



Dear Parents:

Crossroads Christian Academy is dedicated to the glory of God and His purpose on this earth. All areas of learning (spiritual, academic, physical and social) are taught from the foundational premise that Jesus Christ is the revealer and teacher of truth.

It is our vision and purpose that the staff and students of Crossroads Christian Academy be a ministering power in San Antonio as well as the world. We strive daily to be a constant and effective witness of Christ's love through our actions, attitudes and words.

Crossroads Christian Academy believes that the Christian Preschool and School along with the Bible-believing church should work together with the home to provide a fully integrated program for the purpose of developing Christians. Our mission as an educational ministry is to teach students to strive for excellence in academics, character and leadership in order to fulfill God's potential in each of their lives.

Students, from infancy through eighth grade, are recognized and treated as individuals with different levels of development at CCA. They are given the opportunity to express their creativity and are encouraged to develop their abilities, skills and insights so that they may effectively interact with their generation from a Christian viewpoint.

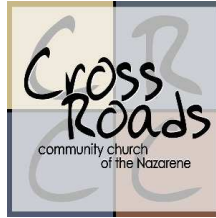
Some unique characteristics of Crossroads Christian Academy are:

- Committed Christian staff who instructs students to apply Biblical principals to their daily lives.
- Teachers who recognize that all knowledge comes from God and each subject is to be taught from a biblical perspective.
- Teachers committed to assisting each student in developing biblically based thinking and reasoning skills, which will enable the student to develop personal convictions.
- An administrative staff called and equipped by God to full time Christian ministry.

It will be an honor and a privilege for us, the faculty and staff of CRCA to join with you in the Christian education of your child. Please call us at (210) 623-4500 ext. 110 for more information.

Sincerely,

Stephanie Alvarez, Learning Center Director



From the Pastor

Dear Friends of Crossroads Christian Academy:

I am thrilled to have the opportunity to share with you a life-changing ministry in that of our school and daycare. I have no doubt that your choice to allow us to educate your children with unconditional love will have a deep and long-lasting impact upon them and upon your family.

As each year passes, the wealth of our nation is able to provide for our children more and more. Our children have more stuff than ever. They have more opportunity for success than ever. And yet in spite of these advances, the youth of our society seem to be drifting further and further away. We have to ask the questions, "What's missing?" As a Christian church, we believe that the missing link is the love of Jesus Christ, our Lord and Savior. This is a non-negotiable part of our vision. Our teachers love the children first. Mrs. Anna Grajeda, our Director, and myself are committed to maintaining a staff the loves. They love as they teach. They love as they discipline. And they love as they play.

Your children will not just learn about historical characters, but they will learn that character and integrity are the greatest assets we can have. They will not just learn mathematics, but they will also learn that without the love of God, nothing adds up to the positive. They will not just learn to read and write, but they will learn to lead a life that will write its own legacy of love and courage. They will not just learn how to choose between answers A) or B), but they will learn to make decisions that will provide an umbrella of blessings for the rest of their life.

And finally, I would like for you to know that the completion of this ministry is in our church family. There will never be pressure put on anyone to attend our church services, but everyone is always welcome. Our services are designed to encourage you in the Goodness of God, motivate you by the Promises of God, and touch your heart by the Presence of God. Our service begins at 10:40 a.m. on Sunday mornings. Come and join us as we worship the Lord.

Sincerely,

Rev. Lee Young
Senior Pastor
CRCC Ministries



Welcome to Crossroads Christian Academy. We are very excited that your family will be joining our family this year. Below are listed the forms that must be completed and the documents that we will need to copy so that your child can be admitted to the center. If you have any questions, please call 623-4500 or drop by the offices between 6:30 a.m. and 6:30 p.m.

1. Please be sure to fill in all forms completely. Licensing requires that all information be filled out; this includes name/address/phone for the physician and hospital. Place **N/A** in any spaces that do not apply.
2. All forms must be complete **before** your child may start attending the center. If a physician has not signed the Medical Information Form and your child has an appointment to be seen, you may notify our office until the child is seen. The Medical Information Form will be due the day after your child returns from their appointment.
3. Completed packets are to be returned to the Academy offices. Upon receipt of enrollment packet, we will take a few moments to review all forms.

****Children with incomplete packets will not be admitted for care****

Checklist of Enrollment Forms

1. Admission Information Gold Form
2. Medical Information Form Blue Form
3. Child Nutrition App. Pink Form
4. Account Agreement
5. Fundraiser Options Sheet
6. Discipline and Guidance Policy Sheet
7. Questionnaire

Please bring the following documents

1. Copy of Child's Birth Certificate
2. Copy of Immunization Record

Upon enrollment you will receive the following

1. Parent Handbook
2. Monthly Menu

Thank you for choosing Crossroads Christian Academy!

ADMISSION INFORMATION

Crossroads Christian Academy											
Enrollment Date				EMAIL ADDRESS				Withdrawal Date			
Child's Name				Date of Birth				Child's Home Telephone No.			
Child's Home Address				City, State				Zip Code			
Hours and Days child will be in care Please circle:		M T W T H F ____ a.m. - ____ p.m.		I understand the following meals will be served while in care		Breakfast		Lunch		Afternoon Snack	
Mother's Name						Address					
Home Phone				Work Phone				Alternate Phone			
Father's Name						Address					
Home Phone				Work Phone				Alternate Phone			

Give information for person(s) to call in case of an emergency if parents cannot be reached

Name	Phone/Cell Phone	Home Address/City/State/Zip Code	Relationship
Name	Phone/Cell Phone	Home Address/City/State/ZipCode	Relationship

OTHER than those listed above, I authorize the following individually to pick up my child

Name	Phone/Home Address
Name	Phone/Home Address
Name	Phone/Home Address

If parents are separated or divorced, who has custody of the child? _____

If one parent has limited or no visitation rights by law, a copy of the court orders stating days/times that the non-custodial parent can/cannot visit the child must be include in this enrollment packet. **We cannot enforce custodial issues without court ordered documentation.**

By signing below I am stating that the information on this form is true and correct to the best of my knowledge.

Parent Signature

Date

MEDICAL INFORMATION FORM

HEALTH REQUIREMENTS					
Name of Child:				Date of Birth:	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
DTP / DTaP / DT					
POLIO IPV or OPV					
MEASLES Rubeola / Serampion					
MUMPS					
RUBELLA					
Hib					
Hepatitis A					
Hepatitis B					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		
Varicella (see below)					
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.					
_____			_____		
Parent's signature			Date		
Signature of Health Care Professional _____			Date _____		
For additional information regarding immunizations contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm					

<p>ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission. Please check only one option:</p> <p>1. <input type="checkbox"/> HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Health Care Professional's Signature Date</p> <p>2. <input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.</p> <p>3. <input type="checkbox"/> PARENT'S STATEMENT: My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.</p>
<p>Name and address of health care professional:</p> <p>_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature - Parent or Legal Guardian Date</p> <p>4. <input type="checkbox"/> Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.</p>

****PLEASE COMPLETE THE BACK OF THIS PAGE****

MEDICAL INFORMATION FORM – PAGE TWO

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

CHECK ALL THAT APPLY:

1. **TRANSPORTATION:** I hereby give do not give – consent for my child to be transported and supervised by the operation's employees:
 Check box for emergency care on field trips to and from home to and from school

2. **FIELD TRIPS:** I hereby give do not give – my consent for my child to participate in Field Trips:

Parent's Comments:

3. **WATER ACTIVITIES:** I hereby give do not give – my consent for my child to participate in Water Activities:
 sprinkler play splashing/wading pools swimming pools water table play

4. **RECEIPT OF WRITTEN OPERATIONAL POLICIES.** I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address

School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to ride a bus, walk to and from school, and/or be released to the care of his/her sibling(s) under 18 years old.
Name of sibling(s):

Signature – Parent or Legal Guardian

Date

FUNDRAISER OPTIONS

The cost of educating a child is much higher than tuition, registration or book fees can cover. In an effort to maintain a viable operating budget, we must also require a minimum \$200.00 annual fundraising participation rate for each enrolled family. The revenue from the fundraisers enables us to purchase needed supplies, furniture and equipment. The revenue also pays many other necessary operational costs and aids in funding special activities for the children.

Crossroads Christian Academy does not receive any funding from Texas Department of Education for enrolled students. Therefore, we are a tuition driven ministry.

As has been the case for several years, we are offering enrolled families the choice between paying two set minimum fees or actual participation in four fundraising events during the 2007/2008 school year. The options available are listed below. Please check your choice, sign on the line provided and return this form with your enrollment packet.

OPTION 1

____ I would prefer that my child/children participate in the school's fundraisers. I understand that fundraiser material will be sent home with my child and we will be expected to sell a minimum of \$100.00 per semester. We further understand that all participation over and above the minimum is much needed and will enable my child to be eligible for prizes awarded to those who demonstrate outstanding participation.

OPTION 2

____ I would prefer that my child NOT participate in the school's fundraisers. I understand that in lieu of participating, we may pay a fee of \$200.00 (\$100.00 payable in the fall and \$100.00 payable in the spring). I understand that my child will not receive any fundraiser merchandise and will not be eligible for any prizes awarded as an incentive to participate in the fundraiser campaign.

Parent Signature

Date

NOTE: Both options listed above require minimum participation of \$100.00 per family per semester. Our academy fundraisers will be limited to 2 events in the fall semester and 2 events in the spring semester. Our Parent Teacher Fellowship will be hosting bake sales, rummage sales, etc. for specific projects throughout the year. The PTF events are separate from academy fundraisers but will be advertised on our annual calendar available July 3, 2010.

FEE SCHEDULE 2011-2012
Rate changes will be effective August 1, 2010

LEARNING CENTER – AGES 1 YEAR THROUGH KINDERGARTEN

FEES:

Fall Registration Fee	\$100 per student (non-refundable)
Summer Registration Fee	\$45 per student all ages (non-refundable)
Supply Fee	\$20 per student

Registration and Supply fees are due for students every Fall semester and Summer term.

TUITION:

Non-toilet trained	\$115 per week
Toilet trained	\$105 per week

BOOK FEES

Pre-K 4: \$65
Kinder: \$85

For children ages 1 year through Kindergarten, all meals are included in the cost of tuition.

CHRISTIAN SCHOOL – FIRST GRADE THROUGH FIFTH GRADE

FEES:

Fall Registration Fee	\$150 per <u>new</u> student
	\$100 per returning student
Book Fee	\$250 per student.

All school books must be purchased through the school office

Fees are applicable each year. They pay for ACSI membership, campus insurance and facility maintenance.

Fundraiser	A minimum of \$200 annually (see registration packet)
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TUITION:

\$2500.00 annually per student. Payable as follows:

Option 1: \$3000.00 due in one installment on or before August 1st.

Option 2: \$3000.00 due in TEN (10) monthly installments of \$300.00 monthly beginning August 1st, 2010 and ending on May 1st, 2011.

BREAKFAST AND LUNCH

Please fill out the enclosed USDA enrollment form for food services. We offer free and reduced meals for qualifying students.

		<u>Reduced:</u>
Breakfast:	\$1.65/daily	.30/daily
Lunch:	\$1.85/daily	.40/daily

AFTERSCHOOL PROGRAM – FIRST THROUGH FIFTH GRADE STUDENTS

Registration Fee:	\$45 – Fall semester
	\$45 – Summer semester

Tuition: \$41/week per student \$164.00 monthly
Afterschool tuition is due on a monthly basis.

Part time and drop in care is not available for the afterschool program.

TUITION AND LATE POLICY

1. Tuition must be paid on a weekly or monthly basis. Payment must be made by the first day of each week if paying weekly. A late fee of \$10.00 will be added to any account that payment has not been made by the Friday following the Monday it was due. If payment is more than 15 days late, Learning Center services will be discontinued until the account is paid in full and your student will be dis-enrolled. To continue services, the student would have to be re-enrolled and it would require another full registration fee. If you are experiencing financial difficulty, you may speak to the office about payment arrangements to keep from having more charges added to your account or your student being dis-enrolled.
2. Accounts that are left unpaid will be charged \$10.00 weekly.
3. There will be a \$25.00 service fee for any returned check (NSF).

Discipline and Guidance Policy for Crossroads Christian Academy

Name of Operation

- ◆ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;

and

(9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

parent employee/caregiver household member of child-care home

CROSSROADS CHRISTIAN ACADEMY

5834 Ray Ellison

San Antonio, Texas 78242

(210) 623-4500

***This is a binding agreement between two parties.
All tuition is due in advance of services.***

ACCOUNT AGREEMENT

Mother's Name

Home Phone #

Social Security #

Driver's License #

Present Address

City, State, Zip Code

Employer

Business Phone #

Nearest Relative

Address

City, State, Zip Code

Home Phone #

Father's Name

Home Phone #

Social Security #

Driver's License #

Present Address

City, State, Zip Code

Employer

Business Phone #

Nearest Relative

Address

City, State, Zip Code

Home Phone #

The undersigned agrees and understands that the services rendered for child care are subject to the following conditions:

- 1. All tuition monies are due and payable in full on Monday or the 1st day of the month in advance.**
- 2. Registration fees are non-refundable. Tuition payments should be made to CROSSROADS CHRISTIAN ACADEMY. Payments must be made in ADVANCE OF THE SERVICE PERIOD. There is a \$30.00 service charge on all checks returned for insufficient funds. After two returned checks, you will be required to pay cash or cashier's check for all future tuition payments. Your faithfulness in keeping tuition accounts current is essential to maintain our center in a professional manner. Late fees are assessed at the rate of \$4.00 for the first three days after payment is due, (i.e. 1st of the month or 1st day of the week.) Upon the fourth day late a \$25 per day late fee will automatically be applied.**
- 3. The customer agrees to pay, in the event the account is turned over to an agency or attorney for collection, reasonable attorney fees, plus all attendant collection costs or court costs.**

Agreed and Understood:

Responsible Parent or Guardian

Date

Questionnaire

Child's Name _____

Age _____

Welcome to Crossroads Christian Academy. We are very excited you have decided to enroll your child in our center. Please take some time to fill out this questionnaire. All the information will be kept confidential and will be used only by your child's teacher in getting to know your child and in planning for his/her development.

Does your child have a preferred nickname? _____

Does your child live with: _____ both parents _____ one parent _____ other adults

Names and ages of brothers and sisters: _____

Pets (name and type of animal):

Does your child have his/her own room? If not, with whom does your child share a room?

In what ways is your child unique from other children?

Can your child use the toilet without any adult assistance? If no, please explain what help your child needs.

How many hours does your child sleep at night? _____

What are your child's favorite play activities and interests? _____

Does your child nap at home? What time? _____

Approximately, how many hours a day does your child watch TV? _____

What are your child's favorite TV programs? _____

With whom does your child usually play?

- Alone
- A few children
- One friend
- Many children

Do they play with

- Younger children
- Children of the same age
- Older children

Does your child have experiences in group play with other children? ____Yes ____No

Explain: _____

Who has regularly cared for your child in the past?

____Parent/Guardian ____Family Member ____Child Care Center ____Home Provider

Typically, how much time (approximately) does your child spend per day out of the home being care for by another adult?

____Less than 3 hours ____4-7 hours ____8-11 hours ____12 or more hours

What are your child's responsibilities at home? _____

What does your child enjoy doing with the family? _____

Describe how your child gets along with other children _____

Describe how your child gets along with other adults _____

What is your biggest discipline/guidance problem? _____

Explain how you discipline your child _____

Explain what fears your child may have and how you handle them _____

Explain how your child feels about coming to school _____

What do you hope your child will learn this year? _____

Is your child enrolled in any special program or group activity? If so, what kind? _____

Are there any celebrations or activities that your child should not engage in? If so, what are they? _____

List ways you as a parent/guardian would be willing to be involved in your child's learning experiences at Crossroads _____

What special talents or skills do you have to share? _____

Additional information _____