

Welcome to the
Preschool at



ATLANTIC
CHRISTIAN ACADEMY

Integrating Faith, Love and Learning

At ACA, we are dedicated to training up the next generation of Christian leaders through the integration of faith and learning in a loving environment. We have a gifted team of teachers who are committed to partnering with Christian families in the education of their children by building upon what is being taught at home and in the Church. ACA is set apart by its loving staff, specialized instruction, and low teacher-student ratio. Biblical truths are woven throughout academics, the arts, and athletics, and are applied in everyday school settings. One of our primary goals is to glorify God by raising up servant leaders who develop a Christian worldview with a desire to impact the world for Christ.

By wisdom a house is built, and through understanding it is established; through knowledge its rooms are filled with rare and beautiful treasures. Proverbs 24:3-4

Admissions Process

We are excited that you are considering ACA as a preschool for your child! We look forward to meeting you and assisting you with the following steps:

- **Meet our staff and schedule a tour**
Contact Jacque Rasku jrasku@atlanticchristianacademy.org or call 561-686-8081 x3140
- **Submit a completed application**
- **Submit copies** of your child's current physical and immunization forms
- **Submit a copy** of your child's birth certificate and most recent photo
- **Schedule a Parent/Student Interview with our Preschool Director**
- **Submit the Enrollment/Activity Fee**

Tuition

- **Enrollment/Activity Fee** Per student.....\$300

Includes books, materials, and numerous activities (non-transferrable and non-refundable)

Infants

Annual5 Day / \$11,800

Monthly5 Day / \$983

Toddlers

Annual 3 Day / \$9,200 ..5 Day / \$11,400

Monthly 3 Day / \$7675 Day / \$950

Two's / K3's

Annual 3 Day / \$8,400 ..5 Day / \$10,400

Monthly 3 Day / \$7005 Day / \$867

K4's *Please see reverse side for details*

VPK Only

8:30-11:30am Funded

VPK Wrap-Around

Monthly 7am-6pm ...3 Day / \$525.....5 Day / \$675

Non VPK 7am-6pm

Annual 3 Day / \$8,400...5 Day / \$10,400

Monthly 3 Day / \$700.....5 Day / \$867

Tuition Payment Options

Option A

- **Pay in full**
Pay tuition by July 1 for -3% maximum savings

Option B

- **Bi-annual payments**
1/2 tuition due July 1
1/2 tuition due Dec. 15

Option C

- **12 Month payment plan**
June - May Set up by "FACTS", a tuition management company. Use the *Admissions/Tuition* tab of our site to enroll www.atlanticchristianacademy.org/admissions/tuition

Family Commitment

Atlantic Christian Academy is dedicated to keeping your tuition affordable. Every contribution is beneficial and helps to offset the cost of education that tuition does not cover. Please pray about how you, too, can help support the ministry of Atlantic Christian Academy.

We are a Christ-centered, non-denominational preschool through 12th grade school. Welcome!

INFORMATION FOR VPK ONLY

Here's How the Program Works:

One year of VPK consists of 540 hours of instruction, with no more than 20 children per class. Atlantic Christian Academy offers limited spaces in our VPK-Only classes, consisting of three hours per day, from 8:30-11:30am, Monday through Friday. The majority of our VPK students are here all day in our VPK Wrap-Around Program, which offers early drop-off and late pick-up from mid-August through May.

The cost for our Wrap-Around Program is \$675 per month.

Our preschool hours of operation are from 7:00am to 6:00pm.

How to Qualify:

Your child must live in Florida and be 4 years old on or before September 1st of the current year to be eligible for VPK.

Atlantic Christian Academy encourages all of our families to invite a friend and attend one of our Open House visitations, where you will have the opportunity to view preschool and elementary classrooms.

How to Register:

*Registering for VPK can be completed online at www.elcpalmbeach.org Parents may register 24 hours a day, 7 days a week. Once the application is completed and the program's contracted overseer, Early Learning Coalition, has verified all submitted documents, a **Record Locator Number** is issued.*

*This number is required to download the
VPK Certificate of Eligibility.*

If you have questions, or are unable to complete the registration process on-line, please contact the Early Learning Coalition VPK Parent Information Line at (561) 514-3300



**ATLANTIC
CHRISTIAN ACADEMY**

PRESCHOOL

Integrating Faith, Love and Learning



Date _____

School Year _____

Entering Grade _____

Preschool Application *(please print)*

Student Full Legal Name _____

Male Female Student prefers to be called _____

Student Home Address _____

Student Date of Birth _____ Age _____ Social Security # _____

Student Place of Birth _____ Is student a US Citizen? Yes No

Name of Sibling(s) Currently Attending ACA _____

Atlantic Christian Academy has a non-discriminatory policy and admits students of any race, color, and national or ethnic origin.

However, to assist us in complying with accreditation and government regulations, we request the following information:

Student Ethnicity/Race

- Alaska Native American Indian Asian Black/African-American
 Hispanic/Latino Native Hawaiian Pacific Islander White Other _____

Natural parents are:

- Married Not Married Separated Legally Divorced Natural Mother Deceased Natural Father Deceased

 Mother's Name

 Father's Name

 SSN

 SSN

 Address

 Address

 City State Zip

 City State Zip

 Preferred Phone Home Phone

 Preferred Phone Home Phone

 Work Phone Cell Phone

 Work Phone Cell Phone

 Mother's Email

 Father's Email

 Mother's Occupation

 Father's Occupation

 Mother's Employer

 Father's Employer

 Mother's Home Church

 Father's Home Church

 Pastor

 Pastor

 Dates Attended

 Dates Attended

Child Custody

Copies of legal documents should accompany this application.

If parents are divorced or separated, who has legal custody of the child? _____

Is either parent forbidden by court order from having equal access to the child or the school records? No Yes

If yes, name of parent who may not have access: _____
(Written documentation is required prior to enrollment.)

If student does not live with both natural father and natural mother, please indicate with whom the student lives:

Natural mother only Natural father only Natural mother and stepfather Natural father and stepmother Guardian

Stepparent / Guardian Name _____

Address _____

Preferred Phone _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Occupation _____

Employer _____

Home Church _____

Pastor _____

Please list ALL persons living in the home with the child and their relationship to the child:

Name

Relationship

General Health Information

Indicate allergies (please list specifics)

Food: _____

Plants: _____

Chemicals: _____

Other: _____

Was your child premature? Yes No

Does your child have any physical disabilities? Yes No If yes, please explain: _____

Does your child need to wear glasses? Yes No All of the time? Yes No

Additional health information: _____

Only prescription medications may be given. Prescriptions must be in the original packaging from the pharmacy with the doctor's instructions printed on the current label.

Student Information

How did you hear about ACA? Current ACA family (Referred by _____)

Website Radio Other _____

Why do you feel Atlantic Christian Academy is the right choice for your child? _____

What is your child's attitude toward attending ACA? _____

Describe how you perceive your child's spiritual life: _____

Describe your child's opinion of himself or herself, as you see it. Include the strengths of that self-image and describe any areas where we could be of help: _____

How does your child relate to the other members of your family? Please mention any circumstances that are important to help us understand your child.

Is there anything we should know regarding your child's development (walking, talking, being able to make wants known, etc.)? _____

What is your child's usual bedtime? _____ Does he/she usually fall asleep promptly? Yes No Take a nap? Yes No

Describe your child's response to authority and discipline: _____

What is your child most often disciplined for? _____

What type of discipline do you find most effective for your child? _____

Are there any special circumstances in your child's life and/or home situation that you would like us to be aware of? Yes No

If yes, please explain: _____

If you would rather describe this situation during a personal interview, please check here.

Is there anything else you would like to share? _____

School History

If this is your child's first school experience, please check here.

Previous Schools Attended

School Name	Address	Telephone	Grades Attended	Years

Have you previously applied for admission to Atlantic Christian Academy? Yes No

If yes, when? _____

Why are you leaving your present school? _____

Has your child ever repeated a grade? Yes No

If yes, please explain: _____

Has your child ever been suspended or expelled from any school? Yes No

If yes, please explain: _____

Name of school _____ Contact Name _____

Contact Email / Phone _____

Has your child ever been tested for or enrolled in any of the following?

Gifted Program Learning Disability Speech Therapy Physical Disability Attention Deficit

Other _____

We understand that as a student of Atlantic Christian Academy:

1. Our child's photo and name may be used on the school's website, in school publications, and/or in promotional material.
2. Class placement is the decision of Administration.
3. The school has the right to dismiss any student who does not respect its spiritual standards, disciplinary procedures, or cooperate in the educational process and atmosphere set forth by Administration.

Mother's Name _____
(please print)

Signature _____

Father's Name _____
(please print)

Signature _____

Guardian's Name _____
(if applicable)

Signature _____



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Educational Special Needs Identification

Student Name _____ Applying _____ Date _____
(please print) for Grade

Atlantic Christian Academy believes it is in the best interest of your child that we know as much about school-related needs as possible. **Please list any special medical, behavioral, or educational needs that your child may have.** Please write “none” if your child has no special needs.

If a professional evaluation of your child’s needs has been completed within the last three years, please provide our Admissions Office with a copy. As we gather information to learn about your child, it is often helpful to communicate with any professionals that have worked with your child in the past. Please sign below to give your consent for us to communicate with these professionals.

I, _____, the _____
(Printed name of Mother, Father, or Guardian) (Mother / Father / Guardian)

of _____
(Name of Student)

give my permission for the Atlantic Christian Academy staff to consult with my child’s previous school(s), physician(s), counselor(s), psychologist(s), agency personnel, or other professional(s) by phone and/or in writing in regard to the above-named student. Permission is also given for the above-mentioned professionals to share information with school personnel.

Please list the name and contact information of any previous schools / professionals able provide information about your child’s needs.

_____ <i>Name of Previous School</i>	_____ <i>Phone / Email</i>
_____ <i>Contact</i>	_____ <i>Phone / Email</i>
_____ <i>Contact</i>	_____ <i>Phone / Email</i>

Signature of Parent / Guardian

***Atlantic Christian Academy desires to accommodate students with special needs.
We will look at each situation and provide assistance as we are able.***

Palm Beach County Supplemental Enrollment Form

Child's Name: _____ DOB: _____ Date Adm: _____

1. ARTICLE XIII, A, 8, PBC Rules, requires that parents must receive a copy of the Child Care Facility Brochure, KNOW YOUR CHILD. I have received a copy of the Child Care Facility Brochure, KNOW YOUR CHILD'S CARE CENTER.
2. ARTICLE XIII, A, 8, A, PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by Atlantic Christian Academy.
3. AUTHORIZATION FOR EMERGENCY MEDICAL CARE in the event of serious illness or accident and if parents cannot be reached.
4. ALTERNATE NUTRITION PLAN AGREEMENT:

Indicate Special Dietary Requirements:

I understand and approve the use of the **Alternate Nutrition Plan**.

I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

Please mark "P" for Parent Provided or "C" for Center Provided

____ Breakfast ____ A.M. Snack ____ Noon Meal ____ P.M. Snack ____ Dinner

____ Evening Snack ____ Formula

*I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the **Alternate Nutrition Plan***

Parent Printed Name _____

Parent Signature _____ Date _____

Director Printed Name _____

Director Signature _____ Date _____



At ACA our desire is to partner with you as parents in providing a quality Christian education for your child. In order to co-labor effectively, it is important that we are like-minded in how to best invest in your child spiritually, academically, and socially. Our goal is to minister to your child and your family.

Our mission:

Atlantic Christian Academy is committed to glorifying God by discipling students in a loving community that pursues excellence as we partner with parents in Christian education.

We do this through the integration of faith, love and learning.

As a Christian School, we believe the Bible is the Word of God and we adhere to the following Statement of Faith to guide us in our daily mission:

STATEMENT OF FAITH

1. We believe there is one living and true God, eternally existing in three persons: the Father, the Son, and the Holy Spirit.
2. We believe in God, the Father, an infinite, personal Spirit, perfect in holiness, wisdom, power, and love; that He concerns Himself mercifully in the affairs of men; that He hears and answers prayer; and that He saves from sin and death all who come to Him through Jesus Christ.
3. We believe in Jesus Christ, God's only begotten Son, conceived by the Holy Spirit. We believe in His virgin birth, sinless life, miracles, and teachings; His substitutionary atoning death; bodily resurrection; ascension into heaven; perpetual intercession for His people; and personal, visible return to earth.
4. We believe in the Holy Spirit, who came forth from the Father and Son to convict the world of sin, righteousness, and judgment and to regenerate, sanctify, and empower in ministry all who believe in Christ. We believe the Holy Spirit indwells every believer in Jesus Christ and that He is an abiding Helper, Teacher, and Guide.
5. We believe all people are by nature separated from God and responsible for their own sin, but that salvation, redemption, and forgiveness are freely offered to all by the grace of our Lord Jesus Christ. When a person repents of sin and accepts Jesus Christ as his/her personal Lord and Savior, trusting Him to save, that person is immediately born again and sealed by the Holy Spirit, all of his/her sins are forgiven, and that person becomes a child of God, destined to spend eternity with the Lord.
6. We believe that all the Scriptures of the Old and New Testaments are the Word of God, fully inspired, and that they are the infallible rule of faith and practice.
7. We believe God created the universe perfectly out of nothing. As believers, we recognize that our calling is to be good stewards of His creation, bringing Him honor and glory.
8. We believe in what is termed, "The Apostles' Creed", as embodying all the fundamental doctrines of orthodox Christianity.
9. We believe in Christ's "Great Commission" in Matthew 28:19 to "Go therefore and make disciples of all the nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit."

By signing below I acknowledge my support of the Statement of Faith and mission of Atlantic Christian Academy. I will do my best to partner with the school to help my child receive the very best Christian education.

Father's Name

Please Print _____ Sign _____ Date _____

Mother's Name

Please Print _____ Sign _____ Date _____

Student's Name Please Print _____



2017-2018 Preschool Financial Agreement Form

4900 Summit Blvd. • West Palm Beach, FL 33415 • 561.686.8081 • www.atlanticchristianacademy.org

- (1) The Enrollment/Activity Fee is per student and includes books, materials, and activities. It is non-transferrable and non-refundable, and must be paid at the time of enrollment.
- (2) The charge for tuition is an annual fee, divided into equal installments. It is not based on a daily or calendar month fee.
- (3) A \$30.00 NSF Fee will be charged for all returned checks paid to Atlantic Christian Academy and for automatic draft and returned checks to FACTS. A second attempt will be made to: 1) deposit returned checks by ACA, and 2) deduct all automatic drafts on the following payment cycle by FACTS.
- (4) Late payments will incur a \$25.00 fee.
- (5) Overdue accounts may result in the student not being permitted to attend school until the account is brought current.
- (6) Your account with Atlantic Christian Academy is a family account. All past due balances for school tuition, extended care, and any other miscellaneous charges must be paid in full in order for the student to receive their report card, transcript, or records.
- (7) Preschool closes at 6:00pm. A Late Pick-Up Fee will be charged for each child remaining after 6:00pm.
- (8) Please submit a withdrawal form to the school office on or before the final day of attendance.

Tuition

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Person Responsible for Child's Tuition Account Upon enrollment of my child, I will be financially responsible for the student named below and will adhere to the policies of Atlantic Christian Academy as stated above.

Printed Name(s) _____

Relationship to Child _____

Billing address _____

Student Name _____ Grade in 2017-2018 _____

Student Name _____ Grade in 2017-2018 _____

Student Name _____ Grade in 2017-2018 _____

Signature of person(s) responsible _____ Date _____

Family Commitment Atlantic Christian Academy is dedicated to keeping your tuition affordable. Every contribution is beneficial and helps to offset the cost of education that tuition does not cover. Please pray about how you, too, can help support the ministry of Atlantic Christian Academy.

Do you have any additional thoughts regarding the "Parent" categories described on page 1?

How would you describe the parent-child relationship in this family?

Is there anything special about this family that you would like to share with us?

If you would like our **Admissions Coordinator** or **School Principal** to contact you regarding this recommendation, please check here:

Signature _____ Position _____

Print Name _____ Phone _____

Church _____ Phone _____

Date Completed _____



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Emergency/Medical Release Authorization Form

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Student Name _____

Address _____ City/State/Zip _____

Home phone _____ Cell Phone _____

Sex Male Female Date of Birth _____

Child lives with Both parents at home Both parents, different homes Mother only Father only Other

Mother's Information

Father's Information

Name _____

Name _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Emergency Contacts Other Than Parent ~~~~~

1. Name _____ Relationship to Student _____

Home Phone _____ Work / Cell Phone _____

2. Name _____ Relationship to Student _____

Home Phone _____ Work / Cell Phone _____

3. Name _____ Relationship to Student _____

Home Phone _____ Work / Cell Phone _____

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 Family Physician / Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ Phone \_\_\_\_\_

Allergies / Medical Conditions / Special Needs \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

I authorize Atlantic Christian Academy, its officers, directors, employees, managers, and agents or an adult representative of the School to consent to any and all medical and hospital care and treatment as deemed necessary for the health and well-being of my child by a duly-licensed physician selected by said representation. I understand that I shall be fully responsible for, and agree to pay for, all costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization. This authorization and release shall be valid for as long as my child is enrolled at ACA. It is the responsibility of the parent/guardian to notify the school in writing of any changes in emergency/medical information.

PRINTED NAME of PARENT or GUARDIAN \_\_\_\_\_

SIGNATURE of PARENT or GUARDIAN \_\_\_\_\_

FOR NOTARY PUBLIC: \_\_\_\_\_ State of Florida, County of Palm Beach

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My  
 Commission  
 Expires as of:

\_\_\_\_\_  
 Notary Public - State of Florida at Large