



Nations Ford Christian Academy  
5901 Nations Ford Road  
Charlotte, NC 28217  
(704) 405-2012

[www.nfcakids.org](http://www.nfcakids.org)

[www.nationsford.org](http://www.nationsford.org)

*“Preparing Children for . . . Life”*

**We are so glad that you have chosen Nations Ford Christian Academy for your child(ren) early years of learning.**

**We believe in Proverbs 22:6 which instructs us to “Train up a child in the way he should go, and when he is old he will not depart from it.” Our mission is to provide a unique and loving experience for each child that provides a safe, nurturing, learning environment. We strive on building self-esteem and fostering good Christian values that will last a lifetime.**

**Thank you for making Nations Ford Christian Academy your choice for quality Christian education, by a team of professionals that are dedicated in serving the whole family.**

**Please complete the enclosed enrollment packet and submit to the administration office along with your \$75.00 non-refundable registration fee. If you have any questions, comments, or concerns, please do not hesitate to give us a call at 704-521-6181.**

**Yours in Christ,**

***Yolanda M. Malachi***  
**Director**



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Application Date \_\_\_\_\_

Account Key: [ \_\_\_\_\_ ] *Parent’s last name*

Key Dates
Enrollment Date:
Withdrawal Date:

Child’s Name	Sex	DOB
	M/F	

Parents’ Name & Address	Parents’ Social Security No.
_____	_____
_____	_____
_____	

Home Phone:  
 \_\_\_\_\_

Work Phone: (Parent 1)  
 \_\_\_\_\_

Work Phone: (Parent 2)  
 \_\_\_\_\_

Cell Phone: (Parent 1)  
 \_\_\_\_\_

Cell Phone: (Parent 2)  
 \_\_\_\_\_

E-mail: (Parent 1)  
 \_\_\_\_\_

E-mail: (Parent 2)  
 \_\_\_\_\_

### Child’s Care and Emergency Information

Family Doctor Name & Number	Family Dentist Name & Number	Family Hospital Name & Number
Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Authorized Pickup 1	Authorized Pickup 2	Authorized Pickup 3

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## Teacher Information Form

<b>Name of Child(Last, First, Middle Initial)</b>	<b>Parents’ Names</b>

<b>Child’s DOB</b>	<b>Address</b>	<b>Home Phone</b>
/ /		

Allergies, if any


Special Health Conditions, if any

Parents’ Locations during child-care hours (Employer, School, etc.)

<b>Parent 1</b>	<b>Employer Name &amp; Address</b>	<b>Work Number &amp; Schedule</b>
<b>Parent 2</b>	<b>Employer Name &amp; Address</b>	<b>Work Number &amp; Schedule</b>

**Emergency treatment and transportation:**

I hereby give permission to Nations Ford Christian Academy, licensed by the Division of Child Development, to secure emergency medical, dental and/or emergency surgical treatment and to provide emergency transportation for the above named minor child while in our care.

*Non-emergency medical treatment or elective surgery is not included in this authorization.*

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

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**Medical History**

**Name of Child:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Name of Parent or Guardian:** \_\_\_\_\_

**Address of Parent or Guardian:** \_\_\_\_\_

Is child currently under a doctor's care?  yes  no If yes, for what reason?

\_\_\_\_\_

Is child on any continuous medication?  yes  no If yes, what?

\_\_\_\_\_

Any previous hospitalization or operations?  yes  no If yes, when and for what?

\_\_\_\_\_

Any history of significant previous diseases/recurrent illness?  yes  no

Diabetes?  yes  no

Convulsions?  yes  no

Heart Trouble?  yes  no

Other? \_\_\_\_\_

Does your child have any physical disabilities:  yes  no If yes, please describe

\_\_\_\_\_

\_\_\_\_\_

Does your child have a mental disability (ies)?  yes  no If yes, please describe

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

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 public health nurse meeting DEHNR standards for EPSDT program.

Height	%	Weight	%	Head	Eyes	Ears
Nose		Teeth		Chest	Abd/GU	Ext
Neuro. System				Skin		

Results of Tuberculin Test, if given

Type \_\_\_\_\_

Date \_\_\_\_\_

Normal \_\_\_\_\_

Abnormal \_\_\_\_\_

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

\_\_\_\_\_

**Physicians Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Immunization History**

*The health official must enter the received immunization date in the space below or attach a copy of the immunization record.*

**Enter date of each dose – Month/Day/Year**

<b>Vaccine</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>	<b>#5</b>
<b>*DTP/DT</b> <i>(circle which)</i>					
<b>**Polio</b>					
<b>Hib</b>					
<b>***Hepatitis B</b>					
<b>*MMR</b> <i>(combined doses)</i>					
<b>OTHER</b>					

\* Required by State Law

\*\* Required by State Law for children born on or after 10/1/88

\*\*\* Required by State Law for children born on or after 7/1/94



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**Discipline and Behavior Management Policy**

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive and understanding interactions from adults and others, they develop good self concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy.

**We DO:**

**We DO NOT:**

<b>Praise, reward, and encourage the children</b>	<b>Shake, bite, hit, spank, pinch, push, pull, kick, or slap the children</b>
<b>Reason with the set limits for the children</b>	<b>Make fun of , yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children</b>
<b>Modify the classroom environment to attempt to prevent problems before they occur</b>	<b>Shame or punish the children when bathroom accidents occur</b>
<b>Listen to children</b>	<b>Deny food or rest as punishment</b>
<b>Provide alternatives for inappropriate behavior to the children</b>	<b>Relate discipline to eating, resting or sleeping</b>
<b>Provide children with natural and logical consequences of their behaviors</b>	<b>Leave the children alone, unattended, or without supervision</b>
<b>Treat the children as people and respect their needs, desires and feelings</b>	<b>Place children in locked rooms, closets, or boxes as punishment</b>
<b>Ignore minor misbehaviors</b>	<b>Allow discipline of children by children</b>
<b>Explain things to children on their levels</b>	<b>Criticize, make fun of, or otherwise belittle children’s parents, families or ethnic groups</b>
<b>Use short supervised periods of “time-out”</b>	
<b>Stay consistent in our behavior management program</b>	

**I, the undersigned parent or guardian of \_\_\_\_\_ do hereby state that I have read and received a copy of the facility’s Discipline and Behavior Management Policy and that the facility’s Director/Administrator has discussed the facility’s Discipline and Behavior Management Policy with me.**

**Enrollment Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

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**DISCIPLINE PROCEDURES**

**Character Behavior**

*Redirecting Negative Behavior & Modeling:*

1. Model for the child(ren) the correct behavior practice within the classroom setting.
2. Review daily classroom rules & regulations with examples for the classroom behavior at circle time.
3. Role-play character education and best practices within the center in the classroom setting.
4. Each classroom will use their behavior chart with consequences for unacceptable behavior.

**Verbal Disrespect**

*Verbal Disrespect: The use of defiant or profane words towards another person(i.e. friends, teachers, parents or Director)*

1. The first time – child will go to “time out”
2. The second time – child’s parents will be notified by phone, letter or verbally upon pick-up
3. If this behavior continues, the child will receive a day’s suspension at the discretion of the Director.

**Physical Endangerment and/or Abuse Practices**

1. If a child physically hurts or endangers his/her friends, teachers or administrative personnel intentionally, he/she will be brought to the Director’s office and parents will immediately be notified.
2. If there is a second offense, the parent will be notified again by telephone and the parent will be asked to come and remove their child.
3. If the inappropriate behavior continues, as a team (parents, teacher, director), we will set up a plan for the school to correct the inappropriate behavior. If needed, we will also obtain intervention from an outside agency, as agreed upon by parents and center Director.
4. If the child is out of control to the point that he/she is hurting (or has the potential to seriously hurt) other children, teachers or even themselves, the Director may choose to suspend the child. A mandatory conference with the Director will be required before re-admittance.

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**Signature of Parent/Guardian**



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**FIELD TRIP AUTHORIZATION**

I, \_\_\_\_\_ give \_\_\_\_\_ permission to participate in any scheduled field-trips with Nations Ford Christian Academy. I understand that I will be notified of any such trips. I am responsible for any fees that may be involved. If a circumstance arises that prevents my child from participating, I understand that he/she will be placed in the care of another staff member until his/her class returns to the center.

If my child is under the age of four (4) or weighs less than 40 pounds, I will provide an approved child restraint device. All children over four will be restrained in seat belts in order to conform with current state law.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Liability Release**

Nations Ford Christian Academy reserves the right to use photographs taken during school sessions for publication purposes.

I/We as legal guardian (s) representing a minor participant, agree to release Nations Ford Community Church, Nations Ford Christian Academy, its officers, employees and volunteers from any and all liability for accidents, injuries, loss of, and/or damages to person or property that may arise out of my/our child’s participation or presence in any activities that includes but are not limited to indoor and/or outdoor classroom activities, indoor and/or outdoor play time, field trips, and etc. I/We are aware that there are certain risks or possible dangers in participating in these activities. I have entered into this agreement of my own free will.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**PARENT ACKNOWLEDGMENT OF  
NORTH CAROLINA CHILD CARE LAW AND RULES**

**This is to acknowledge that I have received a copy of the North Carolina Child Care Law and Rules Pamphlet. I understand that it provides guidelines and summary information about Laws and Rules about Child Care. I also understand that it is my responsibility to read, understand, become familiar with and comply with the standards that have been established.**

**Please sign below to validate receipt and acknowledgement of the North Carolina Child Care Law and Rules pamphlet.**

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**Parent or Guardian Signature**

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**Date**

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**Child's Name**

## WEEKLY TUITION

Age Group	Weekly Rate
Beginners (2 years old – 3 years old)	\$185.00
Preschool (3 years old – 4 years old)	\$185.00
Pre-K (4 years old – 5 years old)	\$185.00
Part Time Monday – Fridays 9:00am – 2:00pm	\$145.00

### Registration Fee

A **non-refundable** registration fee of \$75.00 is required to enroll your child at the Nations Ford Christian Academy Early Years.

### Curriculum Fee

The Nations Ford Christian Academy utilizes the A’Beka curriculum for Beginners through Pre-K. The A’Beka is a bible teaching, Christian character, language-building and traditional subject curriculum. It teaches the Word of God and academic skills on the children’s individual level.

An annual **non-refundable** curriculum fee in the amount of **\$150.00** is associated in purchasing curriculum and instructional materials and supplies for student learning. The curriculum and resource fee is due on September 30th of each year.

### Summer Enrichment Fee

A **non-refundable** annual summer activity fee of **\$150.00** for Preschool and Pre-K students will be billed to your account beginning June 1<sup>st</sup> of each year. Full payment will be due by June 15th, of each year. This fee will cover the cost of all summer activities, field trips, and programs provided by the Academy.

## SICK LEAVE/VACATION POLICY

The full weekly rates are payable when children do not attend the Academy due to illness. The only exception to this policy is if the child is hospitalized 3 or more days and parent provides verification of the child being in the hospital.



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**FINANCIAL AGREEMENT**

Upon enrolling my child \_\_\_\_\_, in the Nations Ford Christian Academy, I agree to pay the **non-refundable:**

- Registration fee of **\$75.00**
- Curriculum fee of \$\_\_\_\_\_
- Summer activity fee \$\_\_\_\_\_
- The first week’s tuition fee of \$\_\_\_\_\_

After enrollment, I agree to pay the weekly tuition fee of \$\_\_\_\_\_ in advance on Friday for the upcoming week.

If I arrive to pick up my child later than my paid service time, I agree to pay the penalty of \$1.00 per minute after 6:00pm. I understand that this charge is to be billed to my child’s tuition statement.

I agree to provide two (2) weeks written notice of my child’s departure from NFCA. If I do withdraw my child for any reason other than illness, I will pay all outstanding fees to the Academy.

I understand that my child will no longer be allowed to attend NFCA if the account is delinquent for one (1) week. This, however, will not cancel my outstanding balance.

I understand that, if my check is dishonored or returned for any reason, NFCA will electronically charge my account for the amount, plus a returned check fee of \$25.00.

I further understand that, if delinquent fees are not paid, NFCA has the right to refer my account to the proper authorities for collection (ie: collection agency, small claims court, etc.).

\_\_\_\_\_  
Father/Guardian’s Signature / Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian’s Signature / Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime telephone #

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**PARENT ACKNOWLEDGEMENT OF HANDBOOK**

This is to acknowledge that I have received a copy of the Nations Ford Christian Academy Parent Handbook. I understand that it provides guidelines and summary information about the Nations Ford Christian Academy policies and procedures.

I also understand that it is my responsibility to read, understand, become familiar with, and comply with the standards that have been established. I further understand that the Nations Ford Christian Academy reserves the right to modify, supplement, rescind, or revise any provision, or policy from time to time, with or without notice, as it deems necessary or appropriate to ensure excellence.

I also acknowledge that I must submit a two week’s written notice to terminate child care service. Nation’s Ford Christian Academy has the right to terminate child care services at anytime due to failure of not following the policies and procedures stated in the hand book.

Please sign below to validate receipt and acknowledge of the parent handbook.

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date