## SHEKINAH GLORY TABERNACLE

## CHRISTIAN ACADEMY

## 

## 

## 

## “Helping Kids Learn For Life”

## NOW ENROLLING

## Preschool 3 & 4 Year Olds

## K5 – 5th Grade Students

## Package Includes:

## Application, Tuition Information, School Calendar,

## Payment Schedule, School Supply List and etc…

## 

## Shekinah Glory Tabernacle

## 6087 Covington Highway | Stonecrest, GA | 30035

## 770-808-4647

## Dr. Glenda Sherman, Overseer

## Ms. Grace Sherman, Administrator

## Mrs. Nikkia Cherry, Principal

## SHEKINAH GLORY TABERNACLE

## CHRISTIAN ACADEMY

## SGT ACADEMY NEWS!!!

## To: All Returning Parents

We are pleased to announce that we are NOW Enrolling students in our Christian Academy Preschool Program (3 - 5yr olds), and 1st – 5th Grade for the **2022-2023** school year. We are excited and welcome the opportunity to have your child as a part of our Christian Academy. We know that you and your child will greatly benefit from being a part of our program. **Please Note: All preschool age children must be potty trained.**

**SAVE NOW!**

**Enrollment for New & Returning Students**

**Registration for RETURNING & New Students:**

**$150** by July 18, 2022and **$200** after July 18th



**MANDATORY Open House and Parent Orientation**

**Saturday, August 6th @ 11:30 AM**

For more information or to enroll your child, please contact our office at

**770-808-4647.** For more information visit the SGT Christian Academy website at [www.sgtchristianacademy.org](about:blank).

We look forward to a great new year.

Sincerely,

Dr. Glenda Sherman, Overseer

## SGT CHRISTIAN ACADEMY / AFTER SCHOOL

## COST SHEET

## The cost for enrolling a student at Shekinah Glory Tabernacle Christian Academy for the

## academic school year is as follows:

## ENROLLMENT & ACTIVITY FEE – (Non-Refundable)

**Registration for RETURNING & NEW Students:**

**$150** by July 18, 2022and **$200** after July 18th

## Note: Enrollment Fee Includes: Books, Supplies & Materials & Meals (Breakfast, Lunch, Snack & Supper)

## SGT CHRISTIAN ACADEMY TUITION

## Pre-K3 – 5th Grade

## New Students Full Day - $100.00 Weekly - 8:30 am – 2:30 pm / FREE After School

## Returning Students - $95.00 Weekly – 8:30 am – 2:30 pm / / FREE After School

## Please note that there are 39 weeks in the school year; therefore, the SGTCA annual tuition cost is $3900.00 ($100 X 39 weeks) or $3705.00 (Returning Students). Therefore, tuition WILL NOT be prorated if your child is absent.

## SGT-CA TUITION BILLING CYCLE

## Shekinah Glory Tabernacle billing cycle is Monthly (payments are due on 1st Mondays) unless otherwise noted on the payment schedule. However, for months adjustments may be made to 2nd Mondays.

* All Payments are to be paid **Monthly** or **Bi-Weekly** and should be made on **1st, 3rd & 5th Mondays** unless other dates has been noted. Please refer to payment schedule.
* Parents making payments **Online MUST Pay** an additional **$5.00** for tuition payments. Also online payments should be made on **1st, 3rd & 5th** Mondays.
* If payment is not paid by the **1st, 3rd & 5th** Mondays a **$25 late fee** will be added, unless special arrangements has been made. Consequences include:

1. Child’s Names will be **Posted on Door** on Tuesday afternoon.
2. If payments are not paid up to date by the following Monday child **will not** be allow to return to school until payments are paid in full.
3. If full payments are not paid after **two-weeks** of the child being out, the child’s space may be released to new student.

**Shekinah Glory Tabernacle Christian Academy**

**School Uniform Policy and Supplies**

All students are required to attend school dressed in appropriate uniforms:

* **On Mondays -** Students must wear a **SGT Black Uniform Blazer w/ Logo and Khaki Pants** (boys) **or Skirts** (girls)w/ white shirts and black cross ties.
* **Tuesday - Thursday** Boys and girls should wear their **SGT uniform purple polo shirts w/ school logo and black or khaki bottoms.**
* Boys and girls – **Black Uniform Shoes Only!** (No name sneakers or boots)
* Girls – **White or Black Socks or Tights** **Only** (No Leggings)
* **Fridays** - Students do not have to wear their school uniform.
* **Field** **Trip** – Students should wear a **Gold Academy Polo Shirt** w/ Logo.
* **School Jackets or Sweaters w/ Logo –** should be worn in class during winter month. Long Sleeve shirts under polo shirt is not acceptable.
* **Mask:** PreK3, PreK4 & K5 students are expected to wear a Face Shield Mask, and 1st -5th Grade Students are expected to wear a mask.

**Note: Students are Responsible for The following Items!**

|  |  |
| --- | --- |
| **Preschool 3 – K5 Year Old**   * Face Shield Mask (Refer to Flyer) * Book Bag * Pack of Jumbo Pencils * Large Pencils and Crayons * Preschool Scissors * Plastic Homework Folder * 2 Small Blankets * \*2 Boxes of Kleenex Tissue * \*2 Large Bottles of Hand Soap * \*2 Cont. of Disinfectant Wipes * \*2 Packs of Copy Paper * **Note:** Change of Clothing & Under garments w/ Name on clothes | **1ST – 6th Grade**   * Face Mask (Refer to Flyer) * Book Bag, # 2 Pencils, Colored pencils, Crayons, Box of Markers * 2 Packs Loose-leaf Paper - Wide * 2 Plastic Folders w/ pockets & prongs * Plain White 1-inch Plastic Binder w/Pockets * 1 Pair Scissors, and 3 Glue Sticks * 2 Dry Eraser Markers * \*2 Boxes of Kleenex Tissue * \*2 Large Bottles of Hand Soap * \*2 Containers of Disinfectant Wipes * \*2 Packs of Copy Paper |

**\*Note: These items should be replenished in January of the new year.**

## SHEKINAH GLORY TABERNACLE

## CHRISTIAN ACADEMY

## APPLICATION PACKAGE

## In order to complete the enrollment process the following forms must be completed and turned in.

## \_\_\_Complete Academy Application

## \_\_\_Copy of Child’s Up Dated Immunization Record

## \_\_\_Copy of Child’s Birth Certificate

## \_\_\_Emergency Contact Form

## \_\_\_Emergency Medical Authorization

## \_\_\_Parents Notice of No Liability Insurance

## \_\_\_Parental Agreements with Child Care Facility

## \_\_\_Parent Income Eligibility Form *(This Form Is Available At The School)*

## \_\_\_Field Trip Permission Pre-Signed Form

## \_\_\_Guide For Authorization For Medication *(If your child is on*

## *prescription medication)*

## \_\_\_FREE After School Program Form

## \_\_\_Copy of Transcript from previous school must accompany Application

## \_\_\_CDC Guideline Acknowledgement Form

**SHEKINAH GLORY TABERNACLE**

**CHRISTIAN ACADEMY / AFTER SCHOOL APPLICATION**

**Application Date**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Applying For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How Did You Here About Us? \_\_\_ Referral \_\_\_ Sign \_\_\_ Online \_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_\_\_

Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_ Upcoming Grade \_\_\_\_\_\_

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Mother / Guardian:

Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Father / Guardian:

Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MARITAL STATUS:**  Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_

If parents are divorced are there any custody issues? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

If yes, please indicate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PARENT / GUARDIAN ENROLLING CHILD**:

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** Person enrolling child will be responsible for making sure payments are received on time.

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**FOOD ALLEGIES**

Please list any foods or liquids your child is allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**PRESCRIPTION MEDICINE:**

Please list and prescription medicine your child may be presently taking. *(Please note that we will only administer prescription medicine no over the corner medicine).*

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

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**SIGNING YOUR CHILD IN AND OUT:**

**Children must be sign in and out daily by an adult 18 years or older.** *(Please note that persons picking up your child will have to provide the proper ID to the receptionist).*

**Name and Address of Authorized Persons to Pick Up Your Child:**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City / State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City / State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City / State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE PROVIDE THE FOLLOWING:**

1. **School Records**: A copy of child’s school records including recent report card and standardize test scores, if applicable.
2. **Immunization Record: A** copy of your child’s immunization record with enrollment application.
3. **Birth Certificate:** A copy of child’s birth certificate should be on file.
4. **Additional Forms**: Pick-Up and complete additional forms from Academy office.
   1. Medical Emergency Forms
   2. Transportation Forms
   3. Free After School Form
   4. Income Eligibility Form
5. **Parent Handbook**: A copy of parent handbook will be issue at the Parent Orientation Meeting

**SPECIAL NEEDS CHILDREN**

IF YOUR CHILD IS A SPECIAL NEEDS CHILD, PLEASE NOTE THAT OUR STAFF IS **NOT EQUIPPED** WITH THE KNOWLEDGE AND ABILITY TO PROVIDE THE SPECIAL SERVICES AND ATTENTION THAT YOUR CHILD MAY NEED. THEREFORE, FOR THE SAKE OF YOU AND YOUR CHILD WE MAY NOT BE ABLE TO ACCEPT YOUR CHILD IN THE PROGRAM.

**EMERGENCY CONTACT INFORMATION**

Please complete this sheet for persons to contact in the case of emergency when a parent or guardian cannot be reached:

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City / State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City / State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City / State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s doctor or clinic name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child is currently on medication (s) prescribed for long-term continuous use and /or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**EMERGENCY MEDICAL AUTHORIZATION**

Should \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ suffer an injury or illness while

Child’s Name Date of Birth

in the care of **SHEKINAH GLORY TABERNACLE** and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

**Child’s primary source of health care is:**

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

Physician / Clinic Name Telephone Number

Know medical conditions (i.e.) diabetic, asthmatic, drug allergies

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

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

Signature of Parent/Guardian Date Telephone #

**SHEKINAH GLORY TABERNACLE**

**CHRISTIAN ACADEMY / BEFORE & AFTER SCHOOL**

**PARENTS OR GUARDIAN’S NOTICE**

**NO LIABILITY INSURANCE AND ACKNOWLEDGEMENTS**

I understand that I am being informed in writing by signing this acknowledgement that this facility does not carry liability insurance sufficient to protect my child / children in the event of any injury etc.

Parents’ or Guardian Signature:

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

Signature Date

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SHEKINAH GLORY TABERNACLE**

**CHRISTIAN ACADEMY / BEFORE & AFTER SCHOOL**

**PARENTAL AGREEMENT WITH CHILD CARE FACILITY**

1. The (facility name) **SHEKINAH GLORY TABERNACLE** agrees to provide child care for (name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on days of week **MONDAY – FRIDAY** from \_\_\_\_\_\_\_AM to \_\_\_\_\_\_\_\_ PM (month) **AUGUST** to (month) **MAY.**
2. My child will participate in the following meal plan (circle applicable meals and snacks):

**a. Breakfast b. Morning Snack c. Lunch d. Afternoon Snack e. Supper**

1. Before any medication is dispensed to my child, I will provide a written authorization, which includes: dates; name of child; name of medication; prescription number; if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child’s full name marked on it.
2. My child will not be allowed to enter or leave the facility without being escorted by the parent(s) or person authorized by the parent(s), or facility personnel.
3. I acknowledged that is my responsibility to keep my child’s records current to reflect any significant changes as they occur, i.e. telephone numbers, work location, emergency contacts, child’s health status, infant feeding plans and immunization records, etc.
4. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.
5. The (facility name) SHEKIANH GLORY TABERNACLE agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two (2) feet deep.
6. I have received a copy and agree to abide by the policies and procedures for (facility name) SHEKNAH GLORY TABERNACLE.

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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

Facility Director / Person in Charge: ***Dr. Glenda Sherman***

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

**SHEKINAH GLORY TABERNACLE**

**CHRISTIAN ACADEMY**

**FIELD TRIP FORM**

As parent/legal guardian, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give SGT Christian Academy at 6087 Covington Highway, Stonecrest, GA 30035 permission to transport my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to and from all scheduled school field trips.

I am aware that I am responsible for the cost of all field trips and will be advised of trips at least two weeks in advance.

I am aware that when my child/children are on a school sponsored trip, he/she is under the supervision of the school employed staff members/chaperones.

I agree to instruct my child to obey all rules, regulations and instructions given by teachers and/or other school personnel. I further agree that no school personnel will be responsible or liable for injuries or mishaps caused by my child’s deliberate disobedience of rules and instructions.

I am aware that sack lunches may be required for some of the field trips.

I am aware that is mandatory that my child wear his/her GOLD POLO Shirt with the SGT School Logo on all Field Trips.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHEKINAH GLORY TABERNACLE

**AFTER SCHOOL PROGRAM**

IT’S FREE!!!

**YES, WE ARE SERVING OUR COMMUNITY**

**IN A BIGGER AND BETTER WAY, BY PROVIDING “FREE”**

**AFTER SCHOOL CARE TO STUDENTS PRESENTLY ENROLLED**

**IN OUR ACADEMY PROGRAM**.

Please note that should our school be forced or planned to close early and not offer After School for that day, your payment will not be prorated.

Please complete the information below and return this sheet along with your application to keep on file.

Print Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this letter you agreeing to accept and allow your child to be a part of our FREE After School Program.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SGT CHRISTIAN ACADEMY**

**CDC Guideline Acknowledgement**

**FORM**

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instruction:** Please initial each item below and sign and date form at the bottom.

* 1. \_\_\_\_\_\_ I certify that I have read the CDC Guideline, and to the best of my ability I will follow and acknowledge these guidelines to help prevent the spread of the coronavirus disease.
  2. \_\_\_\_\_\_ I also agree to be in compliance with the CDC Guideline, by **not** bringing my child to school if he or she is sick or has a temperature.
  3. \_\_\_\_\_\_ I also agree to abide by the SGT Christian Academy code in making sure that my child has a Face Mask or Face Shield Mask (PreK3-5) or a Face Mask (School Age) that they can wear each day while in school.

A close up of a hat

Description automatically generated **OUR FACE SHIELD MASK - $5.00 EA**.

![A picture containing bag

Description automatically generated]()![A close up of a logo

Description automatically generated]() **OUR CLOTH MASK - $1.00 EA.**

**Parent Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

CENTER FOR DISEASE CONTROL (CDC)

GUIDELINES

**Know how it spreads**

* **The best way to prevent illness is to avoid being exposed to this virus.**
* The virus is thought to [spread mainly from person-to-person](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html).
  + Between people who are in close contact with one another (within about 3-6 feet).
  + Through respiratory droplets produced when an infected person coughs, sneezes or talks.
  + These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
  + Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

**Everyone Should**

* [Wash your hands](https://www.cdc.gov/handwashing/when-how-handwashing.html) often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
* If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**.
* **Avoid touching** **your eyes, nose, and mouth** with unwashed hands.
* **Avoid close contact with people who are sick, even inside your home.** If possible, maintain 6 feet between the person who is sick and other household members.
* **Put distance between yourself and other people outside of your home**.
  + Remember that some people without symptoms may be able to spread virus.
  + [Stay at least 3 feet (about 2 arms’ length) from other people](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html).
  + Stay out of crowded places and avoid mass gatherings.
  + Keeping distance from others is especially important for [people who are at higher risk of getting very sick](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html).

Cover your mouth and nose with a cloth face cover when around others

* Everyone should wear a [cloth face cover](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) when they have to go out in public, for example to the grocery store or to pick up other necessities.
* The cloth face cover is meant to protect other people in case you are infected.
* Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.
* **If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
* **Throw used tissues** in the trash.
* Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.
* **Clean AND disinfect**[**frequently touched surfaces**](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html)**daily**. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
* **If surfaces are dirty, clean them.** Use detergent or soap and water prior to disinfection. **Then, use a household disinfectant.**