



EAGLE HEIGHTS CHRISTIAN ACADEMY

2012-2013 Admission Procedures

New Applicant – MDO – 12th Grade

Welcome to Eagle Heights Christian Academy. The Application for Admission is attached. Pages 1 – 2 are for your reference. Pages 3 – 20 are to be completed by the parent/guardian of the applicant. Please type or print very neatly on all forms. If you choose to type the information, please be aware that after you print the document you will need to sign/initial on pages 6 – 20.

PART I All documents must be turned in when registering. (The ONLY exception that will be made is if there are extenuating circumstances regarding the physician's statement. If the physician's statement is not turned in when registering, a note must be written from the parent explaining the circumstances. If the statement is not received within one week your spot will be released.)

Part I: Complete all forms listed below including initials, signatures and dates.

Name of Form:

To be filled out by:

- | | |
|---|--------------------------------|
| • New Student Information | MDO – 12 th Grade |
| • Parental Consent Form | MDO – 12 th Grade |
| • New Family Information | MDO – 12 th Grade |
| • Additional Parent Information (if applicable) | MDO – 12 th Grade |
| • Discipline and Guidance Policy | MDO – 12 th Grade |
| • Support Agreement | MDO – 12 th Grade |
| • Statement of Faith | MDO – 12 th Grade |
| • Biting/Illness/Drop Off/Pick Up | MDO Only |
| • Discount Eligibility Application | MDO – 12 th Grade |
| • Tuition Pmt Form/Supplementary Program | MDO – 12 th Grade |
| • Student Emergency Information | MDO – 12 th Grade |
| • Student Computer/Internet Usage Policy | PreK3 – 12 th Grade |
| • Parent Volunteer Interest Form | PreK3 – 12 th Grade |
| • Parent/Student Handbook Form | MDO – 12 th Grade |

Part II: Documents to be submitted with application

MDO through 12th Grade must submit:

- Copy of up-to-date Immunization Record with month/date/year noted
- Copy of State Birth Certificate – No Hospital Certificates
- Physician's Statement completed by doctor

1st through 12th Grade must submit:

- Copy of current report card and final report cards from two previous years
- Copy of test results - Stanford, Iowa, Cogat, CAT9, AT6, etc., taken within the last 12 months
- Copy of IEP or other related documents (if applicable)

PART II Submit completed application, documents and registration fee *in person* to Eagle Heights Christian Academy.

Registration is from 8:00 a.m. – 3:45 p.m. beginning February 21, 2012.

PART III: 1st - 12th Grade will be contacted by phone/email regarding interview/testing.

Note: Submission of documents does not guarantee acceptance.

PreK3 through 12th Grade Registration Dates and Fees

| Date | Information | Registration Fee (due at the time of registration) |
|-------------------------------------|---|--|
| February 7 – 17, 2012 (weekdays) | Accept applications for current students entering PreK3 - 12 th grade and FBCP members | \$130 per student (\$300 max family) |
| Tuesday, February 21, 2012 | Accept applications for new students Current students/FBCP Members New students | \$130 per student (\$300 max family) \$160 per student (\$350 family max) |
| Friday, April 6, 2012 | Registration fees increase: Current students/FBCP Members New students | \$160 per student (\$350 family max) \$200 per student (\$400 family max) |
| Friday, June 8, 2012 | Registration fees increase for all. | \$200 per student (\$400 family max) |

PreK3 through 12th Grade Tuition and Academic Fees

| Class | Days | Time | Annual Tuition (can be paid annually or paid in 12 monthly payments) | 12 Monthly Payment Amounts (June 2012 – May 2013) | Academic Fee (Due May 4) |
|----------|-------|-------------|--|---|-----------------------------|
| PreK-3/4 | T/Th | 8:30 – 3:30 | \$3,285.00 | \$273.75 | \$190 |
| PreK-3/4 | M/W/F | 8:30 – 3:30 | \$4,100.00 | \$341.67 | \$200 |
| PreK-3/4 | M-F | 8:30 – 3:30 | \$5,100.00 | \$425.00 | \$210 |

PreK-3 Requirements: Must be 3 by September 1, 2012, must be fully potty trained

PreK-4 Requirements: Must be 4 by September 1, 2012

Kinder Requirements: Must be 5 by September 1, 2012

| | | | | | |
|------------------------------------|-----|-------------|------------|----------|-------|
| K – 3 rd | M-F | 8:30 – 3:30 | \$5,100.00 | \$425.00 | \$210 |
| 4 th – 6 th | M-F | 8:30 – 3:30 | \$5,200.00 | \$433.34 | \$230 |
| 7 th – 8 th | M-F | 8:30 – 3:30 | \$5,300.00 | \$441.67 | \$250 |
| 9 th – 12 th | M-F | 8:30 – 3:30 | \$5,300.00 | \$441.67 | \$270 |

ALL REGISTRATION AND ACADEMIC FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.

Academic fees cover:

PreK-3 through Kindergarten Curriculum materials, supplies, textbooks, book bag, nap mat

1st through 6th Grade Curriculum materials, supplies and textbooks

7th through 12th Grade Curriculum materials and textbooks (7th – 12th grade students will be given a list of school supplies that they are required to bring on the first day of school.)

Mother's Day Out Program Information

| Days | Time | Monthly Tuition (10 months) |
|-------------------------|-----------------------|-----------------------------|
| Monday/Wednesday/Friday | 8:30 a.m. - 2:00 p.m. | \$300 |
| Tuesday/Thursday | 8:30 a.m. - 2:00 p.m. | \$200 |

Mother's Day Out Registration Information

| Registration Dates | Times | Registration Fee |
|-----------------------------------|---|---|
| February 7 – 17, 2012 Weekdays | Accept applications for current students entering MDO | \$75 per student |
| February 21, 2012 | Accept applications for current and new students entering MDO | \$75 Current Student \$125 New Student |

Supplementary Programs Offered

| | | | |
|---------------------------------|-----------------------|---|--|
| *Early Morning Care | 7:00 a.m. – 7:45 a.m. | \$5/day | |
| *After School Care | 3:30 p.m. – 6:00 p.m. | Annual Cost: \$1,750 or \$15/day (drop in) | Can be paid in 10 monthly payments August – May / \$175 per month |
| Extended Care (MDO Students) | 2:00 p.m. – 3:30 p.m. | \$45/month TTH \$70/month MWF \$115/month M-F | Only offered to siblings of currently enrolled 8:30 a.m. to 3:30 p.m. EHCA students AND must be 24 months by 9/1/2012 |

*These programs are not available for Mother's Day Out students.

Students enrolled in monthly After School Care may enter Early Morning Care at no additional cost.

Students remaining in the care of EHCA after 6:00 p.m. will have an additional fee assessed to the family's account in the amount of \$1.00 per minute. There is no charge for students arriving after 7:45 a.m.; however, all students arriving prior to 8:20 a.m. are required to report to the appropriate Early Morning Care area.



Student Name: _____
Application Date: _____ **Grade:** _____
Time Received: _____

APPLICATION FOR ADMISSION NEW APPLICANT – MDO - 12th Grade 2012 – 2013

Eagle Heights Christian Academy is a discipleship school that strives to guide our students toward a deeper relationship with our Lord Jesus Christ, to radiate His compassion toward others, and to develop servant-leader qualities while providing a comprehensive academic program presented from a Biblical Worldview.

Policy of Non-Discrimination

Eagle Heights Christian 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 of the school. We do not discriminate on the basis of race, color, national and ethnic origin in administration of educational policies, admission policies, scholarship programs, athletic programs, or other school-administered programs.

In adherence with our Non-Discrimination Policy, EHCA considers all individuals who possess the qualifications necessary to be productive and disciplined students; *however, we do not have the facilities or staff necessary to provide a successful educational experience for students with special needs, including academic deficiencies, behavioral problems and emotional disturbances.* In the best interest of these students, EHCA cannot extend admission or enrollment to students who are not performing at or above grade level expectations (academically, socially and/or behaviorally).

ALL documents **MUST** be completed in their entirety. The only exception will be the physician's statement, which may be turned in within one week of the application date. If the statement is not received within one week your spot will be lost. **We will not be able to accept any partial Applications.** Your Application for Admission will be returned to you at the time of registration, if **ANY** of the information is not in compliance with the 2012-2013 Admission Procedures. This policy will be enforced in order to provide the most fair and equitable admission process for our students and their families.

| <i>(for office use only)</i> | Received | |
|-------------------------------------|----------|---|
| New Student Information | | Registration Fee Check No. _____ Credit Card _____ Amount Received _____ Attached to Sibling _____ Grade _____ |
| Parental Consent Form | | |
| New Family Information | | |
| Additional Parent Information | | |
| Discipline and Guidance Policy | | |
| Support Agreement | | |
| Statement of Faith | | |
| Biting/Illness/Pick up Policy (MDO) | | |
| Discount Eligibility Application | | |
| Tuition Payment Preference Form | | |
| EMC/ASC/Extended Care Application | | |
| Student Emergency Form | | |
| Student Computer/Internet Usage | | |
| Parent Volunteer Interest | | |
| Parent/Student Handbook | | |
| Copies of: | | |
| Birth Certificate | | |
| Current Report Cards (2 yrs) | | Letter of Acceptance Sent |
| Immunization Record Copy | | Entered in RenWeb – Student |
| Physician Statement | | Entered in RenWeb – Classes |

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EAGLE HEIGHTS CHRISTIAN ACADEMY

New Student Information

MDO – 12th Grade

| | | | |
|--|-----------------|--|---|
| Name of Child | | Name Child Goes By | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Race <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other (explain) | |
| Address | | City/State | Zip |
| Subdivision | | Home Phone | |
| Birthplace | | Date of Birth | Age as of 9/1/12 |
| Grade to Enter <input type="checkbox"/> MDO <input type="checkbox"/> K3 <input type="checkbox"/> K4 <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th | | | |
| Days to attend (MDO, K3 and K4 only) <input type="checkbox"/> M/W/F <input type="checkbox"/> T/Th <input type="checkbox"/> M-F | | | |
| Applicant lives with (check all that apply) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Other (explain) | | | |
| Where does the applicant attend Sunday School/Youth Activities? | | | |
| What Christian Church does the applicant attend? | | | |
| List of previous schools attended | | | |
| School Name | Location | Grade(s) Attended | Reason for Leaving |
| | | | |
| | | | |
| School District in which child resides: | | | |
| Scholastic grades have been: <input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average | | | |
| Has applicant repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| It is understood that each child will be placed in the grade which best meets his/her individual needs as determined by a standardized placement test and/or administration's evaluation. | | | |
| Describe this child: <input type="checkbox"/> fidgety | | <input type="checkbox"/> timid/passive <input type="checkbox"/> excitable | <input type="checkbox"/> enjoys projects |
| <input type="checkbox"/> makes friends <input type="checkbox"/> daydreams | | <input type="checkbox"/> relates stories/experiences | <input type="checkbox"/> participates in groups |
| <input type="checkbox"/> asks questions <input type="checkbox"/> outgoing | | <input type="checkbox"/> overactive <input type="checkbox"/> shy | <input type="checkbox"/> finishes tasks |
| Please comment on the description(s) checked: | | | |
| Hobbies, special interests? | | | |
| Has applicant had any history of an unusual physical or emotional condition, learning disability or learning difficulty which might require special attention at EHCA? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If Yes, please explain. | | | |
| Has the applicant been formally tested/diagnosed: <input type="checkbox"/> LD <input type="checkbox"/> ED <input type="checkbox"/> Dyslexia <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other If yes, when? If yes, do you have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is applicant currently taking medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: | |
| If yes, please provide IEP or list of classroom modifications that the child is receiving. | | | |
| Has applicant ever been suspended, expelled, or required to attend an alternative learning center? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? | | Has applicant had any history of illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: | |



EAGLE HEIGHTS CHRISTIAN ACADEMY

Parental Consent Form

MDO – 12th Grade

Child's Name _____ **Grade** _____

Publication Permission

Please **INITIAL** permission for your designated choice:

_____ I hereby GRANT permission for EHCA to display photographs of my child in the school yearbook, on the EHCA website, in the school building, in printed material, by video and/or by any other method of communication.

_____ I hereby DO NOT GRANT permission for EHCA to display photographs of my child in the school yearbook, on the EHCA website, in the school building, in printed material, by video and/or by any other method of communication.

Please Note: Your child's name will **NOT** be included with photos on the website or outside of the classroom.

Classroom Directory

- _____ Yes, you may share my information (phone number, email and address) in my child's class directory.
- _____ No, please do not share my information in my child's class directory

The following information is to be completed by MDO, PreK and Kindergarten Applicants only.

This preliminary information regarding transport, field trips and water activities is required by the state to be in the child's file however please note the following information:

Field Trips: Parents will be notified and asked to sign individual permission slips each time there is a field trip. (MDO does not go on field trips.)

Water Activities: Parents will be notified each time there are water activities for the class.

| | | |
|---|---|--|
| Transportation: | I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give | consent for my child to be transported and supervised by the operation's employees/school representative(s): |
| <input type="checkbox"/> on field trips | N/A to and from home | N/A to and from school |
| Field Trips: | I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give | consent for my child to participate in Field Trips |
| Parent's Comments: | | |
| Water Activities: | I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give | consent for my child to participate in Water Activities |
| <input type="checkbox"/> sprinkler play | <input type="checkbox"/> splashing pools (with only a couple inches of water) | |
| <input type="checkbox"/> water table play | N/A swimming pools | |

Meals: Students in PreK3 through 12th grade are given the option of buying a hot lunch. All MDO, PreK3, PreK4, Kindergarten and after school care students are given a snack daily. EHCA is required by the state to obtain parental permission to serve these items to your child.

| | | | |
|--|---------------|--|------------|
| I understand that the following meals will be served to my child while in care: | | | |
| <input type="checkbox"/> none | N/A Breakfast | <input type="checkbox"/> Lunch (paid by parents) | N/A Supper |
| <input type="checkbox"/> Evening Snack (After School Care) | | | |
| <input type="checkbox"/> Morning and/or Afternoon Snack (MDO, PreK and Kindergarten) | | | |

Parent's Signature _____ **Date** _____



EAGLE HEIGHTS CHRISTIAN ACADEMY

Additional Parent Information

MDO – 12th Grade

Additional Parent Information

| FATHER | MOTHER |
|---|---|
| <input type="checkbox"/> Father <input type="checkbox"/> Stepfather | <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother |
| Name | Name |
| Address | Address |
| City/State/Zip | City/State/Zip |
| Home Phone | Home Phone |
| Cell Phone | Cell Phone |
| Home Email | Home Email |
| Occupation | Occupation |
| Employer | Employer |
| Work Phone | Work Phone |
| Work Email | Work Email |
| Christian Church now attending | Christian Church now attending |
| Pastor | Pastor |
| Parent has: <input type="checkbox"/> Partial Custody <input type="checkbox"/> Visitation Rights | Parent has: <input type="checkbox"/> Partial Custody <input type="checkbox"/> Visitation Rights |
| Should parent receive correspondence from EHCA? <input type="checkbox"/> Yes <input type="checkbox"/> No | Should parent receive correspondence from EHCA? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does parent have permission to pick up the child? <input type="checkbox"/> Yes (if yes, parent must be listed on emergency form on page 15) <input type="checkbox"/> No | Does parent have permission to pick up the child? <input type="checkbox"/> Yes (if yes, parent must be listed on emergency form on page 15) <input type="checkbox"/> No |
| Can parent be contacted in case of emergency? <input type="checkbox"/> Yes (if yes, parent must be listed on emergency form on page 15) <input type="checkbox"/> No | Can parent be contacted in case of emergency? <input type="checkbox"/> Yes (if yes, parent must be listed on emergency form on page 15) <input type="checkbox"/> No |



Eagle Heights Christian Academy
Discipline and Guidance Policy
MDO – 12th Grade

- ◇ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child’s level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ◇ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child’s age and development, which is limited to no more than one minute per year of the child’s age.

- ◇ There must be no harsh, cruel or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps or toilet training;
 - (3) Pinching, shaking or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child’s mouth
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive or profane language;
 - (8) Placing a child in a locked or dark room, bathroom or closet with the door closed; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child’s age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

- parent employee/caregiver household member of child-care home



Eagle Heights Christian Academy

Support Agreement

MDO – 12th Grade

I (we), agree to the following policies:

Financial

1. I understand monthly tuition payments are collected by FACTS Tuition Management Co. and any penalty fees due to lack of funds in an account will be collected by FACTS.
2. I understand my financial responsibilities to the school and that all other fees collected by the school (after school programs, meals, etc.) are due on the 5th of each month. If a payment is made after the 20th it is subject to a \$25 (twenty-five dollars) late fee.
3. I understand that if a payment is not received within thirty (30) days of when it is due, I will be contacted by the Finance Manager. In the event the payment becomes more than sixty (60) days delinquent, I will be notified that my child(ren) will not be allowed to continue in attendance unless a plan for the payment has been approved by the Academy Ministry Team. If there is a financial problem or difficulty, I agree to make an appointment with the Finance Manager and resolve the matter. I agree to pay the balance of my account before requesting transcripts or other records for release.
4. I understand that EHCA operates on tuition and gifts and that God is the provider of the school's resources. I will pray for God's provision and give additionally as God supplies in my personal finances.
5. I understand that assessments will be charged to cover damages to the school or its property, including breakage of windows and abuse of other personal property if due to negligence or disobedience.
6. I understand that, in the event of withdrawal, a student attending any part of the month is financially obligated for the entire month. **Registration fees, Academic fees and Activity fees are non-refundable.**

Parental Support

1. I understand that the basic tenet of the Christian philosophy of education is the discipleship of young people based on the Word of God; that the purpose of Eagle Heights Christian Academy is to provide quality education for children in a Christian setting as an extension of the training they receive at home; and, that the school and home work closely together toward this goal.
2. I agree to seek pediatric/psychological counsel for possible medical intervention if the classroom teacher and/or administration identify observable characteristics that may indicate a medical, neurological or psychological difficulty in my child.
3. I agree to support the school with my prayers and a positive attitude. I will share complaints or negative comments only with the teacher, administrator, or person involved and not with my child or other people, according to principles in Matthew 18:15.
4. I agree to attend meetings for parent conferences when requested by the teacher or administration.
5. I understand that I am responsible for providing my child's meals and/or snacks and that EHCA is not responsible for the nutritional value of the meals or for meeting the child's daily food needs.

Behavior/Discipline

1. I agree to uphold the academic standards of the school by providing a place for my child to study and by giving encouragement in the completion of homework and assignments.
2. I agree with the standards of conduct and discipline, and I grant authority to the teacher and administration to discipline my child as necessary. Any disciplinary action is to be reported to me so that I can cooperate with the teacher to help insure that the discipline is effective in the life of my child.
3. I understand that failing to inform the administration of any of the following with regard to my child may be cause for immediate dismissal: psychiatric counseling, involvement with the law or juvenile authorities, any prescribed program of behavior-controlling medication, pregnancy or marriage.
4. I understand that my failure to personally support the school as outlined above may limit my child's right to enrollment or re-enrollment.

Signature of Father

Date

Signature of Mother

Date



EAGLE HEIGHTS CHRISTIAN ACADEMY

Statement of Faith

MDO – 12th Grade

WE BELIEVE . . .

- In the one and only true God who eternally exists and is manifested in three persons: God the Father, God the Son, and God the Holy Spirit. He created the universe and everything in it and maintains sovereignty over all things.
 - That Jesus is the Christ, the Son of the living God. He is the promised Messiah sent for the salvation of all who will believe on Him and trust in Him. He is the fullness of God manifested in bodily form; the image of the invisible God.
 - Jesus was God incarnate; born of a virgin according to Scripture; lived a sinless life; died for our sins as a substitutionary sacrifice for us; rose from the grave on the third day in victory over death; ascended back to the Father and is now our High Priest, Advocate, and is ever interceding on our behalf.
 - Jesus is the Head of the body, the church, and at the appointed time will call His church out of this world; will come again to this world to establish His millennial reign, and to ultimately judge all the world and establish His eternal Kingdom.
 - In the eternal person of the Holy Spirit, the third part of the Godhead, who is working in the world today to reveal the fullness of Christ; to convict sinners of sin; regenerating and sanctifying, and sealing them forever to the Father.
 - That the Bible is the pure, true, infallible, inerrant, and inspired word of God given through the direction of the Holy Spirit, through the prophets, as our instruction book for life.
 - That salvation comes from each individual recognizing that he/she is a sinner by nature; recognizing that he/she cannot justify himself/herself by his/her own works; that each person must receive the shedding of Jesus' blood on the cross and in repentance, ask God for forgiveness; making Him Lord of their life; and having received Him, they are spiritually saved or "born again" and are indwelt by the Holy Spirit; therefore, they became a child of God and a forever member of the family of God for time and eternity.
 - That heaven is the place of eternal blessedness for the saved and that hell is the place for eternal conscious punishment for the unbelievers
 - That the New Testament Church is a group of "born again," baptized believers in Jesus Christ, who voluntarily and regularly meet together for worship, discipleship, fellowship, ministry, and evangelism.
- I support without reservation with the Statement of Faith position of Eagle Heights Christian Academy.
- I support the Statement of Faith except for the area(s) listed and explained on a separate paper. The exceptions represent either disagreements or items for which I have not yet formed an opinion or conviction.

Name of Child

Name of Parent/Guardian

Signature of Parent/Guardian

Date



EAGLE HEIGHTS CHRISTIAN ACADEMY
Biting/Illness/Parent Drop Off/Pick Up Policy
Mother's Day Out Applicants Only

Biting Policy

- Any child who bites another child or teacher while in our care will be suspended for 3 class days on the 3rd biting incident.
- The child will be suspended for a 2-week period* on the 4th biting incident.
- On the 5th biting incident, the parent will be given the options of a 2-month suspension* or withdrawal from the school for the remainder of the school year.

*During the 2-week and/or 2-month suspension periods, the account must continue to be paid in order to hold the child's placement with EHCA.

- Upon returning to class from the 2-month suspension, if the child bites again he/she will be withdrawn from the school for the remainder of the school year.

Note: These incidents are considered over a calendar year beginning with the child's first day in class.

I have read the Biting Policy above, and agree to the content:

Parent's Signature

Date

Child's Name (Please print)

Illness Policy

A child will not be permitted to attend MDO if they have had fever of 100.4, had diarrhea or vomited within 24 hours.

A child must be fever free without the use of fever reducing medicines to be included in activities.

Any child who has fever of 100.4 or over, who vomits or has diarrhea two times while in our care must be picked up immediately.

I have read the Illness Policy above, and agree to the content:

Parent's Signature

Date

Child's Name (Please print)

Parent Drop Off/Pick Up Policy

Drop off begins at 8:20 a.m. Please enter the building through the doors on the North (FM 518) side of the building only. Drop your child off in his/her class THEN COMPLETE the sign in form at the MDO desk. Please exit the building through the doors on the North (FM 518) side of the building.

In the afternoon, if you wish to pick up your child, please be at the child's classroom prior to 1:45 p.m. You may only enter from the North entrance. If you choose to use the Parent Pick up drive through line, please line up your vehicle on the South side of the building at 2:00 p.m. Your child will be brought to your car. PLEASE DO NOT GET OUT OF YOUR CAR AND WALK UP TO GET YOUR CHILD. This is very dangerous for our children! There will be NO entry into the building through the car line entrance. We must keep the doorways and drive through clear of pedestrian traffic.

Thank you for your assistance and understanding. EHCA policies and procedures are in place to ensure the safety of your child.



EAGLE HEIGHTS CHRISTIAN ACADEMY

Discount Eligibility Form

MDO – 12th Grade

Parent's Full Name (printed) _____

We are claiming NO eligibility for discount with Eagle Heights Christian Academy.

We are claiming the following eligibility for discount with Eagle Heights Christian Academy:

| <u>Tuition Prepayment</u> (Choose one box only.) | <u>Discount</u> | <u>Statement</u> |
|---|-----------------|---|
| <input type="checkbox"/> Prepaid Annual | 3% | We will pay our total annual tuition by June 8, 2012. |
| <input type="checkbox"/> Prepaid Semester | 1% | We will pay 50% of our annual tuition by June 8, 2012 and the remainder by January 7, 2013. |

| <u>Type of Discount</u> (Choose one box only.) | <u>Discount</u> | <u>Statement</u> |
|---|-----------------|--|
| <input type="checkbox"/> Pastor (other church) | 50% | We receive 75% of our household income from a local Christian Church. |
| <input type="checkbox"/> FBCP Employee | 50% | Discount applies for all children. |
| <input type="checkbox"/> FBCP Active Member | 15% | We are active members of FBCP per the bylaws and regularly support FBCP with our tithes and offerings. |
| <input type="checkbox"/> Multi student – 3 | 15% | We have 3 or more students enrolled at EHCA. |
| <input type="checkbox"/> Multi student – 2 | 5% | We have 2 students enrolled at EHCA. |

WE RESERVE THE RIGHT TO REQUIRE ADDITIONAL INFORMATION TO VERIFY ELIGIBILITY FOR TUITION DISCOUNTS.

DISCOUNTS APPLY TO **TUITION ONLY**.
NO DISCOUNTS WILL BE APPLIED TO ANY SUPPLEMENTARY PROGRAMS.

Tuition Due Calculation (can be completed by the parent or the EHCA Financial Manager)

| Student(s) Name | Grade | Annual Tuition | Monthly Tuition |
|--|-------|-----------------|-----------------|
| _____ | | \$ _____ | \$ _____ |
| _____ | | \$ _____ | \$ _____ |
| _____ | | \$ _____ | \$ _____ |
| _____ | | \$ _____ | \$ _____ |
| Total before Discount and Prepayments | | _____ | _____ |
| | | \$ _____ | \$ _____ |
| Discount | | (\$ _____) | (\$ _____) |
| Prepayment Discount | | \$ _____ | \$ _____ |
| Total Tuition after Discounts | | \$ _____ | \$ _____ |

Signature of Parent/Guardian _____ **Date** _____



EAGLE HEIGHTS CHRISTIAN ACADEMY

Tuition Payment Form

MDO – 12th Grade

Student's Full Name _____ Grade _____ Date of Birth _____

Parent/Guardian's Full Name _____

Address _____ City _____ Zip _____

Home Phone _____ Father's Cell _____ Mother's Cell _____

**Please check the option you are choosing for tuition payment
for 2012-2013 school year.**

Payment in Full:

- Total Annual Tuition. This payment, due June 8, 2012 may be made directly to EHCA and will entitle you to a 3% tuition discount.
- Total Semester Tuition. These payments, due June 8, 2012 and January 7, 2013 and may be made directly to EHCA and will entitle you to a 1% tuition discount.

Monthly Payment through FACTS Management:

PreK3 – 12th Grade payments are budgeted over 12 months, from June 2012 through May 2013.
MDO payments are budgeted over 10 months.
Payments are automatically drafted from your checking or savings account.

- Automatic bank payments made on **either** the 5th or the 20th of the month.
(There is an annual FACTS non-refundable enrollment fee of \$38.)
- Automatic bank payments made on **both** the 5th and the 20th of each month.
(There is an annual FACTS non-refundable enrollment fee of \$38.)

Payment Agreement

I agree to make tuition payments for the 2012-2013 school year according to the options I have selected above. I understand if my account becomes sixty (60) days past due, I will be notified that my child(ren) will not be allowed to continue in attendance. If there is a financial problem or difficulty, I agree to make an appointment with the Finance Manager and resolve the matter.

Signature of Parent/Guardian _____ Date _____



EAGLE HEIGHTS CHRISTIAN ACADEMY

Early Morning Care, After School Care,
Extended Day Program

Please complete if any of the following programs are needed:

PreK3 – 12th Grade (not available for MDO students)

- Early Morning Care (7:00 a.m. – 7:45 a.m.) Drop In
- After School Care (3:30 p.m. – 6:00 p.m.) Monthly Drop In

*Students enrolled in monthly After School Care may enter Early Morning Care at no additional cost.
*Students remaining in the care of EHCA after 6:00 p.m. will have an additional fee assessed to the family's account in the amount of \$1.00 per minute.

Mother's Day Out

Extended Day Program (2:00 p.m. - 3:30 p.m.) M/W/F T/Th M-F
(Only offered to siblings of currently enrolled 8:30 a.m. to 3:30 p.m. EHCA students **AND** must be 24 months by September 1, 2012)



EAGLE HEIGHTS CHRISTIAN ACADEMY
 Student Emergency Information 2012-2013
 MDO – 12th Grade

PLEASE TYPE OR PRINT VERY CLEARLY.

Child's Name _____ **Grade** _____

Address _____ City _____ Zip _____

Home Phone # _____ Date of Birth _____ Age _____

Parent Information with whom the child resides:

Father/Stepfather's Name _____ Mother/Stepmother's Name _____

Work # _____ Work # _____

Cell # _____ Cell # _____

If my child is sick or needs medicine please call:

Father 1st 2nd Mother 1st 2nd

In addition to the people listed above, I HEREBY AUTHORIZE the following people to leave the EHCA campus with my child and/or assume temporary care of the child. If marked as an Emergency Contact – I authorize EHCA to contact these same persons if the people listed above cannot be reached.

| Name | Home Phone Number | Cell/Work Number | Relationship to student | Emergency Contact |
|------|-------------------|------------------|-------------------------|---|
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |

EMERGENCY MEDICAL ATTENTION: In the event that I cannot be reached to make arrangements for emergency medical attention, **I HEREBY AUTHORIZE** EHCA faculty/staff to contact the above named person(s), and do **HEREBY AUTHORIZE** the named physician, hospital and/or clinic to render such treatments deemed necessary in an emergency for the welfare of said child. In the event the physician, person named, or parents/guardian cannot be contacted, EHCA officials are **HEREBY AUTHORIZED** to take whatever action is deemed necessary in their judgment for the health and well-being of said child.

Physician's Name _____ Address _____ Phone _____

Hospital Name _____ Phone _____

Please list and describe ANY allergies your child has (if none mark "NONE"): _____

Please list and describe ANY chronic health conditions, special needs, serious illness, injuries or hospitalizations resulting from any of the above your child has had in the past 12 months: (if none mark "NONE"): _____

Please list ANY long term medication your child takes (if none mark "NONE"): _____

Signature of Parent/Guardian _____ **Date** _____

Release for Medication

We have non-prescription medication available in the EHCA Clinic as a temporary aid for your child. If you would like for these medications to be given to your child, please **initial** each individual medication that you consent to be given by the EHCA clinic or office personnel. You will also be called to give verbal permission before any medicine is given.

Antibiotic Ointment Cough Drops Insect Sting Relief Acetaminophen
 Benadryl (liquid) Benadryl (caps) Benadryl (cream) Tums
 Pepto-Bismol (children's) Pepto-Bismol (adults) Hydrocortisone Ibuprofen

Signature of Parent/Guardian _____ **Date** _____

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EAGLE HEIGHTS CHRISTIAN ACADEMY

Student Computer Usage Policy

PreK3 – 12th Grade

Students at Eagle Heights Christian Academy (EHCA) should use computer equipment (hardware, software, data and peripherals) responsibly.

Students should:

1. Recognize that computer equipment is valuable and therefore treat it with respect and care. Computer equipment includes central processing units, monitors, keyboards, mice, cd rom disks, etc.
2. Understand that copying licensed software without authorization is unlawful behavior and is not allowed.
3. Use the computers at ECHA for school related projects only, unless special permission is given by faculty or staff to do otherwise.
4. Understand that accessing the internet is permitted only under the supervision of faculty or staff and only allowed in direct relation to a class assignment or project. At no time are students permitted to access personal email or any instant messaging feature while using the computer equipment at EHCA.

Failure to comply with this policy may result in disciplinary action by the teacher or school principal.

I have reviewed this policy, understand it and agree to comply with these rules.

Student Name _____ Grade _____ Student Signature _____

Parent/Guardian signature _____ Date _____



EAGLE HEIGHTS CHRISTIAN ACADEMY

Internet Usage Agreement

PreK3 – 12th Grade

Students will be using the Internet to conduct research and complete assignments. Because the Internet and computer networks/data bases are available from around the world, our practices limit Internet use to academic pursuits in accordance with our school's goals, mission statement and Christian philosophies. Inappropriate use of the Internet will result in the student's computer use and access being terminated by the school for a length of time determined by the administration, with additional penalties as determined by the nature of the violation, including full restitution for damages to computer(s) and network(s).

I agree to use the network and Internet in an appropriate and responsible manner.

Student Name _____ Grade _____ Student Signature _____

Parent/Guardian Signature _____ Date _____

- My child may have supervised access to the Internet.
- My child may **not** have access to the Internet. Please provide alternative activities.

Parent/Guardian Signature _____ Date _____

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EAGLE HEIGHTS CHRISTIAN ACADEMY

Volunteer Interest 2012-2013

PreK3 – 12th Grade

Thanks to our parent volunteers we are able to offer the activities listed below.
Please check the activities you are able to help out with.

Child's Name _____ Grade _____

Classroom Activities

- Room Parent

School Wide Activities

- | | |
|--|--|
| <input type="checkbox"/> Doughnuts with Dad | <input type="checkbox"/> Soccer Coach (5 th and up) |
| <input type="checkbox"/> Muffins with Mom | <input type="checkbox"/> Girls Basketball Coach (5 th and up) |
| <input type="checkbox"/> Teacher Appreciation Week | <input type="checkbox"/> Boys Basketball Coach (5 th and up) |
| <input type="checkbox"/> Accelerated Reader Program (1 st – 8 th) | <input type="checkbox"/> Girls Volleyball Coach (5 th and up) |
| <input type="checkbox"/> St. Jude's Math-a-thon (1 st - 6 th) | <input type="checkbox"/> Cheerleading Coach |
| <input type="checkbox"/> Box Tops for Education | <input type="checkbox"/> Library/Book Fair |
| <input type="checkbox"/> Lunchroom Monitor | <input type="checkbox"/> Faith In Action |
| <input type="checkbox"/> Grandparents Day | <input type="checkbox"/> Operation Christmas Child |
| <input type="checkbox"/> Substitute Teacher | <input type="checkbox"/> Family Thanksgiving Feast (in the cafeteria) |
| <input type="checkbox"/> MDO/Preschool | <input type="checkbox"/> Field Day |
| <input type="checkbox"/> K-12 | |

Coordinator Opportunities

Some of our volunteer opportunities need a committee/coordinator. If you are interested in heading up a committee please check the activity below. This would include organizing the activity, contacting volunteers, possibly raising funds, etc.

- | | |
|--|---|
| <input type="checkbox"/> Operation Christmas Child | <input type="checkbox"/> Teacher Appreciation Week |
| <input type="checkbox"/> Doughnuts with Dad | <input type="checkbox"/> Plastic and Aluminum Recycling |
| <input type="checkbox"/> Pull Tabs program for Ronald McDonald House | <input type="checkbox"/> Field Day |
| <input type="checkbox"/> St. Jude's Math-a-thon (1 st - 6 th) | |



EAGLE HEIGHTS CHRISTIAN ACADEMY

Parent/Student Handbook 2012-2013

MDO – 12th Grade

Parents need to be of one mind with the school staff in understanding the purpose and policies of the school. Therefore, we ask that one parent affirm that he/she will read the Parent/Student Handbook and discuss with his/her family.

For your convenience the 2012-2013 Parent/Student Handbook will be available on the school website beginning May 7th. www.eagle-heights.org / about us / handbooks

However, if you would like a hard copy you may pick one up from the front desk starting May 7th.

Parents *must fill in and sign the appropriate spaces below* indicating that the EHCA Parent/Student Handbook will be read so that we can be united in the support and enforcement of all policies and procedures. This signed affirmation will be placed in the student's file.

Choose One:

- We understand that the EHCA Parent/Student Handbook for the 2012-2013 school year can be found on the school website, and that we are responsible for reading and understanding the rules and other information contained in the Handbook.
- We would like to request a hard copy of the EHCA Parent/Student Handbook for the 2012-2013 school year. We understand that we are responsible for reading and understanding the rules and other information contained in the handbook.

Name of Child(ren) _____

Grade(s) _____

Parent's Name (printed) _____

Parent Signature _____ Date _____



EAGLE HEIGHTS CHRISTIAN ACADEMY
Medical Information
MDO – 12th Grade

Part A – Physician Only

(This form is provided to you as a courtesy. If your physician has a form of preference, please attach it to this Application.)

PHYSICIAN’S STATEMENT

I have examined _____
(child’s full name) (birthdate)

within the past year (12 months) and find that he/she is physically able to take part in the school program.

Physician’s Signature _____ Date _____

Physician’s Address _____ City _____ State _____ Zip _____

Part B – Parent Only

If your child has not received the varicella vaccine, please complete the form below.

This is to verify that _____ (student) had chicken pox on or about
_____ (date) and does not need the varicella vaccine.

Signature of Parent/Guardian _____ Date _____