



7820 Thomas Jefferson Pkway
Palmyra, VA 22963
434-808-2447

Effort Christian School and Preschool

2022-2023 Registration Packet

Now Enrolling:

Preschool: 2 yr. to Pre-K

School: Kindergarten

Early Drop Off & After School

Please contact the school office with any questions

ecsp@effortchurch.org • 434-808-2447

Director in training: Kayla Bageant; kaylab@effortchurch.org



ECSP Programming

Effort Christian School: Kindergarten

- Monday - Friday; 8:30am - 3pm
- Dismissal at 3 p.m.
- Christian private education
- Biblically-based, a rigorous academic program focusing on all modalities of learning
- Abeka Curriculum-based; www.abeka.com

Preschool Program – Age 2 through Age 5

- Whole & Half Day Sessions; 3, 4, or 5 days per week
- Customized to your child's needs and your schedule
- K4 Program (ages 4-5) focuses on independence and kindergarten readiness skills. The program uses the Abeka Curriculum which is then continued in the school program.

Early Drop Off Service – Age 2 through Kindergarten

- 7am – 8:30am
- Multi-Activity Group Play in the Sanctuary for preschoolers and FLC Gym for K

“After School” Program – Ages 2 through 5th Grade

- All ECSP school days until 6PM
- In age specific groups
- Effort Christian School & Preschool students
- FCPS students, K-5, arrive via public school transportation
- A wonderful opportunity for working parents to have continued care throughout the afternoon.
- A biblically-based, fun, healthy environment based in outdoor play and creative activities.

Summer Day Program (Completed Kindergarten through Completed 5th Grade)

- Monday – Friday activity filled program
- Grade specific groups
- Field Trips to local pools and movies
- Community service projects



Information for the 2022-23 School Year

Enrollment Information

- We require a completed application for each child, in each program, each year.
- We require an official copy of your child's up to date immunization form/updated physical form or an immunization waiver form prior to the first day of attendance.
- A copy of your child's birth certificate is necessary prior to the first day of attendance.

Tuition Information

- There is a non-refundable student activities deposit due by **May 15, 2022** to ensure enrollment for the August 2022 - May 2023 school year. This activity fee includes your students curriculum fee, pumpkin patch, apple orchard, Christmas Celebration, and Field Day.
 - Preschool Student Activities Deposit: **\$325**
 - K-5 Student Activities Deposit: **\$650**
- Tuition paid in full, in advance (prior to start date) will receive a 5% discount.
- For families enrolled in ECSP, we offer a sibling discount of 10% for the preschool or school tuition portion only of the highest child for families with multiple children enrolled in either school or preschool.
- A limited number of scholarships and discounts are available. These are awarded on a yearly basis and must be applied for and evaluated annually. See Director for more information.

Financial/Payment Information

1. Payments are due on the 1st of each month, beginning in the first month of each program.
2. We use Procare for billing and receiving payments. Procare allows parents the option of making payments by electronic check or credit card. Parents are able to check their account online 24/7. Once your child(ren)'s registration form has been processed, you will receive an email with the student handbook and our disclosure statement.
3. A \$55 late fee will be assessed on past due accounts on the 5th day of the month.
4. Families with outstanding past due balances may be unenrolled beginning on the 7th day of the month.
5. Collection efforts will be pursued for any unpaid tuition. In the event that any tuition debt is "written off", you will receive a 1099-C for the amount forgiven, and that amount will be reported to the IRS as taxable income to you.
6. Returned payments will incur a \$50 return check charge by Procare, and all future payments may be required to be paid via credit card for the remainder of the school year.
7. Non-payment in one program will result in forfeiture of further participation in other Effort Baptist Church programs.
8. No allowances, credits, refunds, or make-up days shall be made for absences, inclement weather days, or unexpected closures. Tuition must be paid in full.
9. In the event of sudden closures due to local, state or federal orders (including states of emergency covering pandemics), Effort Christian School will continue to collect tuition for the school year and provide remote instruction to students. Effort Preschool will charge a monthly placement fee to continue holding your child's spot in our program.



Please initial that you have read and understand the above information: _____ Date: _____

Effort Christian Preschool

2 - 5 years

Rate Sheet (August 2022 through May 2023)

Early Drop Off, 7am-8:30 am	\$120 per month		
Days Per Week	5	4 (Mon - Thurs)	3 (MWF)
	Cost Per Month	Cost Per Month	Cost Per Month
Whole Day, 8:30am-3pm	\$ 595	\$ 504	\$ 430
Half Day, 8:30am-12noon	\$ 380	\$ 350	\$ 330
After Care, 3pm-6pm	\$ 190	\$ 190	\$ 150

*Any preschool students not potty trained will incur a \$50 per month charge due to additional staff requirements.

Please select from the following schedule choices:

- 5 full days
- 5 half days
- 4 full days
- 4 half day
- 3 full days
- 3 half days
- Early Drop Off
- Aftercare

Students Name: _____

Date of Birth: _____

Parent Signature acknowledging required schedule: _____



Date of Registration: _____

Effort Christian School - Kindergarten

Yearly Tuition	\$ 6,990
Early Drop Off, 7-9am	\$ 120/month
After School, 3-6pm	\$ 190/month

*Prepayment for the 2022-23 School Year receives a 5% discount, with the yearly tuition total being \$6,640.50

Students Name: _____

Date of Birth: _____

Parent Signature acknowledging required schedule: _____

Date of Registration: _____



Effort Church AfterSchool Program For Fluvanna County Public Schools

**Kindergarten through 5th Grade:
County transportation will bring the children from FCPS to Effort by bus at the end of their
school day.**

Cost per month:

Full Time (4-5 days/wk)	\$210
Part Time (1-3 days/wk)	\$180
Registration Fee	\$75

Fluvanna County Public School Children:

- Full Time Afterschool Program
- Part Time Afterschool Program

Students Name: _____

Date of Birth: _____

Parent Signature acknowledging required schedule: _____

Date of Registration: _____

Fluvanna County Public School your child attends: _____



Student's Name _____

Statement of Acceptance: By way of this application we confirm that all information provided in this application and in Procure by May 2022 is accurate and up to date with current information. All emergency contact, authorized pick up, email, phone number, and employment information has been reviewed and approved to be the most accurate information for our family for the student on file at ECSP.

Parent Signature: _____ Date _____

Photograph/Video Release: I /we grant permission for Effort Baptist Church and affiliated programs to take photographs and video recordings of my/our child. We understand that these may be used for promotion, on our website, marketing, advertising, yearbook, student and parent presentations, or for training purposes. The video/photograph footage will not violate the rights of any organization or person. I/We release Effort Baptist Church and affiliated programs from any and all present and future claims for compensation or liability. Children will not be identified by name without explicit approval.

Parent Signature: _____ Date _____

Statement of Acceptance: By way of this application, we agree and understand that, if accepted into the program(s) at Effort Baptist Church, that we will abide by the rules in the parent/student handbook, we will be responsible for, and pay the tuition for the program(s) in which our children are enrolled. We understand that this is both a moral and financial obligation and agree to exhibit a Christ-like position in our relationship with teachers, staff, church, and community in general.

Parent Signature: _____ Date _____

Permission to Participate: I give permission for my children to participate in all activities and to use any and all of the play equipment.

Parent: _____ Date _____

Permission to Transportation: I give permission to designated employees of Effort Baptist Church and affiliated programs to transport my child to off-site activities.

Parent: _____ Date _____

*The Emergency plan and procedure is available in the school office.

*Please make sure all lunch and snack boxes are labeled with your child's name.



Please initial that you have read the two statements above: _____ Date: _____

EMERGENCY MEDICAL AUTHORIZATION

Student First Name Student Last Name Student D.O.B. M / F_
Gender

Address City State Zip /
Telephone

Purpose – To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents/guardians cannot be reached.

PART 1 OR 2 MUST BE COMPLETED

Part 1 – To Grant Consent

Parent/Guardian #1 Relationship

Address

E-mail Address

Employer Employer Phone



Parent/Guardian #2 Relationship

Address

E-mail Address

Employer Employer Phone

IN THE EVENT I CANNOT BE REACHED, THE SCHOOL HAS MY PERMISSION TO RELEASE MY CHILD TO THE NAMES LISTED BELOW ONLY. A PICTURE I.D. MAY BE REQUIRED BEFORE THE STUDENT WILL BE RELEASED! NO EXCEPTIONS! Please provide a good phone number for during school hours.

1. _____

2. _____

3. _____

Name Address Phone Number In the event my child has a fever, I authorize ECSP to administer fever reducing medication such as Tylenol, or ibuprofen. I understand I will be notified by school employees prior to administration. Do not sign here if you do not grant authorization.

Parent Signature Date

In the event my child is having an allergic reaction, I authorize ECSP staff to administer Benedryl or an antihistamine. I understand I will first be notified by the school employee prior to administration. Do not sign here if you do not grant authorization.



Parent Signature Date

FACTS CONCERNING THE CHILD'S HISTORY TO WHICH ECSP SHOULD BE ALERTED:

Glasses/contacts ____ Hearing Aid ____ Diabetes ____ Seizures ____

Allergies:

Physical Impairments:

Medication taken:

Medications to be given by school:

Other (or explanations to above):

Primary Physician _____ Phone _____

Primary Dentist _____ Phone _____

Alternate Physician/Dentist _____ Phone _____

Health Insurance _____ Group# _____

Policy# _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by above named doctor or in the event the designed preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to preferred hospital/emergency center. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.



Preferred Hospital:

Parent/Guardian Signature _____ Date _____

Part 2 – Refusal to Consent

I do NOT give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or:

Parent/Guardian Signature _____ Date _____

List any information we may need to know about your child(ren) (medication, allergies, food restrictions, developmental concerns, etc.) Our goal is to provide care to or educate all children, however, we are not staffed to accommodate children with profound needs. We reserve the right not to accept children we are not qualified to serve. Please be specific with child's name and information.

____ Please initial that you have reviewed and chosen your child's required schedule.

For Office Use:

- Date _____
- Application Received By: _____
- Deposit Received By: _____
- Copy to Program By: _____
- Entered in Procure By: _____
- Billing Plan set in Procure By: _____
- Verified PC/TA/ Parent Letter By: _____
- Birth Certificate By: _____
- Immunization Records By: _____