



Amherst Christian Academy Day Care, a ministry of Creekside Assembly of God, serves the community as a Christ-centered school, committed to pursuing excellence in academics and character.

We provide a loving, safe environment to develop servant leaders through relevant studies and service opportunities.



AMHERST CHRISTIAN ACADEMY

DAY CARE

2625 TONAWANDA CREEK ROAD, AMHERST, NY 14228
PHONE: (716) 689-9944 FAX: (716) 564-0075

Enrollment Application

Date of Application: _____

Student Information:

Student name: _____
Last First MI

Address: _____
Street City State Zip

Home phone: _____ Cell phone: _____

Primary Family Email address: _____

Gender: Male _____ Female _____ Date of Birth _____

Please select a program for children under 5 years old:

<p>Day Care Program (Ages 18 months – 3 years)</p> <p>The day care program runs from 7:00 am – 5:30 pm. Please choose one of the following options:</p> <p><input type="checkbox"/> 2 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 5 Days</p>
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<p>Early Elementary Program (Ages 4 - 6 years)</p> <p>Please check the program for which you are applying</p> <p><input type="checkbox"/> Pre- Kindergarten <input type="checkbox"/> Kindergarten</p> <p>For the Pre-K program, please choose one or more of the following options:</p> <p><input type="checkbox"/> Mon./Wed./Fri. <input type="checkbox"/> Mon. – Fri.</p>

Family Information:

Student resides with: Father _____ Mother _____ Both _____ Other _____

Father's full name: _____
Last First

Mother's full name: _____
Last First

Father's place of employment: _____ Work Phone: _____

Mother's place of employment: _____ Work Phone: _____

Marital status: Married _____ Separated _____ Divorced _____ Widowed _____ Single _____

Church Information:

Home church: _____

Church address: _____
Street City State Zip

Church phone number: _____ Pastor's name: _____

General Information:

How did you hear about Amherst Christian Academy Day Care? _____

What is your reason for considering ACADC? _____

Please include the following so that we may consider your complete application:

- Completed Enrollment Application
- Immunization Records
- Registration fee (non-refundable)

For administrative use:



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Tuition Payment Agreement

Student name: _____

Non-refundable fees:

- Registration fee: \$0 per family until Jan. 15th, \$75 until March 15th, \$150 after March 15th.

Tuition costs:

	<u>Toddlers</u>	<u>3 yrs. old</u>	<u>Pre-K – 8th</u>	<u>9th – 12th</u>
Daycare, 2 days a week:	\$150.00 / wk.	\$150.00 / wk.		
Daycare, 3 days a week:	\$215.00 / wk.	\$210.00 / wk.		
Daycare, 5 days a week:	\$335.00 / wk.	\$315.00 / wk.		
Pre-K, 3 days a week:			\$4,500.00 / yr.	
Pre-K – 8 th Grade, 5 days a week:			\$6,300.00 / yr.	
9 th – 12 th Grade:				\$5,100.00 / yr.
After school care:			\$11.00 / hr	\$11.00 / hr

Discounts:

- Pastoral: \$200.00 off each child
- Creekside Assembly of God membership: \$200.00 off each child
- 2nd child enrolled in ACA: \$200.00 off 2nd child's tuition
- 3rd child enrolled in ACA: \$400.00 off 3rd child's tuition
- 4th child enrolled in ACA: \$400.00 off 4th child's tuition
- Veteran Discount: \$200.00 off each child's tuition

Terms & Conditions:

1. I agree to pay my tuition balance by the 15th of every month beginning in July and ending in April.
2. I understand that if I pay my balance in full by August 15th, I will receive a 5% discount.
3. I understand I will receive an invoice monthly via email and that this bill will also include any monies charged for field trips taken or lunches charged during the previous month. I agree to pay for these charges that may be added to my tuition bill.
4. I understand that late fee policy of Amherst Christian Academy states, "If a tuition bill is not paid after 30 days a \$20 late fee be applied. If the tuition balance is not paid after 60 days an additional \$20 late fee will be applied and the family will be contacted by the school. If the tuition balance is not paid after 90 days a third late fee of \$20 will be applied and the student may be in danger of being un-enrolled pending school board review."
5. I understand that should my child's enrollment status change at any point, I will owe an additional fee equivalent to two month's tuition.

I have read the above terms and conditions, and by signing below, I agree to the above terms and conditions.

(Date)

(Signature of Parent or Guardian)

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Statement of Beliefs

We, at Amherst Christian Academy Day Care, believe in:

- The inspiration of the Bible, equally in all parts and without error in its origin;
- The one God, eternal existent Father, Son, and Holy Spirit, who created man by a direct immediate act;
- The pre-existence, incarnation, virgin birth, sinless life, miracles, substitutionary death, bodily resurrection, ascension to Heaven, and the second coming of the Lord Jesus Christ;
- The fall of man, the need of regeneration by the operation of the Holy Spirit on the basis of grace alone, and the resurrection of all to life or damnation;
- The spiritual relationship of all believers in the Lord Jesus Christ, living a life of righteous works, separated from the world, witnessing of His saving grace through the ministry of the Holy Spirit.

I have read the above statement of beliefs. I understand that Amherst Christian Academy Day Care, teachers, and staff will incorporate these beliefs into the daily teaching of my child. By signing below, I agree to support Amherst Christian Academy Day Care, the teachers, and staff as they instruct my child not only in academic matters, but in spiritual matters also.

(Date)

(Signature of Parent or Guardian)

(Date)

(Signature of Parent or Guardian)



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Statement of Support

At Amherst Christian Academy Day Care, we strive to provide your child with the highest quality Christian child care while serving them on an individual basis. As we endeavor to accomplish this goal, we need the parent(s) or guardian(s) to be involved as a partner with the day care. Some of the ways a parent may partner with us are:

- pray for the faculty and program,
- provide a devotional life for your child,
- advocate respect for day care personnel and property,
- call for full details if there is a concern,
- replace any day care property damaged by your child,
- cooperate with the faculty on behavior management,
- build a relationship with your child's supervisor,
- attend all parent functions,
- adhere to written or verbal excuses for absences,
- I have received and reviewed the Parent Handbook,

I understand these requests and agree to fulfill all of them.

(Date)

(Signature of Parent or Guardian)

(Date)

(Signature of Parent or Guardian)

Permission to Pick Up

I, _____
(Parent(s) or Guardians Name)

Give Permission for Amherst Christian Academy Day Care to release my child,

(child's name)

Into the custody of the following person(s)

Name: _____ Relationship: _____
Address: _____ License #: _____

Name: _____ Relationship: _____
Address: _____ License #: _____

Name: _____ Relationship: _____
Address: _____ License #: _____

Photograph Release Consent

As a parent of a child(ren) at Amherst Christian Academy Day Care, I agree to the following:

- * I understand that my child may be photographed during normal day care hours, field trips or activities
- * I understand that these photographs may be used in classroom projects, newsletters, advertising.
- * I give permission for my child to be photographed for such purposes.

Childs Name: _____

_____ I Agree To Have My Child Photographed

_____ I Do Not Want My Child Photographed

(Signature of Parent/Guardian)



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Resting Time Arrangement

The following is an agreement between _____, and
(parent/guardian)
Amherst Christian Academy Day Care that _____,
(child)

will be using a cot at rest time. The general rest schedule is 12:30 p.m. – 2:30 p.m. Your child is more than welcome to bring his/her own blanket (for rest time) that you are responsible for laundering or in the event you forget your child’s blanket, one will be offered to your child.

Shoe/Sneaker Policy

In regard to footwear, children are often building with large blocks, playing outdoors, etc. Because of this, it is preferable that all children have a pair of closed toed shoes for the day. At this age learning is often accomplished through play. Therefore, our center has the following policy.

- Children are required to wear shoes throughout the day and must arrive with the appropriate shoes already on.
- Shoes should be comfortable and provide adequate protection for the feet during outdoor play.
- Flip-flops, open toed shoes or sandals are prohibited as they present a safety hazard.
- All walking children Must wear shoes. If your child does not have appropriate shoes they will Not be allowed to play on the playground equipment. This is for safety reasons.

I, _____ understand the above policies and agree to follow it while my child is enrolled at Amherst Christian Academy Day Care.

Signed: _____
(Parent or guardian signature)

Date: _____

Lotion & Topical Consent Form

I, _____
(parent/guardian name)

Give Amherst Christian Academy Day Care permission to apply the following as needed to my child
_____ Date of Birth _____

- _____ Sunscreen
- _____ Diaper Cream (non-prescription only)
- _____ Powder
- _____ Other (please specify)

I agree to provide the above items as needed for my child. I understand that if my child needs any other medication, prescription or over the counter that I must have a "Written Medication Consent" (MAT form) filled out by my child's doctor. I understand Amherst Christian Academy Day Care cannot store or receive any medication without the proper forms filled out.

I understand that I am responsible to provide Amherst Christian Academy Day Care with the above items should I wish for it to be applied to my child.

(Parent signature)

(Date)



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Medical History

Does your child have any allergies? _____ Is your child currently on any medication? _____

Are there any other health-related issues we should know about?

Authorization For Emergency Medical Care

In the case of an extreme emergency, we will call 911 and your child will be treated on the spot and/or taken to the nearest hospital.

I hereby authorize Amherst Christian Academy Day Care and their representative to sign for emergency care for my child _____, while enrolled and utilizing our facilities. I understand that a conscientious effort will be made to locate me or my emergency designates. In the event this is not possible, I accept full responsibility for any expense occurred.

Parent's signature _____



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Fundraising News

Did you know that you could help the school earn extra money by using techniques you already use? These things only take a minute to do so please continue reading to find out how.

Tops in Education: If you have a Tops Bonus Card please visit TopsMarkets.com/education to register your bonus card and choose Amherst Christian Academy as the school to support. Next, shop and purchase participating Tops brand products using your bonus card. Tops will donate up to 5%. Please feel free to tell your family, friends and neighbors about registering their bonus card too. It's an easy way to earn free money for our school.

Box Top\$ for Education: No more clipping. No more sending Box Tops to school. All you need is your phone. Download the All-New Box Tops app, shop as you normally would, then simply scan your store receipt within 14 days of purchase to find participating products. The app will automatically credit your school's Box Tops earnings online. Although physical Box Top clips are being phased out of production they may continue to be found on many products throughout the store. You can still send your clipped Box Tops to the school to be submitted.

Amazon Smile: Amazon Smile is a simple and automatic way to support us every time you shop at no cost to you. Simply go to Smile.Amazon.com to register. Then look for Creekside Assembly of God, the church that oversees Amherst Christian Academy. Shop as you normally would, and Amazon will donate 0.5% of the purchase price. You can use your existing amazon account on amazon smile.

United Way: Thru United Way you are able to make a one-time donation, or you can even do weekly, bi-weekly, monthly, quarterly donation deducted right from your paycheck. Go to UWBEC.org. It is thru Creekside Assembly of God Book #6439.



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All About "ME" Form

Full Name: _____

Date of Birth: _____ Gender: _____

Has your child ever been in child care before? ___Yes No___. If yes, please give the last providers

information: Name _____

Phone _____ Dates attended: _____ Reason for leaving _____

Has or does your child have any known health problems? Yes () No () If yes, please describe:

Does your child need regular medication for health problems? Yes () No () If yes, what and when is it given?

Any allergies? Yes () No () If yes, please list allergies:

Special instructions in the event of an allergic reaction?

Please check any of the following that your child may be prone to:

- Stomach Upsets ()
- Colds ()
- Bronchitis ()
- Asthma ()
- Headaches ()
- Skin Rashes ()
- Urinary Problems ()
- Sore Throat ()
- Ear Aches ()
- Ear Infections ()
- Diabetes ()
- Convulsions ()
- Heart Trouble ()

Other (please list):

Are there any indications of vision or hearing problems? If yes, please describe:

Does your child have any mental or physical disabilities? If yes, please describe:

Child's usual dining habits (check all that apply)

- Bottle ()
- Sippy Cup ()
- Regular Cup ()
- Highchair ()
- Table ()
- Uses Fingers ()
- Uses Utensils ()

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What type of bottle and nipple do you use?

Favorite Foods:

Strong Dislikes:

Are there any particular foods that you do not want your child to have?

Please briefly describe your child's personality:

Is your child comfortable with other adults?

Is your child comfortable with other children?

How does your child show anger?

How does your child show he/she is afraid?

Are there any special family situations we should be aware of (such as custody, guardianship, problems arising from them, etc.)? If yes, please explain:

What is your child's favorite outdoor activity?

What is your child's favorite toy?

Is your child potty trained? Yes () No ()

If yes, what words does your child use for the use of the bathroom?

How much help does your child need in the bathroom?

Does your child have accidents, and if yes, approximately how often?

What are your expectations of Amherst Christian Academy Day Care?

Is there any thing else you feel we should know in order for us to better care for your child?

Thank you for taking the time to fill this form out on your child. The purpose of this form is to get to know your child better and to understand their wants and needs as an individual. From all of us at Amherst Christian Academy Day Care we look forward to caring for your child.



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Dear Parent or Guardian,

Greetings in the name of the Lord Jesus Christ! And welcome to Amherst Christian Academy Day Care. I am so excited about what the Lord is doing at our day care center and I hope you can be a part of it.

Our purpose at Amherst Christian Academy Day Care is to provide Christ centered child care in a loving and safe environment. We serve our families as a way to honor Christ our Lord.

To accomplish this, we provide activities to build gross and fine motor skills along with nutritious snacks and meals. We endeavor to serve the community surrounding us by giving parents peace of mind knowing their children are cared for. Plus we use a combination of Montessori curriculum and traditional classroom instruction with a Biblical foundation.

Our faculty is committed to admonishing care for the whole child: physical, social, emotional, and spiritual. We are proud of our faculty and the accomplishments of their children.

A.C.A.D.C. is a day care that seeks first to obey and honor the Lord. Our prayer is that you may be a part of our vision the Lord has given us for the children of our community.

In His service,

Mr. Michael Cabán
Principal

