

## *Bridgeway Academy*

(251) 345-4444 Saraland Campus  
(251) 586-8024 Satsuma Campus  
bridgewayacademy@aol.com

Parents and Guardians,

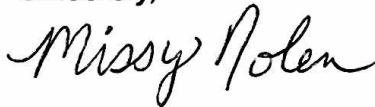
We are excited about Bridgeway Academy's **Registration** for **2020-2021 school year**. Our staff anticipates the enrollment at BA to be full as we have maintained a full enrollment throughout the school year and the waiting list continues to grow. Be sure to secure your child's space early.

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 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

**Bridgeway Academy**  
*Connecting Today's Lessons  
with Tomorrow's Leaders*



**Effective August 1, 2020:**

Daycare, Preschool & School-Age programs are YEAR AROUND programs.

**Yearly fees are as follows:**

Daycare = \$200 due yearly on/before May 1st

Preschool = \$200 due yearly on/before March 1st (Registration Fee & Building Fee)  
\$200 due yearly on/before June 1st (Program Fee)

School-Age = \$115 due yearly on/before June 1st (Total Cost of Summer Field Trips)  
\$100 due yearly on/before August 1st (Registration Fee & Activity Fee)

**NOTE: There are no fees for summer as we are a year around program.**

Parents who choose to withdraw students will be required to give a two week notice and the child's space will be available for new students to enroll at BA. Students who have withdrawn will be able to re-enroll if space is available.

A re-entry fee of \$200 will be required at the time of enrollment.

**PAYMENT SCHEDULE**

**Daycare**

**6 wks - 12 months**

\$560 Monthly      Due on the 1st (\$280) and 15th (\$280) of each month

**12-24 months**

\$540 Monthly      Due on the 1st (\$270) and 15th (\$270) of each month

**Preschool**

**August - May**

\$345 Monthly Academic Tuition      Due on the 1st of each month

\$160 Monthly After School Care Tuition      Due on the 15th of each month  
(if needed)

**School-Age**

**August - May**

\$220 Monthly      Due on the 1st (\$110) and 15th (\$110) of each month

**Preschool & School Age**

**June-July**

\$500 Monthly      Due on the 1st (\$250) and 15th (\$250) of each month

\*Parents may choose for their pre-school child to attend part-time for June and July.

**NOTE: Tuition is a MONTHLY tuition. Tuition is not prorated for absences, school breaks, holidays or days school is closed due to inclement weather, teacher trainings or an outbreak of any type of illness.**

# EMAIL ADDRESS

## 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:
Employer's address:	Employer's address:
Employer's telephone number: (     )	Employer's telephone number: (     )
List telephone numbers such as beeper, 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: (     )
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#### 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: <i>Ages K4-5th Grade</i>	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility: <i>Ages K4-5th grade</i>	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility: <i>NOT provided</i>	yes	<input checked="" type="radio"/> no	Signature of parent/guardian <i>n/a</i>	Date <i>n/a</i>

**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:** \_\_\_\_\_

*Additional information may be attached.*





## **2020-2021 Waiver**

### **HEATH 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, 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 participating 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 selected 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**

I understand Bridgeway Academy will only accept checks over \$100 and a \$50 fee will be applied for all "returned" checks for non-sufficient 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 the conditions as stated, for myself and on 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.

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**Parent or Guardian**

**Date**

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**Witness**

**Date**



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.

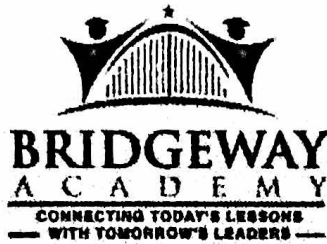
2. Are there any other allergies (inside or outside) we need to be aware of? \_\_\_\_\_  
If yes, please list below and include any specific directions we may need and a doctor's note must accompany this form.

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 list or describe them below.

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



**Enrollment Form for  
Alabama Child and Adult Care Food Program  
2020-2021**

**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.

**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.

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**\*\*\*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: Breakfast    Lunch    Snack**

Please circle all that apply.

\*If meals change during the year, please make the change, initial and write the date of change.

**First Day of Attendance in 2020-2021** \_\_\_\_\_

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



# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care) FY:

2020-2021

## Part 1. Enrolled Children: list names of all enrolled children

Names of all enrolled children: Use additional pages if necessary  
First and Last (no abbreviations)

BIRTH DATE  
MM/DD/YYYY

CHECK IF IN  
HEAD/EVEN  
START

CHECK IF  
FOSTER  
CHILD

CHECK IF  
HOMELESS  
CHILD

Part 2. Benefits: If any member of your household received SNAP or TANF assistance, provide the type of benefit and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.

TYPE OF BENEFIT:

CASE NUMBER:

## Part 3. Total Household Gross Income —You must tell us how much and how often

A. Name — First and Last (List only household members not listed in Part 1)	B. Gross Income and how often it was received For example \$200/week or \$150/twice a month				5. Check if Income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. Other income	
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign) — An adult household member must sign a form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number. I mark the "I do not have a Social Security Number" box. (See Privacy Act Statement below)

I certify that all information on this form is true and that all income is reported. I understand that the center will get Federal funds based on the information I give; that center officials may verify the information on the form; and that deliberate misrepresentation of the information in subject me to prosecution under applicable State and Federal laws.

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Last four digits of Social Security Number: X X X - X X - \_\_\_\_\_ ☐ I do not have a Social Security Number

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

## Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Other

Don't fill out this part. This is for official use only.

Annual income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Household size: \_\_\_\_\_ Total Annual Income: \_\_\_\_\_ SNAP/TANF Household: \_\_\_\_\_

Determination for: Free Meals \_\_\_\_\_ Reduced-Price Meals \_\_\_\_\_ Paid Meals \_\_\_\_\_ # Foster free \_\_\_\_\_ # Head/Even Start Free \_\_\_\_\_

# Homeless Free \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# BRIDGEWAY

— CONNECTING TODAY'S LESSONS  
— WITH TOMORROW'S LEADERS —

## **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 is 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 & Signature)**

\_\_\_\_\_  
\_\_\_\_\_

**Student Name (Printed)** \_\_\_\_\_  
**Date Signed** \_\_\_\_\_