



251-345-4444 Saraland Campus

251-586-8024 Satsuma Campus

Bridgewayacademy@aol.com or Bookkeeper@thebridgewayacademy.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.

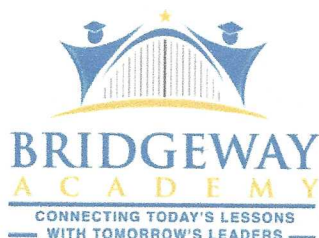
At this time, we will continue to participate in the Alabama Child Nutrition Program which provides breakfast, lunch and snack to our students beginning at age 1. However, please understand participation in this program will depend on the results of a yearly audit which at that time, BA may choose to 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.

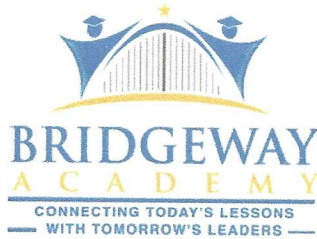
_____ Date: _____

_____ 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: _____

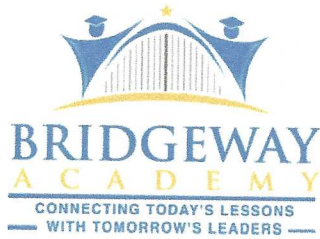
Name: _____ Phone Number: _____

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.

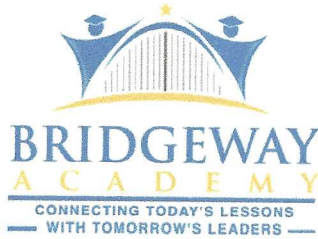
Normal Meals served:

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 PREAMMISSION 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.

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 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

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. 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:				
Swimming/wading activities provided by the facility:				

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.



myprocare[®]

Bridgeway Academy is pleased to offer **MyProcare**, a free online portal for you to access a student's account information and easily pay tuition. MyProcare is safe, secure and created with your convenience in mind.

There is a link on our website for easy access to MyProcare. Simply press the link named "Pay Tuition". All payments must be made online through MyProcare portal.

We will no longer accept cash or checks for payments. Payments can be made using a credit card, debit card or through auto draft from a checking account. 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. Parents who are interested in auto draft should complete the attached Auto draft authorization form and place it in the payment box at the school.

Parents must log in to their MyProcare portal and pay online. Please email any questions about Procure to bookkeeper@thebridgewayacademy.com.

Thank you!
Bridgeway Academy and Procure

ALL parents must log in to MyProcare to connect with the parent portal:

1. Go to MyProcare.com.
2. Enter the email address you have on file with the school and choose **Go**.
3. Enter the confirmation code sent to your email, choose a password, and press **Go**.
4. Then you may:
 - a. View your child's schedule, immunizations and more.
 - b. Use the **Pay** button to make a payment with your card.

Please provide email address for online access to myprocare.com

Email _____

Name of Student _____

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

Your Name	DATE	0001
Any Street, Anytown	DATE	
Tel: (001) 555-0000		
PAY TO THE ORDER OF	ATTACH VOIDED CHECK HERE	\$
DEPOSIT SLIPS NOT ACCEPTED		
100 DOLLARS		
	Savings Bank	
BANK	Any Street, Anytown	
	Tel: (001) 555-5555	
PE	MP	
123456789	000123456789	0001

ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER
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FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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

Part 1. Enrolled Children: list names of all enrolled children				
Names of all enrolled children: Use additional pages if necessary (First and Last)	BIRTH DATE MM/DD/YYYY	CHECK IF IN HEAD/EVEN START	CHECK IF FOSTER CHILD	CHECK IF HOMELESS CHILD
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <i>For example \$200/week or \$150/twice a month</i>				
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. Other Income	5. Check if no income
		\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<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 this 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 or 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 may subject me to prosecution under applicable State and Federal laws.

Sign here: _____ Print name: _____ Date: _____

Last four digits of Social Security Number: - - _____ 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"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American <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: _____

CHILD CARE FOOD PROGRAM

(Household Letter for Non-Pricing Programs in Child Care Centers)

To: The Household Member

From: The Official Representative of the Sponsor _____

(Name of Center or Organization) _____

Please help us to comply with the requirements of the USDA Child and Adult Care Food Program (CACFP). The information requested on this Income Eligibility Form (IEF) is necessary in order for us to receive reimbursement for meals served to participants in our center. The form will be placed in our files and will be treated as confidential information.

INSTRUCTIONS FOR COMPLETING THE INCOME ELIGIBILITY FORM

PART 1 - ENROLLED CHILDREN: Print names of all children in household who are enrolled in the center. List the date of birth for each child. If a child is enrolled in Head Start or Even Start, is a foster child or the legal responsibility of the Welfare Agency or a court, or the child is homeless, indicate by marking the appropriate box.

PART 2 - IF ANY MEMBER OF THE HOUSEHOLDS RECEIVES SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF):

1. List the type of benefit SNAP or TANF.
2. List that person's current SNAP or TANF case number.
3. Sign the form in **PART 4**. An adult household member must sign. **SKIP PART 3**

PART 3 - HOUSEHOLD INCOME

1. List the names of all household members not listed in part one. Include yourself, children not enrolled in the center, your spouse, grandparents, and other related and unrelated people in your household. Use a separate sheet of paper if you need more space.
2. Write the amount of income each person now receives on the same line as their name, how often the person receives it, such as weekly, every two weeks, twice a month or monthly, and where it comes from. Income is all money before taxes or anything else is taken out. If any amount last month was more or less than usual, write that person's usual monthly income. If any of the household members receive no income, check the box in the last column.
3. Complete **PART 4**.

The participant in the day care facility may qualify for free or reduced priced meals if their household income falls within the limits on the current Evaluation Sheet for Income Eligibility.

PART 4 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART

1. An adult household member must sign the form.
2. The form must have the last four digits of the social security number of the adult who signs **if part 3 was completed**. If the adult does not have a social security number, select the box indicating this. If all children in a family are foster children, a social security number is not required.

PART 5 - ETHNIC AND RACIAL IDENTITY: This information is requested solely for the purpose of determining compliance with Federal civil rights laws and will not affect your approval. If you do not mark this, a visual identification will be made and recorded.

Confidentiality: The information on the application is used only to determine eligibility for free or reduced-price meals and to verify eligibility.

The information reported on this form is valid for one year. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

Non-discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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