



JACKSON PARK BAPTIST ACADEMY

Jackson Park Baptist Academy

1005 Jackson Street

Kannapolis, NC 28083

(704) 932-5015

www.jpbbaptist.org

JACKSON PARK BAPTIST ACADEMY



Dear Parents,

Welcome to the Preschool Ministry of Jackson Park Academy. We are glad you are interested in having your child participate in our Preschool Program. We have three primary goals that shape everything we do at our preschool.

1. To share the gospel of Jesus Christ by loving, guiding and actively teaching children Biblical concepts and values.
2. To educate and nurture "the whole child", which means we strive to help children develop their God-given intellectual, social, emotional, physical and language skills.
3. To provide a preschool experience where each child in our program feels welcome, safe, appropriately challenged and unconditionally loved.

Please take the time to completely familiarize yourself with the policies and procedures in the attached Parent Handbook. In this packet you will find:

- ✓ Preschool Parent Handbook
- ✓ Preschool Registration Form
- ✓ Student Health Form
- ✓ Photo Release Form
- ✓ All About Your Child Form
- ✓ Copy of Immunization Records

Please note that a non-refundable registration fee must be turned in at the time of registration. If you have questions, please contact me and I will be happy to assist you. We look forward to having your child as a part of our program.

JR Beaver

Pastor

General Enrollment Information

- Class placement is based on child's age as of August 31
- Class days are Monday-Friday from 8:30am-12:30pm
- Classes are available for potty-trained children, ages 3 and 4.
- Classes are available for non-potty trained 2 year olds.

Jackson Park Baptist Academy Holidays

Labor Day
Veterans Day
Thanksgiving/Fall Break
Christmas/Winter Break
Martin Luther King, Jr. Day
President's Day
Easter/Spring Break

Non-Refundable Registration Fee

\$75

Monthly Tuition

Monday-Friday (5 days) \$210.00

10% Jackson Park Baptist Church member discount

10% Sibling Discount

*Discounts cannot be combined

*Our monthly tuition is calculated by dividing our annual tuition fee into ten equal monthly payments. The tuition rate does not fluctuate according to the number of days in the current month.

*Tuition is NOT prorated for shorter months during the school year due to illnesses, vacations, travel, holidays, five or less snow days and/or temporary absences.

*There will be a \$10 late fee added if tuition remains unpaid on the 1st of the month.

*Unless special payment arrangements are made with the program director, a child whose tuition payment is not turned in by the 5th of the month may not return to school until tuition is paid. After the 10th of the month, the child's slot may be given to a child on the waiting list.

Tuition Payment Schedule

August Tuition- due July 25

September Tuition- due August 25

October Tuition- due September 25

November Tuition- due October 25

December Tuition- due November 25

January Tuition- due December 25

February Tuition- due January 25

March Tuition- due February 25

April Tuition- due March 25

May Tuition- due April 25

Inclement Weather Policy

For updates regarding weather related closures you will be contacted by the Academy and/or your teacher via text message and/or your parent portal.

Withdrawal Policy

Thirty days written notice is requested if you plan to withdraw your child.

What your child needs for preschool every day:

- ✓ Large, elementary-sized book bag labeled clearly on the outside with your child's name.
- ✓ A healthy mid-morning snack
- ✓ Comfortable, washable play clothes and closed toe shoes are required
- ✓ Coats, hats and mittens in winter weather
- ✓ Labeled zip lock bag with a complete change of seasonally appropriate clothes

We will go out every day unless the temperature drops below 40 degrees

Illness Policy

To protect your child, other children and teachers, a child showing the following symptoms will not be accepted in the classroom:

- Nasal discharge that is discolored
- Discharge from the eyes or ears
- Severe sore throat or cough
- Respiratory problems
- Rash, open fever blisters or any skin irritation
- COVID-19 or been exposed to someone that has COVID-19
- Diarrhea or vomiting
- Fever
- Conjunctivitis (pink eye)
- Open cut that is oozing
- Infectious/contagious disease
- Lice and/or nits

Children who appear ill or become ill during school hours will be isolated from other children. You will be notified immediately and asked to pick up your child. Children may return to preschool after they have been healthy and symptom-free for 24 hours.

Serious Illnesses

In the case of serious infectious illnesses (such as flu, chicken pox, strep throat, COVID-19 etc.) parents are to notify the director as soon as possible so that the parents of other children in the classroom can be notified. A letter will be sent home to the parents with information on symptoms to be alert for. We do not disclose the identity of the ill child.

Immunizations

Children must be up to date on all required immunizations before starting preschool. There are no exceptions to this policy. A copy of the child's immunization record must be turned in before the first day of school.

Medications

The only medications given at school are emergency allergy medications for a child with a documented severe allergy and rescue inhalers for a child with asthma. An allergy action plan must be in place before an allergic child's first day of preschool. The medication must be unexpired and in the original container with the prescription label (if applicable) and labeled with the child's name and dosage. The same applies for a child with a rescue inhaler.

Emergencies

In the case of an emergency or accident, parents will be notified immediately. If emergency treatment is required, 911 will be called.

Drop-Off

Drop off time is between 8:15am - 8:30am. At 8:30am the preschool entrance is locked, attendance is recorded and the school day gets underway. Please try to arrive no later than 8:30am. We don't want your child to miss out on any of the day's learning activities and late arrivals also disrupt morning routines. If you do arrive later than 8:30am, please ring the doorbell at the preschool entrance and a staff member will let you in.

Separation Anxiety

Tears and clinginess are common but harmless when toddlers and timid older children first start preschool. Your child's teacher will distract, soothe, comfort and engage your child in activities and help them learn that preschool is a fun and safe place to be. We encourage parents to be brief and upbeat at drop-off time. Your child will usually follow your lead. For most children, any crying stops within a few minutes and does not persist past the first couple of weeks of preschool. If your child is having an especially hard time adjusting, we will communicate and work with you to help your child grow to love preschool.

Car Line Drop-Off

Car line is available in the morning for drop off. Please follow directions to the preschool entrance, driver's side away from the entrance doors and a staff member will assist you child out of the car. Please observe the signs indicating the one-way flow through our parking lot so that our families are safe during drop-off and pick-up.

Car Line Pick-Up

Children are to be picked up no later than 12:40pm each day. If there is a delay in picking up your child by 12:35, please call the church and advise when you will arrive. A charge of \$10.00 per 10 minutes will be incurred if a child remains after 12:40pm.

Alternate Pick-Up Persons

There is a space on the registration form to list up to four people who are authorized to pick up your child. If someone who is not on the list will be picking up your child, you must notify your child's teacher in writing. Any alternate pick-up person, on the list or not, must be prepared to present a picture ID when they come to pick up your child.

Photographs

At various times during preschool, photographs may be taken of the children. They may be posted on our church/preschool website, preschool Facebook page or displayed in the classrooms/church. We may also use them in our brochures and promotional material. Please complete the Photo Release Form attached for our files. If the form is not received at time of registration it will be assumed that we do not have permission to photograph your child.

Discipline

We expect kids to act like kids, and we have realistic and age-appropriate expectations for our preschooler's behavior. Our best method of discipline is being role models of positive and Christ-like behavior ourselves. When behavior problems do occur, we may use one of the following responses:

- Ignoring minor negative behaviors
- Noticing and praising positive behaviors
- Redirecting a misbehaving child to a more appropriate activity
- Talking with the child and teaching empathy for others
- Loss of a privilege directly related to the misbehavior – example, for hitting another child with a block, losing privilege of playing with blocks that day
- Having a child “take a break”, which gives them a chance to sit in a quiet spot within the classroom for a few minutes, calm any strong emotions and return to class activities when he/she feels ready to rejoin the group.

No physical punishment or harsh disciplinary treatment is utilized.

Aggressive Behavior

Occasionally, a child will develop a pattern of aggressive behavior. Our desire is to work with the families through any difficult stage their child may be going through. If a behavior problem is recurring, parents may be called in for a conference with the teacher. Our goal is always to come up with a plan that can provide the child with consistency at home and at school. We reserve the right to discontinue the enrollment of a child whose behavior is dangerous to themselves or to others.

Allergies

Before the first day of school, parents must notify the school in writing of any allergies their child may have. Parents must promptly notify the teacher of any newly developed allergy in their child.

Peanut/Treenut Policy

We are a nut sensitive school. This means if there is a student in your child's class with a severe peanut/treenut allergy, that entire classroom will be a peanut/treenut free zone. No nuts, nut butter or nut products will be allowed in that classroom. Parents will be notified in writing if their child's class is a peanut/treenut free room. Be advised that a room could become peanut/treenut free at any point during the school year. If this occurs, a notification letter will go home to parents and a "No Peanut/Treenut" sign will be posted at the classroom door.

Parent Involvement

Parents are always welcome to visit Jackson Park Baptist Academy. Throughout the year, you may want to volunteer as a guest story reader or help with special events. Please speak with your child's teacher to make arrangements.

Birthday Celebrations

Please notify your child's teacher in advance if you would like to send in a small treat for your child's birthday.

Notice of Nondiscriminatory Policy

Jackson Park Baptist Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admissions policies and other school-administered programs.

Family Communication

We need your help to maintain consistent, two-way communication between the preschool staff and our preschool families. This is what we ask from you:

1. Check your child's folder every day for notes from the teacher. Use the folder to send notes to your child's teacher as well.
2. Read all preschool newsletters, notes and reminders.
3. Post the class activity calendar on your fridge and refer to it often.
4. Call and inform the school whenever your child will be absent. If your child becomes ill, let us know what symptoms they have experienced or if they have been diagnosed with a contagious illness.
5. Let the teacher know if your tuition payment will be late.
6. Share your expectations with us. Let us know what is important to you and what you hope your child gets out of their preschool experience.
7. Inform the teacher of any custody arrangements involving your child.
8. Let us know how we can pray for you! The preschool staff prays together every morning before school and we'd love to lift your family in prayer. Requests can be shared with the church secretary or your child's teacher, or feel free to slip a note in your child's folder.

Field Trips

Field trips will be scheduled throughout the school year and require a parent/guardian to accompany the child and provide their own transportation. Permission slips will be sent home as trips are scheduled. Any costs/fees for field trips are not included in tuition.



Child's Name: _____

Parents' Names: _____

Date: _____

Welcome to Jackson Park Baptist Academy!

Please help us get acquainted by filling out and returning this form.

We look forward to getting to know your child and your family this school year.

Tell us about your child's personality: _____

What are your child's eating habits? _____

Tell us about your child's self-help and social skills: _____

Any likes, dislikes or fears: _____

Tell us your hopes and expectations for this school year: _____

Anything else you would like to share? _____

Thank you for your input. We are looking forward to a terrific year!

Emergency Contacts/Authorized To Pick Up

Name: _____ Relationship to Child: _____ Authorized For
Primary Phone #: _____ Secondary Phone #: _____ Pick-up? Yes/No
Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship to Child: _____ Authorized For
Primary Phone #: _____ Secondary Phone #: _____ Pick-up? Yes/No
Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship to Child: _____ Authorized For
Primary Phone #: _____ Secondary Phone #: _____ Pick-up? Yes/No
Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship to Child: _____ Authorized For
Primary Phone #: _____ Secondary Phone #: _____ Pick-up? Yes/No
Address: _____ City: _____ State: _____ Zip: _____

Handbook Acknowledgement And Medical Authorization

I give the director and teachers permission to administer first aid,
give CPR and to obtain necessary medical services on my child or children's behalf.

Signature of Parent or Legal Guardian

Date

By signing this form, I acknowledge I have received and have read the

*JPBA Preschool Parent Handbook and agree to abide by the policies and guidelines in the handbook.

REQUIRED Signature of Parent or Legal Guardian

Date

*Signature is required to register your child/children for our Preschool Program

Emergency Information/Medical Release Form

Physician's Name: _____ Phone: _____

Insurance Carrier/Policy #: _____

Hospital Preference: _____

Should my child, _____, become ill or suffer an accident of any type while in the care of JPBA Preschool, the director shall make every effort to contact me immediately. In the event said personnel are unable to reach me, said personnel or employees of JPBA are authorized to secure any medical attention, treatment, and services for my child as may be deemed necessary. Any qualified persons providing such required medical attention, treatment, or services may accept this signed consent form. I agree to assume responsibility for payment of all medical costs incurred.

I give permission for my child, _____, to be transported by car or ambulance to an emergency treatment center, and will hold employees of JPBA harmless.

Signature of Parent/Guardian

Date

List medical information: (allergies, medication etc.) _____

List any special needs of your child: (fears, favorite toys, toilet habits, etc.) _____

If you would like for us to administer non-prescription topical ointments in needed during the school day please indicate below:

First Aid Ointment (Neosporin Wound Cleanser for Kids, A&D Ointment, Aquaphor) YES / NO

Benadryl Gel (Children's Anti-Itch Cool Gel) YES / NO

Signature of Parent/Guardian

Date

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____

2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? _____

3. Is the child on any continuous medication? No ___ Yes ___ If yes, what? _____

4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___ ; diabetes No ___ Yes ___ ;
convulsions No ___ Yes ___ ; heart trouble No ___ Yes ___ ; asthma No ___ Yes ___ .
If others, what/when? _____

6. Does the child have any physical disabilities: No ___ Yes ___ If yes, please describe: _____

Any mental disabilities? No ___ Yes ___ If yes, please describe: _____

Signature of Parent or Guardian _____ Date _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Hcight _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____

Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____

Neurological System _____ Skin _____ Vision _____ Hearing _____

Results of Tuberculin Test, if given: Type _____ date _____ Normal ___ Abnormal _____ followup _____

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed; _____

Should activities be limited? No ___ Yes ___ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____



Jackson Park Baptist Academy Preschool Photo Release Form

At Jackson Park Baptist Academy Preschool we take lots of pictures! We take pictures to capture precious moments as well as to illustrate what your child is doing at preschool. We use these pictures in many different ways. They may be included in our "End of Year Program", displayed in the room or put in our classroom books. We may also use them in our brochures, promotional material and our Jackson Park Baptist Academy Facebook page and website.

Please complete the following:

Child/Children Name(s): _____

- I give permission to Jackson Park Baptist Academy Preschool to use photos of my child(ren).
- I DO NOT give permission to Jackson Park Baptist Academy Preschool to use photos of my child(ren).

Parent/Guardian Signature

Date

If you have any special concerns or restrictions you would like to add, please discuss them with the preschool director.

JACKSON PARK BAPTIST ACADEMY



Jackson Park Baptist Academy COVID WAIVER Jackson Park Baptist Church

As a participant or as a parent/guardian of a participant of Jackson Park Baptist Academy, at Jackson Park Baptist Church, I recognize and acknowledge there are certain risks of physical injury and I agree to assume full risk of any injuries, including damages or loss which may be sustained as a result of participation in activities associated with Jackson Park Baptist Academy. I agree to waive and relinquish all claims against Jackson Park Baptist Church and its faculty members from any and all claims resulting from participation in the programs offered. I acknowledge the contagious nature of COVID-19 and any other contagious diseases and viruses and voluntarily assume the risk that I and/or my children may be exposed to or infected by COVID-19 by attending and participating and that such exposure or infection may result in personal injury, illness, disability, and/or death. I understand that the risk of becoming exposed or infected by COVID-19 and other contagious diseases and viruses, as always, may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, employees, volunteers, and program participants and their families.

I have read and understand this policy and agree to assume these risks and liabilities.

Signature

Print Name

Contact Phone Number

Student(s) Name

