

Christian Village Academy

Producing a Great Harvest

Welcome to Christian Village Academy

CVA is a privately owned school for young children. All children and families are welcome at our school regardless of race, color, religion, sex, or national origin. Christian Village Academy is an extension of the child's family, and we are committed to providing a secure, caring, Christian environment outside the home. We guide and nurture each child in his or her spiritual, physical, mental, emotional, and social experiences. We provide age-appropriate educational goals and activities for continual growth and development. Within our daily schedule, each child has opportunities to create, explore the environment, develop problem-solving and personal interaction skills, and learn various concepts through first-hand experiences. Children develop a positive self-concept through a balance of self and teacher-directed activities. Opportunities for solitary play as well as group activities are provided.

Each staff member at Christian Village Academy is required to meet the educational requirements set forth by the State of Ohio. Staff members are also required to submit Federal and Local background checks before employment begins and on a periodic basis. CVA staff members are also trained in the following areas:

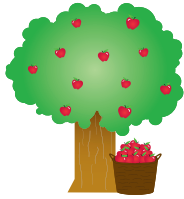
- First Aid
- Infant and Child CPR
- Management of Communicable Disease
- Child Abuse and Neglect Recognition

Admission Policies & Procedures

To begin the enrollment process at Christian Village Academy, an interested parent/guardian meets with the administrator to discuss the philosophy, policies, and procedures of the school. A tour of the facility is given and the specific program schedule in which his/her child will be placed will be discussed. The administrator acquaints the parent/guardian with the required state forms, which must be completed to be officially enrolled. The enrollment folder includes:

- ✓ Child health and enrollment information
- ✓ Child medical statement
- ✓ Child medical/physical care plan (if needed)
- ✓ Child tuition/policy agreement
- ✓ Sign slip from parent handbook

When the enrollment forms are returned and the required registration fee (\$60) is paid, a date is scheduled for the child to begin. We would like to welcome you again and thank you for selecting CVA.



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CVA Parent Agreement & Statement of Support

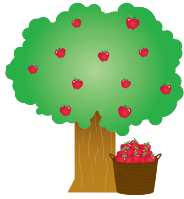
The link between Christian Village Academy (CVA) and parents of CVA students is perhaps the most important element in the total educational experience. Therefore, in consideration of Christian Village Academy and upon acceptance of _____, as a student we agree to the following:

Spiritual Support

- We have read, understand and agree with the Mission, commitment, and values of CVA.
- We have read, understand and agree with the CVA Parent Handbook and we agree to abide by the policies and rules as stated.
- We give CVA permission to teach all elements of the Fruit of the Spirit, and Ten Commandment to our child (ren) and we will support the school in its endeavors to encourage and guide our child (ren) in applying it to there everyday living.
- We agree to pray for the ministry of CVA, staff members, and fellow families as we join in partnership with CVA in order to better help us with our Spiritual responsibility to our child (ren).
- We agree to resolve all disagreements with Christian Village Academy in conformity with Biblical injunction of Corinthians 6:1-8.
- We agree to follow the pick up/ drop off procedure stated in the Parent Handbook.
- We understand that the school reserves the right to dismiss my/our child if he/she does not respect CVA standards or cooperate in the educational process.

Financial Support

- We agree to meet our entire financial obligation to Christian Village Academy, because educational programs and teachers' salaries depend on tuition and fee payments. I acknowledge and agree that if any of my student(s) accounts become past due a \$20 late fee will be added to my account.
- We agree to be responsible for Building & School supply fee of \$165 per family obligation is due every year and will be directly added to your account.
- We agree to pay any late fees due to late pick up.
- We understand that failure to meet our financial obligations in timely manner may result in our student's dismissal from Christian Village Academy.



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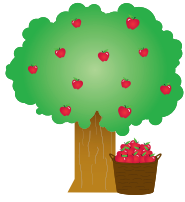
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- We understand that all accounts with Christian Village Academy shall be paid in full according to the school's withdrawal policy before any requests for folders or information can be granted.

- We indicate the following choice for payments and agree to pay all fees and tuition promptly:
 - _____ Semi-Annual Payment Plan (July 1st & January 1st)
 - _____ 12 month Payment Plan (Due 1st-5th of every month)
 - _____ Bi-Weekly Payment Plan (Due Friday/next Monday by 9:30am)
 - _____ Weekly Payment Plan (Due every Friday by 6:30pm)
 - _____ Twice Monthly Payment Plan (Due 15th & 30th)
- We understand late fees will be assigned for balances not paid in full by the indicated due date.
- We understand a \$50 fee is charged for each check returned unpaid by your bank.
- We understand that all accounts with Christian Village Academy shall be paid in full according to the School (CVA) withdrawal policy before any request can be made.

Other Support

- Permission for Participation in School Activities: Information will be sent home before hand for families to review.
- Credit/Debit Card Release: If any portion of your family account falls 30 days past due, CVA reserves the right to charge this account number. If the account number is not valid or if the charge is declined, late fees and or processing fees will charge until balance becomes current.
- All CVA families will sign up to receive e-mail and text message alerts



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Father's Signature

Mother's Signature

Administrator Signature

Date

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code	Home Telephone Number		
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name			
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City		State	City		State
Telephone Number		Relationship to Child	Telephone Number		Relationship to Child
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No
 Yes - check all that apply Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? (*check one*)

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (*check one*)

- No
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

