

ACE ~ After-hours Connections & Enrichment

A Christ Centered Enrichment Program Offered Through Bethesda Christian School

2020-2021 REGISTRATION FORM

STUDENT INFORMATION

Student's Name _____	PLEASE SELECT ONE: FULL TIME: _____
Birth Date _____ Grade _____	PART TIME (LIST DAYS) _____
BCS Teacher _____ Room # _____	AS NEEDED _____

PARENT INFORMATION

Father's Name _____	Home# _____
Mother's Name _____	Cell# _____ Work# _____
Legal Guardian: Mother ___ Father ___ Both ___ Other ___	Other# _____
Siblings Name (not enrolled) _____	
Mailing Address _____ _____ Zip _____	Primary Person to Pick Up Student(s)
Email _____	Name _____ Phone _____ Relationship _____

AUTHORIZED PICK UP INFORMATION

Name _____	Name _____ Phone _____
Phone _____	Relationship _____
Relationship _____	
Name _____	Name _____
Phone _____	Phone _____
Relationship _____	Relationship _____

Vickie Blair (ACE Administrator)

817-319-5736

4700 N BEACH ST. FORT WORTH, TX 76137

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REGISTRATION DETAILS

Application Fee for ACE Individual \$35 Family \$50

Application Fee applies to: Weekly Enrichment (Full Time or Part Time), Study Hall or "As Needed"

This form must be completed and application fee attached for placement.

**WEEKLY
ENRICHMENT**
Includes: Topical Series-Studies,
Arts/Crafts, Life-Application
Devotionals and more!

K-6th GRADE

3:10-6:00 M-F

**3 Payment
Plans**

Full-time-
3-5 days
\$210 per month

Part-Time-
2 days a week
\$100 per month

Drop In-
Daily rate
\$20 per day

**Payments
will be billed
the first
Monday of
each month**

BILLED MONTHLY
**Payments will be billed
the first Monday of each
month**

**Pay separate from
BCS tuition
payments**

**Charged per *Day*
and *Time* the service
is provided**

**A courtesy call or a
message to the ACE
administrator ahead of
time to inform that ACE
service will be needed is
always appreciated.**

THANK YOU

**LATE PICK-UP
NON-REGISTERED
STUDENTS**
ALL GRADES

In the event there is a delay in picking up your child after school, you can take comfort that the BCS Administration has prepared ahead for you. ACE provides a safe and loving environment for any event (planned or unplanned) that requires a late pick up.

We prefer that you register your child before school starts. This will place your child in the "As Needed" status, keep your late fees to a minimum and help us set up an after-hours file with all your contact information. Your cooperation in this matter helps us to be ready for the unexpected.

**Payments will be billed at
the end of each month.**

**Pay separate from BCS
tuition**

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ACE MEDICAL / EMERGENCY / RELEASE / CONDUCT AGREEMENT

Student's Name _____

To provide service this form must be completed and return to the ACE administrator .

MEDICAL / EMERGENCY / RELEASE / CONDUCT AGREEMENT

1. CONDUCT AGREEMENT

after reading, please initial

Conduct and Character Ethics

___ To encourage character development, maintain quality and ensure safety, participants are expected to practice self control, have respect for Instructors and others while on the property and in the classroom.

___ ALL students are expected to participate and cooperate during hours of operation according to expectations and guidelines.

___ I have been given a copy of the discipline procedures. I will explain to my child what is expected and the consequences before classes begin.

___ My family has read in the Parent packet and understands how to resolve a conflict that may arise with my child or things we may be concerned about.

___ I have read and understand the difference in tuition payments for ACE.

___ I have read and understand: late fees, changes in enrollment status, deadlines for ACE and Monthly Workshop payments.

3. EMERGENCY PROCEDURES

If in the incident there was an emergency situation of any kind.

The numbers listed below will be the first line of contact.

EMERGENCY CONTACT

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

Hospital of Choice _____ Phone _____

Doctor _____ Phone _____

In case of a severe injury or illness, a child may be transported by ambulance to a hospital. In this event, ACE staff will call 911 and then the parent.

Parents Authorization _____ Date _____

2. FOOD/SEASONAL ALLERGIES

SPECIAL INSTRUCTIONS

4. FOOD/SEASONAL ALLERGIES

I agree that Bethesda Christian School, the ACE administrator, director, instructors and all personnel connected with the program, school, church and workshops have my child's best interest and up most safety as a priority, therefore I agree to release the above named from liability for any injuries suffered by my child or myself in connection with the participation in any activities during operation hours, arrival and pick-up.

___ I hereby give Bethesda Christian School, staff, enrichment administrator, director and Instructors permission to take my child and/or myself to the hospital or closest Care Now in case of emergency.

I have read the expectations, liability release and attached information and agree with all guidelines.

Parents/
Guardians
Signature _____