



Dear Prospective Family:

Thank you for your interest in enrolling at Atlantic Christian School. Since 1971, our mission has been to teach students to know, love, and serve God in a nurturing environment of academic excellence. Therefore, all of our curriculum and programs are distinctly Christian and taught from a Biblical perspective. We believe it is important for children and young people to learn to integrate a personal relationship with Jesus Christ into every aspect of life.

Our academic setting covers a full range of traditional subject areas. In addition, we also offer learning opportunities for both advanced and academically challenged students. Our dedicated faculty, staff, and administration, our small class sizes, and our "family-like" Christian atmosphere provide a fully comprehensive learning environment.

ACS is blessed with a 68,000 square-foot facility located on 37 acres in Egg Harbor Township. This spacious campus provides many avenues to explore God's world through music, art, science, technology, athletics and more.

Atlantic Christian School is dually accredited with both the Middle States Association of Colleges and Schools and the Association of Christian Schools International.

Enclosed are all the forms necessary for enrollment. If you have not visited our campus, we invite you to attend an Open House or schedule a private tour. If you have any questions regarding the enrollment packet or to schedule a visit to ACS, please feel free to contact the Director of Admissions at 609-653-1199 ext. 307. We look forward to serving you and your family in the future.

Serving Him,

A handwritten signature in black ink that reads "Karen M Oblen".

Karen M. Oblen, MEd
K-12 Principal, Interim Chief School Administrator

ATLANTIC CHRISTIAN SCHOOL
Early Education
New Family Enrollment Checklist

For Office Only **Submit the following for each student enrolling:**

- _____ Application for Admittance*
- _____ Birth Certificate*
- _____ Immunization Record* (must be reviewed by school nurse prior to admission)
- _____ Copy of IEP and Complete CST Evaluation (if applicable)*
- _____ Medical Information/Treat/Release Form* (Additional forms are required for life-threatening allergies, asthma, or seizure disorders)
- _____ Prescription Medication Form
- _____ Non-Prescription Medication Form
- _____ Registration Fee for each student (non-refundable)*

Submit the following for each family enrolling:

- _____ Emergency Contact and Family Update Form*
- _____ Financial & Policy Agreement Enrollment Contract*
- _____ ACS Morality Statements*
- _____ Grandparent Information Form*
- _____ Volunteer Questionnaire*

Registration Fees:

By March 15, 2017: \$50 per student, family maximum of \$100
By April 30, 2017: \$75 per student, family maximum of \$150
After April 30, 2017: \$150 per student, family maximum of \$300

*All items with the asterisk must be turned in prior to the family interview

ATLANTIC CHRISTIAN SCHOOL CRITERIA FOR APPLICATION REVIEW AND ADMISSIONS

1. The application for admission and all other application materials, including the registration fee, must be submitted to the school office.
2. The Admissions Director will review the application. If complete, a New Family Interview will be scheduled.
3. At least one parent or guardian must attend the New Family Interview. Children are welcome but not required to attend.
4. Parents/Guardians will meet with the Business Office to finalize payment arrangements.
5. Factors which are considered for admission:
 - a. ACS must have sufficient information on the student to make a decision on acceptance.
 - b. ACS must be able to meet the needs of the student.
 - c. There must be space available in the class based on the student's date of birth.
6. Parents must agree to support the mission of ACS, understanding the ACS Statement of Faith as the basis of all teaching and discipline, and support the ACS Morality Statements.
7. Parents must provide ACS all material regarding any special needs, modifications, doctor or specialist recommendations for the classroom, etc.
8. Parents will be asked to financially support the school in addition to the tuition and fees charged for education. This includes involvement in all fundraisers and donating to the Annual Fund if able.
9. Parents must agree to uphold and adhere to the policies and procedures found within the ACS Preschool Handbook.
10. Parents understand that in order to enroll in Kindergarten, all admissions requirements for K-12 must be met, including:
 - a. At least one parent must have a saving knowledge of the Lord Jesus Christ.
 - b. The family (at least one parent and child) must be in regular attendance at a Bible-believing church.
 - c. Parents must agree with the ACS Statement of Faith, Morality Statements, and philosophy of Christian education.

ATLANTIC CHRISTIAN SCHOOL EMERGENCY CONTACT AND FAMILY UPDATE FORM

2017-2018

Mother/Legal Guardian _____ Pick Up: Yes / No
 Address _____ Phone _____ Cell _____
 City _____ State _____ Zip _____
 Employer _____ Work Phone _____
 Church _____ Email _____

Father/Legal Guardian _____ Pick Up: Yes / No
 Address _____ Phone _____ Cell _____
 City _____ State _____ Zip _____
 Employer _____ Work Phone _____
 Church _____ Email _____

Student lives with _____

Parental Information: Please note that copies of any court orders pertaining to custody of your child/children must be submitted to Atlantic Christian School prior to admission.

Please list below any other person we may contact in case of an emergency and we are unable to reach you. Please also indicate if they have permission to pick up your child from school.

Name / Relationship	Home Phone	Cell Phone	Work Phone	Pick Up
				Yes / No
				Yes / No
				Yes / No
				Yes / No

Phone Tree: Throughout the week important school messages are sent out via our electronic phone messaging system. **If you have a block system in place on your home phone you will not receive these messages. Please indicate which phone number to use as an alternate.**

Alternate phone number _____

ATLANTIC CHRISTIAN SCHOOL FINANCIAL & POLICY AGREEMENT ENROLLMENT CONTRACT

INSTRUCTIONS

Parents, guardians, or other persons responsible for the payment of the tuition and fees of a student enrolling in Atlantic Christian School should read all the provisions of this contract, complete the required information, sign, date, and return it to the Business Office. A student cannot be registered or accepted for admission until this contract has been submitted.

TERMS OF CONTRACT

In consideration of the acceptance of this contract by Atlantic Christian School, the undersigned agrees to pay the required total tuition according to one of the following methods of payment. This payment plan will be applied to all future years of enrollment unless the Business Office is notified. In addition, the undersigned agrees to all policies and procedures found in the Parent-Student Handbook.

Tuition Payment Plans (*Please select one and initial in space provided*):

____ I agree to pay tuition by an annual payment, made directly to the school by **June 1**. A prepayment discount of 3% will be applied.

____ I agree to pay tuition in two semi-annual payments, made directly to the school by **June 1 and December 1**.

____ I agree to pay tuition in 10 monthly payments by electronic fund transfer through FACTS. Payment schedules will begin in **August** and continue through and including **May**.

____ I agree to pay tuition in 12 monthly payments by electronic fund transfer through FACTS. Payment schedules will begin in **June** and continue through and including **May**. If enrollment occurs after June 1st, monthly payments will begin the month following enrollment and continue through and including May.

Additional Fees:

1. Non-refundable Enrollment Fee to be paid every March for continuous enrollment. Payment of the fee reserves a space for the next school year.
2. Non-refundable Materials Fee for snacks and classroom supplies due by July 1. If enrolling after July 1st, fees are due at the time of the New Family Interview.
3. Non-refundable ACH fee for all automated payments through FACTS. Annual fee is \$54.
4. Late Fee of \$20.00 for each month in which a payment is not received within 10 days of the due date.
5. Return Check Fee of \$25.00 for checks returned or \$30.00 for declined automatic withdrawals from the bank.
6. Extended Care Late Fee of \$25.00 per hour if student picked up after 5:30pm or other designated closing time.

Compliance with School Financial Policies

1. Withdrawals from school must be done in writing using the Notice of Withdrawal Form which will state the last date of the student's attendance.
2. In the event of withdrawal, tuition is due for 4 weeks past the last date of attendance.
3. **Tuition payments are not refundable.** Pre-payments or amounts paid in excess of the total amount due are not refundable.
4. **No reimbursement or credit will be given for holidays, family vacations, or sick days.**

5. Any account that becomes 60 days past due will be considered delinquent. Report cards will not be issued for students with delinquent accounts until the accounts are made current. Final report cards and records will not be released until a student's account is satisfied in full.
6. Any student whose account becomes 60 days past due will be suspended until the account is satisfied in full.
7. No student will be allowed to register for the upcoming school year if that student's account is not current.
8. ACS reserves the right to send any delinquent account to a collection agency and to report any unpaid amounts to a national credit-reporting agency. The financially responsible party must reimburse any fees incurred by the school as a result of account collections to the school.
9. For students who are dismissed from ACS, tuition shall be pro-rated based upon four weeks after the child's last day of school.

CONTRACT ACCEPTANCE

I have reviewed all the pages of this enrollment contract and agree to abide by the provisions of the contract and all materials incorporated in it upon acceptance into the school. I further agree to all policies and procedures stated in the Parent-Student Handbook.

Father/Legal Guardian

Signature and Date

Mother/Legal Guardian

Signature and Date

*Financially Responsible Party
(If someone other than parent or legal guardian)*

Signature and Date

Authorized School Representative, Title

Date



Atlantic Christian School Morality Statements

BIBLICAL MORALITY LIFESTYLE STATEMENT

Atlantic Christian School stands firmly upon the historical truth claims and moral foundations of Christianity. This includes, but is not limited to, the biblical definition of marriage, the attendant boundaries of sexuality and moral conduct, and the clear biblical teaching that gender is both sacred and established by God's design. Parents or the legal guardians, who choose to enroll their children at ACS, are agreeing to support these and other basic biblical values derived from historical Christianity. Parents understand and agree that ACS will teach these principles and biblical values.

In addition, the ACS Board of Directors urges parents to recognize their scriptural responsibility (Deut. 6:1-9, Psalm 78:5, 6, Proverbs 22:6) to provide their children with a Christian education and to understand that the primary responsibility for this task rests with the parents (Eph. 6:4). ACS was founded and continues to operate upon biblical values and the desire and commitment for Bible-believing Christian parents to enroll their children in an intentionally Christian environment. Continued enrollment at ACS is contingent upon this same understanding and support by both the student and parents.

ACS is a religious institution providing an education in a distinct Christian environment, believing its biblical role is to work in conjunction with the home to mold students to be Christ-like. On occasions in which the atmosphere or conduct within a particular home or the activities of the student are counter to or in opposition to the biblical lifestyle the school teaches, the school reserves the right, within its sole discretion, to refuse admission of an applicant or discontinue enrollment of a current student. This includes, but is not necessarily limited to, living in, practicing, condoning, or supporting sexual immorality, including but not limited to, sex outside of marriage, homosexual acts, bi-sexual acts; gender identity different than the birth sex chromosomal level; promoting such practices; or otherwise the inability to support the moral principles of the school (Lev. 20:13a, Romans 1:27, Matt. 19:4-6).

ACS believes that every person is created in the image of God, that human sexuality reflects that image in terms of intimate love, communication, fellowship, subordination of the self to the larger whole, and fulfillment. God's Word makes use of the marriage relationship as the supreme metaphor for His relationship with His covenant people and for revealing the truth that that relationship is of one God with one people. Therefore God's plan for human sexuality is that it is to be expressed only in a monogamous lifelong relationship between one man and one woman within the framework of marriage. This is the only relationship that is divinely designed for the birth and rearing of children and is a union made in the sight of God, taking priority over every other human relationship. This is validated by Gen. 1:27-28; 2:18, 20, 23-24; Isa. 54:4-8; 62:5b; Jer. 3:14; Ezek. 16; Hosea 2; Mal. 2:14; Matt. 19:4-6; Mark 10:9; John 2:1-2, 11; 1 Cor. 9:5; Eph. 5:23-32; 1 Tim. 5:14; Heb. 13:4; and Rev. 19:7-8.

ACS believes to follow the teachings of Scriptures regarding marriage and divorce we must affirm that sexual relationships outside of marriage and sexual relationships between persons of the same sex are immoral and sinful. We further affirm that heterosexual monogamy is God's plan for marriage, and we regard sexual sin of the spouse, such as adultery, homosexual behavior, bestiality or incest, as the only biblical grounds for considering divorce, and then only when appropriate counseling has failed to restore the relationship. ACS abhors the trend to ignore God's laws of chastity and purity, and vigorously opposes public acceptance of sexual promiscuity and all factors and practices that promote it. The school maintains a biblical view of human sexuality that makes the sexual experience, within the framework of marriage, a gift of God to be enjoyed as communion of a man and woman, as well as for the purpose of procreation. Sexual relationships outside of marriage and sexual relationships between persons of the same sex are immoral and sinful. The depth of the sinfulness of homosexual practice is recognized, and yet we believe the grace of God sufficient to overcome both the practice of such activity and the perversion leading to its practice. This is validated by Ex. 20:14, 17; 22:19; Lev. 20:10-16; Matt. 5:32; 19:19; Mark 10:11-12; and Luke 16:18.

Gender differentiation and male/female uniqueness are part of a divine design that God indelibly engraved upon creation. God gives out bodies to us for spiritual and relational purposes, as well as physical ones. It is His desire that the most fundamental distinctions we experience as human beings should remind us that our completeness is ultimately found in communion with Himself and others. For this reason, "The Lord God said, 'It is not good for the man to be alone. I will make a helper suitable for him'" (Gen. 2:18). Personal fulfillment involves intimate fellowship and union with God, as exemplified by the ideal of Christ as the bridegroom and the Church as His bride (Eph. 5:22-32; Rev. 19:7-9). Based on our biblical and theological study, there is no argument for a "third gender" among humans. Gender confusion and dysphoria are ultimately the biological, psychological, social, and spiritual consequences of the human race's fallen condition. This state of depravity affects all persons individually and collectively. While society is at liberty to legitimize any behavior it chooses simply by reclassifying and renaming it,

Christ-followers adhere to biblical boundaries. It is our Christian conviction that renaming them cannot normalize sin and its expressions. We call upon biblical Christians to continue to accept their role as witnesses who speak prophetically about the need for repentance and sanctification in every culture.

MARRIAGE, GENDER, AND SEXUALITY STATEMENT

We believe that God wonderfully and immutably creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God (Gen. 1:26-27). Rejection of one’s biological sex is a rejection of the image of God within that person. We believe that the term “marriage” has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture (Gen. 2:18-25). We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other (1 Cor. 6:18; 7:2-5; Heb. 13:4). We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman. We believe that any form of sexual immorality (including adultery, fornication, homosexual behavior, bisexual conduct, bestiality, incest, and use of pornography) is sinful and offensive to God (Matt. 15:18-20; 1 Cor. 6:9-10). We believe that in order to preserve the function and integrity of ACS as Christian ministry, and to provide a biblical role model to the ACS families, it is imperative that all persons employed by ACS in any capacity, or who serve as volunteers, agree to and abide by this Statement on Marriage, Gender, and Sexuality (Matt. 5:16; Phil. 2:14-16; 1 Thess. 5:22). We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ (Acts 3:19-21; Rom. 10:9-10; 1 Cor. 6:9-11). We believe that every person must be afforded compassion, love, kindness, respect, and dignity (Mark 12:28-31; Luke 6:31). Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture.

FINAL AUTHORITY IN MATTERS OF BELIEF AND CONDUCT STATEMENT

The statement of faith does not exhaust the extent of our beliefs. The Bible itself, as the inspired and infallible Word of God that speaks with final authority concerning truth, morality, and the proper conduct of mankind, is the sole and final source of all that we believe. For purposes of ACS’ faith, doctrine, practice, policy, and discipline, our Board of Directors are ACS’ final interpretive authority on the Bible’s meaning and application.

SANCTITY OF HUMAN LIFE STATEMENT

We believe that all human life is sacred and created by God in His image. Human life is of inestimable worth in all its dimensions, including pre-born babies, the aged, the physically or mentally challenged, and every other stage or condition from conception through natural death. We are therefore called to defend, protect, and value all human life (Psalm 139).

MARRIAGE POLICY STATEMENT

Because God has ordained marriage and defined it as the covenant relationship between a man, a woman, and Himself, ACS will only recognize marriages between a biological man and a biological woman. Further, the Board of Directors, Chief School Administrator, and Staff of ACS shall only participate in weddings and solemnize marriages between one man and one woman. Finally, the facilities and property of ACS shall only host weddings between one man and one woman.

My signature below indicates that I will am in agreement with and willing to abide by the moral integrity standards and Christian role model lifestyle requirements of Atlantic Christian School.

Parent/ Guardian Signature

Date

Parent/ Guardian Signature

Date

ATLANTIC CHRISTIAN SCHOOL 2017-2018 MEDICAL CHECKLIST

_____ Complete the Medical Information/Treat/Release Form - BOTH SIDES

Required annually

_____ Copy of Updated Immunization Record

- Required annually for Early Education, Kindergarten and 6th grade
- Any immunizations administered after the start of school must be submitted to the school nurse as received.
- Flu shots are required for all children ages 6 to 59 months and must be administered between September 1 and December 31 annually.
- Early Education students will not be permitted to attend classes after January 1 until evidence of the flu shot is submitted to the school nurse.

_____ Copy of Health Insurance Card - BOTH SIDES - Required annually

_____ If your child will require any **prescribed medications** to be administered in school **every day or as needed**, you will need to do the following:

_____ 1. Complete a Prescription Medication form and bring to school nurse. (can be the School form, Asthma Treatment Plan, Food Allergy Treatment Plan, Epi-Pen, etc).

- The form must be signed by a doctor and the parent.
- A new form is needed each year and is effective September-June.

_____ 2. Bring Prescribed Medication/Equipment to nurse

- The medication must be brought in the original container and have the student's name on it. It must also be placed in a plastic bag with the student's name on it.
- The medication will be held in a locked cabinet.
- Medications will be given out by the school nurse during school hours.
- For medications (ex. inhalers, nebulizers, Epi-pens) to be given after school hours, please contact the school nurse.
- If you would like your child to be able to carry a medication (ex. inhaler, ointments, etc.), please fill out the self-administration section. If it is an inhaler, you must have the physician's signature.

_____ If you would like the school nurse to provide **Non-Prescription Medications** to your child, you will need to do the following:

_____ 1. Complete the Non-Prescription Medication form and bring to school nurse.

- The form must be signed by a doctor and the parent.
- A new form is needed each year and is effective September-June.
- Medications will be given out by the school nurse during school hours.

Atlantic Christian School Medical Information/Treat/Release Form 2017-2018

Student Name: _____ Date of Birth: _____ Gender _____

Age: _____ Grade for 2017-2018: _____

Name of Parent/Legal Guardian: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Emergency Contact (if parent/legal guardian not available):

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

Date of Latest Physical Exam: _____

New students entering grades K-12 must have a physical within 1 year of the start date.

Immunizations Up To Date: Y N (Circle one)

Provide a copy if entering as a new student, Kindergarten, 6th grade or Early Education

Health History

Circle **Yes** if student has or has ever had the medical issue; Circle **No** if student has never had the medical issue.

Y N **Asthma:** Seasonal or Chronic (circle one) Daily Asthma Medication(s): _____
PRN Asthma Medication(s): _____

(REQUIRED: Asthma treatment plan from doctor and bring medication to be stored in nurse's office)

Y N **Anaphylactic Allergic Reaction:** Date: _____ Describe event: _____

Y N **Epi-Pen Available?**

Y N **Allergies-**(Students with severe allergic reactions to any of the following must complete an Anaphylactic Action Plan or Food Allergy Action Plan and provide Epi-Pen to be stored in the nurse's office)

Y N **Hay Fever** Y N **Nuts:** Type: _____

Y N **Poison Ivy** Y N **Beans:** Type: _____

Y N **Insect Stings** Y N **Dairy:** Type: _____

Y N **Medications:** Name: _____ Y N **Seafood:** Type: _____

Y N **Other:** Type: _____

Y N **Daily Medications:** Please List: _____

Y N **Will student require medications at school?** Prescription Medication form REQUIRED. Bring medication in the original container appropriately labeled with the student's name on it.

Y N **ADD/ADHD:** Type: _____ Medications: _____ Special Diet: _____

Y N **Autism:** Describe: _____ Medications: _____ Special Diet: _____

Y N **Neurological Issues:** Describe: _____

Y N **Neuromuscular Issues:** Describe: _____

Y N **Concussion:** Date: _____ Limitations: _____

Y N **Diabetes:** Medication: _____ Sliding Scale or Insulin Pump? (Circle one)
(REQUIRED: Diabetes Action Plan from doctor and equipment/medication to be kept in nurse's office)

Y N **Seizures:** Type: _____ Date of Last Seizure: _____ Medication: _____
(REQUIRED: Seizure Action Plan from doctor and any prn medications to be stored in nurse's office)

Y N **Heart Conditions:** Type: _____ Medications: _____

Y N **Fractures/Dislocations/Sprains:** Date: _____ Type: _____

Y N **Operations:** Date: _____ Type: _____

Y N **Serious Injuries:** Date: _____ Type: _____

Y N **Chronic or Recurring Illnesses:** Type: _____

Y N **Gastrointestinal Issues:** Describe: _____ Equipment? _____

Y N **Urinary Issues:** Describe: _____

Y N **Psoriasis/Eczema** (If yes, circle) Y N **Other Skin Issues:** Type: _____

Y N **Emotional Issues:** Type: _____ Y N **Psychiatric Counseling:** _____

Y N **Ear Infections** Y N **Ear Tubes:** Date Placed: _____ Y N Still In?

Y N **Vision Issues:** Type: _____ Y N **Glasses/Contacts**

Y N **Hearing aids**

Y N **Diseases:** (Circle if appropriate) Chicken Pox, Measles, Mumps, Rheumatic Fever, Mononucleosis, Other: _____

Health Insurance: (Please copy BOTH SIDES of Insurance Card and attach to this form.)

Name of Health Insurance: _____ Policy Number: _____

Group Number: _____

Name of Child's Physician/Clinic: _____

Address: _____ Phone#: _____

Parent's Authorization:

1. Health History

This health history is correct so far as I know and I hereby give my permission to have my child participate in all prescribed school activities (including sports, intramurals, and other activities supervised by the teaching staff or coaching on or away from school grounds), except as noted by an examining physician (with documentation).

Restrictions: _____ Physician's documentation brought in? Y N

Signature of Parent/Legal Guardian _____ **Date** _____

2. Release Medical Information

I, _____, hereby give permission to school personnel to obtain and/or release
Print Name of Parent/Legal Guardian
information regarding my child's medical information in order to best meet the medical and health needs of my child in the school setting.

Signature of Parent/Legal Guardian _____ **Date** _____

3. Medical Emergencies

I, _____, hereby give my permission for approved personnel at Atlantic
Print Name of Parent/Legal Guardian
Christian School to administer first aid, medications, or any other assistance they consider to be in the best interests of my child _____.
Print Name of Child

In the event of an emergency (accident, injury or acute/severe illness), I request the school to contact me. If the school is unable to reach me, the school may make necessary arrangements to treat my child.

I hereby authorize the supervising staff member in charge to call an emergency ambulance in the event of accident, injury or acute/severe illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available.

Any qualified physician called by a staff member may treat and do whatever is necessary for the health and well being of my child. It is understood that a conscientious effort must be made to notify me (parents) before such action will be taken.

I hereby give permission to the physician selected, to hospitalize, secure proper treatment for and to order and perform any diagnostic tests, X-rays, injections, anesthesia or surgery for my child as named above. I also accept responsibility for the cost of the above medical services.

Signature of Parent/Legal Guardian _____ **Date** _____

2017-2018
PRESCRIPTION MEDICATION ORDER FORM

Student Name: _____ Date of Birth: _____ Grade: _____

PHYSICIAN TO COMPLETE:

Diagnosis: _____

Medication: _____

Dosage: _____ Route: _____ Frequency: _____

Precautions/Side Effects: _____

Special Instructions: _____

The student has been instructed in the proper dosing and administration. (Optional-only if age appropriate)

Physician Signature: _____ Date: _____
(Original/No signature stamps please)

Physician Name: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

PARENTAL/GUARDIAN PERMISSION TO DISBURSE PRESCRIPTION MEDICATION (Required)

I give permission for (name of student) _____ to receive the prescribed medication at school. I will bring the prescribed medication to the school nurse in the **original container**, properly labeled with the student's name on it.

I give permission for my child to carry this medication while in school. (Optional/Age-appropriate - Physician must check box above that student has been instructed in proper dosing and administration.)

Date

Parent/Legal Guardian Signature

Nurse's Office Use Only:

Medication stored in Nurse's Office Emergency medication stored in _____

PLEASE PROVIDE A SEPARATE FORM FOR EACH PRESCRIPTION MEDICATION TO BE ADMINISTERED.
This order is effective September-June of each school year and must be renewed annually.

2017-2018
NON-PRESCRIPTION MEDICATION PERMISSION FORM

Please indicate either YES or NO if it is your desire that the school nurse give the following non-prescription, over-the-counter medications, as needed. **Please note that both the parent/legal guardian and the physician must sign this permission form.** A non-prescription medication order is effective September-June of each school year and must be renewed annually. Submit one form per student.

The school nurse has my permission to give the following non-prescription medication(s), as necessary, to:

Student Name: _____ Date of Birth: _____ Grade: _____

The following medications are provided by the school nurse:

<u>Circle Yes or No</u>		<u>Circle Yes or No</u>	
Yes/No	Ginger Tea (upset stomach)	Yes/No	Neosporin/Triple Antibiotic cream
Yes/No	Calamine Lotion	Yes/No	Bactine
Yes/No	Cough Drops (coughing, sore throat)	Yes/No	Benadryl (allergic reaction, Bee sting/bug bite, food allergy)
Yes/No	Tums		Dose _____ Frequency _____
Yes/No	Orajel (mouth sores, toothache)	Yes/No	Cortisone cream (rash, bug bites)
Yes/No	Saline Eye Wash/Visine	Yes/No	Sting relief antiseptic
Yes/No	Ibuprofen (pain, headache, or fever)	Yes/No	Acetaminophen (pain, headache, or fever)
	Dose _____ Frequency _____		Dose _____ Frequency _____

Other non-prescription medications must be provided by the parent/guardian. The medication must be in the original container with the student's name on the medication. Each medication must be in a plastic bag also labeled with the student's name.

Yes/No Other – Name _____ Dose _____ Frequency _____

Physician Signature: _____ Date: _____
(Original/No signature stamps please)

Physician Name (Print): _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

ATLANTIC CHRISTIAN SCHOOL GRANDPARENT INFORMATION FORM

School Year: _____

Atlantic Christian School annually sets aside a day to honor the grandparents of our students. Invitations are sent from the school for this event. If an email address is available, we will also send a monthly newsletter to keep grandparents up to date on school events. One form per family is all that is needed. If your child's grandparents are not available, you may identify someone else to be invited in their place.

Family Name: _____

Students:	Name _____	Grade _____
	Name _____	Grade _____
	Name _____	Grade _____
	Name _____	Grade _____

1. Grandparent's Name: _____

Address _____

Email _____

2. Grandparent's Name: _____

Address _____

Email _____

3. Grandparent's Name: _____

Address _____

Email _____

4. Grandparent's Name: _____

Address _____

Email _____

Family Representative (if grandparents are unavailable):

Name: _____

Address: _____

Relationship to student(s): _____

ATLANTIC CHRISTIAN SCHOOL VOLUNTEER QUESTIONNAIRE

PLEASE FILL OUT & RETURN TO ACS OFFICE. THANK YOU!

School Year: _____

Name of Student(s): _____ Grade(s): _____

Name: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

I am interested in helping with or would like more information about the following areas:

- Parent Teacher Fellowship (PTF) Board
- Serving Lunches
- Thrift Shop
- Silent Auction Committee
- Legacy Gala
- Music Fest
- Used Uniform Program
- Teacher's Lunches (Provide a food item)
- Scrip Card Program
- School Library
- Race for Education
- School Office / Mailings
- Back to School BBQ
- Cougar Den (Concessions at athletic events)
- Please contact me – I have other talents I would like to share! (gardening, sound system, IT assistance, etc.



**APPLICATION FOR ADMITTANCE
Early Education**

Applying for: PK1 PK2 PK3 PK4
(must be at appropriate age by October 1)

Days Requested:

	Monday	Tuesday	Wednesday	Thursday	Friday
5 full days					
4 full days					
3 full days					
2 full days					

Half Day program for PK3 or PK4 from 8:30 am to 12:30pm Monday through Friday.

Early Education Center hours: 7:00am to 5:30pm. Drop off time: Pick up time:

Requested start date: June 26, 2017 (Summer Program) September (School year)

Other:

STUDENT INFORMATION

Name
First Name Last Name

Birthdate Age Sex Social Security #

Address
(Street, City, State, Zip Code)

Home Telephone

Student lives with: (Mr. and Mrs. Etc.)

Relationship to student: Parent Other

Marital Status of Parents: Married Separated Divorced Single
 Remarried Other

Father Email

Occupation Employer

Work Phone # Cell Phone #

Mother Email

Occupation Employer

Work Phone # Cell Phone #

Primary language spoken at home:

Student Ethnicity: This information is used for reporting purposes only to our accrediting agencies. Please check one:

African American Caucasian Bi-Racial
 Asian Hispanic Other: _____
 Caribbean Native American Decline to Answer

Has your child had previous day care or school experience? If yes, please explain.

Is your child potty-trained? Yes No
If no, please describe current level of training: _____

Has your child ever been considered for any type of special needs program? Yes No
If yes, please specify: _____

Is your child receiving services from Early Intervention? Yes No
If yes, please describe: _____

Does your child have an Individual Educational Plan (IEP)? Yes No
If yes, please attach a copy. (ACS must receive the COMPLETE Child Study Team Evaluation prior to making a decision on admission.)

Is your child currently receiving additional help outside the classroom such as tutoring, reading help, speech or language therapy? Yes No
If yes, please describe _____

Does your child have any behavior modification medication? Yes No
If yes, please specify: _____
(Medication must be listed on Medical Information/Treat/Release Form)

Has your child ever had a behavior plan? Yes No
If yes, please describe: _____

Do you have other school-age children who are not applying? Yes No
If yes, please list names and ages:

Spiritual Information: (OPTIONAL)

What church do you currently attend? _____

Pastor's Name _____ How long have you attended? _____

Please describe your participation in ministry _____

Mother: Briefly describe your personal relationship and walk with Jesus Christ? Are you a "Born Again" Christian? What does this mean to you? _____

Father: Briefly describe your personal relationship and walk with Jesus Christ? Are you a "Born Again" Christian? What does this mean to you? _____

BASIS OF INTEREST IN ATLANTIC CHRISTIAN SCHOOL

Are you in agreement with the school's aims and purposes? ___ Yes ___ No

Why do you want your child to attend ACS? _____

How did you learn of Atlantic Christian School: (Check one or more below.)

___ Referred by, school family name _____

___ Website ___ Newspaper Article ___ Yellow Pages ___ Radio Publicity

___ Preschool Notice ___ Church Notice ___ Other

Please indicate the person or persons (parent or guardian) with whom the Business or Academic Offices should communicate in relation to this application.

In signing this application I agree that:

- All of the information provided is accurate and complete.
- I agree to support the school's Statement of Faith and Purpose.
- My child will follow the policies stated in the Preschool Handbook.
- The Administration and Faculty have full discretion and support in the classroom discipline of my child.
- ACS reserves the right to place my child at the appropriate age/grade level.
- ACS reserves the right to dismiss any child that does not cooperate with the educational process.
- I will see that my child wears appropriate clothing as specified in the Preschool Handbook.
- I have read the financial policy and will make payments at the appropriate time.
- My child's or family's image may be included in ACS photography, publications, website, school Facebook page etc.
- I understand that any matter of dispute between my student or family with ACS will be resolved with Christian conflict resolution, mediation, or arbitration. Under no circumstances will I seek monetary or physical damages from the faculty/staff and/or the Board of Directors.
- I understand that if any information has been omitted or falsified on the application or in the Family Interview process, my child's acceptance to ACS will be in jeopardy.

Father's Name (print)

Mother's Name (print)

Father's Signature

Mother's Signature

Name of Guardian

Date

Signature of Guardian

NON-DISCRIMINATION POLICY

Since 1971, Atlantic Christian School has partnered with Christian parents to provide academic excellence blended with abiding faith. ACS admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities available to students at the school. Atlantic Christian School does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational or admissions policies, scholarship and loan programs, athletic and other school-administered programs.

CONSTITUTION OF ATLANTIC CHRISTIAN SCHOOL, INC.

(Excerpted)

ARTICLE I. NAME AND PURPOSE

Section 1. Name.

The name of this non-profit corporation is Atlantic Christian School, Inc. ('corporation').

Section 2. Purpose.

The corporation's purpose is charitable in its nature, and its purpose is to organize and operate, without profit, one or more private schools, which will give to the youth of the county and vicinity instruction in all subjects usually taught in public schools, such instructions to be given in accordance with the tenets of Biblical Christian faith and this Constitution, to the end that the student may grow in grace and in the knowledge of God through our Lord and Savior Jesus Christ, and become worthy citizens of our nation.

ARTICLE II. STATEMENT OF FAITH

The basis of the corporation shall be the Word of God as interpreted by the following Statement of Faith:

1. We believe the Bible to be the inspired and only infallible authoritative Word of God.
(2 Timothy 3:16-17; Peter 1:21)
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. (Deuteronomy 6:4; John 14:26; Matthew 28:19; Romans 1:17; Hebrews 1:8; Acts 5:3-4)
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. (Matthew 1:18-25; 1 Peter 2:22; 1 Corinthians 15:3-4; Acts 1:9-11; Hebrews 7:25; John 3:16-18; Romans 10:9-13)
4. We believe that for salvation for lost and sinful man, regeneration by the Holy Spirit is absolutely essential and that this salvation is received by faith alone. (1 Corinthians 15:14; Ephesians 1:7; John 1:12-13; Philippians 2:5-11)
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life. (Ephesians 1:13-14; John 16:7-16; 1 Corinthians 12:12-14; Romans 8:9)
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation. (1 Thessalonians 4:13-18; 1:9-10; John 5:28-29)
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.