

**ZION BUDS OF PROMISE CHRISTIAN ACADEMY**  
**2020 – 2021 Elementary APPLICATION AGREEMENT**

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

Child's Name: \_\_\_\_\_ Enrolled in \_\_\_\_\_ Grade

Annual Tuition \$ \_\_\_\_\_

Discount - \_\_\_\_\_

Church Membership

Multiple Child

Tuition Owed: \$ \_\_\_\_\_ to be paid in 9 monthly installments of: \$ \_\_\_\_\_  
that must be paid the first business day of each month  
to avoid attendance interruption

I understand that I am contracting to reserve a class slot, that the tuition rate listed above must be paid minimally in nine (9) installments on the first business day of each month (September through May) regardless of attendance to maintain the class slot and that withdrawn families choosing to re-enroll must pay a re-enrollment fee.

Initials \_\_\_\_\_

Transportation Service Name, Telephone \_\_\_\_\_

Est. Pick Up Time \_\_\_\_\_

Est. Drop Off Time \_\_\_\_\_

I (We), the undersigned, have read and do agree to abide by the terms, conditions, and procedures outlined in the Zion Buds of Promise Christian Academy Parent Handbook.

\_\_\_\_\_  
Father or Guardian's Printed Name

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Mother or Guardian's Printed Name

\_\_\_\_\_  
(Signature)

I (We), were recommended to Zion by: \_\_\_\_\_

I (We) are active members or regularly attend the following church:

\_\_\_\_\_  
(Church Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Pastor's Name)

\_\_\_\_\_  
(City/State/Zip Code)

**ZION BUDS OF PROMISE CHRISTIAN ACADEMY  
2020 – 2021 Before/After Care APPLICATION AGREEMENT**

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

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

Before Care:  Mon.  Tues.  Wed.  Thurs.  Fri. \_\_\_\_\_ / \_\_\_\_\_  
Hours: From To

After Care:  Mon.  Tues.  Wed.  Thurs.  Fri. \_\_\_\_\_ / \_\_\_\_\_  
Hours: From To

Extended Care: (care between 5:30 p.m. and 6:00 p.m.)

at the  Daily Rate  Weekly Rate  Annual Rate of \_\_\_\_\_

I understand that Zion Buds of Promise is not a "drop in" center, that I am contracting to reserve a class slot, that state-determined co-pays must be paid on the first business day of each month, that tuition must be paid on the first business day of each week or minimally in nine (9) installments on the first business day of each month (September through May) regardless of attendance to maintain the class slot and that withdrawn families choosing to re-enroll must pay a re-enrollment fee.

Initials \_\_\_\_\_

My payment is state subsidized. I will pay the state determined co-pay amount on the first business day of each month along with any outstanding account balance.

My payment is not currently state subsidized, but I have applied. If my subsidy application is not approved, I understand that I am responsible for paying the full per week tuition amount for all weeks enrolled. If my subsidy application is approved, I understand that my advance payments will be returned to me (less appropriate fees and co-payment amounts) when Zion receives my Action for Children approval letter and payment covering the time attended.

My payment will not be state subsidized. I will pay the full tuition amount on the first business day of each week along with any outstanding account balance.

Transportation Service Name, Telephone \_\_\_\_\_

Est. Pick Up Time \_\_\_\_\_

Est. Drop Off Time \_\_\_\_\_

I (We), the undersigned, have read and do agree to abide by the terms, conditions, and procedures outlined in the Zion Buds of Promise Christian Academy Parent Handbook.

\_\_\_\_\_  
Father or Guardian's Name (Printed)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Mother or Guardian's Name (Printed)

\_\_\_\_\_  
(Signature)

I (We), were recommended to Zion by: \_\_\_\_\_

**APPLICATION/RECORD OF CHILD INFORMATION**

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_  
Date Child Received \_\_\_\_\_ Date Child Left \_\_\_\_\_

**PARENT OR OTHER PERSONS(S) PLACING THE CHILD**

Name _____	Name _____
Relation to child _____	Relation to child _____
Home address _____	Home address _____
_____	_____
Phone Number _____	Phone Number _____
Place of employment _____	Place of employment _____
_____	_____
Address _____	Address _____
Phone Number _____	Phone Number _____
Working hours _____	Working hours _____

**OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED**

Name _____	Address _____
Phone Number _____	Relationship _____

**PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED**

Name _____	Address _____
Phone Number _____	Hospital or Clinic _____

**PROGRAM**

Days per week _____	Hours of care _____
Rate of pay (optional) _____	

\_\_\_\_\_  
Signature of parent or other person placing child

\_\_\_\_\_  
Signature of caregiver

\_\_\_\_\_  
Date

A completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times to licensing representatives of the Department of Children and Family Services. Contact the Area Office for supplies of this form.

**EMAIL ADDRESS(ES) FOR COMMUNICATIONS REGARDING THIS CHILD**

---

**PERSONS AUTHORIZED TO PICK UP THIS CHILD (INDICATE RELATIONSHIP)**

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

I authorize Zion Buds of Promise Christian Academy to provide first aid treatment to my child in the case of an accident. I additionally authorize Zion Buds of Promise Christian Academy, in my absence, to call emergency city services (911), and have my child transported to the most appropriate medical facility, as well as, consent for medical treatment of my child at said facility. A staff person for the Zion Buds of Promise Christian Academy will accompany my child should he/she be transported to a medical facility. Zion Buds of Promise Christian Academy will notify parents/guardian immediately. As a parent/guardian, I will notify Zion Buds of Promise Christian Academy in writing of any changes in my address, employer, workdays and hours and respective phone numbers. I will also notify Zion Buds of Promise Christian Academy of any other changes in my child's student information.

I have received a copy of the Zion Buds of Promise Christian Academy Parent Handbook and policy documents. I understand that Zion Buds of Promise Christian Academy is a religious based program, that religious instruction is a part of the curriculum and that all subject matter will be presented from a Christian perspective. I give consent for my child to go on walking trips through the neighborhood. I give consent for the program to photograph, videotape or film my child for promotional or security purposes. I give consent for my child to participate in prayer and in the religious instruction that is a part of Zion Buds of Promise Christian Academy's program.

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

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

If the child has any of the following, please explain:

Medical problems \_\_\_\_\_  
\_\_\_\_\_

Physical handicaps \_\_\_\_\_  
\_\_\_\_\_

Restrictions for play – outdoors \_\_\_\_\_  
\_\_\_\_\_

Restrictions for play – indoors \_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_

Food likes \_\_\_\_\_  
\_\_\_\_\_

Food dislikes \_\_\_\_\_  
\_\_\_\_\_

Fears \_\_\_\_\_  
\_\_\_\_\_

Does the child take a nap? \_\_\_\_\_ Time \_\_\_\_\_ Length \_\_\_\_\_

Is the child toilet trained? \_\_\_\_\_

Does the child have special names for objects? (potty, cookies, drinks, etc.) \_\_\_\_\_

Does the child regularly take medication? \_\_\_\_\_ If so, what kind and directions \_\_\_\_\_

If the child is an infant, what are the feeding instructions? \_\_\_\_\_

Time \_\_\_\_\_ Amount \_\_\_\_\_ Temperature \_\_\_\_\_

Diaper changes: Powder \_\_\_\_\_ Ointment \_\_\_\_\_

Other information that will help in caring for the child \_\_\_\_\_

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

Comments:

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

## **Before/After School Care Departure/Arrival Policy**

Parents/guardians shall be legally responsible for making sure their school-aged children get to and from their schools safely.

Parents/guardians shall be legally responsible for selecting their school-aged children's walking routes from and to Zion Buds of Promise Christian Academy.

Parents/guardians shall be legally responsible for providing supervision that is appropriate to the student's age, maturity, and conditions that exist on the walk route.

Parents/guardians should direct walk route safety concerns to the association or law enforcement agency responsible for the specific location/area.

Plans for transporting school-aged children from and to before/after school care must be established and agreed upon in writing by parents/guardians, the school and Zion Buds of Promise Christian Academy.

Parents must sign a written consent allowing school-age children to be transported to another location or to their home where they are placed on their own supervision.

Transportation plans may include, but are not limited to:

- A) Children leaving the center to go to school;
- B) Children leaving school to go to the center; and
- C) Children leaving the center.

---

Parent/Guardian Signature

---

Parent/Guardian Signature

## **Hours of Operation and Late Pick-Up Policy**

Zion Buds of Promise Christian Academy operates Monday through Friday, unless otherwise posted. Our hours are 6:00 a.m. to 6:00 p.m. with the following start times:

- Before Care 6:00 a.m.
- Devotion 8:30 a.m.
- School Instruction 9:00 a.m.
- ARRIVAL CUT-OFF 10:00 a.m.
- After Care 2:30 p.m.
- Extended Care 5:30 p.m.

At 5:30 p.m. a \$10.00 per child Extended Care charge will be assessed.

At 6:00 p.m. a \$25.00 per child late pick-up charge will be assessed.

At 6:15 p.m., calls will be made to others documented on authorized pick-up lists and there will be an additional per child late pick-up charge of \$1.00 for every minute your child/children remain at ZBOP past 6:15 p.m.

All late pick-up charges are due and payable upon pick-up and will not be added to account balances. Children will not be allowed continued ZBOP attendance until late pick-up fees have been paid. If late pick-ups continue, ZBOP will have no other choice but to discharge repeat offenders from our program.

At 6:30 p.m., if we have been unable to locate parents, authorized designates or emergency contacts, children who are still in our care will be transported to the Phoenix Police Department which is located one block south of our center at 625 East 151<sup>st</sup> Street, Phoenix, Illinois, 708-331- 2181. Parents will have to pick children up from the Phoenix Police Department and will be subject to the laws, policies and procedures associated with child abandonment situations.

---

Parent/Guardian Signature

---

Parent/Guardian Signature

## **Guidance and Discipline Policy**

Here at ZBOP, our philosophy is for each child to be nurtured in a non-threatening environment, which does not include the use of corporal punishment. Staff shall help ensure children develop self-control and assume responsibility for their own actions. Limits and consequences shall be clear and understandable to children, consistently enforced and explained to the child before and as part of any disciplinary action.

Firm positive statements about behaviors or redirection of behaviors shall be our goal. In circumstances where a child may need to be removed from the group to help a child gain control, it shall not exceed one minute per year of age. Removal from the group shall not be used for children less than 24 months of age.

Children shall not be disciplined for toilet accidents. Corporal punishment, including hitting, spanking, swatting, beating, shaking, pinching and other measures intended to induce physical pain or fear, any threatening or actual withdrawal of food, rest or use of the bathroom; abusive or profane language, or public or private humiliation, including threats of physical punishment or any form of emotional abuse, including shaming, rejecting, terrorizing or isolating a child will not be acceptable or tolerable.

Children shall have reasonable opportunity to resolve their own conflicts. Discipline shall be the responsibility of adults who have an ongoing relationship with the child.

Our goal here at ZBOP is to assure the success of each and every child. Therefore should there be an issue to resolve, we will not only contact the parents, but we will work with the parents to develop an intervention plan. The center Director will monitor the implementation by staff and keep all parties apprised of the plan's progress.

In certain circumstances, where ZBOP has been unsuccessful in resolving the child's behavior, we will, as we will throughout this process, request assistance of the child's parents. Any program developed with the assistance of the parent will include Director, Staff and Parents monitoring the progress of this plan of action.

When efforts by ZBOP have been unsuccessful, a clinical behavior management plan may be developed to meet the needs of a particular child, if developed with the parent and a professional clinician. These efforts will be documented in the child's file, along with the appropriate consents. All staff working with the child shall receive training on implementing the plan.

---

Parent/Guardian Signature

---

Parent/Guardian Signature