



251-345-4444 Saraland Campus

251-586-8024 Satsuma Campus

Bookkeeper@thebridgewayacademy.com

Bridgewayacademy@aol.com

Parents and Guardians,

We are excited about Bridgeway Academy's school year. Our staff anticipates the enrollment at BA to be full as we have maintained a full enrollment throughout the school year and the waiting list continues to grow. Be sure to secure your child's space early.

The BA Parent Student Handbook and Parent Guide is available on our website. The handbook is filled with important information and serves as a tool to answer many frequently asked questions. Please take time to read carefully prior to securing your child's enrollment at Bridgeway Academy.

At this time, we will continue to participate in the Alabama Child Nutrition Program which provides breakfast, lunch and snack to our students beginning at age 1. However, please understand participation in this program will depend on the results of a yearly audit which at that time, BA may choose to discontinue participation and students will be required to bring a lunch or purchase one from the school. Audits are unannounced so we do not have a date for this decision.

As always, we thank you for your continued support and for trusting us with your child each day. Please let us know if there is anything we can assist you with now or in the future.

Sincerely,

Missy Nolen

Bridgeway Academy, Owner and Business Manager



Waiver

HEALTH HISTORY

The health history form is complete and accurate. My child has permission to engage in all activities unless otherwise specified in writing. I understand the Bridgeway Academy assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in programs, field trips, and the use of any equipment, exercises or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in any Bridgeway Academy program or activity. I acknowledge that my child has been medically cleared to attend school.

I also understand that there is a risk of injury while participation in physical activity by my child. I agree to hold harmless Bridgeway Academy, LLC, its staff and volunteers for accidents or injuries arising out of his/her participation in any program and/or activity.

In the event I cannot be reached in an emergency, I hereby give permission to the physician elected by Bridgeway Academy to secure and administer treatment including but not limited to, hospitalization of my child. I understand that no accident or medical insurance is provided for students attending Bridgeway Academy.

PHOTO RELEASE

I give Bridgeway Academy, LLC, permission, without limitation or obligation, to use photographs, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting Bridgeway Academy's programs and Release Bridgeway Academy, LLC, from any claim of liability to that use.

PAYMENT AUTHORIZATION

We will no longer accept cash or checks for payments for tuition and after school care. Payments can be made using a credit card, debit card or through auto draft with a checking account through myprcare.com. The cost of checking account auto draft is .75 cents per draft. All credit/debit card payments will have a 2.75% processing fee added to each transaction. A \$50 late fee is added if tuition is not paid on time. There will be a \$50 fee for any "returned" payments for insufficient funds. I accept sole responsibility for notifying Bridgeway Academy if my address, phone number or banking information changes.

COLLECTIONS

I understand that any unpaid balances at the time of withdrawal will be sent to collections and I will be responsible for paying the collection fees.

ACCEPTANCE/RELEASE

I (we) acknowledge that conditions as stated, for myself and on the behalf of any minors listed, I (we) hereby release Bridgeway Academy, LLC, its agents, volunteers and employees from any and all claims for injury, illness, death, loss or damage that are not directly resulting from Bridgeway Academy's negligence which may result from participation in school programs and/or activities.

CODE OF CONDUCT

Bridgeway Academy reserves the right to withdraw a student when a person's behavior or language is in conflict with the welfare of other students, parents, staff, or in conflict with the Bridgeway Academy values.

_____ Date: _____

_____ Date: _____

Parent or Guardian

_____ Date: _____

Witness



Name of Student _____

Date _____

1. Does your child have any FOOD allergies? _____
If yes, please list below and include any specific directions we may need and a doctor's note must accompany this form.

2. Are there any other allergies (inside or outside) we need to be aware of? _____
If yes, please list below and include any specific directions we may need and a doctor's note must accompany this form.

3. Are there any special health conditions we need to be aware of? _____
If yes, please list below.

4. Are there any "special needs" developmentally that we need to be aware of? _____
If yes, please describe below.



Pick up Authorization

Please list the names and phone numbers of any person(s) that your child may be released to:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Required Documents for Enrollment

1. Legal Birth Certificate
2. Immunization Record
3. Valid Copy of driver's license



Enrollment Form for Alabama Child and Adult Care Food program

Child's FULL legal Name _____

*This must match the name on the CACFP Eligibility form and birth certificate.

Child's Date of Birth _____

*This must match the name on the CACFP Eligibility form and birth certificate.

Name of Parent/Guardian _____

*Name must match the parent or guardian on the CACFP eligibility form.

Signature of Parent/Guardian _____

*Signature must match the name on the CACFP eligibility form.

This information will be completed by BA Staff

Usual times of attendance

*if times change during the year, please make the change, initial and write the date of change.

Normal Meals served:

Please circle all that apply: Breakfast Lunch Snack

*if times change during the year, please make the change, initial and write the date of change.

First day of Attendance _____

**This form must be updated Annually.
(CACFP Policy)**



Handbook Acknowledgement Form

Parent/Guardian Signature Page

As a condition of your student's enrollment at Bridgeway Academy, the parent and student are committed to adhere to the rules, policies, and procedures of the school, as stated in the school handbook. I have read and understand the contents of this handbook. I have explained the areas of information which appropriate for my student. Please also familiarize your student with the sections that pertain to students. The school reserves the right to modify or amend this handbook at any time.

I hereby acknowledge that I have read the school handbook and agree to the commitment set forth above.

Parent/guardian Name

Printed _____

Signed _____

Student Name (Printed) _____

Date signed _____

G. Child's preadmission record

DHR-CDC-739

CHILD' S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: ()
Address of parent(s)/guardian(s):	
Mother's Employer:	Father's Employer:
Mother's Email Address:	Father's Email Address:
Employer's address:	Employer's address:
Employer's Telephone Number: ()	Employer's Telephone Number: ()
List telephone numbers such as pager, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ()
-------------------------	----------	------------------------------

Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)

Signature

Date

Form not valid without signature of child's parent/guardian

Page one of two-form not valid without second page

Child's Preadmission Record (continued) - page two of two - form not valid without first page

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

Signature of parent/guardian

Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian	Date

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ **Child's withdrawal date:** _____

☐ **This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.**

Additional information may be attached.