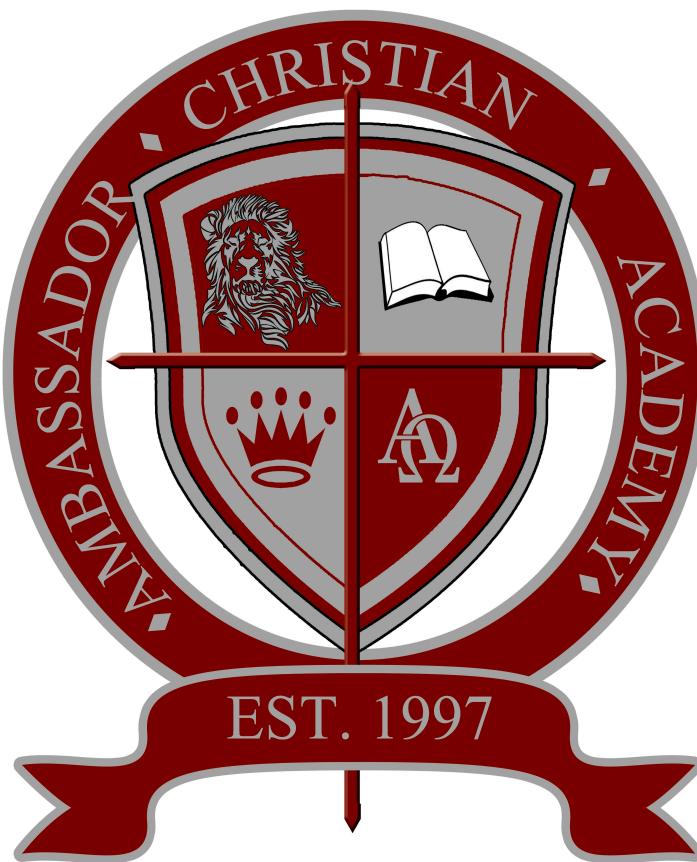


# AMBASSADOR CHRISTIAN ACADEMY

## EARLY CHILDCARE DEPARTMENT

2020 - 2021



*"Train up a child in the way he should go, and when he is old, he will not turn from it."*  
Proverbs 22:6

Ambassador Christian Academy ▲ 900 W. Ridge Road ▲ Gary, Indiana ▲ 46408 ▲ 219-887-4473 ▲ Fax: 219-887-1749  
809 W. Ridge Road

[www.ambassadoracademy.net](http://www.ambassadoracademy.net)

## ADMISSION POLICY AND PROCEDURES

1. Ambassador Christian Academy operates under the Statement of Faith and its desire for every parent to partner with the school in pursuing our mission of developing their child so that he/she will become an effective Christian, living according to Biblical standards.
2. Ambassador Christian Academy does not discriminate on the basis of race, color, gender, national or ethnic origin in its admission policies and practices.
3. While Ambassador Christian Academy implements a curriculum and promotes an environment designated to meet the diverse needs of each student.
4. Ambassador Christian Academy strives to meet the needs of every student entrusted to its care. Ambassador Christian Academy may not possess the resources to provide for students who have:
  - Displayed significant emotional or disciplinary problems.
  - A physical handicap, which would impair the learning process under normal educational conditions
  - A learning disability for which our program is not staffed
5. For parents seeking funding through a State Voucher System, the following information applies:
  - Daycare students must be at least 12 months
  - Pre-School students must be ages 2-3 years old before August 1.
  - Pre-Kindergarten students must be at least 4 years old by August 1.

## ADMISSION POLICY

Each student applying for **12 Months – Pre-K 4 Program** must submit:

- Application For Admission
- Tuition Packet and Non-Refundable Registration Fee (*Not Included*)
- Parent/Guardian Commitment Form
- Medical Alert Form
- A copy of the applicant's Birth Certificate
- A copy of the applicant's Immunization Record
- Student Physical (***Needed before student can begin***)
- Custodial Documentation, if applicable

1. A final decision regarding admission will be made and the parent of the prospective student will be notified.
2. For enrollment to be finalized, arrangements for tuition payments must be completed with the Finance office.

**(PLEASE RETAIN THIS INFORMATION)**

# PHILOSOPHY OF EDUCATION AT AMBASSADOR CHRISTIAN ACADEMY

*He is the image of the invisible God, the firstborn of all creation. For by him all things were created, in heaven and on earth, visible and invisible, whether thrones or dominions or rulers or authorities—all things were created through him and for him. And he is before all things, and in him all things hold together. Col. 3:15-17*

All that exists has been created by God through Jesus and there is nothing that exists that He has not made. Therefore everything is held together by Jesus, centered upon Jesus, has meaning in Jesus, and exists for His glory! He has revealed Himself to man through the Bible. The Bible is perfect without any mixture of error. It is the standard by which all human conduct and opinions should be tried and is a testimony to Christ, who is Himself the focus of divine revelation. The Philosophy of Education at Ambassador Christian Academy have been developed around this truth.

The Christian education of children:

- Is the primary responsibility of parents. Ambassador Christian Academy will work in unity with the family and the church to carry out the mandates of scripture as they relate to children.

Deuteronomy 6:4-9, 11:18-21; Psalm 78:1-7, 127:3; Proverbs 22:6; Malachi 2:13-16; Ephesians 6:4

- Has as its primary goal the salvation and discipleship of the next generation.

Psalm 78:6-7; Matthew 28:19-20; John 14:6

- Is based on God's Word as absolute Truth and holds Jesus Christ as preeminent in all of life and learning.

Psalm 119; Matthew 23:35; Colossians 2:3, 6:10

- Builds up the academic, social, emotional, spiritual and moral development of the next generation, resulting in a biblical life view.

Matthew 18:6, 19:13-14; Mark 10:13-16; Luke 19:15

- Is taught by competent and committed educators who understand and integrate a biblical worldview in all curricula and instruction, enhancing scholarship and intellectual pursuit.

Exodus 19:21; I Samuel 1:27-28, 3:1-10; Luke 6:40; I Corinthians 11:1

- Results in true wisdom, connecting a biblical worldview with an eternal perspective.

Psalm 19:1, 104:24; Proverbs 3:19, 9:10; Jeremiah 10:12; Luke 11:52; Romans 1:28, 11:33; Colossians 2:3; I Corinthians 8:1; 13:8

## Our Mission

*Ambassador Christian Academy is committed to developing a spiritually mature generation of children who master academics for the purpose of reaching the world for Christ through an advanced curriculum.*

## Our Vision

*Ambassador Christian Academy will be a school serving students from the cradle to college to advance God's Kingdom educationally in Northwest Indiana and beyond*

## Our Core Values

*Biblical Truth, Relationships, Integrity, Service, Excellence*

**(PLEASE RETAIN THIS INFORMATION)**

## STATEMENT OF FAITH

-  We believe the Bible to be the inspired and only infallible, authoritative Word of God (*II Timothy 3:16, II Peter 1:21*).
-  We believe that there is one God, eternally existent in three persons, Father, Son, and Holy Spirit, and that God is the Creator of Heaven and Earth (*Genesis 1:1, Matthew 28:19, John 10:30*).
-  We believe in the deity of our Lord Jesus Christ (*John 10:33*); His virgin birth (*Isaiah 7:14, Matthew 1:23, Luke 1:35*); His sinless life (*Hebrews 4:15, 7:26*); His miracles (*John 2:11*); His vicarious and atoning death through His shed blood (*I Corinthians 15:3, Ephesians 1:7, Hebrews 2:9*); His bodily resurrection (*John 11:25, I Corinthians 15:4*); His ascension to the right hand of the Father (*Mark 16:19*); and His personal return in power and glory (*Acts 1:11, Revelation 19:11*).
-  We believe in the resurrection of both the saved and the lost, them that are saved unto the resurrection of life and them that are lost unto the resurrection of damnation (*John 5:28, 29*).
-  We believe that God loves each person and desires the salvation of all (*II Peter 3:9, Romans 5:8*).
-  We believe that salvation is through faith in Jesus Christ alone (*Romans 10:9, John 3:16*).
-  We believe that regeneration by the Holy Spirit is absolutely essential for salvation of the lost and sinful man and results in the new birth whereby sinful man becomes a new and different creature (*John 3:16-19, 5:24, Romans 3:23, 5:8, 9; Ephesians 2:8-10, Titus 3:5*).
-  We believe in the present ministry of the Holy Spirit, by whose in-dwelling the Christian is enabled to live a godly life (*Romans 8:13, 14, I Corinthians 3:16, 6:19, 20, Ephesians 4:30, 5:18*).
-  We believe the family is the basic unit of society established by God, Who intends for it to consist of one man and woman legally married to each other in a permanent relationship. They are responsible to train and teach their children in biblical principles. Any sexual activity outside of the bond of marriage as defined above is contrary to God's will and design (*Genesis 2:24; Deuteronomy 6:17, Romans 7:2; 1 Corinthians 7:10; Ephesians 5:22-23, Genesis 2:24; 19:5, 13; 26:8-9; Leviticus 18:1-30; Romans 1:26-29; I Corinthians 5:1, 6:9; 1 Thessalonians 4:1-8; Hebrews 13:4*).
-  We believe in the spiritual unity of believers in our Lord Jesus Christ (*Romans 8:9, I Corinthians 12:12, 13, Galatians 3:26-28*).
-  We believe all of the law and the prophets depend on the commandments to "Love the Lord your God with all your heart, with all your soul, and with all your mind" and to "Love your neighbor as yourself" (*Matthew 22:34-40*).

## PROFESSIONAL MEMBERSHIP

Ambassador Christian Academy is an accredited member of the Association of Christian Schools International (ACSI). ACA is also a freeway accredited school by IDOE (Indiana Department of Education).

**ACSI**, with headquarters in Colorado Springs, CO, is the largest and most recognized association of Christian schools in the world and also serves as an aid in legal and legislative matters and the educational ministry of Christian schools. Our school benefits from the special bulletins and periodicals which are issued by the association. Our faculty takes part in the professional growth conferences which are conducted annually. Our students benefit from the association by having the opportunity to participate on a broader basis with students from other Christian schools in speech, academic, math, music, and athletic events. We believe that teacher certification and appropriate professional credentials is another area of excellence for which we can strive in doing our best for the Lord.

**INPEA**, INPEA serves as a public policy advocate for non-public schools and the rights due to them and their constituents. Our school benefits from the access to funding and services for non-public schools. Our faculty participates in professional development conferences annually.

### ACA IS AN ACCREDITED MEMBER OF:

- ◊ **ASSOCIATION OF CHRISTIAN SCHOOLS INTERNATIONAL**
- ◊ **INPEA/INDIANA NON-PUBLIC EDUCATION ASSOCIATION**
- ◊ **FREWAY ACCREDITED BY INDIANA DEPARTMENT OF EDUCATION**



**(PLEASE RETAIN THIS INFORMATION)**



For Office Use Only:

(ACA staff please initial & date to verify acceptance)

Main Office \_\_\_\_\_ Finance \_\_\_\_\_ Early Childhood \_\_\_\_\_

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

\_\_\_\_ Immunization Record\* (Up to date & Current)

\_\_\_\_ Birth Certificate\*

\_\_\_\_ Physical Form\* (Current School Year)

**\*Completed application must include All of the above documents in order for a student to begin attending ACA**

## APPLICATION FOR EARLY CHILDCARE ADMISSION 2020 - 2021

A non-refundable Enrollment Fee must accompany this completed application form.

Applications will be processed in the order in which they are received, only after all procedures have been followed and all paperwork has been submitted. **Please fill out application completely and accurately.**

### Early Education Options:

- 12 months – 23 Months (TTT)
- 2 Year Old Pre-School (TT2)
- 3 Year Old (TT3)
- 4 Year Old Pre-Kindergarten (PreK-4)

### STUDENT INFORMATION

STUDENT'S LEGAL NAME \_\_\_\_\_

Last

First

Middle

Nickname

STUDENT'S MAILING ADDRESS \_\_\_\_\_

Address

City

State

Zip

TELEPHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

How did you become interested in ACA?  Friend  Pastor  Relative  Advertisement  Other

Why do you wish to send your child to Ambassador Christian Academy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your child's interests, talents, and abilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

FATHER'S NAME \_\_\_\_\_ WORK PLACE \_\_\_\_\_

FATHER'S WORK PHONE # \_\_\_\_\_ OCCUPATION \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ CELL/PAGER# \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK PLACE \_\_\_\_\_

MOTHER'S WORK PHONE # \_\_\_\_\_ OCCUPATION \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ CELL/PAGER# \_\_\_\_\_

**RETURN THIS APPLICATION PORTION**

## **FAMILY BACKGROUND**

What is the family status in your home?

Married    Divorced    Single Parent    Living With Guardian

If divorced, who has **legal** custody for decision making?  Joint    Father    Mother

(A copy of the custodial documentation is required for enrollment.)

If there are other children in your family, please complete the following:

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

## **SPIRITUAL BACKGROUND**

Name of church your family/student attends\_\_\_\_\_

Pastor's name\_\_\_\_\_

What is the frequency of your family's attendance:       Weekly       Frequently       Infrequently

## **PHOTO RELEASE**

Does the school have your permission to post pictures of your child (group or individual) on our school website or other promotional material?

- YES, I give ACA permission to post photos of my child (group or individual) on our school website or other promotional material.  
 NO, my child's photo may NOT be posted (group or individual) on our school website or other promotional material.

 Signature of Custodial Parent/Legal Guardian\_\_\_\_\_

Date \_\_\_\_\_

## **PERMISSION TO TRAVEL**

By signing this page I give my permission for my child to travel by bus or van for gym, chapel and other school programs.

 Signature of Custodial Parent/Legal Guardian\_\_\_\_\_

Date \_\_\_\_\_

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Ambassador Christian Academy ▲ 900 W. Ridge Road ▲ Gary, Indiana ▲ 46408 ▲ 219-887-4473 ▲ Fax: 219-887-1749

**RETURN THIS APPLICATION PORTION**

# **Permission To Pick Up and Emergency Contact Form**

## **2020 - 2021**

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Notify In Case of Emergency (Parents are always called first, please list another person)**

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

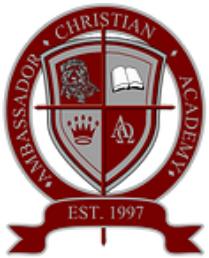
Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

### **Permission to Pick-up**

**Must be 18 years of age or older with proper identification**

Name	Age	Phone Number	Relationship to Student
		(    )	
		(    )	
		(    )	
		(    )	
		(    )	
		(    )	
		(    )	



# Ambassador Christian Academy

900 West Ridge Road • Gary, IN 46408 • Tel: (219) 887-4473 • Fax: (219) 887-1749

## MEDICAL ALERT

HAS NO KNOWN ALLERGIES

IS ALLERGIC TO (MEDICAL DOCUMENTATION REQUIRED)

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SPECIAL TREATMENT NEEDED: (MEDICAL DOCUMENTATION REQUIRED)

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EMERGENCY MEDICAL AUTHORIZATION (PREFERENCE IN CASE OF EMERGENCY)

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PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## **Ambassador Christian Academy**

900 West Ridge Road Gary, Indiana 46408 Lake County

### **Fire Safety Protection / Parent's Notice      (Only needed for Daycare Students)**

Dear Parent(s) or Legal Guardian(s),

I understand that this day care ministry is not licensed under the laws of Indiana. I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. Under Indiana law, a child care ministry may choose not to provide certain fire safety protections if the parent(s) or legal guardian(s) of each child is notified about the absence of the fire safety protections. The purpose of this notice is to advise you that this child care ministry does not have the same level of fire safety protection as a licensed childcare center. Although the child care ministry does not have to comply with the same sanitation, life and fire safety rules as a licensed day care center, we do substantially comply.

This child care ministry has also chosen to provide smoke detectors, fire alarms, fire extinguishers and evacuation notices, as required for a licensed day care center.

I, \_\_\_\_\_ understand that it is my responsibility to ensure that the nutritional and health needs of my child is being met while he/she is at the day care ministry.

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry, if the cause of the injury is due to negligence or wrongdoing on the part of the day care ministry and or employee of the day care ministry.

Signed: \_\_\_\_\_

Parent / Legal Guardian of Student

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

Student(s) Enrolled \_\_\_\_\_

### **Parent Partnership Commitment Form**

**2020 - 2021**

As parent or legal guardian of the above applicant, I agree to cooperate with Ambassador Christian Academy in the enforcement of the rules and regulations of the institution and to meet the terms of the agreement about expenses, business details, attendance policy, parent and student behavior and so forth, as outlined by Ambassador Christian Academy.

I give permission for my child to take part in all school activities including sports programs and school sponsored trips away from the school premises. I absolve the school from all liability in the event my child is injured at school or during any school activity. I agree with the school's effort to train my child in Bible and will encourage my child in this and in all other phases of instruction.

Signed: \_\_\_\_\_

Parent / Guardian of Student

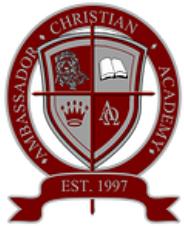
Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Ambassador Christian Academy Administration Staff

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

**RETURN THIS APPLICATION PORTION**



## **Discipline & Guidance Policy**

Provider Name: **Ambassador Academy**

It is very important for a child's development to be nurtured through caring, patience and understanding. However, while caring for your children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, we will not use:

- Threats or bribes
- Physical punishment, even if requested by parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of our child's age, if necessary. Time out is only used if a child is out of control, and only until child regains control.

If your child's behavior is very disruptive or harmful to himself or other children....

1. We will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled.
2. We will recommend that the child take a break from childcare.
3. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Additional techniques to be used with my child:

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***"We Don't Just Teach Academics, We Teach Life.***



# AMBASSADOR CHRISTIAN ACADEMY

900 W. Ridge Road ▪ Gary, Indiana ▪ 46408 ▪ 219-887-4473 ▪ Fax: 219-887-1749

## **Medical Treatment Authorization Form**

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

### **Minor**

Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Female  Male

### **Information for Medical Treatment**

Physician's Name and Location of Practice: \_\_\_\_\_

Physician's Phone Number (if known): (\_\_\_\_\_) \_\_\_\_\_

Medical Insurer/ Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Allergies (Other): \_\_\_\_\_

Please note **all** conditions for which the child is currently receiving treatment:

Note any other significant medical information:

### **AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for **Ambassador Christian Academy** (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: \_\_\_\_\_. Signed this \_\_\_\_ day of \_\_\_\_, 20 \_\_\_\_.

Parent/ Legal Guardian Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_

**"We Don't Just Teach Academics, We Teach Life."**