrator and/or Director.
5. The child shall be involved in a program of play and learning experiences that are age appropriate. A balance of active and quiet play is provided for each child with emotional, social, physical and individual development in mind. The curriculum used for preschool classes is ABeka, and All About Preschoolers.
6. The school shall assume and retain responsibility for the child once the child is signed in by the parent, guardian, or designated representative. The school is no longer liable or responsible for the child once the child is signed out by the parent, guardian, or designated representative.
7. The child shall be administered physician-prescribed medication once signed in by parent or guardian in the medicine logbook, **accompanied with the side effects sheet from the pharmacy.** The school shall not administer a non-prescription medication unless age appropriate and **accompanied with the side effects sheet from the pharmacy.**
8. The school shall give appropriate first aid to a hurt child. A parent or guardian shall be contacted if, in the judgment of the school staff, immediate medical attention is necessary. If it is the further judgment of the school staff that the injury is of an emergency nature, 9-1-1 and a parent or guardian shall be called. It is the school's responsibility to take the child to the closest hospital, which is St. Charles Hospital, unless a parent or guardian is present and request otherwise.
9. An ill child shall be isolated and given appropriate care until picked up by a parent, guardian, or designated representative.
10. The school shall notify the child's parent or guardians of a suspected exposure to a communicable disease.
11. The school shall make every effort to safeguard personal belongings brought by the child, but shall not be responsible for lost or broken items.
12. The Administrator and Director or any other staff member shall notify the Department of Social Services as mandated reporters of any suspicion of child abuse, neglect, or endangerment of which they may become aware.
13. The school shall not provide transportation for students to and from school.
14. The school shall not publish any photographs of students without written consent from parents or guardians.
15. The school shall keep all students' records in strict confidentiality.

## OBLIGATIONS OF PARENTS OR GUARDIANS

1. The parent or guardian shall give the school permission to care for their child during the time he or she is in the school or on school-sponsored activities.
2. The parent or guardian shall provide upon registration a completed application and required medical information.
3. The parent, guardian or financially responsible party shall comply with the Financial Agreement as outlined on the Application of Admission and Parent/Student Handbook.
4. The parent, guardian, or designated representative (must be age 18 or older) shall bring the child into the school building upon arrival and sign the child in on the appropriate roster.
5. The parent or guardian cannot bring a child to school with a temperature of 101 degrees or more. A child cannot be brought to school if the child has had a temperature of 101 degrees or more, had diarrhea or any undiagnosed rash within the past 24 hours.
6. The parent or guardian shall notify the school of possible exposure to a communicable disease.
7. The parent or guardian shall contact the daycare office if their child will be arriving late to school so we will know to count the child for lunch.
8. The parent, guardian, or designated representative (must be age 18 or older) shall sign out the child on the appropriate roster before taking the child from the premises.
9. The parent or guardian shall notify the school in writing when someone who is not on the authorized pick up list will pick up their child from school. The office can accept written notes or faxes as long as they state who will be picking up the child and a parent's signature and phone number. The office will have to call the parent to verify the note or fax before we can release the child to someone who is not on the authorized pick up list. Parents may add individuals to their pick up list (in person) at any time in the Preschool office.
10. The parent or guardian shall provide diapers and/or pull-ups.
11. The parent or guardian shall provide a change of clothes to ensure that a change of clothes is available daily.
12. A parent or guardian shall see that the child is dressed appropriately when brought to school, following the guidelines in the Parent/Student Handbook.
13. The parent or guardian shall abide by all traffic rules of the school as stated in the handbook.
14. The parent or guardian shall attend conferences when asked to do so by the Administrator or Director of the school.

## TERMINATION OF AGREEMENT

This agreement shall be terminated if any one or more of the following occur:

1. The parent or guardian withdraws the child from the program.
2. The parent or guardian fails to comply with the Financial Agreement.
3. The child graduates from the 4 year-old program.
4. The school, in its sole discretion, determines that it is not in the best interest of the school or other children enrolled at the school to have the child in attendance.
5. The school, in its sole discretion, determines that it is unable to meet the needs of the child.
6. The parent or guardian fails to honor the obligations listed in this agreement and/or any rules or regulations set by the school.

Note: A conference may be requested by the school's administration or the parent or guardian to discuss matters that could potentially warrant termination of this agreement.

## D. SIGNATURE TO AGREEMENT:

My signature below indicates that I have read the terms of this agreement and that I agree to adhere to the rules, regulations, and manuals provided by Boutte Christian Academy Preschool.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Preschool Director: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization for the Application of Topical Products

Child's Name:

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I give permission for center staff to apply the following topical products to my child whether center provided or parent provided:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	sunscreen
<input type="checkbox"/>	<input type="checkbox"/>	insect repellent
<input type="checkbox"/>	<input type="checkbox"/>	diaper rash ointment
<input type="checkbox"/>	<input type="checkbox"/>	other: _____ (name)

This one time authorization will remain in effect until a new authorization is signed.

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Parent's Signature

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Date

## NON-VEHICLE EXCURSIONS AUTHORIZATION

My child, \_\_\_\_\_, has my permission to participate in the following off-site activities when the children are walking and accompanied by the staff of the center:

Type of Activity:

Class Walk or Nature Walk

Fall Fest

Easter Parade/Egg Hunt

Petting Zoo

Tumble Bus

Location of Activity:

BCA Parking Lot or beside Baby House

BCA Parking Lot or beside Baby House

BCA Parking Lot or beside Baby House

BCA Parking Lot or beside Baby House

BCA Parking Lot or beside Baby House

This authorization is valid for one year.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date