GUARDIAN ANGEL
CHRISTIAN ACADEMY

Upper Academy
Student Enrollment

Meet The Team

Guardian Angel team.

Founders:
Pastor John & Teresa Hunt

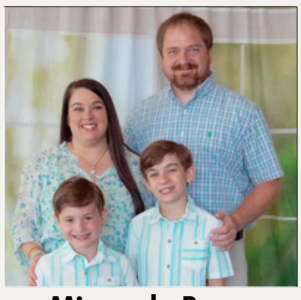
Lead Pastor & Directors of Children's Education Travis & Mindy Day

Courtney Hanks
Daycare Director

Amber Vierling
GA Office Administrator

Angela Blackburn
Camp Te Amo Director

Karlie Hall
Human Resource Manager



Micgayle Bass
GA Homeschool Coordinator

Guardian Angel Christian Academy

A Ministry of Andalusia Full Gospel Tabernacle

Mission Statement

Mission Statement:

As a ministry of Andalusia Full Gospel Tabernacle, in the service of our Lord Jesus Christ, our ministry's sole purpose is to provide a Christian atmosphere in which young children can be ed- ucated and cared for.

Our goal is to educate students in such a manner to prepare them for years ahead. God's word says in Proverbs 22:6 that we are to "Train up a child in the way that he should go; and when he is old, he will not depart from it."

We are interested in your child's development to include Mind, Body, Soul, and Spirit, as stated in 2 Timothy 2:15, "Study to Show Thyself Approved Unto God, a Workman That Needeth Not to Be Ashamed, Rightly Dividing The Word of Truth."

AFGT Pastor: Travis Day (334) 222-8356 ext.222

Director of Children's Ministries: Mindy Day (334) 222-8356 ext.231

Daycare Director: Courtney Hanks (334) 222-8356 ext.227

GA Administrator (Academy): (334) 222-8356 ext.231

Camp Te Amo Director: Angela Blackburn (334) 222-8356 ext.235

***Please read this GACA packet thoroughly before enrolling your child.*
By initialing and signing the admission forms, you are acknowledging that you understand and agree to our daycare policies and you agree to abide by all our policies.

Enrollment

The curriculum used at GACA is the ABEKA curriculum.

Eligibility for enrollment at GACA will be determined at the discretion of the administration of GACA after an interview with the prospective student and his/her parents or guardians. All students are subject to a nine-week probationary period upon enrollment. During this time, the academic abilities, attitude and willingness of the student to conform to the rules and requirements set forth in this manual will be evaluated and determined to be either satisfactory or unsatisfactory. Any student receiving an unsatisfactory evaluation from the administration will be asked to withdraw either at the end of the nine-week period or if necessary, prior to that time if the student's behavior is such that same is warranted.

Any fees, tuition, and/or funds of any nature paid during this time will not be refunded for any reason, regardless of the reason for withdrawal.

Requirements to Enroll in Kindergarten

Your child needs to have completed a K4 Preschool class or be 5 years old on or before September 1st. Please bring your child's birth certificate, social security card, and an up-to-date immunization card (blue slip). Agree and accept the rules & regulations set forth by Andalusia Full Gospel as so stated in the student handbook.

Requirements to Enroll in 1ST Grade and Up

Your child must be age appropriate for the grade they are entering on or before September 1st. Must bring your child's birth certificate, social security card and an up-to-date immunization card (blue slip). Agree and accept the rules & regulations set forth by Andalusia Full Gospel as so stated in the student handbook.

Transfer Students

They will need all the same information stated above. Cumulative records (permanent records) will have to be transferred to us. If they want to enter our first-grade class, they will have to have participated in a K-5 program somewhere. First graders may be required to take a placement test.

Guardian Angel Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, national or ethnic origin in administration of its educational policies, admission policies, and athletic and other school administered programs.

CODE OF CONDUCT

K-3 thru 12th Grade

GACA students are to conduct themselves as Christian students. They are to obey the rules and regulations set forth in this manual. Failure to do so will result in disciplinary action up to and including discharge. All discipline will be determined at the sole discretion of the staff of GACA.

Cheating is defined as willful, deliberate and wrongful use of another's work to improve one's grade. Any student caught cheating or helping another to cheat will lose grades and be subject to academic probation. Cheating can result in expulsion.

Any student who is a part of a conflict with another student is subject to disciplinary action up to and including discharge. The nature of the disciplinary action taken shall be determined on a case-by-case basis at the discretion of the administration of GACA.

Public displays of affection are not appropriate for a school setting and will not be allowed.

Students, not the school, are responsible for their personal property. Personal property should not be left lying around. Any student caught stealing from another student, the staff or the school, will be disciplined at the discretion of the staff of GACA.

Students of GACA are to refrain from the use of tobacco in any form, alcoholic beverages of all types, and any form of drugs except for prescription drugs that are prescribed specifically for the student. All prescription drugs must be turned in to the office at the beginning of the day.

Students shall in their language and actions show respect to all other students and the staff of GACA. Vulgar language and actions, verbal abuse and unkind jesting to other students will be dealt with.

Students are not permitted to bring items to school which are distracting, or which are potentially dangerous or damaging. Included in this group not limited to be fireworks, lighters, guns, knives, razors or sharp objects, cellular phones, beepers, and or pagers. Any of these items will be confiscated and returned to either the student or the parent at the discretion of the staff of GACA.

<u>DAMAGE TO SCHOOL PROPERTY</u>

If a student willfully causes damages to school property, it will be the responsibility of the parent
to pay for all repairs. Discipline measures will be taken against the student which could ultimately result in the expulsion from school.

ABEKA STUDENT KITS

BOOK & SUPPLY FEE--K4	$135.00
BOOK & SUPPLY FEE----K5	$220.00
BOOK & SUPPLY FEE—1ST GRADE	$443.00
BOOK & SUPPLY FEE—2ND GRADE	$424.00
BOOK & SUPPLY FEE—3RD GRADE	$440.00
BOOK & SUPPLY FEE—4TH GRADE	$448.00
BOOK & SUPPLY FEE—5TH GRADE	$413.00
BOOK & SUPPLY FEE—6TH GRADE	$388.00
BOOK & SUPPLY FEE—7TH GRADE	$311.00
BOOK & SUPPLY FEE—8TH GRADE	$325.00
BOOK & SUPPLY FEE--9TH GRADE	$488.00
BOOK & SUPPLY FEE--10TH GRADE	$456.00
BOOK & SUPPLY FEE--11TH GRADE	$395.00
BOOK 7 SUPPLY FEE--12TH GRADE	$438.00

(THESE FEES ARE FOR THE ENTIRE SCHOOL YEAR)

ADDITIONAL THINGS NEEDED:

Each child is required to bring their own personal learning devices.
The device needs to be able to support Google Chrome or Safari browsers.
Students will need proper charging chords and headphones that support their device.

Other suggested items are:

Device stand, External keyboard for tablet devices, stylus pens, tablet case

Guardian Angel Christian Academy

TUITION RATES

$5,000.00 FOR THE SCHOOL YEAR/$125 WEEKLY

(40 WEEKS OF SCHOOL)

Academy Hours 6:30am-5:30pm

Structured Learning Time is from 8:30am-2:00pm

If your child is not picked up by 5:30, you will be charged $10 for every 15 minutes starting at 5:31 that your child is still here.

Breakfast, lunch, and an afternoon snack are included in tuition for students.

Payment Options: Our payment method is Auto Pay thru credit card, debit card ($2.00 transaction fee added), or bank draft (no transaction fee). Tuition is due on Monday and can be paid weekly, bi-weekly, or monthly and must be paid in advance.

There will be a $35.00 charge for insufficient funds.

We do offer a multiple child discount. There is a $20 discount per additional child enrolled in the Academy.

Example: 1 child $125.00

2nd child $120.00

PAYMENT IS DUE THE FIRST DAY OF EACH MONTH. PLEASE SEE THE FINANCIAL POLICY FORM IN THIS PACKET FOR FURTHER DETAILS. IF YOU HAVE ANY QUESTIONS PLEASE CALL THE ACADEMY OFFICE AT 222-8356 ext. 226.

Tuition and extended care fees remain the same.
Discounts are not given for days missed.

CAMP TE AMO EXTENDED CARE PROGRAM

2:30PM - 5:30 PM

Extended care is provided with tuition for students who need afternoon care.

STUDENTS MUST BE PICKED UP BY 5:30 PM. A LATE FEE WILL BE CHARGED BEGINNING AT 5:31 PM AT THE RATE OF $10.00 PER 15 MINUTES LATE.

HOLIDAY CARE

CALENDARS GIVEN OUT AT THE BEGINNING OF THE SCHOOL YEAR WILL DENOTE HOLIDAYS.

HOLIDAY CARE IS PROVIDED DURING SCHEDULED SCHOOL HOLIDAYS FROM 6:30 AM- 5:30 PM THIS IS INCLUDED IN YOUR TUITION. HOLIDAY CARE MUST BE SIGNED UP FOR WITH OUR CAMP DIRECTOR.

TUITION FEE'S REMAIN THE SAME EVEN IF YOUR CHILD DOES NOT ATTEND HOLIDAY CARE.

DAYS WE ARE CLOSED: Labor Day, Columbus Day, Thanksgiving Holidays Christmas Holidays, King/Lee, President's Day, Spring Break, Good Friday, Memorial Day

If a holiday falls on the weekend, daycare will be closed either Friday or Monday, whichever is closest to the holiday .

Guardian Angel Christian Academy

GENERAL INFORMATION

1. ACADEMY HOURS: 6:30am-2:00pm / Afterschool Hours: 2:00-5:30pm
Class beings at 8:30 am promptly and students are dismissed at 2:00pm.

2. **CALENDAR:** Each student will receive a calendar for the school year complete with special events and holidays.

3.MORNING DROP-OFF: Please use the side entrance of our Academy Building. Enter through the double gym doors. Physical Address: **1716 Stanley Avenue/Andalusia, Al**

The staff will be ready to receive children at 6:30 am in the cafeteria.
Breakfast will be served from 6:30-8:30 for students who want to eat.
No child should start the day hungry. Eating breakfast has been associated with improved memory, test scores, school attendance, and tardiness rates.

4. **AFTERNOON PICK-UP (2:30-5:30)** – Students leaving at 2:30pm will move to the gym entrance and be released when their guardian arrives. You must check your child out before they can be released. Students attending after school care will be escorted to after school.

6. **RECORDS:** Students will receive progress reports every 6 weeks and a report card every 9 weeks. Daily absences and student tardies will be recorded.

WITHDRAWAL FROM SCHOOL- A student who is leaving or transferring to another school should notify the school office at least one day in advance. Withdrawal forms must be obtained in the office. No transcripts can be sent to the school in which the student enrolls until these requirements have been met.

7. **CLOTHING/DRESS**
Your child's clothing should be comfortable and easy for him/her to manage (buttons in front, elastic waist bands, etc.). Tennis shoes or soft-soled shoes are recommended. All articles of clothing should be clearly labeled to prevent losses. *See attached dress code guidelines.

8. **PERSONAL ITEMS**
Items brought to school by students, which are hazardous or disruptive to the educational process, may be collected by school officials.
STUDENTS SHOULD REFRAIN FROM BRINGING PERSONAL ITEMS TO SCHOOL SUCH AS ELECTRONIC GAMES, TRADING CARDS, GAMES, JEWELRY, ATHLETIC OR SPORTS EQUIPTMENT, CELL PHONES OR OTHER ITEMS NOT USED FOR INSTRUCTIONAL/LEARNING PURPOSES.
THE SCHOOL WILL NOT ACCEPT RESPONSIBILITY NOR BE LIABLE FOR PERSONAL ITEMS LOST, MISPLACED, OR STOLEN WHILE AT SCHOOL.

Lost and Found

Clothing and other personal items, which could be lost or misplaced by students, should be marked with the student's name. If a student misplaces an article of clothing or other personal item, he/she should check the "lost and found" area**.**

9. **BIRTHDAYS**

Birthdays are celebrated at the request of parents. Arrangements are to be made with the teacher or administrator in advance of the party. The teacher or administrator will be glad to assist with ideas and additional information. A list of party food will be requested and approved.

10. **MESSAGES TO TEACHERS**

Verbal messages from the children **cannot** ~~be~~ accepted by the teachers. Please write a note, telephone, or personally give the teachers the messages BEFORE OR AFTER SCHOOL.

11. **EMERGENCY PROCEDURES**

The Academy has a fire alarm system and an escape plan in place. We also conduct monthly fire drills and we are regulated by the State of Alabama fire marshal. Our local EMA office notifies us if there is a threat of severe weather, and we also monitor the weather thru our local news media and weather radio. We have a severe weather plan in place to keep our students and staff as safe as possible. Please note: The Academy tries to work with the local public schools in regard to school closings; however, our school is not regulated by the state, nor do we receive government funding of any form. Therefore, we do not have to be in class any certain number of hours per day to receive government money and we reserve the right to close our school at any time we feel it is in the best interest of our students and staff. You will be notified via Facebook and the local news media in the event of a school closing.

12. **INFORMATION UPDATE**

Parents are required to update information furnished herein as necessary and appropriate, with changes dated and initialed by parent and the Director or Designee.

13. **DISCIPLINE POLICY**

Discipline will be constructive. Discipline will not be severe, humiliating or frightening. Discipline will not be associated with food, rest or toileting. Supervised time-out from the group may be used as a form of discipline. A parent may be called to come and discipline their child for severe behavior problems. ***You will be notified of any severe behavioral problems as they arise.***
Violent or disruption problems will result in the termination of a student.

Guardian Angel Christian Academy

Financial Policy and Procedures

Tuition and other fees and charges are, except for some miscellaneous donations and gifts, the sole operating funds for Guardian Angel Christian Academy. Therefore, prompt payments of tuition and fees are necessary to guarantee the quality Christian education we are attempting to provide to all students. Furthermore, your cooperation will enable GACA to maintain a positive Christian testimony by having the funds available to meet our financial obligations on a timely basis. We thank you for your support and cooperation regarding these financial policies.

Weekly Schedule

Payments are due on Monday. Tuition fee's do not change. Days absent or Holidays are not deducted. Parents must be enrolled on Tuition Express.

A reminder will be sent on Tuesday.

On Wednesday your account will be considered delinquent, and a $15.00 late fee will be applied.

a) The parents will be notified in writing that the account is overdue, and a late fee has been applied.

b) The parent must contact the office immediately to arrange payment

c) If satisfactory agreement cannot be reached, the student will be considered withdrawn from the school. Past due tuition will remain the responsibility of the parent.

Monthly Schedule

Payments are due on the 1st of each month. Tuition fee's do not change. Days absent or Holidays are not deducted. If satisfactory agreement cannot be reached, the student will be considered withdrawn from the school. Past due tuition will remain the responsibility of the parent.

A $35.00 fee will be assessed for any checks returned for insufficient funds.

TUITION EXPRESS PAYMENT OPTIONS

GUARDIAN ANGEL CHRISTIAN ACADEMY

Procare SOLUTIONS

____ Option 1: Weekly - Your account will be charged weekly every Monday morning.

____ Option 2: Bi-Weekly - Your account will be charged every two weeks (every other Monday)

____ Option 3: Monthly: Your account will be charged on the 1st business day of the month.

If you choose to sign up using a credit card, there is a **3% fee** added to your tuition every time we charge your account.

Tuition® Express

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 _____

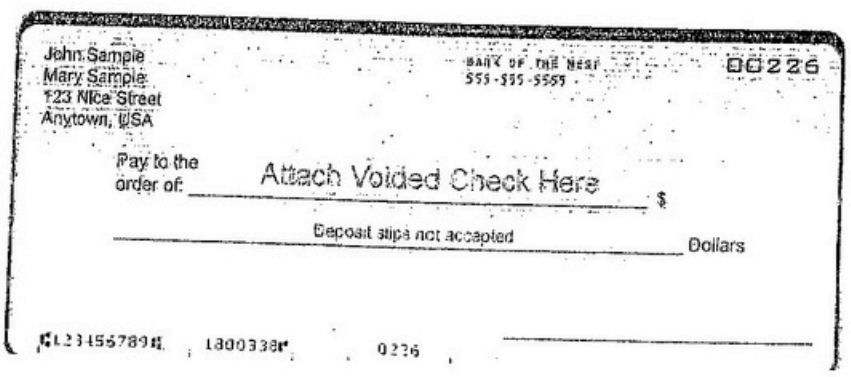
Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



A service of

procare SOFTWARE

GACA EXTENDED CARE

2024-2025 *PRE-REGISTRATION*

STUDENT'S NAME: **_____**

DAYS OF WEEK AND TIMES NEEDED:

*MONDAY*_____
*TUESDAY*_____
*WEDNESDAY*_____
*THURSDAY*_____
*FRIDAY*_____

STUDENT'S NAME: **_____**

DAYS OF WEEK AND TIMES NEEDED:

*MONDAY*_____
*TUESDAY*_____
*WEDNESDAY*_____
*THURSDAY*_____
*FRIDAY*_____

STUDENT'S NAME: **_____**

DAYS OF WEEK AND TIMES NEEDED:

*MONDAY*_____
*TUESDAY*_____
*WEDNESDAY*_____
*THURSDAY*_____
*FRIDAY*_____

GUARDIAN ANGEL CHRISTIAN ACADEMY

ENROLLMENT FORM

2025-2026

Student's name :_____

Birth date:_____Gender:_____Phone:_____

Address:_____

City:_____ State:_____ County:_____Zip Code:_____

STUDENT'S HISTORY

Black/African American Asian Native Hawaiian/Pacific Islander

American Indian or Alaskan Native Hispanic/Latino: Yes No

School last attended:_____

Address:_____ Phone:_____

Reason for leaving:_____

Has student ever been suspended or expelled from school? Yes No

If yes, state circumstances:_____

Grade (New School Year):_____

PARENT INFORMATION

Father's name:_____

Employer:_____ Work phone:_____

Email Address: _____

Mother's name:_____

Employer:_____ Work phone:_____

Email Address:_____

Primary parent who will supervise the homeschooling:_____

EMERGENCY INFORMATION

GRADE: _____ BIRTHDATE:_____ GENDER: Male____ Female_____
CHILD'S NAME: _____ _____ _____ _____
Last First Middle Home Phone
HOME ADDRESS:_____ _____ ____ _____
Street City State Zip
FATHER'S NAME:_____ PHONE: H:_____
W: _____ CELL PHONE:_____ EMAIL:_____

HOME ADDRESS:_____ _____ _____ _____
(If different from child) Street City State Zip

MOTHER'S NAME:_____ PHONE: H:_____
W: _____ CELL PHONE:_____ EMAIL:_____

HOME ADDRESS:_____ _____ _____ _____
(If different from child) Street City State Zip
AUTHORIZED PERSONS to assume responsibility for school dismissal and provision of care when parent or guardian cannot be reached. PLEASE NOTE: STUDENT WILL ONLY BE RELEASED TO PERSONS AUTHORIZED BY PARENT OR GUARDIAN.
Name:_____Phone:_____ Cell:_____Relationship:_____
Name:_____Phone:_____ Cell:_____Relationship:_____
Name:_____Phone:_____ Cell:_____Relationship:_____
Family Physician or Pediatrician:_____ Phone: _____
Family Dentist:_____ Phone:_____
Local Hospital Preference:_____
Insurance which applies to the child _____Policy ID: _____Group#:_____
Relevant medical factors including allergies (food, drug & seasonal), medications and physical impairments:

CONSENT FOR EMERGENCY TRANSPORTATION AND MEDICAL TREATMENT: In the event my child needs to be transported by ambulance or emergency vehicle, I authorize transportation. In the event reasonable attempts to contact me/us have been unsuccessful, I/we hereby give my/our consent for administration of any treatment deemed necessary by Dr. (preferred doctor) or Dr. (preferred dentist); or, in the event the designated practitioner is not available, by another doctor or dentist; and the transfer of the child to the above-stated hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two (2) other-licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent or
Guardian:_____Date:_____

MEDICAL FORM

1. I agree to keep all my child/children's immunizations up to date. A copy of the required medical forms will be given to the school office to be kept on file.

2. I agree to sign the Medicine Permission Form if my child/children must be given medicine when attending the school. I understand that medicine will not be given unless I sign this form. I also understand that all medicine given must be brought to the school in its original container or prescription bottle and kept in the school office.

3. Should my child/children become ill or suffer an accident of any kind during the time he/she is in school, the school office should contact me immediately. In the event I cannot be reached**,** the office should contact one of the emergency contacts listed on my pre-admission record.

4. If I cannot be reached immediately, the school is hereby authorized to secure such medical attention and care for the child/children as may be necessary. I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child/children.

_____ _____

Child's Name Child's Name

5. In the event of an emergency, at which I cannot be reached, I give consent to transport by ambulance if the situation warrants.

_____ _____ _____

Physician's Name Address Phone

Parent's medical insurance covering the child: _____

Policy # _____

MEDICAL FORM

List any allergies to medicine, food, bee stings, etc. that your child/ children have.

_____

_____

_____

Signature of Parent or Guardian: _____ Date: _____

MEDICATION

ALL MEDICATION MUST BE CHECKED IN AT THE SCHOOL OFFICE WHERE IT WILL BE KEPT UNDER LOCK AND KEY. A MEDICATION FORM MUST BE FILLED OUT BY A PARENT/GUARDIAN BEFORE MEDICATION CAN BE GIVEN TO THE STUDENT. IF MEDICATION NEEDS TO BE LEFT FOR LONG PERIODS OF TIME DUE TO ALLERGIES OR OTHER HEALTH ISSUES, A FORM MUST BE FILLED OUT, BUT MEDICATION WILL NOT BE ADMINISTERED UNTIL THE PARENT OR GUARDIAN HAS BEEN NOTIFIED.

*Daily medications should be taken before or after school begins unless otherwise directed by your child's physician. Written instructions from a physician are required.

14. **WELLNESS POLICY:**

I agree to abide by the wellness policy set forth by GACA. If your child appears to be visibly ill, is vomiting or running a fever, if there is evidence of a communicable disease, he or she may not attend school. A student must be fever free for 24 hours without the aid of fever meds before returning. If it is necessary for your child to see a doctor, a "return to school" form will be required from their doctor before return- ing to school.

15. **FIELD TRIPS**

I understand that I will be notified in advance of any field trips or events where my child/children will leave the school facility. A travel release form must be signed by a parent or guardian releasing Guardian Angel and Andalusia Full Gospel Tabernacle from all liability before any student can be transported anywhere. Parents are invited and encouraged to attend all field trips and events. (A release form is included in this student information packet.)

17. **STUDENT PRIVACY**

Please check and initial your preference:

I agree: _____ Do not agree: _____for some photo/photos of my child/children to be placed on social media or newspaper articles when we have special events during the year. Names or personal information is never given.

18. **SCHOOL VISITATION**

GACA welcomes parents to visit the school to better understand their children in the classroom setting. Before forming specific opinions as to the school program or classroom instruction, please make a visit and schedule a conference with the teacher. In an attempt to provide a safer environment, all exterior doors at GACA are locked. All visitors will be required to enter through the front door and be buzzed in from the office. Please follow any directions given. Proof of identity may be required along with valid reason for visit. GACA reserves the right to deny entrance. These procedures are in place to provide additional security to our school.

*NOTE! PARENTS ARE NOT TO GO TO A CLASSROOM WITHOUT CHECKING IN THROUGH THE OFFICE AND OBTAINING A VISITOR PASS. THIS RULE APPLIES TO ALL PARENTS AT ALL TIMES. THIS IS NECESSARY FOR THE SAFETY AND PROTECTION OF ALL OUR CHILDREN AND STAFF MEMBERS.

19. **PARENT/TEACHER CONFERENCES**

Teachers are available for conferences with parents by appointment from 2:00 p.m.-3:00 p.m. on Tuesdays, Wednesdays, and Thursdays.

20. **MEALS**

Lunch

The cafeteria will serve, at a minimum cost, hot, balanced meals in accordance with standards set forth under the National School Lunchroom Act. Students are encouraged to eat in the cafeteria to ensure proper nutrition.

Snack

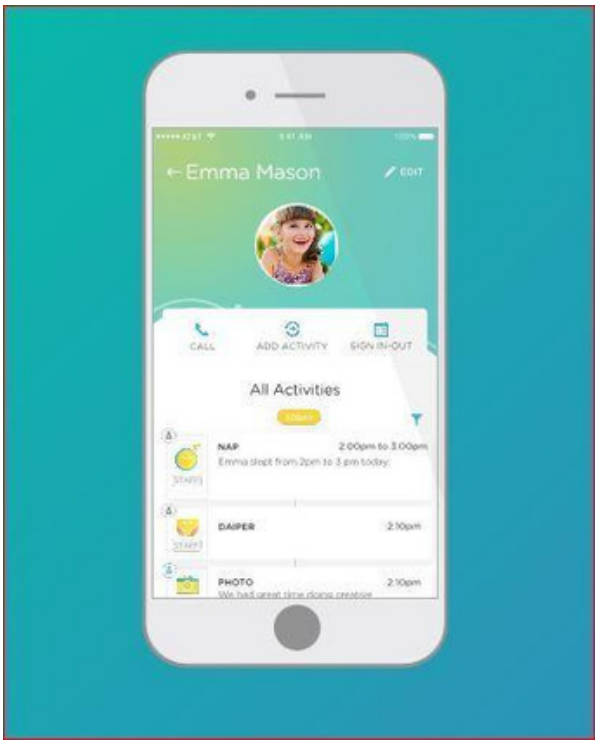
A ten (10) minute break is scheduled for students in grades K5 through 12th. During the break, students are allowed to have a snack. Snacks brought from home should be nutritious. Fruits, crackers, pretzels, etc. are allowed. Please do not send candy or other sugary snacks.

Drinks such as boxed fruit drinks, Capri Suns, and fruit drinks in thermos bottles or plastic containers are acceptable. According to State Policy, cola drinks in cans or bottles will not be allowed.

As a convenience to our parents, GACA will offer a fruit drink and a snack (crackers, pretzels, popcorn, etc.) The snack will vary, and students will be able to choose from the snack box offered.

21. Procare App:

Each family should download the Procare App to stay up to date on your child's day. This will include check-in/out times, daily activities, homework, etc. See the attached Procare instructions.



DRESS CODE

Students are expected to be clean and appropriately dressed for school. Shoes must be worn at all times in all areas of the building, gym, and outside play areas. Dress and appearance must not cause disruption or present health or safety problems. We wish to have a wholesome environment for our students, which promotes learning and the development of positive self-esteem. We ask students not to dress in an inappropriate fashion.

The following are not allowed:

1. Halter tops, backless tops, spaghetti straps (Straps should be at least 1" wide.)

2. Short tops that reveal the midriff

3. Mini-skirts and short –shorts (All attire should be mid-thigh length.)

4. Platform shoes or skate shoes (Shoes should be appropriate for running, jumping, and play.) Tennis shoes are preferred.

5. Apparel that has profanity, obscene words, or slogans, beer or cigarette symbols or advertising

6. Trousers, shorts, jeans or any other pants which are noticeably too large and do not fit the waist in a usual and reasonable fashion (sagging)

7. Skin-tight apparel or clothing too revealing as to distract or provoke other students

8. Hats, caps, other types of headgear (such as sweat bands, visors, hairnets, etc.). An exception may be made for health reasons or for special school events.

9. Dark glasses, sunglasses or shades unless health conditions deem acceptable or school-wide permission is granted in observance of a special event

10. Any clothing where undergarments are visible. Clothing should cover the student's back when the child is seated, leaving no space between shirt and pants.

11. Extreme hairstyles or coloring, piercings (other than ear piercings), clothing, make-up, etc. that is disruptive to the normal school day or distractive to the learning environment will not be allowed

ATTENDANCE POLICY

The classroom or homeroom teacher shall maintain an accurate record of attendance for each pupil. This record shall be kept in the official register, or through other officially approved documentation provided or approved by the State Department of Education.

Regular school attendance is very important, and irregular attendance makes for a lack of interest and poor grades. Because something of importance is being taught every school day, each pupil is expected to be in attendance on a regular basis for the full day. Personal activities should be scheduled on an after-school basis to ensure that all students meet attendance requirements.

● The school will assist with barriers and difficulties that might be preventing regular attendance.
● The school will take measures to help the family address absenteeism before court proceedings are initiated.
● The school will override excused absences when found to be illegitimate.
●The school will increase awareness of the importance of attendance.
● The school will emphasize attendance through school presentations and correspondence.
●Create a school focus on attendance.
● The school will initiate truancy court proceedings if students and families are not making serious efforts to get the student to school or work with the school to overcome barriers.

Excused Absences:

1. Pupil is too ill to attend school
2. Inclement weather which could be dangerous to the safety and health of the child if he/she attended school
3. Legal quarantine
4. Death in immediate family
5. Emergency conditions as determined by principal
6. Pupil absent from school with prior consent of the principal

Unexcused Absences Parents should note that excessive unexcused absences and tardies could result in students and parents being referred to the COVINGTON COUNTY EARLY WARNING PROGRAM. Parents of students who have unexcused absences will receive notification from the school office according to the following:

CHECKOUTS SHOULD BE KEPT TO A MINIMUM.
Your cooperation in this matter will be appreciated.

Travel Release Form

(Please fill out and return with the student admission forms)

I, _____ the parent/guardian

of_____

_____of give my permission for my child to ride the church van or bus during field trips, special events, from Andalusia Elementary and to and from Andalusia Dance & Tumbling and The Andalusia Ballet. I understand that my child will be with an employee of Guardian Angel Christian Daycare or Andalusia Full Gospel Tabernacle always. I release both Guardian Angel and Andalusia Full Gospel from all liability for accidents beyond their control.

(Parent/Guardian's Signature) _____

(Date)_____

(Cell Number)_____

**Parent's will be notified in advance of all field trips.

Your paragraph text

Institution Name: Healthy Kids Agreement Number:

Facility/Provider Name: _____

Child and Adult Care Food Program (CACFP)
Participant Enrollment Form

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participant will receive nutritious meals and snacks at no cost to you. CACFP needs verification of enrollment for each participant in this facility. Please fill out the parent/guardian section of this form, sign it and return it to the above facility/provider. Provide information for one participant per section. **(In order for the institution to receive reimbursement for meals served/claimed, this form must be completed for each enrolled participant annually.)**

Parent/Guardian Please Complete:

Participant's (Child) Name: _____ Date of Birth: _____ Age: _____

Sex: ☐ Male ☐ Female Date participant enrolled in the facility: _____

Food Allergies: ☐ Yes ☒ No If "yes" specify: _____

(If the participant cannot be served the CACFP Meal Pattern, a statement from the participant's Health Care Provider must be provided.)

Check Days of Normal Care at facility: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Check meals normally eaten at facility: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack

Please list the normal times of arrival and departure (check AM or PM) **Arrive:** _____ ☐ am ☐ pm **Depart:** _____ ☐ am ☐ pm

School Times: **Depart:** ☐ am ☐ pm **Return:** ☐ am ☐ pm

If participant is an infant (0-11 months), please complete this box below. Check all applicable choice(s):

This institution/ facility offers _____ formula for infants through CACFP. It is your choice
(To be completed by facility/provider)
whether or not to use this formula based on your infant's needs. Baby foods provided by the institution/facility must be in compliance with the infant meal pattern as required by 7CFR 226.20.

☐ I will use the formula offered by this facility.

☐ I will not use the formula offered by this facility.
If not, which formula will you send for your infant? _____
If the formula you provide is a special formula, a medical statement must be submitted.

☐ I will provide breastmilk for my infant.

☐ My infant is four (4) months old and older and is developmentally ready for baby foods. I want the institution/facility to provide the following baby food(s) for my infant, which is/are allowed under 7CFR 226.20 (b)(2)(3)(4).

_____

Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when she/he is at child care. If you find you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care provider.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____

Work Telephone Number: _____ Check Work Shift: ☐ 1st ☐ 2nd ☐ 3rd ☐ Other (Specify) _____

For Facility/Provider Use Only:

Signature of Facility Representative/Provider: Mindy Day Date: _____

Date the Participant Withdrew: _____

Non-discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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
	/ /	☐	☐	☐
	/ /	☐	☐	☐
	/ /	☐	☐	☐
	/ /	☐	☐	☐
	/ /	☐	☐	☐
	/ /	☐	☐	☐

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) 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
	$____/____	$____/____	$____/____	$____/____	☐
	$____/____	$____/____	$____/____	$____/____	☐
	$____/____	$____/____	$____/____	$____/____	☐
	$____/____	$____/____	$____/____	$____/____	☐
	$____/____	$____/____	$____/____	$____/____	☐

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: 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:	
☐ Hispanic or Latino	☐ Asian	☐ American Indian or Alaska Native
☐ Not Hispanic or Latino	☐ White	☐ Native Hawaiian or Other Pacific Islander
	☐ Black or African American	☐ 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: _____