

NCAP 2021-2022



Registration Packet



2021-2022 Class Times and Tuition Information

More information and forms can be found at www.northsidechristian.academy

Class	Days and Times	Tuition
<p>Tiny Two's This class meets once a week. It is a Parent and Me Class. <i>(siblings are not permitted to attend)</i></p>	<p>Tuesday, Wednesday or Thursday 10:00-11:40 a.m.</p>	<p>\$450.00 Per Year \$50.00 Per Month</p>
<p>Three-Year-Old Classes This class meets twice a week Students must turn 3 by September 30th and be fully potty trained.</p>	<p>Tuesday/Thursday or Monday/Wednesday 9:00-11:30 a.m. or 12:30-3:00 p.m.</p>	<p>\$855.00 Per Year \$95.00 Per Month</p>
<p>Four-Year-Old Classes This class meets four times a week Students must turn 4 by September 30th</p>	<p>Monday-Thursday 9:00-11:30 a.m. or 12:30-3:00 p.m.</p>	<p>\$1,125.00 Per Year \$125.00 Per Month</p>
<p>Pre-K4 This class meets five times a week Students must turn 4 by September 30th and be attending kindergarten in 2022</p>	<p>Monday-Friday 9:00-11:30 a.m. or 12:30-3:00 p.m.</p>	<p>\$1,395.00 Per Year \$155.00 Per Month</p>
<p>Pre-K5 This class is for the young five-year-old who needs one more year of preschool before entering kindergarten. They must turn 5 by September 30th</p>	<p>Monday-Friday 8:45-11:45 a.m. or 12:30-3:00 p.m.</p>	<p>Am Class Only \$1,620.00 Per Year \$180.00 Per Month (3 hour class) Pm Class Only \$1,395.00 Per Year \$155.00 Per Month (2.5 hour class)</p>

There is a 10% discount for enrolled siblings



More information and forms can be found at www.northsidechristian.academy

2021-2022 Registration Information

<ul style="list-style-type: none"> • Currently enrolled NCA and NCAP Preschool and Academy Students • Siblings of Currently enrolled NCA and NCAP families • Children from Staff Members 	<p>Parents will receive registration for re-enrollment during parent conferences on February 18th & 19th .</p> <p>Parents may turn in registration on Tuesday, February 23rd, 2021</p> <p><u>Do not turn in before Tuesday, February 23rd</u></p>	<p>Completed registration can be dropped off at the receptionist desk beginning at 8:00 am.</p> <p>\$40.00 <u>Non-Refundable Registration</u></p> <p>September Tuition is also due at this time. <u>It is Non-refundable after July 1st.</u></p> <p>Checks made payable to: NCA</p>
<ul style="list-style-type: none"> • Children from Members of NCC 	<p>Sunday, February 28th, 2021</p>	<p>Registration must be completed and brought to the Church after any of the two morning services.</p> <p>\$40.00 <u>Non-Refundable Registration</u></p> <p>September Tuition is also due at this time. <u>It is Non-refundable after July 1st.</u></p> <p>Checks made payable to: NCA</p>
<ul style="list-style-type: none"> • Open Registration • Enrollment will continue until all classes are full 	<p>Monday, March 1st, 2021</p>	<p>Registration must be completed and brought to the Church from 6:00-7:00.</p> <p>\$40.00 <u>Non-Refundable Registration</u></p> <p>September Tuition is also due at this time. <u>It is Non-refundable after July 1st.</u></p> <p>Checks made payable to: NCA</p>



Preschool Registration Form



2 Year Olds

Adult Participation Class

- ___ T a.m.
- ___ W a.m.
- ___ TH a.m.

3 Year Olds

- ___ T/TH a.m.
- ___ T/TH p.m.
- ___ M/W a.m.
- ___ M/W p.m.

4 Year Olds

Need to be 4 by September 30th or completed three's at NCAP.

Can enter kindergarten or PRE K5 next fall

Four days a week 2^{1/2} hour classes

- ___ M-TH a.m.
- ___ M-TH p.m.

Pre-K 4

Need to be 4 by September 30th with no exceptions.

Will enter kindergarten next fall

Five days a week 2^{1/2} hour classes

- ___ M-F a.m.
- ___ M-F p.m.

Pre-K 5

Need to be 5 by September 30th with no exceptions.

Could have entered kindergarten

Five days a week 3 hour classes

- ___ M-F a.m.
- ___ M-F p.m.

First Name: _____

Last Name: _____

Middle Name: _____

Birth Date: _____

Siblings enrolled at NCA: _____



Special Requests (this includes teachers or peers your child would like to be with):

For office use only:

Registration Paid: \$40.00 Check # _____ Date of Registration: _____

1st Tuition Installment: \$ _____ Check # _____ **Non-refundable after July 1st.**

Northside Christian Preschool

Student Application Information - PLEASE FILL OUT IN ENTIRETY

2021-2022

Student	Last Name _____ Middle Initial _____ First Name _____ Age: _____ Class Entering : _____ Address _____ City/State/Zip _____ Phone _____ Parents' Marital Status: ___ Married ___ Separated ___ Divorced ___ Single Student Lives with: ___ Mother ___ Father ___ Both ___ Guardian ___ Other _____ Ethnicity: ___ Caucasian ___ African American ___ Hispanic ___ Other School District student resides: _____	Birthdate: Month: _____ Day: _____ Year: _____ Gender: Female: _____ Male: _____
Mother	Last Name _____ First Name _____ Frequently Checked E-mail _____ (Only if different from the student's) Address _____ City/State/Zip _____ <input type="checkbox"/> Please check box if this name can be on class roster	Work Phone: _____ Cell Phone: _____ Occupation: _____ Employer: _____
Father	Last Name _____ First Name _____ Frequently Checked E-mail _____ (Only if different from the student's) Address _____ City/State/Zip _____ <input type="checkbox"/> Please check box if this name can be on class roster	Work Phone: _____ Cell Phone: _____ Occupation: _____ Employer: _____
Siblings	Name: _____ Grade/Age: _____ Name: _____ Grade/Age: _____ Name: _____ Grade/Age: _____ Name: _____ Grade/Age: _____	

Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Cell Phone	Home Phone	Cell Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Relationship to child	Secondary Emergency Contact	Relationship to child
()	()	()	()
Home Phone	Cell Phone	Home Phone	Cell Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Medical Information

Hospital/Clinic Preference	
Physician's Name and Address	Phone Number
Primary Dentist	Phone Number
Other Specialist	
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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Please check the box to state that you understand it is the program's policy that your child is completely toilet trained upon the entering date.

Emergency Transportation Authorization

Give Permission to Transport

NCAP has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

Parent Signature _____

Date: ____/____/____

Do Not Give Permission to Transport

NCAP does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:

Parent Signature _____

Date: ____/____/____

Acknowledgement of Policies and Procedures:

Parent Signature _____

Date: ____/____/____

This form, after being signed by the parent/guardian, must be reviewed for completeness and signed by the administrator prior to the child receiving care. The administrator will have the parent review and initial the form when any changes are made annually. The parent/guardian and administrator will initial and date the form to indicate it was reviewed if altered.

Administrator Signature _____

Parent Signature _____

Date: ____/____/____

Non-Discrimination Policy:

Racial Nondiscriminatory Policies (3301-3904 Sec. A (3) (5) and Sec. B (1))

"The governing board of the Northside Christian Academy School located at 7615 Ridge Road in Wadsworth, Ohio 44281 has adopted the following racial nondiscriminatory policies."

"The Northside Christian Academy School Recruits and admits students of any race, color, or ethnic origin to all its rights, privileges, programs, and activities. In addition, the school will not discriminate on the basis of race, color or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or desegregation."

"The Northside Christian Academy School will not discriminate on basis of race, color, or ethnic origin in the hiring of its certified or non-certified personnel."

I have read the Non-Discrimination Policy

Initials: _____

A Note from the Nurse



It has been a wonderful year for me at NCA and NCAP. I have really enjoyed getting to know all the students and families. I am very excited that I will be returning as lead school nurse for the 2021-2022 school year!

Vaccinations: It is required by the Ohio Department of Health that each student has on record up to date vaccinations. All preschool students need to bring the most recent copy of their vaccinations. Keep this in mind and get the most recent copy the next time you are at your child's doctor office. If you choose to decline vaccinations, please see me for a waiver form. As a note, students in the Tiny Two's do not need to provide vaccination records.

Preschool requirements:

DTaP- 4 doses

HIB- 3 doses

MMR- 1 dose

Polio/IPV/OPV- 3 doses

Hepatitis B- 3 doses

Varicella/chicken pox- 1 dose

Child Medical Statement: Your child's doctor must sign a form at their well child visit stating that they are able to attend preschool. **This form must be updated every 12 months.**

I will be providing a no-cost vision screening in January. Speech/hearing screenings will be done by parent request by an outside provider for a fee. More information regarding speech/hearing screenings will be sent home in the fall.

Medications: Prescription and non-prescription medications that may be given to your preschooler while at school include Epi-pens, Benadryl, and inhalers. With each medication a parent or guardian must sign permission, and the child's physician must fill out a care plan for the medication to be given. Please see me for these forms. **If your child has an allergy or medical condition**, please include this on the emergency medical form. Also remember to complete both sides of the emergency medical form including physician, preferred hospital, and permission to transport child in an emergency situation.

Thank you,

Gina Mendel, RN
School Nurse

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code	Home Telephone Number		
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)		Cell Phone			
Parent's Work/School Telephone Number		Parent's Work/School Name			
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)		Cell Phone			
Parent's Work/School Telephone Number		Parent's Work/School Name			
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name		Name			
City		State	City		State
Telephone Number	Relationship to Child		Telephone Number	Relationship to Child	
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No
 Yes - check all that apply Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? (*check one*)

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (*check one*)

- No
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

Northside Christian Academy Preschool
Registration and Payment Schedule
Academic Year 2021-2022

The admissions process is on a first come, first serve basis. During registration, you must return the application packet and a non-refundable \$40.00 family registration fee. **You will also be required to pay the first month's tuition which is non-refundable after July 1, 2021.**

Required Fees:

Registration	\$ 40.00	Non-refundable
Tiny Two's	\$ 450.00	Yearly (\$50 monthly)
Three's	\$ 855.00	Yearly (\$95 monthly)
Four's	\$1,125.00	Yearly (\$125 monthly)
Pre K4	\$1,395.00	Yearly (\$155 monthly)
Pre K5	\$1,620.00	Yearly (\$180 monthly)

*Parents are responsible for the full predetermined tuition. The yearly amount will be divided into nine monthly payments.

*A \$10.00 late fee will be charged to payments received after the 7th of each month.

*10% discount for siblings will be applied.

Required Forms:

- Registration Form/Student's Contact Information
- Emergency Contact and Medical Information
- Child's Medical Statement (current within 12 months)
- Child Care Plan (if Necessary)
- Allergies and Special Health form
- Handbook Acknowledgement Form

Refund Policy:

For students who withdraw from NCAP, tuition refunds will be issued only if the student is withdrawn before July 1st. Tuition is required for any month in which a student is in attendance regardless of the number of days. Students who are required to leave NCAP for disciplinary reasons will pay the remainder of their tuition.

Discounts:

Parents who have more than one student enrolled in NCAP and NCA will receive a 10% discount on total tuition.

Parents who serve as missionaries and have been approved by the School Board will receive a 10% discount on total tuition.

We have read and agree to comply with the tuition and fee policies stated above.

Parents/Guardians

X _____

X _____

Date: _____ / _____ / _____

NCAP Business Manager

X _____

Date _____ / _____ / _____

NORTHSIDE CHRISTIAN ACADEMY/PRESCHOOL HANDBOOK ACKNOWLEDGEMENT

Please print, sign and return this acknowledgement to Northside Christian Academy. This form is required to be in your child's file.

This handbook describes important information about Northside Christian Academy's policies and regulations. Please review the handbook carefully and direct any questions to the appropriate staff personnel.

Policies in the handbook are in effect for all students and their families at all times. However, NCA reserves the right to make decisions regarding any information in the handbook based on individual circumstances.

My child and I have read the NCA Handbook and understand its contents. We agree to abide by the guidelines stated in this handbook throughout the 2021-2022 school year.

X _____
(Please Print) Family Name

X _____
Parent Signature

X _____ E-mail address

Electronic Handbook can be found at:

www.northsidechristian.academy



Northside Christian Preschool | 2021-2022 CALENDAR

AUGUST 2021						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JANUARY 2022						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

I am special.
Psalms 139:14

3rd School Resumes
17th No School MLK Jr. Day

I am a student.
Luke 6:40

SEPTEMBER 2021						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

9th Parent Orientation 6:00
10th Open House 9:00-12:00
13th & 14th Testing Dates 4's & Pre-K 4/5
14th T/Th 3's start
15th 4's, M/W 3's & Pre-K4/5 start
20th Prayer Vigil 7:00

FEBRUARY 2022						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

I am a leader.
Genesis 1:26

17th & 18th No School- Parent Conferences
21st No School-President's Day
22nd Early Registration for 2022-2023

I am colorful.
Acts 17:26

OCTOBER 2021						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

5th & 6th School Pictures
8th & 11th No School

MARCH 2022						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

I am creative.
Exodus 35:30-33

1st Open Registration
18th No School

I am thankful.
Ephesians 5:20

NOVEMBER 2021						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

16th Picture Retakes
25th & 26th Thanksgiving Break

APRIL 2022						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

I am a gardener.
John 15:5

4th-8th No School-Spring Break
11th School Resumes
15th No School- Good Friday

I am giving.
2 Corinthians 9:7

DECEMBER 2021						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

14th & 15th Christmas Programs
20th-31st Christmas Break

MAY 2022						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

I am the light.
Matthew 5:16

16th-18th Graduation Programs/Last Day