



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

# Effort Christian School & Preschool

## 2024-2025 Afterschool Program

### Registration Packet

Now Enrolling:

**Preschool:** 2 yr. to Pre-K

**School:** Kindergarten - Third Grade

**Early Drop Off & After School**

Please contact the school office with any questions

ecsp@effortchurch.org • 434-808-2447

Director: Kayla Bageant; [kaylab@effortchurch.org](mailto:kaylab@effortchurch.org)

Updated 7/11/24

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

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



## ECSP Programming

### Effort Christian School: Kindergarten - Third Grade

- Monday - Friday; 8:30 am - 3 pm
- 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](http://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 Third Grade

- 7 am – 8:30 am
- Multi-Activity Group Play in the FLC GYM

### “After School” Program – Ages 2 through 12

- All ECSP school days until 6 PM
- 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 on outdoor play and creative activities.

### Summer Day Program (Completed K2 through 12-Year-Olds)

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



## Information for the 2024-25 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 before the first day of attendance.

### Tuition Information

- A non-refundable deposit is due to ensure enrollment for the August 2024 - May 2025 school year.
- Aftercare Registration Fee: \$75

### 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 6th 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 understood the above information: \_\_\_\_\_ Date: \_\_\_\_\_



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## **Effort Church AfterSchool Program For Fluvanna County Public Schools**

**Kindergarten through 5<sup>th</sup> 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: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent Signature acknowledging required schedule: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Fluvanna County Public School your child attends: \_\_\_\_\_



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**Statement of Acceptance:** By way of this application, we confirm that all information provided in this application and in Procare by May 2024 is accurate and up to date with current information. All emergency contact, authorized pick up, email, phone number, and employment information have 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, 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 \_\_\_\_\_

**Permission to Evacuate:** I give permission to designated employees of Effort Baptist Church and affiliated programs to transport my child in case of emergency evacuation of the campus. All students will be transported to the same safe location that we have already set up in our emergency plan with the Sheriff's Department. Parents will be notified once the students are at our safe location.

Parent: \_\_\_\_\_ Date \_\_\_\_\_

\*The Emergency plan and procedure are 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: \_\_\_\_\_**



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## EMERGENCY MEDICAL AUTHORIZATION

Student First Name	Student Last Name	Student D.O.B.	M	F	Y	N
			Gender		Potty Trained?	

Address	City State Zip	Telephone
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*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
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Address

E-mail Address	Phone Number
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Employer	Employer Phone
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Parent/Guardian #2	Relationship
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Address

E-mail Address	Phone Number
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Employer	Employer Phone
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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. will be required before the student will be released. Physical address required for at least one emergency pick-up.

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Emergency Pick-Up #1

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Relationship

---

Address

---

E-mail Address

---

Phone Number

---

Emergency Pick-Up #2

---

Relationship

---

Address

---

E-mail Address

---

Phone Number

---

Emergency Pick-Up #3

---

Relationship

---

Address

---

E-mail Address

---

Phone Number



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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.

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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.

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Parent Signature

Date

Facts about your child:

Glasses/contacts  Hearing Aid  Diabetes  Seizures

Allergies: A care plan from a doctor is required.

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Food sensitivities: We will treat this as an allergy, but no care plan from a doctor is required.

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Physical Impairments:

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Medication taken:

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Medications to be given by school:

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Other (or explanations to above):

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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 with the necessity for such surgery are obtained prior to the performance of such surgery.*

Preferred Hospital:

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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:

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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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 the child's name and information.

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