



Branches

An Educational Ministry of Tree of Life Ministries

Before/After School & Summer Registration Form 2011-2012

“The mission of The Branches Academy and Early Learning Center, Inc. is to provide an education based on God’s principles in a Christ-centered academic atmosphere, which will enable students to establish a personal relationship with Jesus Christ, develop a respect for authority; and be spiritually, emotionally, intellectually, socially, and physically prepared to meet each challenge life brings.”

Branches
2812 Greenview Drive
Lynchburg, Virginia 24502
Office 434-455-0294
Fax 434-455-5952
thebranches@tolm.net
www.branchesacademy.org

**Branches
Before and After School Program
2812 Greenview Drive
Lynchburg, Virginia 24502
Office 434-455-0294
Fax 434-455-5952
thebranches@tolm.net
www.branchesacademy.org**

Thank you for your recent inquiry about our school. We hope that you will become part of our family. We currently offer before/after school care and a summer program for children enrolled in Branches Academy and children that attend other elementary schools. Leesville Road Elementary and Tomahawk Elementary schools have informed us that they will bring the children to and pick up the children from the parking lot of the church. Parents must contact the school and let the school know that Branches Academy and Early Learning Center at Tree of Life will be the picking up and dropping off site used for their child. It is necessary for the parents and students to interview with the administrator. We will contact you to schedule a time after we have received your application and application fee.

Our sponsoring church, Tree of Life Ministries, is a Bible believing church. As a school we strive to concentrate on those things on which all Christians can agree. We expect all students to follow Christian standards of behavior. Please read the Statement of Faith, which is enclosed.

Our number one priority at Branches Academy and Early Learning Center is to lead your child to a closer relationship with Christ, and to instill in him/her the knowledge that is needed to lead a successful life in today's troubled world.

Families who elect to send their children to The Branches Academy and Early Learning Center enter into a contractual agreement with the school. The registration form and fees are attached. A complete registration packet must be submitted to the school. If you desire more information or would like to set up and interview, please call us at 434-455-0294. We desire to assist you in producing children who love God with their minds and hearts. We count it a privilege to work for Christ through children. "Train up a child in the way he should go, and when he is old, he shall not depart from it." Proverbs 22:6

Serving Christ through Children,

Dr. Fay Andrist

Dr. Fay Andrist, Administrator

Branches Academy Statement of Faith

Convinced that the Bible is the inspired and only infallible, authoritative Word of God, The Branches Academy and Early Learning Center is a Christ-centered, interdenominational, Christian school. It is the policy of the school not to discriminate in the admission of students, or hiring, based on race, color, gender, or national/ethnic origins. Therefore, we affirm the following truths:

1. **Scripture** – We believe the Bible is the inspired and only infallible, authoritative Word of God.
2. **God** – We believe there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. We believe God is the Creator and Sustainer of all things and the Source of all truth.
3. **The Person and Work of Jesus Christ** –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 where He makes intercession for believers, and in His personal return in power and glory.
4. **The Holy Spirit** – We believe the Holy Spirit, proceeding from the Father and the Son, is of one substance, majesty and glory with the Father and the Son, very and eternal God. We believe in the continuing ministry of the Holy Spirit, in that He dwells within the Christian thus enabling each to live a Godly life.
5. **Satan** –We believe in the reality and personality of Satan: that he is a created being, once known as the “anointed angel” that fell because of pride; that he is the “god of this world” and the “prince of the power of the air”, that the judgment already passed on him will be executed at the Revelation of Jesus Christ; and that ultimately he will be cast into the lake of fire.
6. **Man** –We believe man was created by God in His own image, not by evolution but by a special act of creation. We believe the Scripture records the fall of man through his own disobedience, bringing the whole race under sin and death.
7. **Salvation** – We believe salvation is by grace through faith in the shed blood of Jesus on the cross. Every individual is a sinner by birth; and that all accountable human beings are sinners by practice and choice and therefore must exercise personal faith in the redeeming work of Christ on Calvary and receive Him as Savior in order to be saved.
8. **The Church** –We believe the local church is a congregation of believers associated together by faith and fellowship of the gospel.
9. **The Righteous and the Wicked** –We believe in the resurrection of both the saved and the lost. They who are saved will have eternal life and they who are lost will have eternal damnation.

Branches Before/After School Program Enrollment Information for Applicants

Thank you for your interest in our program. The following steps summarize the enrollment process. The necessary forms are attached. If we can be of further assistance to you, please feel free to call.

1. **Registration:** Complete the registration and return it as soon as possible. We must have a copy of the birth certificate that is recorded in the State Bureau of Vital Statistics, a copy of the Social Security card, and the medical information that shows each student's immunizations and boosters are up-to-date. Students applying for kindergarten must be 5 years old by September 30. For purposes of enrollment priority, we will use the date that we have received **ALL** of the required information from you.
2. **Fees:** The registration fee and the supply fee are due with the initial registration for enrollment in the Branches Before/ After School Program. The registration fee is due by August 1st for the Before/After School Program. A registration (if the student is not enrolled in the Before/After School Program), supply, and activity fee are charged for the Summer Program. All fees are non-refundable.
3. **Interview:** An appointment will be scheduled to discuss your child's enrollment and to interview the student after we receive your application form and fees.
4. **Physical Examination:** This form must be completed, signed by a physician, and returned as soon as possible. This **MUST** include immunization records.
5. **Reservation:** We will not be able to reserve a place for your child until the following items are completed:
 - ❖ A completed and signed application form and fees
 - ❖ A completed and signed contract with Branches Academy and Early Learning Center
 - ❖ The Family Agreement
 - ❖ The Emergency Medical Information Card
 - ❖ The payment of the appropriate fees
 - ❖ A completed School Health Examination and Immunization Record
 - ❖ A copy of Birth Certificate and Social Security Card
 - ❖ A copy of the student's most recent report card (if applicable)
 - ❖ A copy of the student's most recent standardized testing (if applicable)
 - ❖ The Pastor Recommendation form from your Pastor
 - ❖ The Teacher Reference form (if applicable)

We look forward to hearing from you.

**Branches Academy
Before/After School Program**

I am applying for: Before School Care _____ After School Care _____ Both _____ Summer _____ Grade Level _____

School _____

Bus Number _____ Departure Time _____ Arrival Time _____

Student Information

Name _____ Age _____ Sex _____ Birth Date _____

Address _____ Phone _____ Place of Birth _____

City _____ State _____ Zip _____

School last attended _____ Reason for leaving _____

Do you owe a balance to the last school attended? _____

Has the student ever been given a psychological or learning disabilities test? _____

If yes, please explain _____

Please indicate any history of any other physical or emotional condition or learning disability that has required or might require attention (including attention deficit disorder). Please include copies of all reports. _____

Has your child repeated a grade? _____ If yes, what grade and why _____

Has your child ever been expelled, dismissed, suspended, or refused admission to another school? _____

Has your child ever had disciplinary difficulties? _____ Explain _____

Does your child have any allergies? Foods _____ Medications _____ Insect stings _____

If yes, please explain _____

Has your child been on medication for an extended period of time? _____ If yes, please explain _____

Father's Name _____ Social Security # _____

Address _____

Employer _____

Home Phone Number _____ Work Number _____ Cell _____

Mother's Name _____ Social Security # _____

Address _____

Employer _____

Home Phone Number _____ Work Number _____ Cell _____

Other children in the family (please list name, age and grade) _____

Who **is** authorized to pick up your child? _____

Who **is NOT** authorized to pick up your child? _____

Marital Status: Married ____ Widow ____ Divorced ____ Separated ____ Single ____

Student living with: Both Parents ____ Father ____ Mother ____ Other ____

If you have checked other, please complete the following:

Who has legal custody?

Name _____ Address _____ Home Phone _____

Employer _____ Address _____ Phone _____

Does the biological parent have legal access? If no, please provide the appropriate legal paperwork such as a custody orders. These must be attached if a parent is not allowed to pick up a child.

Other Emergency Contact _____

Address _____

Telephone Number _____

Other Emergency Contact _____

Address _____

Telephone Number _____

Please check what days your child/children will be attending After School Care.

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

Please check what days your child/children will be attending Before School Care.

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

Before School care will be from 6:30 am until the bus arrives.

After School care will be from the time the bus arrives until 6:00 pm.

The bus will bring the child/children directly to The Branches.

Parents must sign the Parent Statement, Contract, and Emergency Information Card.

Children that are picked up after 6:00 pm will be charged an additional fee of \$1.00 for every minute that is after 6:00 pm.

If there is an emergency and you will be delayed please call the school office at 434-455-0294. If the child/children have not been picked up by 7:00 pm and the school has not received a telephone call, then Social Service will be notified.

Spiritual Background

Are you a Christian? ___ Is your spouse a Christian? ___ Is your child a Christian? ___

If yes, give a short testimony how you became a Christian

Local church attending _____ Phone _____

Address _____

Pastor's Name _____ Is your family a member? _____

Does your family attend church or Sunday School regularly? _____

Does your child have Bible reading and prayer time at home? _____

What is your reason for wanting to enroll your child in our school? _____

School referred by _____

Before and After School For Public Elementary Students Grade K-5

Registration Fee (yearly w/application and non-refundable)		\$100.00
	Five Days	Three Days
Before/After School	\$60.00	\$45.00
Before School	\$40.00	\$30.00
	(Early School dismissal – Before lunch time an additional fee of \$13.00 will be added per day)	
After School	\$50.00	\$40.00
	(Early School dismissal – After lunch time an additional fee of \$11.00 will be added per day)	
Daily Drop In Fee (must be enrolled to drop in)	\$21.00 (This is for holidays and inclement weather days)	
Five Full Days (applies when school is closed during school year)	\$105.00	

A family will pay full tuition for the first child and the second and third child each will receive a 10% discount. Members in good standing of Tree of Life Ministries will receive a 10% discount.

Summer Program for All Students (K-5th Grade)

Registration Fee (yearly)		\$100.00
Activity Fee (yearly) (an increase in the activity fee is subject to the increase of fuel cost)		\$50.00
Tuition	5 Days	\$105.00
	3 Days	\$75.00
Additional Daily Drop- In Fee		\$21.00

A family will pay full tuition for the first child and the second and third child each will receive a 10% discount. Members in good standing of Tree of Life Ministries will receive a 10% discount.

I would like to receive school newsletters, upcoming events and other notices by e-mail. I understand that Branches will not share my e-mail address with anyone and will only use it for official school business.

E-mail address: _____ @ _____

This application must be filled out completely before it can be processed. Application and registration fee must accompany this application and is not refundable. An interview with the parents and the child will be required before final acceptance.

No person shall be denied enrollment, be excluded from participation in, be denied the benefit of, or subject to discrimination in any program or activity, based on gender, race, color, national origin or ethnic group. Branches Academy reserves the right to deny admission to any applicant where, by reason of their entry into the school, additional personnel, special training for existing personnel or additional equipment may be required to appropriately meet the needs of the applicant. Attendance at Branches Academy is a privilege. Any student whose conduct, language, or attitude in or out of school shows him/her to be in opposition to the basic principles and purpose of the school, or who maliciously destroys school property, will be asked to withdraw from the school. All parents or legal guardians are required to sign and return the Parental Statement.

View Student's Proof of Identity and Age

Document /Date/Certificate Number _____

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided). _____

Date of Application _____ **Date of Enrollment** _____

Date transferred/Graduated _____

For office use only

Emergency Information _____ **Birth Certificate/Social Security Card** _____

Signed Contract _____ **Parental Statement signed and returned** _____

Health and Immunization Record _____ **Previous Transcripts** _____

Registration Fee Paid _____ **Date** _____

Supply Fee Paid _____ **Date** _____

Activity Fee Paid _____ **Date** _____

Tuition Payment Plan:

Weekly (Due on Monday the week of attendance) _____

Parental Statement

Please keep and refer to this copy of Parental Statement.

1. We hereby pledge to pay our financial obligations to the school on the date due and understand that it may be necessary to withdraw our child if prior arrangements are not made on a past due account.
2. We give permission for our child to take part in all school activities and absolve the school from liability to us or our child because of any injury to our child at school or during any school activity. In case of an accident or serious illness, we request the school to contact us. If the school is unable to reach us, we hereby authorize the school to take whatever action it deems necessary.
3. We understand that our child's needs cannot be greater than the educational capabilities of the school.
4. We agree that, if for any reason our child does not respond favorably to the school, we will not seek to alter the Biblical principles under which the school is operating, but will seek to help our child to adjust to these principles in his/her own life. If, in consultation with the administrator and teacher, we are not able to achieve this in a reasonable time, we accept the responsibility to withdraw our child in a spirit of love and cooperation.
5. We agree to uphold and support the academic standard of the school by providing a place at home for our child to study and giving our child encouragement in the completion of any homework or assignments.
6. We appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Trinity and the Word of God, or disrespect to the personnel of this school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ such discipline, as it deems wise and expedient for the training of our child.
7. We understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.
8. We understand that the school is an extension of the family and the parent and teacher are co-workers in the child's education. We will contact the teacher and discuss any areas of concern before discussing the problems with others. We will encourage and support our child's teacher.
9. We have read the dress code and will see that our child is comes to school dressed in accordance with the dress code.
10. We understand that our child will not be allowed to leave with an unauthorized person. Any persons other than those authorized on the application form must be designated by the parent/s by either a note or phone call. Identification will be required.
11. We understand that we must provide the school a copy of all appropriate legal paperwork if there are custodial issues.
12. We understand that as an adult, we must exhibit mature, adult behavior and proper language while on school property. If improper behavior and language occurs at any time, our child may be denied the privilege to attend the school.
13. We understand that assessments will be made to cover damages sustained to school property by our child.
14. We will attend the Parent/Teacher conferences. These meetings are necessary for the partnership between the school and the family in the education of our child.
15. We do, hereby, state that we have made a thorough investigation of the philosophy and objectives, discipline and motives of the school, and do agree to make them our choice for this school year.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Note: This agreement must be signed by both parents except in the case of a one parent home. A copy will be given to the parent/s and a copy kept in the student file. Returning families need to sign this agreement when they submit their re-enrollment form.

Branches Before/After and Summer Program
Contract

The philosophy of Branches Academy has been established upon the Biblical principle that God has given parents the primary responsibility for educating their children. The Christian professionals and educators at the Branches enter into a partnership with the parents to care for the students and to teach the academics integrated with Biblical values. The Bible is the guide for how we ought to live. Its principles for living will be taught to our students daily and students will be encouraged by their teachers to put these principles into practice. It is the role of the school to support and complement the Biblical principles taught at home. We are a school whose board and staff are Christians and thus serve God and families as openly and honestly as we can. It is our hope that all our students and families have or will have a personal relationship with Jesus as Savior and Lord.

Understanding the philosophy of Branches Academy, we the undersigned agree to the following items:

1. To support the pursuit of academic excellence and the development of Christ-like character by being actively involved with our child's educational process
2. That we will adhere to the standard of conduct expected by the school
3. That attendance is a privilege that may be withdrawn upon sufficient cause as determined by the administration.
4. We will be proactive when dealing with the issues of academic, moral, spiritual, and social growth of our child at the school. If a problem or concern should arise, we will take our concern directly to the person involved, in keeping with the Matthew 18 Principle.
5. We will regularly attend such meetings and other functions requiring our participation.
6. Students new to Branches Academy or those returning after being dismissed are accepted on a trial basis for the first thirty (30) days.
7. All withdrawals, whether before the school year begins or during the year, must be made in writing. The total amount due upon withdrawal from Branches will be calculated by adding the cost of 20 additional school days (one month) beyond the effective date of withdrawal. Tuition charges continue until written notice of withdrawal is received in the school office.
8. Tuition payment is due on Monday of the week of attendance. Late charges will be \$5.00 per child, per day, for each day if tuition has not been received by Monday of the week of attendance. When payment is 30 days delinquent, the child will be removed from class until full payment (this includes the late charges) is made. No reductions will be made for absences during the school year or summer, regardless of the cause of such absences, unless it is the tuition-free vacation allowance of one week that is allowed per policy 2160.1c. The Branches Academy and Early Learning Center, Inc. is in no way responsible for mail delays and payment is not considered made until it is received at the school office. Before and After School fees will be adjusted if additional attendance time is needed. If the public school is closed due to a late opening or an early dismissal and the child is enrolled in the before and after school program there will not be a charge. If the public school is closed for the entire day, there will be an additional daily charge equal to the tuition for one day. A \$25.00 charge is added to an account for returned checks to handle the additional processing involved. When checks are returned for the second time, tuition will be required to be paid by cash or money order.
9. To the extent permitted by law, parent/guardian, on behalf of their child/children, does hereby release and waive all claims against Branches Academy for personal injury or property damage arising out of or related to the child/children's attendance at Branches Academy and agrees to hold Branches Academy harmless from any and all claims or suit related to such attendance.
10. We agree to pay the tuition listed below in weekly (For Early Learning Center & School Age Program), in ten monthly installments, weekly, or in full (Branches Academy). All accounts and obligations to the school must be satisfied before academic transcripts and final report cards can be released. Students cannot be re-enrolled until all accounts are current.

Tuition \$ _____ Registration \$ _____ Supply \$ _____ Activity \$ _____

We have read this contract and its supporting documents carefully and hereby agree to the terms described above.

Father's signature/Guardian _____ Date _____
Mother's signature/Guardian _____ Date _____
Administrator's signature _____ Date _____

**Branches Academy
Student Emergency Information Card**

Student's Name _____ Grade _____

Address _____ Phone _____

Age _____ Date of Birth _____ Place of Birth _____

Gender _____

Physician _____ Phone _____

Dentist _____ Phone _____

Special Health Problems _____

Father's Name _____ Employment _____

Work Phone _____ Cell Phone or Pager _____

Mother's Name _____ Employment _____

Work Phone _____ Cell Phone or Pager _____

Other Emergency Contacts _____ Phone _____

_____ Phone _____

_____ Phone _____

Insurance Provider and Policy Number _____

List any allergies your child has _____

List any prescription or over the counter medication that your child takes

Please sign your name below if permission is granted the school to : (1) Deliver your child to the person named above by you; (2) the doctor named above; (3) the emergency room of the nearest hospital if you cannot be reached. (4) Parents' personal medical/hospital insurance will be the primary insurance for illness or injury.

Father's signature _____ Date _____

Mother's signature _____ Date _____

Branches Academy
Acceptable Computer System Use Policy

Student Agreement

I understand and agree to abide by the Branches Academy Acceptable Computer System Use Policy. I understand that Branches Academy may access and monitor my use of their computer system, including my use of the Internet, e-mail and download material, without prior notice to me. I further understand that should I violate the Acceptable Use Policy, my computer system privileges may be revoked and disciplinary action and/or legal action may be taken against me.

Student's Signature

Date

Parental Agreement

I have read the Branches Academy Acceptable Computer System Use Policy. I understand that access to the computer system is intended for educational purposes and that Branches Academy have taken precautions to eliminate inappropriate material. I also recognize, however, that it is impossible for the school to restrict access to all inappropriate material and I will not hold Branches Academy responsible for information acquired on the computer system. I have discussed the terms of this agreement and policies with my child. I grant permission for my child to use the computer system and for Branches Academy to monitor his/her use of the computer system.

Parent's Signature

Date

**Branches Academy and Early Learning Center
2812 Greenview Drive
Lynchburg, Virginia 24502**

Whenever possible, the following should be filled out by you and your child together.

Child's Name _____

I. Environmental Preference (How do you concentrate?)

Seems most alert during which time(s) of day? _____

When doing his or her best work, _____ (needs, doesn't need) some sort of intake (food or drink).

Seems to be able to concentrate best in _____ (bright, dim) light.

Is almost always most comfortable doing homework _____ (at desk, on the floor, on the bed, or other).

II. Modalities (How do you remember?)

Is successful most often when he or she is able to

____ repeat the words aloud, drill verbally, or turn the information into a song or rhyme

____ see a picture of what is meant, or sketch out an idea, or use colorful folders to organize materials

____ keep on the move, can take frequent breaks, can work in spurts of great energy, and can shift position often

III. Cognitive Style (How do you interact with information?)

When listening to information or directions, usually seems to (choose one)

____ get the gist of things, understand the main idea

____ remember specific details, can repeat things word for word

When reading, often (choose one)

____ reads quickly, skipping unfamiliar words or substituting words: tends to choose subjects of interest and fiction

____ reads slowly and deliberately, reads every word, stopping when there is an unfamiliar word; tends to choose subjects that can further knowledge, not much light reading

When organizing, usually (choose one)

___ Works with piles instead of files; may spread materials out over several work areas; tends to procrastinate

___ works best with a structured schedule; needs a clear and efficient work space; needs to break larger projects into manageable parts

IV. Mind styles (How do you communicate what you know?)

When learning, is (choose one)

___ more interested in obvious facts than in hidden meaning

___ often interested in where a person got the facts

___ most interested in the background of the person giving the facts

___ mostly just interested in how much of the facts are really necessary

On a day to day basis, prefers (choose one)

___ having a parent or teacher provide predictable plans and routines

___ designing his or her own schedule or routines

___ knowing what will make everyone else happy

___ doing whatever the inspiration of the moment dictates

When it comes to responding to authority figures, seems to especially need (choose one)

___ clear and specific rules and expectations

___ logical reasons for procedures and guidelines

___ reassurance of personal worth despite making a mistake

___ to feel the mutual respect of the person authority and input on issues

SUMMARY

Child's Name _____ Date _____

Here is what I feel is most important for you as a teacher to know about my child:

Branches Academy Dress Code

6600 – Statistics have proven that one’s personal attire has a direct effect upon one’s learning processes. The dress code is our endeavor to provide guidelines in dress that will not only place the student in an attitude of learning, but also will glorify the Lord. I Corinthians 10:31 – “...whatsoever ye do, do all to the Glory of God.” The Branches Academy desire for the school day is that the attire be neat, attractive, modest, and appropriate.

6610 – Girls: K5-5th Grade

6610.1 Knee-length dresses, skirts, below the knee culottes, and modest slacks and tops may be worn. The style of pants should be classic and not pants that conform to fads. Some examples of unacceptable pants are: stirrup, nylon or sweat pants, any skin tight garment and ragged clothing or clothing with holes

6610.2 Jeans, jean jumpers, and jean skirts may be worn. However, jeans must fit neatly and not be too tight or loose. Jean coats and bib-overalls are not acceptable. Faded jeans are not acceptable with the Administrator making the final determination as to whether or not the jeans are faded. Shorts that are below the knee may be worn.

6610.3 Jogging pants and suits, sundresses, sleeveless dresses, sleeveless shirts and halter-tops are not acceptable.

6610.4 Clothing with pictures, slogans, decals, or large logo is not acceptable unless Christian theme or logo.

6610.5 Tops should be long enough to be belted or tucked in when worn with slacks or a skirt.

6610.6 Skirts and dresses should be at least knee length.

6610.7 Hair should be clean, neatly combed and kept away from the eyes. Please avoid fad haircuts and unnatural colors.

6610.8 Pants with belt loops must be accompanied by a belt.

6610.9 Shoes and socks (or hose) must be worn at all times.

6610.10 Tennis shoes must be neat, properly tied, and in good condition. Regular street shoes must have rubber soles. Sandals, thongs, or flip-flops are not allowed for safety reasons.

6610.11 NO caps or hats may be worn.

6610.12 NO body piercing except for ears.

6630 – Boys: K5-5th Grade

6630.1 Jeans, cords, khakis, and dress slacks may be worn. Shorts that come below the knee may be worn. Jeans must fit neatly and not be too tight or too loose. Patches, holes, bib overalls, and jean coats are not acceptable. Faded jeans are not acceptable with the Administrator making the final determination as to whether or not the jeans are faded.

6630.2 Shoes and socks must be worn at all times.

6630.3 Tennis shoes must be neat, properly tied, and in good condition. Regular street shoes must have rubber soles. Sandals, thongs, or flip-flops are not allowed for safety reasons.

6630.4 Hair should be neatly styled and clean. Hair should not touch the shirt collar. Please avoid fad haircuts and unnatural colors.

6630.5 Clothing with pictures, slogans, decals or large logos is not acceptable unless Christian theme or logo.

6630.6 Turtleneck shirts are acceptable.

6630.7 Shirts must have a full collar and must be tucked in.

6630.8 No camouflage attire is acceptable.

6630.9 Pants with belt loops must be accompanied by a belt.

6630.10 NO caps or hats are to be worn.

6630.11 NO body piercing except for ears.

6630.12 NO earrings should be worn during school time.

6640 – Items Brought To School

Lunch boxes, book bags, notebooks, gym bags, or anything relating to these categories should not have pictures, slogans, or writing on them that offends contemporary Christian standards of decency. All items must be labeled with the student’s name.

Branches Academy
Parent Agreement

The application process is not complete and the student cannot attend until this agreement is signed and returned to the office.

I, _____, whose child, _____

is enrolled in Branches Academy, have received a copy of the

Parent's Handbook. I have read and understand the policies and guidelines in the Parent Handbook and I agree to abide by them.

Parent's Signature _____ Date _____

Agreements

- 1. Branches agrees to notify the parents(s)/guardians(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the school.**
- 2. The parent(s)/guardian(s) authorized Branches to obtain medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.**
- 3. The parent(s)/guardian(s) agree to inform Branches within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.**

Parent's Signature _____ Date _____

Branches Academy

Dear Parents:

We count it a privilege that you have chosen Branches Academy to assist you in producing children who love God with their hearts and minds. There may be opportunities for you to assist our school. Below you will find a list of possible ways. Please check those that are applicable.

_____ Fund-raising on a limited basis

_____ Leadership in fund-raising

_____ Assisting teachers as room mothers/fathers

_____ Assisting office personnel with mailings etc.

_____ Assisting with a school workday

_____ Assisting with book fairs

_____ Any area

Thank you for taking the time to complete this form.

T—ogether

E—veryone

A—chieves

M—ore

Team work is essential to achieve positive results.

Thank you for joining the Branches Team.

**Branches Academy
Pastor Recommendation**

Family Name _____

Address _____

Children applying to Branches Academy: _____

Dear Pastor:

The above named student has applied for admission to Branches Academy. Branches Academy endeavors to look at an individual from an academic, spiritual, and personal character basis. Please complete this form and return it to us as soon as you are able. Your responses will be held in strictest of confidence.

If you, as a Pastor, are enrolling your child, please ask another minister, deacon or church leader to complete this form.

No person shall be denied enrollment, be excluded from participation in, be denied the benefit of, or subjected to discrimination in any program or activity on the basis of race, sex, color, national origin, or ethnic group.

Is the above family an active member of your church? _____ yes _____ no

Have any members of the family held a leadership position in the church? _____ yes _____ no

Are the children active in the youth/children's program of the church? _____ yes _____ no

What is your understanding of this family's relationship to God?

Are there any concerns that should be known by the school which could either positively or negatively influence the decision of the administration?

Do you recommend the family for admission to Branches Academy?

_____ yes _____ no

Pastor's Name _____

Church Name _____

Address _____

Phone _____

**Please return to:
Branches Academy
2812 Greenview Drive
Lynchburg, Virginia 24502**

Religious Exempt Child Day Center
Program Decision to Administer Medications

Branches has made the following decision regarding the administration of medications to a child in our program:

The staff **WILL** administer prescription and non-prescription medications.

Provider and parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child’s individual record.

Provider’s Name (please print):	Facility Name: Branches Academy and Early Learning Center
Provider’s Signature:	Date:
Parent’s Signature:	Date:

Authorized Staff To Administer Prescription Medication

The program will administer prescription medications in accordance with the physician’s or other prescriber’s instructions and in accordance with the standards of practice in the MAT training. Only a provider who has successfully completed the MAT training or has appropriate licensure to administer prescription medications and is listed as a medication administrator in the Program’s Decision Regarding Medication Plan will be permitted to administer prescription medications.

I understand that any individual listed in this section as a medication administrator is approved to administer prescription medication using the following routes: topical, oral, inhaled, eye, and ear, medication patches and epinephrine using an auto-injector device.

I understand that to be approved to administer prescription medication, all individuals listed in the Program’s Decision Regarding Medication Plan (unless the individual is licensed to administer prescription medications) must have a valid:

- Medication Administration Training Certificate (MAT)
- CPR certificate which covers all ages of the children Branches is approved to care for as listed on the registration/license; and
- First aid certificate which covers all ages of children Branches is approved to care for as listed on the registration/license.