

Bessemer Academy Pre-School

2018-2019 Fee Schedules

Pre-School K-3 or K-4
Full School Year
7:45 a.m. to 3:00 p.m.
\$4,266.00 Per Year or
10 Month Payment Plan
\$426.60 Per Month

Pre-School K-3 or K-4
Full School Year & Before/After
Care
7:00 a.m. to 6:00 p.m.
\$6,066.00 Per Year or
10 Month Payment Plan
\$606.60 Per Month

Summer Care
June & July
\$50.00 Registration Fee
\$135.00 Per Week
\$40.00 Drop In Fee

Pre-School Schedule 2018-2019

Pre-School will be closed on the following holidays.

- Labor Day
- Veterans Day
- Thanksgiving Day and Day After Thanksgiving
- Friday, December 14th for Staff Breakfast
- Christmas Break - staff as needed, closed Christmas Eve and Christmas Day, New Years Eve and New Years Day. Non Before and After Care Kids \$175 per week with a \$50.00 registration fee to be credited to balance.
- MLK Day
- Presidents Day
- Spring Break
- We will close one week after school ends to prepare for summer care.
- We will close one week prior to school beginning to prepare for back to school.

Tuition and Fees Schedule 2018-2019

Bessemer Academy
1705 4th Avenue SW
Bessemer, AL 35022

TUITION AND FEES PAYMENT PLANS:

- PLAN 1 (10 Payments – Due the first of each month August to May)
- PLAN 2 (12 Payments – Due the first of each month June to May)
- PLAN 3 (1 Payment in full – Due the first day of June to get discount)

K3 – K4 PRE-SCHOOL

K3-K4 Pre-School	12 months	10 months	Full Year	Full Year 5% Discount off Tuition Only
First Child	\$355.50	\$426.60	\$4266.00	\$4033.00
Second Child	\$284.00	\$340.80	\$3408.00	\$3231.00
Third Child	\$284.00	\$340.80	\$3408.00	\$3231.00
Each Addl. Child	\$284.00	\$340.80	\$3408.00	\$3231.00

K5 – 5TH GRADE

K5-5 th Grade	12 months	10 months	Full Year	Full Year 5% Discount off Tuition Only
First Child	\$487.50	\$585.00	\$5850.00	\$5617.00
Second Child	\$329.00	\$394.80	\$3948.00	\$3771.00
Third Child	\$235.00	\$282.00	\$2820.00	\$2699.00
Each Addl. Child	\$235.00	\$282.00	\$2820.00	\$2699.00

6th – 12TH GRADE

6 th – 12 th Grade	12 months	10 months	Full Year	Full Year 5% Discount off Tuition Only
First Child	\$492.50	\$591.00	\$5910.00	\$5677.00
Second Child	\$334.00	\$400.80	\$4008.00	\$3831.00
Third Child	\$240.00	\$288.00	\$2880.00	\$2759.00
Each Addl. Child	\$240.00	\$288.00	\$2880.00	\$2759.00

K3-K4 with Daycare

K3-K4 Daycare	12 months	10 months	Full Year	Full Year 5% Discount off Tuition Only
First Child	\$505.50	\$606.60	\$6066.00	\$5833.00
Second Child	\$434.00	\$520.80	\$5208.00	\$5031.00
Third Child	\$434.00	\$520.80	\$5208.00	\$5031.00
Each Addl. Child	\$434.00	\$520.80	\$5208.00	\$5031.00

K5-6th with Daycare

K5-6 th Daycare	12 months	10 months	Full Year	Full Year 5% Discount off Tuition Only
First Child	\$587.50	\$705.00	\$7050.00	\$6817.00
Second Child	\$429.00	\$514.80	\$5148.00	\$4971.00
Third Child	\$335.00	\$402.00	\$4020.00	\$3899.00
Each Addl. Child	\$335.00	\$402.00	\$4020.00	\$3899.00

REGISTRATION FEE: Pre-school \$50.00 at the time of registrations. K5 – 12th Grade - \$250.00 per child at the time of registration.

First child tuition includes Building Fund, (In Lieu of Fundraisers) Fees will go to Maintenance Fund, One Yearbook per family (you may order additional yearbooks) and all other fees. Second, third, each additional child tuition includes all other fees.

Other Fees: Book, Catastrophe Insurance, student accident insurance, Jr.& Sr., Locker/Parking, Library, Computer, Music, Art, Science, driver ed. and etc. Fees are applied to each student by grade level.

Tuition does not include transportation to and from school, lunches, school supplies, special field trips, and other miscellaneous expenses.

DISCOUNTS FOR PAYMENT IN ADVANCE OF SCHOOL YEAR - Tuition paid in full by the first day of June will receive a 5% discount off tuition amount only not fees.

MULTIPLE CHILD DISCOUNT – Full tuition is charged for the oldest child. Each additional child receives a discount (excluding K3-K4)

General Policies Regarding Payment of Tuition and Fees:

1. Payments for tuition and fees may be made by cash, check, or money order in person in the Bookkeeping office. All checks and/or money orders should be made payable to “Bessemer Academy” Always request a receipt for any cash payments. Payments may also be made with credit card or by Electronic Fund Transfer.
2. All tuition payments and fees are due in the Bookkeeping office on the first day of the month. A late fee of \$50.00 will be assessed after the 10th day of the month. Tuition that is more than 15 days in arrears will result in the student not being allowed to attend classes until that amount is paid in full. Tuition will continue to accrue while the student is out. Each student is required to sign a full year tuition contract.
3. There will be a charge of \$50.00 for any check returned due to insufficient funds (NSF). If two NSF notices are received within a school year, all subsequent payments must be made in cash, certified check, or money order.
4. In case of withdrawal from Bessemer Academy, all payments must be made to ensure release of report cards, records, and transcripts. The full year’s tuition is due if withdrawal occurs after signed contract.
5. Each student account must be set up with one party responsible (parent, grandparent, step-parent, etc.). The accounting office will accept and apply payments from multiple parties but it will be the requirement of the responsible party to insure that the account is current if multiple parties are making payments.
6. Lunchroom accounts: All accounts must be kept current. Lunchroom accounts cannot be charged.

**Bessemer Academy
Payment Plan Form**

FAMILY INFORMATION (REQUIRED) PLEASE PRINT IN CAPITAL LETTERS

Person responsible for paying student(s) Tuition for 2018-2019 School Year

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home/Main Tel# _____ Secondary Tel# _____

Driver License # _____ **E-Mail Address** _____

PLEASE SELECT ONE PAYMENT OPTION:

- PLAN 1** (10 Payments – Due the first of each month August to May)
- PLAN 2** (12 Payments – Due the first of each month June to May)
- PLAN 3** (1 Payment in full – **Due the first day of June to get discount**)

Options to pay tuition

_____ Cash / Check each month by the 1st.

_____ Electronic Bank Draft – All Electronic Bank Draft will be drafted on the 1st day of the month. (attach a voided check for the account you want to be drafted from)

_____ Credit Card – Visa/MasterCard/Discover - (You may call Bookkeeping and pay over the phone with a credit card payment).

I HAVE READ AND UNDERSTAND THE TUITION AND FEES SCHEDULE.

DATE: _____ SIGNATURE: _____

STUDENT _____ GRADE _____

STUDENT _____ GRADE _____

STUDENT _____ GRADE _____

All monthly statements are sent out by email each month, please fill in email address where you want your statement sent each month.

**Bessemer Academy
Payment Plan Form**

FAMILY INFORMATION (REQUIRED) PLEASE PRINT IN CAPITAL LETTERS

Person responsible for paying student(s) Tuition for 2014-2015 School Year

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home/Main Tel# _____ Secondary Tel# _____

Driver License # _____ E-Mail Address _____

PLEASE SELECT ONE PAYMENT OPTION :

- PLAN 1** (10 Payments – Due the first of each month August to May)
- PLAN 2** (12 Payments – Due the first of each month June to May)
- PLAN 3** (1 Payment in full – Due the first day of June to get discount)

Options to pay tuition

_____ Cash / Check each month by the 1st .

_____ Electronic Bank Draft – All Electronic Bank Draft will be drafted on the 1st day of the month. (attach a voided check for the account you want to be drafted from)

_____ Credit Card – Visa/Mastercard/Discover - (You may call Bookkeeping and pay over the phone with a credit card payment).

I HAVE READ AND UNDERSTAND THE TUITION AND FEES SCHEDULE.

DATE: _____ SIGNATURE: _____

FAMILY NAME: _____

STUDENT _____ GRADE _____

STUDENT _____ GRADE _____

STUDENT _____ GRADE _____

CHILD'S PREADMISSION RECORD

DHR-CDC-739
Revised 1/01

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

Child's Name:	Name Child is known by:
Child's Birthdate:	Child's Home Address:
Name of Parent / Guardian:	Home Telephone Number:
Address of Parent / Guardian:	
Mother's Employer:	Father's Employer:
Employer's Address:	Employer's Address:
Employer's Address:	Employer's Address:
List alternative Phone numbers:	Instructions regarding how parent / guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s) or guardian(s) cannot be reached:

Name	Relationship to Child	Address	Telephone Number

Name of child's doctor:	Address:	Telephone Number:
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Emergency Authorization:
I give my permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. I give permission for the child care facility to administer Syrup of Ipecac to my child in accordance with instructions from the poison control center. (If parent / guardian refuses to sign, instructions must be attached stating what procedures the facility is to follow in an emergency.)

Signature / Date

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship To Child	Address	Telephone Number

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

Signature of parent / guardian / Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	Yes	No	Signature of Parent / Guardian:	Date:
Transportation provided by the facility:	Yes	No	Signature of Parent / Guardian:	Date:
Swimming / wading activities provided by the facility:	Yes	No	Signature of Parent / Guardian	Date:

Form not valid without signature of child's parent / guardian in each space indicated above.

This section to be completed by the facility's staff:

Child's first day of attendance: _____

Child's withdrawal date: _____

Additional information may be attached.



STUDENT NAME _____

ENTERING GRADE _____

BESSEMER ACADEMY

1705 4th Avenue, S.W

Bessemer, AL 35022

Phone: (205) 428-6288, Fax: (205) 426-8888

NEW STUDENT APPLICATION

MISSION

Our goal at Bessemer Academy is to provide academic excellence, social growth, and moral development. Through a variety of learning activities and experiences, we actively support each student in the quest for fulfilling his or her full potential and individual growth. We prepare each student to meet the challenges of today's society and tomorrow's workplace.

VISION

Our vision is to empower the students of Bessemer Academy to reach their full potential through academic instruction, cultural development and growth in Christian moral and spiritual values.

Only applications filled out completely will be considered.

Application fee and first month's tuition is non-refundable whether your child is accepted or denied.

The following information must be submitted in order for your application to be accepted:

- ___ Blue Immunization Card
- ___ Copy of Birth Certificate
- ___ Social Security Card
- ___ Most Recent Report Card / School Transcript

The following is for office use only:

Date received: _____ Received by: _____

Comments: _____

Administrator Recommendation: Accept: _____ Deny: _____

Board of Directors:

Date Accepted: _____ Date Denied: _____ Authorized by: _____

**STUDENT APPLICATION FOR ENROLLMENT
(PLEASE PRINT OR TYPE)**

Date of application: _____ Grade applying for: _____

I. STUDENT INFORMATION:

Name: _____
Last First Middle

DOB: _____ Social Security Number: _____ Race: _____ Sex: _____

Please list name (s) of brothers and sisters attending Bessemer Academy:

NAME: _____ AGE: _____ GRADE: _____ SCHOOL: _____

NAME: _____ AGE: _____ GRADE: _____ SCHOOL: _____

II. PARENT / GUARDIAN INFORMATION:

PARENT #1:

Name: _____
Last First Middle

Street: _____ City _____

State: _____ Zip: _____ Home Phone: _____ Cell: _____

Employer: _____ Occupation: _____ Wk. Phone: _____

Marital Status (Circle One) Married Single Divorced Separated Widowed

Relation to Student: _____ Spouse's Name (if other than below): _____

PARENT #2:

Name: _____
Last First Middle

Street: _____ City _____

State: _____ Zip: _____ Home Phone: _____ Cell: _____

Employer: _____ Occupation: _____ Wk. Phone: _____

Marital Status (Circle One): Married Single Divorced Separated Widowed

Relation to Student: _____ Spouse's Name (if other than below): _____

With whom does student live? _____ If student does not live with parent(s), who has legal custody?
Name: _____ Relationship: _____

Who is responsible for paying school bills?

Name: _____ Relationship: _____

Signature: _____ Telephone: _____

Address: _____ Driver' License #: _____

City: _____ State: _____ Zip: _____

Who is authorized to pick child / children up from school?

Name: _____ Phone: _____ Name: _____ Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

III. EDUCATIONAL INFORMATION:

List school last attended if other than Bessemer Academy:

SCHOOL: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

Has this student ever been retained in a grade? _____ If yes, which grade? _____ Please explain (subjects, attendance, etc.) _____

Does this student have any physical or emotional problem which requires special medication? _____ If yes, please explain. _____

Has this student ever been placed in any special education classes? _____ If yes, please explain. (Speech, emotionally, conflicted, gifted, learning disabled, etc.) _____

Is there any pending disciplinary action against this student from any previous school system? Yes _____ No _____ Please describe the nature of the previous disciplinary problems: _____

Has this student ever been treated for alcohol or substance abuse? _____ If yes, please explain and also provide a copy of treatment results: _____

Do you have any outstanding balances at this or any other school? _____ If yes, please explain _____

Circle / List the diseases this student has had: Whooping Cough Mumps Chicken Pox Measles Rubella Polio Meningitis Scarlet Fever
Tonsillitis Tuberculosis HIV / AIDS Other (Please list):

Please list any handicaps or limitations this student has (including speech, hearing, vision, coordination, learning, etc.):

V. Emergency Authorization

I give permission for Bessemer Academy to obtain emergency medication treatment, including emergency transportation, for my child(ren) if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred.

Signature

Date

V. Consent for Obtaining Records

I hereby give my consent to the administrator / counselor of Bessemer Academy to notify my child's former school in order to receive records and transcripts.

Signature

Date

VI. Consent for Background Check

I hereby give my consent to the administrator / counselor of Bessemer Academy to notify my child's former school in order to receive all disciplinary records or divulge any pending disciplinary action against my child.

Signature

Date

I agree to accept the conditions and requirements of all official handbooks, policies and procedures of Bessemer Academy, including the payment of all tuition, fees and charges according to the published schedule of the school. I also understand the application fee and first month's tuition are non-refundable whether my child(ren) is / are accepted or denied admission to Bessemer Academy.

Signature

Date

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS STUDENT APPLICATION IS TRUE AND CORRECT:

Father's Signature _____ Date: _____

Mother's Signature _____ Date: _____

Legal Guardian's Signature _____ Date: _____

E-Mail Address #1: _____

E-Mail Address #2: _____

MEDIA CONTACT PERMISSION FORM

I, _____, parent/guardian of
_____ (student's name) give my
permission for this student to be interviewed,
photographed, videographed or voice recorded for the
publication use by the school or by any local print,
electronic media or internet publication use during
this school year.

Signed this day _____

Signature _____