

Independent Baptist Academy & Preschool

Summer ENRICHMENT PROGRAM

June 3 - August 2, 2024

Thank you for considering Independent Baptist Academy Summer Enrichment Program. We are looking forward to a fun and enriching summer! Independent Baptist Academy is a ministry of Independent Baptist Church. We are a Christian school that is designed to meet the needs of families who desire a Christian education for their children. Our summer program is open to students from K5 – 6th Grade.

Student's Name _____ Date of Birth _____

Student Resides with: Mother Father Both

Home Address _____

City _____ State _____

Zip code _____ Home Phone Number _____

Dad's Name _____

Dad's Work Phone _____ Dad's Cell Phone _____

Dad's Email _____

Mom's Name _____

Mom's Cell Phone _____ Mom's Work Phone _____

Mom's Email _____

-Will your child be needing the following fee-based options?

Early Stay Late Stay

*I understand that in order to reserve space for my student, I must pay the **non-refundable** registration fee. I understand that Independent Baptist Academy reserves the right to accept or decline the enrollment of my student.*

Parent's Signature _____ Date _____

**INDEPENDENT BAPTIST ACADEMY SUMMER ENRICHMENT PROGRAM 2024
EMERGENCY CARE FORM/AUTHORIZED PICK-UP LIST**

Please fill out the emergency information below and return to the school office with your enrollment package. This information is kept on file in the school office and is necessary in the event of an emergency. Names of legal guardians should precede other designated persons respectively. If you do not have a telephone, please give a number where you can be reached in case your student should become ill or have an accident at Summer School.

NOTE: A student must bring a note from the doctor and/or a signed note from one of his/her parents to take or use medicine of any kind: prescription and over-the-counter. While staff and teachers will dispense medications according to prescribed dosages, along with written parental authorization, they cannot be held liable since they are not qualified medical personnel.

(Signature of Parent or Guardian)

(Date Signed)

Student's Name: _____ Date of Birth: _____
(Last Name) (First)

Address: _____

1. _____ Home Phone: _____
(Last name of Father) (First) Work Phone: _____
Cell Phone: _____

2. _____ Home Phone: _____
(Last name of Mother) (First) Work Phone: _____
Cell Phone: _____

People authorized by parent(s) to pick-up child from school or to contact in case of emergency: (Please use back if necessary)

1. _____ Relationship to Student: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____

2. _____ Relationship to Student: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____

The school has permission to contact the family physician in case of an emergency:

(Name of Physician) (Phone)

Name of Insurance Carrier: _____ Group/ID #: _____

Is your student allergic to bee stings? _____ Yes _____ No

Is your student allergic to other items? If so, please indicate what?

May your child be given Tylenol? _____ Yes _____ No

People authorized by parent(s) to pick-up student from school or to contact in case of emergency (cont.):

3. _____ Relationship to Student: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____
4. _____ Relationship to Student: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____
5. _____ Relationship to Student: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____
6. _____ Relationship to Student: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____
7. _____ Relationship to Student: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____
8. _____ Relationship to Student: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____
9. _____ Relationship to Student: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____
10. _____ Relationship to Student: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____

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Dear Parents,

We are working hard to make our school the best it can be! In doing so, we have flyers made throughout the year for advertising purposes, we post pictures on Facebook of field trips and sporting events, we post pictures on our website (ibaclinton.com) of the students, and other advertising as well.

We are requesting your permission to post your student's picture or use it in documentation for IBA Summer Program advertising purposes. Please mark the appropriate box, sign and date this permission sheet below. This document needs to be turned into the office as soon as possible.

We need a separate sheet for **each** student. If you have any questions or concerns, please do not hesitate to ask.

Thank you so much,

Mr. Andrew Fridenstine
IBA Principal



I **am willing** to let my student's picture be used on the school's Facebook page and website.

I **am NOT willing** to let my student's picture be used on the school's Facebook page and website.

Student's Name _____ Date _____

Parent's Signature _____ Date _____

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Summer ENRICHMENT PROGRAM

The IBA handbook is the final guide and authority on what standards of behavior are acceptable. If you do not have one, you can request one from the IBA office.

The following is an outline of the discipline system for IBA Summer Enrichment Program:

- If the student behaves or acts in an unacceptable way, it will result in one strike.
- Three strikes in one week and the student loses field trip privileges- a parent will have to be present on the field trip for the student to attend. If a parent is unable to attend, the student will not be allowed to attend school on the day of the field trip.
- Five strikes in one week and the student will be suspended for the next five school days.
- Two weeks of five strikes each week, not necessarily consecutive weeks, will result in expulsion from IBA Summer Enrichment Program.
- The number of strikes that a student has restarts on Monday.
- Aggravated or particularly serious behavior may warrant immediate expulsion. Therefore the administration of IBA Summer Enrichment program reserves the right to go straight to an expulsion if a student's behavior is considered serious enough.

Dress Code

The IBA handbook is the final guide and authority on what standards of dress are acceptable.

Boys:

- Short sleeve t-shirt (no graphics)
- Khaki pants or jeans, khaki shorts, loose basketball shorts (must come below the knee)
- Tennis shoes or sandals (no flip flops)
- No jewelry
- Haircuts must comply with the IBA handbook

Girls:

- Short sleeve t-shirt (no graphics)
- IBA khaki/blue skorts, skirts/jean skirt, loose basketball shorts or culottes are permitted (**must be below the knee**)
- Tennis shoes or sandals (no flip flops)
- Haircuts must comply with the IBA handbook

Please no backpacks, shoes or supplies with pictures that bear the name of any group that would not meet IBA's standards.

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WEEKLY ACTIVITY PERMISSION FORM

Throughout the summer, we will have activities that are off campus such as, but not limited to, trips to the library, park, museums, ect. By signing this permission slip, you are giving IBA Summer Enrichment Program staff and teachers permission to take your child on these activities that are off of IBA's property.

I give IBA Summer Enrichment Program staff and teachers permission to take my student off of IBA's property for these activities. I do not hold IBA Summer Enrichment Program or any other part of this ministry responsible for any injury that may occur.

Parent's Signature _____

Student's Name (please print) _____

Date _____

NOTE: We will also be going on field trips that you will be made aware of ahead time and will need to sign a separate permission form for.

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2024 FINANCIAL SCHEDULE

Effective January 2024

REGISTRATION FEE- \$100.00 (after March 1st - \$125)

This fee includes student insurance and the weekly activities. The registration fee is due with the application and is non-refundable.

TUITION- \$210.00 Weekly Payment/\$740.00 Discounted Monthly Payment for the first child.
\$160.00 Weekly Payment/\$680.00 Discounted Monthly Payment for any additional siblings.

*** If paying monthly, please pay at the beginning of the month. If paying weekly, please pay the Friday before.**

- Tuition payments are due on the **Friday** before.

• **Summer Program begins on Monday, June 3rd so the first payment is due on Friday, May 31st .**

- If a payment is not made by Friday and then again not paid on Monday, the student/s will not be permitted to attend Summer Program beginning on Monday until the bill becomes current.

- There is also a \$60.00 service charge for any check returned from the bank. Any account having a check returned will be placed on a cash or money order basis for the remainder of the summer.

EARLY AND LATE STAY- \$8.00 per student/per hour

- The Early Stay 7:00 am - 8:00 am each school morning

- The Late Stay 3:30 pm - 6:00 pm each afternoon

- A late fee of \$10.00 for the first five minutes and \$1.00 per minute will be charged for each student not picked up by 6:00 pm.

- IBA Summer Enrichment Program reserves the right to cancel Early/Late Stay if there is little or no interest.

All fees are subject to change at the discretion of Independent Baptist Academy

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The logo features the word "Summer" in a large, orange, bubbly, 3D-style font. Below it, the words "ENRICHMENT" and "PROGRAM" are stacked in a smaller, bold, orange, sans-serif font.

2024 Summer Calendar

May 2024

May 23 Last day of IBA 2023/2024 School Year
May 23 Last day of Preschool 2023/2024
May 27 – May 31 **No School** – teacher in-service week

June 2024

June 3 First day of Summer Enrichment Program/Preschool back in Session
June 19 **No School** – Juneteenth

July 2024

July 4 **No School** – July 4th

August 2024

August 2 Last day of Summer Enrichment Program
August 5 – 16 **No School** – Teacher Orientation and Training
August 15 Parent Orientation
August 19 First day of 2024/2025 School Year