BEREA EARLY LEARNING ACADEMY

16779 Lucas Ferry Road · Athens, AL 35611

(256) 771-6843 · www.mybela.org

BEREA EARLY LEARNING ACADEMY PRESCHOOL

** COMPLETING THIS FORM DOES NOT GUARANTEE ENROLLMENT **

BELA is a faith-based private preschool that focuses on academics by implementing the full Abeka curriculum to provide a structured and developmentally appropriate early learning experience. Our program emphasizes foundational academic skills, structured instruction, and classroom readiness.

As BELA is affiliated with Berea Baptist Church, we are **license-exempt through the Department of Human Resources**. All guardians are required to complete an affidavit acknowledging this status. These forms, along with a Child Medical Report, will be distributed at parent orientation and must be signed and returned prior to the first day of the 2026-27 academic year.

FINANCIAL AGREEMENT FOR SCHOOL YEAR: 2026 – 2027

***New K4 enrollees must show evidence of successfully completing an accredited K3 program**
*** BELA reserves the right to reclassify a student based on competency.**

CHILD'S NAME: _____

GENDER: MALE_____ FEMALE_____ DATE OF BIRTH:_____

Birthdays must be by September 1st of the enrolling year.

RATES: 1's

Time	Days	Weekly Fee
8:00 AM - 12:30 PM	M - F	$190.00
8:00 AM - 3:30 PM	M - F	$225.00
Extra Care		+$25

Extra Care: Designed for non-walking children and/or receiving up to two bottles per day. Children requiring more than two bottles or additional care needs will be subject to additional fees.

RATES: Transition's (18 – 24 months)

Time	Days	Weekly Fee
8:00 AM - 12:30 PM	M - F	$180.00
8:00 AM - 3:30 PM	M - F	$210.00

Sibling discounts are available only to currently enrolled BELA families and do not apply to new enrollments.

RATES: K2 / K3 / K4/ K5

Time	Days	Weekly Tuition
8:00 AM - 12:30 PM	M - F	$175.00
8:00 AM - 3:30 PM	M - F	$200.00

___I agree to make weekly payments of $_____ weekly, for _____ *(name and time of class)*.

___ I agree to pay Curriculum Fee: $275.00 (non-refundable / nontransferable) – **1's thru K3**

___ I agree to pay Curriculum Fee: $350.00 (non-refundable / nontransferable) – **K4 and K5**

___ I agree to pay Registration Fee: $75.00 (non-refundable / nontransferable) – **All Students**

*Fees must be collected at time of enrollment

PLEASE READ CAREFULLY:

The weekly payment is the tuition cost for the academic year divided into weekly payments, **so payment is required even during scheduled holidays, partial weeks and unplanned shutdown. Payment is also required regardless of attendance.** The payments should be made promptly the first of each week. Payment will be made via credit card, through www.procaresoftware.com. If your child leaves the program after enrollment, the parent will offer **a one month notice, and be required to uphold the financial requirements during the one month period. If you leave in the middle of the month, a complete month's payment is required.**

Tuition payments are required to be made through Procare by the established due date. Payments that are not received or are declined will result in the assessment of late fees beginning on the **first business day** following the due date.

I hereby acknowledge that I have read and fully understand the agreement set forth above, including all financial obligations contained therein. As the parent and/or legal guardian, I expressly agree to comply with, assume, and timely fulfill all financial terms, conditions, and obligations as outlined in this tuition contract.

Signature of parent _____DATE_____

CHILD'S INFORMATION RECORD

Falsifying any information above, can lead to dismissal of the student from BELA.

Please fill out completely-*include addresses and phone #'s*

CHILD'S NAME: _____	**D.O.B**.: _____
ADDRESS: _____	
(street, city, state) _____	
_____	
MOTHER'S NAME: _____	**FATHER'S NAME**: _____
ADDRESS: _____	**ADDRESS:** _____
(street, town, state) _____	*(street, town, state)* _____
_____	_____
HOME PHONE #: _____	**HOME PHONE #:** _____
CELL PH0NE #: _____	**CELL PH0NE #:** _____
Employer: _____	**Employer:** _____
_____	_____
ADDRESS _____	**ADDRESS** _____
(street, town, state): _____	*(street, town, state)*: _____
_____	_____
WORK PHONE#: _____	**WORK PHONE#:** _____
EMAIL:	**EMAIL:**

Name of person(s) to be reached in case of emergency: (other than parents) / (must live locally)

Name: _____	Name: _____
Relation to child: _____	Relation to child:_____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Cell #_____	Cell#_____
Who has permission to pick up child other than parent: (if different from above)	
Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Cell#_____	Cell#_____

Child's Physician:_____ Address: _____ Phone#:_____

Child's Dentist: _____ Address: _____ Phone #: _____

Proof of Immunization

Prior to the start of school, a complete and up-to-date record of your child's immunizations, as recommended by the Local Health Department / Medical Professional, must be submitted to the preschool office. This record should include the child's name, date of birth, immunization dates, and healthcare provider's signature or stamp.

CHILD'S INFORMATION RECORD – CONTINUED
(Medical Authorization Form)

At this time, BELA does not employ staff who are trained or assigned to provide dedicated one-on-one care for children with special needs. Each child's needs will be reviewed on a case-by-case basis to determine whether our program can provide appropriate support within our existing staffing structure.

Parents/guardians are required to be fully honest and forthcoming about all medical, developmental, behavioral, and care related needs their child may have at the time of enrollment. This includes, but is not limited to, feeding needs, mobility concerns, allergies, sensory sensitivities, and any need for one-on-one support. Accurate and complete information is essential to ensure the safety of all children and to determine whether our program can appropriately meet a child's needs. Failure to disclose relevant information may result in additional fees, reassessment of placement, or withdrawal from the program.

Falsifying any information above, can lead to dismissal of the student from BELA.

Does your child have any known allergies or health conditions? YES_____ NO_____
if yes, please list below

Does your child have any special needs and or learning disabilities? YES_____ NO_____
if yes, please list below
Examples:
Individualized Education Program (IEP) / Auditory Processing Disorder (APD) / Language Processing Disorder (LPD) / Nonverbal learning disorder (NVLD)

Please include any other important information regarding your child we should know.

I give Berea Early Learning Academy permission to seek medical assistance (hospital, physician) if my child needs quick medical attention, and if no parent or listed party can be reached.

Please sign below:

Parent/Guardian signature:_____Date:_____

PARENT PERMISSION / RELEASE FORM

FOR SCHOOL YEAR: _____

In this day and age with a concern for privacy, we are asking that you sign the following form allowing Berea Early Learning Academy permission to take photographs of your child for the following purposes:

IDENTIFICATION
A photograph of your child associated with the **child's emergency medical information** for added identification of your child.

CRAFTS-SCHOOL PHOTOS/DVD-ADVERTISING-WEBSITE
Pictures may be taken of your child for reasons of identification (as above), **crafts activities**, **school photo/DVD year-end**, **advertising**, or **newspaper articles** reflecting events at the school (on/off campus). Photos will be randomly selected for the mybela.org website**.**

PICTURE DAY
Berea Early Learning Academy will be offering individual and class pictures. This photo shoot is optional to parents. You need not have individual shots taken, but have your child present for the class photo. More information will be offered at Open House and in a handout. Class photos will be announced in advance.

If you choose NOT to have your child photographed, Berea Early Learning Academy will honor that request.
Please check the appropriate box reflecting your wishes: *(read carefully)*

____ **I give permission for Berea Early Learning Academy to take photos of my child for all reasons stated above**

____ I **DO NOT** want my child photographed for any reason

____ I **DO NOT** want my child photographed for the following:
- ____school photo/DVD year end
- ____activities/field trips
- ____advertising/website
- ____newspaper articles

Comments:

A QUICK CHILD SURVEY

Check the answer that best describes your child.

	Never	Sometimes	Mostly	Unable To Answer
Tendency to bite				
Naps during the day				
Likes to do things on own/independent				
Willing to try new things				
Shows interest in large motor activities				
Enjoys coloring and drawing				
Can cut with a pair of scissors				
Speech is difficult to understand				
Has difficulty with transition				
Has difficulty sitting still				
Accepts correction				
Asks for help when needed				
Displays good self-control				
Will pick up belongings/toys				
Is respectful with toys, peers, teachers				
Recognizes numbers 1-10				
Recognizes letters				
Recognizes simple colors and shapes				
Recognizes name in print				
Can dress and undress (zip, snap, button, Velcro)				
****Potty trained				

***For the safety and smooth operation of our classrooms, all children entering K3 and above must be fully and independently potty trained. Because of the structure of our program and classroom setup, BELA does not offer potty training during the school day. We kindly ask that all potty training be completed at home or over an extended BELA holiday before the child begins school.

Thank you for taking the time to answer the questions honestly - BELA staff.

1K AND TRANSITION PROGRAM CARE AND ROUTINES

Children enrolled in the One-Year-Old Classroom are expected to be:

- Walking independently or able to move around the classroom with ease.
- Able to feed themselves during meals and snacks.
- One-year-old children must be able to follow a one-nap sleep schedule (12:15/12:30–2:45) and independently hold their own sippy cups.

All of these things help us maintain a consistent routine and provide attentive, individualized care for each child.

These classrooms were opened as a courtesy to families with older children currently enrolled in our preschool. While we maintain a small student-to-teacher ratio, the One-Year-Old classroom is staffed with one teacher for up to five children, and the Transition classroom with one teacher for up to six children.

Due to staffing limitations, children who require significant one-on-one care–including bottle feeding or other individualized support beyond typical toddler needs–may be subject to additional fees or may not be accepted to the program.

By signing below, I acknowledge that I have read and understand the information and policies outlined above and agree to support and comply with them as part of my child's enrollment at BELA.

Parent/Guardian signature:_____Date:_____