



**Nations Ford Christian Academy**  
**5901 Nations Ford Road**  
**Charlotte, NC 28217**  
**Bishop Phillip M. Davis, Senior Pastor**  
[www.nfckids.org](http://www.nfckids.org)    [www.nationsford.org](http://www.nationsford.org)  
**(704) 521-6181**

**We are so glad that you have chosen Nations Ford Christian Academy for your child(ren) early years of learning.**

**We believe in Proverbs 22:6 which instructs us to “Train up a child in the way he should go, and when he is old he will not depart from it.” Our mission is to provide a unique and loving experience for each child that provides a safe, nurturing, learning environment. We strive on building self-esteem and fostering good Christian values that will last a lifetime.**

**Thank you for making Nations Ford Christian Academy your choice for quality Christian education, by a team of professionals that are dedicated in serving the whole family.**

**Please complete the enclosed enrollment packet and submit to the administration office along with your \$75.00 non-refundable registration fee. If you have any questions, comments, or concerns, please do not hesitate to give us a call at 704-521-6181.**

**Yours in Christ,**

***Folanda M. Malachi***  
**Director**



**Nations Ford Christian Academy**  
**5901 Nations Ford Road**  
**Charlotte, NC 28217**  
[www.nfckids.org](http://www.nfckids.org)    [www.nationsford.org](http://www.nationsford.org)  
**(704) 521-6181**

**Application Date** \_\_\_\_\_

**Account Key:** [ \_\_\_\_\_ ] *Parent's last name*

<b>Key Dates</b>
<b>Enrollment Date:</b>
<b>Withdrawal Date:</b>

<b>Child's Name</b>	<b>Sex</b>	<b>DOB</b>
	M/F	

**Parents' Name & Address**

**Parents' Social Security No.**

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

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

**Home Phone:**

\_\_\_\_\_

**Work Phone: (Parent 1)**

**Work Phone: (Parent 2)**

\_\_\_\_\_

\_\_\_\_\_

**Cell Phone: (Parent 1)**

**Cell Phone: (Parent 2)**

\_\_\_\_\_

\_\_\_\_\_

**E-mail: (Parent 1)**

**E-mail: (Parent 2)**

\_\_\_\_\_

\_\_\_\_\_

## **Child's Care and Emergency Information**

<b>Family Doctor Name &amp; Number</b>	<b>Family Dentist Name &amp; Number</b>	<b>Family Hospital Name &amp; Number</b>
<b>Emergency Contact 1</b>	<b>Emergency Contact 2</b>	<b>Emergency Contact 3</b>
<b>Authorized Pickup 1</b>	<b>Authorized Pickup 2</b>	<b>Authorized Pickup 3</b>

**Nations Ford Christian Academy**  
*“Preparing Children for Life”*

## Teacher Information Form

<b>Name of Child(Last, First, Middle Initial)</b>	<b>Parents’ Names</b>

<b>Child’s DOB</b>	<b>Address</b>	<b>Home Phone</b>
/ /		

Allergies, if any


Special Health Conditions, if any

Parents’ Locations during child-care hours (Employer, School, etc.)

<b>Parent 1</b>	<b>Employer Name &amp; Address</b>	<b>Work Number &amp; Schedule</b>
<b>Parent 2</b>	<b>Employer Name &amp; Address</b>	<b>Work Number &amp; Schedule</b>

**Emergency treatment and transportation:**

I hereby give permission to Nations Ford Christian Academy, licensed by the Division of Child Development, to secure emergency medical, dental and/or emergency surgical treatment and to provide emergency transportation for the above named minor child while in our care.

*Non-emergency medical treatment or elective surgery is not included in this authorization.*

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

**Nations Ford Christian Academy**  
*“Preparing Children for Life”*

**Medical History**

**Name of Child:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Name of Parent or Guardian:** \_\_\_\_\_

**Address of Parent or Guardian:** \_\_\_\_\_

Is child currently under a doctor’s care? \_\_\_ yes \_\_\_ no If yes, for what reason?

\_\_\_\_\_

Is child on any continuous medication? \_\_\_ yes \_\_\_ no If yes, what?

\_\_\_\_\_

Any previous hospitalization or operations? \_\_\_ yes \_\_\_ no If yes, when and for what?

\_\_\_\_\_

Any history of significant previous diseases/recurrent illness? \_\_\_yes \_\_\_ no

Diabetes? \_\_\_ yes \_\_\_ no

Convulsions? \_\_\_ yes \_\_\_ no

Heart Trouble? \_\_\_yes \_\_\_ no

Other? \_\_\_\_\_

Does your child have any physical disabilities: \_\_\_yes \_\_\_ no If yes, please describe

\_\_\_\_\_

\_\_\_\_\_

Does your child have a mental disability (ies)? \_\_\_yes \_\_\_ no If yes, please describe

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N.C. Board of Medical Examiners (or a comparable board from bordering states) a certified nurse practitioner, or public health nurse meeting DEHNR standards for EPSDT program.

Height	%	Weight	%	Head	Eyes	Ears
Nose		Teeth		Chest	Abd/GU	Ext
Neuro. System				Skin		

Results of Tuberculin Test, if given

Type \_\_\_\_\_

Date \_\_\_\_\_

Normal \_\_\_\_\_

Abnormal \_\_\_\_\_

Should activities be limited? No \_\_\_ Yes \_\_\_ If yes, please explain:

\_\_\_\_\_

**Physicians Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Nations Ford Christian Academy**  
*“Preparing Children for Life”*

**Immunization History**

*The health official must enter the received immunization date in the space below or attach a copy of the immunization record.*

Enter date of each dose – Month/Day/Year

Vaccine	#1	#2	#3	#4	#5
*DTP/DT <i>(circle which)</i>					
**Polio					
Hib					
***Hepatitis B					
*MMR <i>(combined doses)</i>					
OTHER					

- \* Required by State Law
- \*\* Required by State Law for children born on or after 10/1/88
- \*\*\* Required by State Law for children born on or after 7/1/94



**Nations Ford Christian Academy**  
*“Preparing Children for Life”*

**Discipline and Behavior Management Policy**

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive and understanding interactions from adults and others, they develop good self concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy.

**We DO:**

**We DO NOT:**

<b>Praise, reward, and encourage the children</b>	<b>Shake, bite, pinch, push, pull, kick, or slap the children</b>
<b>Reason with the set limits for the children</b>	<b>Make fun of , yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children</b>
<b>Modify the classroom environment to attempt to prevent problems before they occur</b>	<b>Shame or punish the children when bathroom accidents occur</b>
<b>Listen to children</b>	<b>Deny food or rest as punishment</b>
<b>Provide alternatives for inappropriate behavior to the children</b>	<b>Relate discipline to eating, resting or sleeping</b>
<b>Provide children with natural and logical consequences of their behaviors</b>	<b>Leave the children alone, unattended, or without supervision</b>
<b>Treat the children as people and respect their needs, desires and feelings</b>	<b>Place children in locked rooms, closets, or boxes as punishment</b>
<b>Ignore minor misbehaviors</b>	<b>Allow discipline of children by children</b>
<b>Explain things to children on their levels</b>	<b>Criticize, make fun of, or otherwise belittle children’s parents, families or ethnic groups</b>
<b>Use short supervised periods of “time-out”</b>	
<b>Stay consistent in our behavior management program</b>	

**I, the undersigned parent or guardian of \_\_\_\_\_ do hereby state that I have read and received a copy of the facility’s Discipline and Behavior Management Policy and that the facility’s Director/Administrator has discussed the facility’s Discipline and Behavior Management Policy with me.**

**Enrollment Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Nations Ford Christian Academy**  
*“Preparing Children for Life”*

**DISCIPLINE PROCEDURES**

**Character Behavior**

*Redirecting Negative Behavior & Modeling:*

1. Model for the child(ren) the correct behavior practice within the classroom setting.
2. Review daily classroom rules & regulations with examples for the classroom behavior at circle time.
3. Role-play character education and best practices within the center in the classroom setting.
4. Each classroom will use their behavior chart with consequences for unacceptable behavior.

**Verbal Disrespect**

*Verbal Disrespect: The use of defiant or profane words towards another person(i.e. friends, teachers, parents or Director)*

1. The first time – child will go to “time out”
2. The second time – child’s parents will be notified by phone, letter or verbally upon pick-up
3. If this behavior continues, the child will receive a day’s suspension at the discretion of the Director.

**Physical Endangerment and/or Abuse Practices**

1. If a child physically hurts or endangers his/her friends, teachers or Directors intentionally, he/she will be placed in the office. The parent will be made aware of the incident by phone and if deemed necessary suspended from the Center.

---

**Signature of Parent/Guardian**

---

**Date**

**Nations Ford Christian Academy**  
*“Preparing Children for Life”*

## **Corporal Punishment Policy**

When positive efforts have not succeeded in correcting a student whose behavior interferes with the ability of him/her self and others to learn, the following corrective measures are authorized:

1. Corporal punishment in accordance with regulations established by the Elders of the Nations Ford Community Church;
2. Suspension in accordance with regulations established by the Elders of the Nations Ford Community Church
3. Exclusion in accordance with regulations established by the Elders of the Nations Ford Community Church

As part of a progressive discipline plan, corporal punishment is permissible at Nations Christian Academy.

Corporal punishment may only be administered by the Director of Nations Ford Christian Academy (*and under no circumstances will a teacher be permitted to administer corporal punishment*) in the presence of the child’s parent. Corporal punishment shall not be used as the disciplinary action on a first offense, shall not be used as a choice in lieu of other disciplinary action, as outlined on pages 7-8 and shall only be used after other corrective measures have been exhausted.

If a parent is unable to be present during the administering of corporal punishment, the parent must speak with the child over the telephone and remain on the telephone while corporal punishment is being administered to their child.

If parent(s) or guardian(s) object to the use of corporal punishment with their children, such objection must be made upon enrollment in writing, to the Director of the school. A student whose parent or guardian objects, in writing, to the use of corporal punishment, when and if it is deemed necessary by the Director, the child may be suspended.

A record of each case where corporal punishment is administered shall be maintained in the student’s file along with a copy in the Director’s office.

---

**Signature of Parent/Guardian**

---

**Date**

**Nations Ford Christian Academy**  
***“Preparing Children for Life”***

**FIELD TRIP AUTHORIZATION**

I, \_\_\_\_\_ give \_\_\_\_\_ permission to participate in any scheduled field-trips with Nations Ford Christian Academy. I understand that I will be notified of any such trips. I am responsible for any fees that may be involved. If a circumstance arises that prevents my child from participating, I understand that he/she will be placed in the care of another staff member until his/her class returns to the center.

If my child is under the age of four (4) or weighs less than 40 pounds, I will provide an approved child restraint device. All children over four will be restrained in seat belts in order to conform with current state law.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Liability Release**

Nations Ford Christian Academy reserves the right to use photographs taken during school sessions for publication purposes.

I/We as legal guardian (s) representing a minor participant, agree to release Nations Ford Community Church, Nations Ford Christian Academy, its officers, employees and volunteers from any and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my/our child’s participation in or presence at the above activity/activities that includes but are not limited to indoor and/or outdoor classroom activities, indoor and/or outdoor play time, field trips, and etc. I/We are aware that there are certain risks or possible dangers in participating in these activities. I have entered into this agreement of my own free will.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

# Infant/Toddler Safe Sleep Policy

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

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby's clinical history.

Child care providers can maintain safer sleep environments for babies that help lower the chances of SIDS. N.C. law requires that child care providers caring for children 12 months of age or younger, implement a safe sleep policy, share this information with parents and participate in training.

In the belief that proactive steps can be taken lower the risks of SIDS in child care and that parents and child care providers can work together to keep babies safer while they sleep, this facility will practice the following safe sleep policy:

Safe Sleep Practices	Safe Sleep Environment
<p>1. All child care staff working in this room, or child care staff who may potentially work in this room will receive training on our infant Safe Sleep Policy.</p> <p>2. Infants will always be placed on their backs to sleep, unless there is a signed sleep position medical waiver on file. In that case, a notice will be posted on the infant's crib.</p> <p>3. The American Academy of Pediatrics recommends that babies are placed on their back to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer for sleep.</p> <p>4. We will follow this recommendation by the American Academy of Pediatrics. However, child care staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.</p> <p>5. Sleeping infants will be checked periodically by staff. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care.</p> <p>6. Steps will be taken to keep babies from getting too warm or overheating by regulating the room</p>	<p>7. Room temperature will be kept between 68-72 degrees F.</p> <p>8. Infant's heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding.</p> <p>9. No loose bedding, pillows, bumper pads, etc. will be used in cribs. We will tuck any infant blankets in at the foot of the crib and along the sides of the crib mattress.</p> <p>10. Toys and stuffed animals will be removed from the crib when the infant is sleeping.</p> <p>11. A safety-approved crib with a firm mattress and tight fitting sheet will be used.</p> <p>12. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency or emergency drill.</p> <p>13. No smoking is permitted in the infant room or on the premises.</p> <p>14. All parents/guardians of infants cared for in the infant room will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.</p>

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have read and received a copy of the facility's Infant/Toddler Safe Sleep Policy and that the facility's director/owner/operator (or other designated staff member) has discussed the facility's Infant/Toddler Safe Sleep Policy with me.

**Date of Child's Enrollment** \_\_\_\_\_ **Parent's Signature** \_\_\_\_\_

**PARENT ACKNOWLEDGMENT OF  
NORTH CAROLINA CHILD CARE LAW AND RULES**

**This is to acknowledge that I have received a copy of the North Carolina Child Care Law and Rules Pamphlet. I understand that it provides guidelines and summary information about Laws and Rules about Child Care. I also understand that it is my responsibility to read, understand, become familiar with and comply with the standards that have been established.**

**Please sign below to validate receipt and acknowledgement of the North Carolina Child Care Law and Rules pamphlet.**

---

**Parent or Guardian Signature**

---

**Date**

---

**Child's Name**

## WEEKLY RATES

Age Group	Weekly Rate
Infants (6 weeks – 12 months)	\$190.00
Toddlers (1 years old – 2 years old)	\$190.00
Beginners (2 years old – 3 years old)	\$185.00
Preschool (3 years old – 4 years old)	\$185.00
Pre-K (4 years old – 5 years old)	\$180.00
Part Time Monday – Fridays 8:00am – 1:00pm	\$145.00

### Registration Fee

A non-refundable registration fee of \$75.00 is required to enroll your child at the Nations Ford Christian Academy.

### School Resource Fee

The Nations Ford Christian Academy utilizes the Bible-based curriculum for infants and toddlers and the A’Beka Curriculum for the Beginners and Preschool program. The A’Beka and Bible-based Curriculum is a bible teaching, Christian character, language-building and traditional subject curriculum. It teaches the Word of God and academic skills on their individual levels.

An annual non-refundable school resource fee of \$125.00 is associated in purchasing curriculum and instructional materials and supplies and to help offset the cost needed to maintain the day to day operations of the Nations Ford Christian Academy. School resource fee is due on October 31<sup>st</sup> of each year.

### Summer Activity Fee

A non-refundable annual summer activity fee of \$25.00 for infants and toddlers \$75.00 for Beginners and \$150.00 for Preschool will be billed to your account beginning May 1st of each year. Full payment will be due by June 1<sup>st</sup>, of each year. This fee will cover the cost of all activities and programs provided by the center during the summer months.

## SICK LEAVE/VACATION POLICY

The full weekly rates are still payable when children do not attend the Nations Ford Christian Academy due to illness or vacation, the only exception to this policy is if the child is hospitalized 3 or more days and parent provides verification of the child being in the hospital.



**Nations Ford Christian Academy**  
**5901 Nations Ford Road**  
**Charlotte, NC 28217**  
**(704) 521-6181**

[www.nfeckids.org](http://www.nfeckids.org)

[www.nationsford.org](http://www.nationsford.org)

*“Preparing Children for . . . Life”*

**FINANCIAL AGREEMENT**

Upon enrolling my child (ren) \_\_\_\_\_, in the Nations Ford Christian Academy (NFCA), I agree to pay the **non-refundable** registration fee of \$\_\_\_\_\_, the **non-refundable** school resource fee of \$\_\_\_\_\_, and/or summer activity fee of \$\_\_\_\_\_, and the first week’s tuition fee of \$\_\_\_\_\_.

After enrollment, I agree to pay the weekly/bi-weekly/monthly tuition fee of \$\_\_\_\_\_ in advance on Friday for the upcoming week(s) or month.

If I arrive to pick up my child (ren) later than my paid service time, I agree to pay the penalty of \$1.00 per minute after 6:00pm and an additional \$1.00 per minute after 6:05pm. I understand that this charge is to be paid upon arrival to pick up my child (ren).

I agree to give two (2) weeks notice, in writing, before removing my child(ren) from Nations Ford Christian Academy. If I do withdraw my child(ren) for any reason other than illness or proven cases of neglect/abuse, I will pay the forthcoming weeks.

I understand that my child(ren) will no longer be allowed to attend Nations Ford Christian Academy if the account is delinquent for one (1) week or more. This, however, will not cancel my responsibility to cover the costs of these two weeks.

I understand that, if my check is dishonored or returned for any reason, Nations Ford Christian Academy will electronically charge my account for the amount, plus a non sufficient fund fee of \$35.00.

I further understand that, if the fees are not paid, Nations Ford Christian Academy has the right to refer my account to the proper authorities for collection.

\_\_\_\_\_  
Father/Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian’s Signature

\_\_\_\_\_  
Date

# **PARENT ACKNOWLEDGE OF HANDBOOK**

**This is to acknowledge that I have received a copy of the Nations Ford Christian Academy Parent Handbook. I understand that it provides guidelines and summary information about the Nations Ford Christian Academy policies, procedures, disciplinary, and rules of conduct.**

**I also understand that it is my responsibility to read, understand, become familiar with, and comply with the standards that have been established. I further understand that the Nations Ford Christian Academy reserves the right to modify, supplement, rescind, or revise any provision, or policy from time to time, with or without notice, as it deems necessary or appropriate to ensure excellence.**

**I also acknowledge that I must submit a two week's advance notice to terminate child care service. Nation's Ford Christian Academy has the Right to terminate child care services at anytime due to failure of not following the policies and procedures stated in the hand book.**

**Please sign below to validate receipt and acknowledge of the parent handbook.**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Child's Name**