



# PRESCHOOL APPLICATION PACKET



## Brilliant Child Christian Academy

Address: 7885 W Rochelle Avenue, Las Vegas, Nevada 89147  
Telephone: (702) 889-0496  
Fax: (702) 889-0495  
Mobile: (702) 772-6449  
E-Mail: [www.director@bccausa.com](mailto:www.director@bccausa.com)  
Website: [bccausa.com](http://bccausa.com)

**Christyn Dolotina-Cal**  
*Head of School*

**Rachel Digby**  
*Director of Guidance & Counseling*

**Gretel Zafra**  
*Executive Director*

**Shirley Sanchez**  
*Director of Performing Arts & Music*

**Connie Garcia**  
*Administrator*

**Alexander Coaxum Jr**  
*Director of Safety & Security*

**Emily Marx**  
*Principal*

**Bea Claire Dy**  
*Virtual Specialist*

**Michelle Rousselle**  
*Assistant Director*

**Chiara Ward**  
*Vice-Principal*



## Documents for Registration

### Instructions:

Complete all documents clearly. PLEASE PRINT.

**Your child may not start school until we have ALL of the following:**

- Copy of your child's Birth Certificate
- Current copy of your child's Immunization Records
- Health Statement Form filled out and signed by your child's doctor
- Completed and signed Application Packet
- Registration Fee and Deposit must be included with this packet
- Legal documents pertaining to custody (if applicable)

*\*\*No form may be left blank or unsigned. Incomplete registration packets will be rejected\*\**

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The PARENT-STUDENT HANDBOOK has vital information to your child's attendance. An electronic copy will be sent to you by email. **PLEASE BE SURE TO READ THE ENTIRE HANDBOOK. You are accountable for the rules and regulations in the handbook.**

Parent Email: \_\_\_\_\_

\*I have received an electronic copy of the Parent-Student Handbook.

Parent Signature: \_\_\_\_\_

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

If you need help or explanation with any of the forms in the Registration Packet or Parent Handbook, please see the Supervisor or School Superintendent.



## POLICIES & TUITION AGREEMENT

School Year 2022-2023

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHEDULE (Days & Time) \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHEDULE (Days & Time) \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHEDULE (Days & Time) \_\_\_\_\_

### **\*PARENTS MUST READ, CHECK-OFF AND SIGN.**

- We are a private Christian school and childcare learning center. We integrate God's Truth into the curriculum and adequately prepare the student for future educational endeavours.
- Part of our responsibility is to prevent the spread of illness whenever possible.
- In compliance with State Law, we do not allow children with diarrhea, communicable diseases, and/or axillary temperature above 100 degrees (F) to stay at our facility.**
- All forms must be returned completely filled out before a child enters our school. All forms are subject to yearly renewal and must be kept up to date.
- All children enter preschool on a trial basis (two weeks) to ensure proper adjustment.
- If your child does not adjust to the program, we reserve the right to withdraw him/her from the program.
- Food is not provided. Children must bring their own lunch and snacks. **(Strictly no nuts, nut butters, or Nutella)**
- To maintain a safe and healthy environment for all children, smoking is prohibited on the premises (including the parking lot).
- A Parent-Provider Contract may be terminated at the provider's discretion if it is assessed that continued care of a child would be detrimental to the child or to the school's program in general.
- Violation of Parent-Provider Contract (along with school rules and regulations) may result in termination at the provider's discretion.
- Foul language is not permitted



- Children will be observed and referred to our Guidance Counselor if the child has displayed behavior that indicates special learning needs. Our Guidance Counselor will then assess the child and set up a meeting with the parents/guardians if deemed necessary. Parents/Guardians will be referred to Child Find (702) 799-7463 for further assistance.
- Transportation is not provided at this facility.
- All staff are trained in First-Aid/CPR, maintain a sheriff card, updated TB test, membership with Nevada Registry, and complete at least 24 hours of continuing education annually.
- In the event of an emergency, we will notify parents via text message using BCCAALERT #22383
- Emergency phone numbers
  - 702-889-0496
  - 702-772-6449
- Emergency Evacuation Site:
  - Desert Breeze Park
  - 8275 Spring Mountain Rd.
  - Las Vegas, Nevada
  - Cross streets: Spring Mountain & Durango
  - 702-455-8334
- Main forms of communication:
  - Procare App
  - Facts Management
  - Journals
  - Email
- Children will be assessed every three months or whenever necessary
- Parent Conferences will take place at the end of each quarter
- Due to Covid, parents are not permitted to enter our facility. In the event of an emergency, parents must comply with our Covid protocol before entry will be permitted
- Please check your email regularly for updates regarding our Covid-Policy.
- Parents must sign all Covid updates
- Lesson plans will be sent home on the first day of the week
- For students in sports, liability is covered by BCCA. However, for sports offered by external companies (e.g. Soccer Shots or Baseball League), liability insurance will be covered by the said company



TUITION AND OTHER FEES		
CATEGORY	FULL TIME	PART TIME (MINIMUM OF 3 DAYS)
Infant/Toddler	\$ 335/Week	\$205/3 Days (\$ 68/Day)
2-3 Years Old	\$ 305/Week	\$180/3 Days (\$ 60/Day)
4-12 Years Old	\$ 278/Week	\$167/3 Days (\$ 56/Day)
Annual Fee (Preschool)	\$350/Year	
Registration Fee	\$ 95 (Individual) or \$ 135 (Family)	
Late Payment Fee	\$5/Day	
Late Pick-up Fee (Over 9 hours)	\$9.75/Hour	
Off-Hours Fee (After 6:30PM)	\$9.75/5 Minutes	
Deposit	Varies	

- All fee's are non-refundable
- You are responsible for tracking your child's tuition. Payments are due on Monday and Tuesday. Late fees begin on Wednesday.
- Tuition reductions are not granted for absences, sick days, holidays, reduced hours of attendance, and Teacher's Professional Development Days.**
- Operation hours are from 6:30AM to 6:30PM, Monday to Friday. A child may stay within our care for up to 9 hours per day. Any time exceeding 9 hours will incur a charge of \$8.75 per hour. Moreover, an off-hours fee of \$8.75 per 5 minutes will be collected if the child stays in the facility after hours of operation.
- If your check returns for any reason, a \$35 fee will be added.
- A discount amounting to \$10 will be credited if more than one child from the same immediate family is enrolling (with the exception of school-age programs). This applies to new students only.
- Advance payment (deposit) shall hold the spot for the agreed start date and time. It will not be refunded if parent fails to start on the agreed date and time.
- The two-week deposit will be applied to the last two weeks of school. A two-week written notice must be submitted prior to withdrawing a child.
- Students are allowed a two-week vacation during the summer months with one month notice.
- For part time students, dates of attendance are not interchangeable as we are a ratio-based school.
- Rates are subject to change.

\_\_\_\_\_  
PARENT'S PRINTED NAME & SIGNATURE

\_\_\_\_\_  
DATE



# Form A **PRESCHOOL REGISTRATION FORM**

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Please Print.

Reminder: Should any information change, please inform the school immediately.

## Student Information

Date of Birth: \_\_\_\_\_ Date of Enrollment Date: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Primary Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_  
Monday Tuesday Wednesday Thursday Friday

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## Family Information

Child Lives With:  Mother  Father  Others: Specify: \_\_\_\_\_  
Legal Custody:  Mother  Father  Others: Specify: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_



## Form B

## SECONDARY CONTACTS

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A child will only be released to the indicated custodial parent(s) or legal guardian (in page 5); but in the event that they cannot be reached, the following people will be called as secondary contacts. They are authorized to remove the child from the facility in case of illness, accident, or emergency. Identification will be verified. They may also be given the school entry code.

Name: \_\_\_\_\_

Relationship To The Child: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship To The Child: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship To The Child: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship To The Child: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_



## MEDICAL INFORMATION

I hereby grant permission for the staff of this facility to contact the following medical professionals to obtain emergency medical care if warranted.

Medical Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name: \_\_\_\_\_

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

Hospital Preferences: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name: \_\_\_\_\_

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

Helpful Information About the Child: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\*\*\*\*\*

***Brilliant Child Christian Academy is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act.***

***I, \_\_\_\_\_, am aware that I have the right to request and view any complaints the facility has received from the month my child(ren) enrolled in and the previous 12 months.***

\*\*\*\*\*

By signing below, you declare that all information in this form is complete and accurate. Furthermore, you certify that you have reviewed and accept all items stated in this packet.

\_\_\_\_\_  
PARENT'S PRINTED NAME & SIGNATURE

\_\_\_\_\_  
DATE





**Form C                    MEDICAL - EMERGENCY PROCEDURE AND RELEASE OF  
LIABILITY AFFIDAVIT FORM**

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I, true parent or legal guardian of (Child's Name) \_\_\_\_\_ do hereby grant permission to the staff of Brilliant Child Christian Academy to administer ***sunscreen, diaper rash ointment (if needed) and first aid or emergency treatment in the event of an accident or emergency.*** It is understood that parent(s) shall be reached as soon as possible in case of an accident or emergency.

Doctor's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_\_\_

Policy Holder's Social Security: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

In the event that neither physician nor parent or legal guardian can be reached, Brilliant Child Christian Academy may contact any Nevada State licensed practicing physician. I agree to pay for any cost and medical bills incurred. I understand that BCCA is not responsible for any medical care and/or emergency transportation supplied to my child in the case of an emergency.

It is understood that Brilliant Child Christian Academy and staff are released from liability for any accidents or emergencies.

\_\_\_\_\_  
PARENT'S PRINTED NAME & SIGNATURE

\_\_\_\_\_  
DATE



## Form D FAMILY, HEALTH AND SOCIAL HISTORY FORM

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The purpose of this form is to enable us to know your child and his/her needs so we may do the best job possible. All information is kept confidential.

Child's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

List of all children in the family in order of age (include children enrolled)

1. \_\_\_\_\_ Age \_\_\_\_\_

2. \_\_\_\_\_ Age \_\_\_\_\_

3. \_\_\_\_\_ Age \_\_\_\_\_

4. \_\_\_\_\_ Age \_\_\_\_\_

Do the parents live in the same \_\_\_\_ or separate \_\_\_\_ household?

If separate, does the child live in both households? \_\_\_\_

Do both parents have custody? \_\_\_\_

If not, please bring documentation to have on file.

What is the visitation schedule, **as it relates to the drop-off and pick-up schedule at the Academy?** \_\_\_\_\_

\_\_\_\_\_

Ethnic Origin (for statistic reporting only):

Caucasian       Hispanic       African-American

Asian       Indian-American       Other: \_\_\_\_\_

Circle all that applies:

Does the father/mother work late or travel frequently? \_\_\_\_

Does the father/mother work from home? \_\_\_\_

Has he/she been cared for by someone other than parents? \_\_\_\_

Who? \_\_\_\_\_

Has any member of the family had a long illness? \_\_\_\_

Was there a long separation from child? \_\_\_\_

When? \_\_\_\_\_

Is the family English speaking? \_\_\_\_

If not, what other language? \_\_\_\_\_



Is your child on any regular medication? \_\_\_\_

If yes, list medications: \_\_\_\_\_

Does your child have any unusual physical marking or condition? \_\_\_\_

If yes, elaborate: \_\_\_\_\_

Does your child have any problems with

diabetes?       asthma?       hearing?

Has your child had frequent

ear aches?       allergies?       epilepsy?

speech?       asthma?

Has your child had any eye problems? \_\_\_\_

Has your child had an eye examination? \_\_\_\_

If yes, when? \_\_\_\_\_

Does your child have frequent

colds?       sore throat?       tonsilitis?

bloody nose?       stomach aches?

At what age did your child begin to talk? \_\_\_\_

Did your child crawl before walking? \_\_\_\_

Was your child born premature? \_\_\_\_

Is your child generally

moody?       happy?

dependent       other: \_\_\_\_\_

What forms of discipline do you use at home?

\_\_\_\_\_

Has the child had group play experience outside the family group? \_\_\_\_

Does he/she have any special problems such as

nightmares?       fear(s) of \_\_\_\_\_

other: \_\_\_\_\_

Does your child need help in any of the following areas:

dressing?       toileting?       eating?

other: \_\_\_\_\_



Child's favorites

Toy(s)/Book(s)/Game(s): \_\_\_\_\_

Songs/Stories: \_\_\_\_\_

Others: \_\_\_\_\_

Is your child happiest with his/her own age group:

with his/her own age group?       younger?       older?

Does your child suck his/her thumb? \_\_\_\_\_

Does your child use a pacifier, blanket, or special toy at bedtime? \_\_\_\_\_

Does your child still nap? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

What is your child's normal bedtime? \_\_\_ PM

Does your child sleep uninterrupted through the night? \_\_\_\_\_

Is your child restless in his/her sleep? \_\_\_\_\_

Other information you would like to share about your child:

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\_\_\_\_\_  
PARENT'S PRINTED NAME & SIGNATURE

\_\_\_\_\_  
DATE



Form E                      **PERMISSION TO RELEASE INFORMATION  
AND PROGRESS REPORT CONSENT FORM**

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*I understand that during the time my child, \_\_\_\_\_ is in care at Brilliant Child Christian Academy, the Director may be asked for information regarding my child. I hereby give permission to release information regarding my child. I hereby give permission to release information to official persons only, who adequately identify themselves, such as school, health care personnel, welfare or other governmental officials.*

\_\_\_\_\_  
PARENT'S PRINTED NAME & SIGNATURE

\_\_\_\_\_  
DATE

*I **do not** give permission to release information about my child as set forth in the aforementioned statement.*

\_\_\_\_\_  
PARENT'S PRINTED NAME & SIGNATURE

\_\_\_\_\_  
DATE

*I allow the teacher to evaluate my child's progress.*

\_\_\_\_\_  
PARENT'S PRINTED NAME & SIGNATURE

\_\_\_\_\_  
DATE

*I give BCCA permission to list our name, mailing address, and phone number in the school's directory for school or church use only.*

\_\_\_\_\_  
PARENT'S PRINTED NAME & SIGNATURE

\_\_\_\_\_  
DATE

*I give BCCA permission to video tape and take photos of school activities or programs as well as the release of newspaper photo or article that relates to the Academy's programs.*

\_\_\_\_\_  
PARENT'S PRINTED NAME & SIGNATURE

\_\_\_\_\_  
DATE



## Form F **PROMOTING A SAFE AND CLEAN ENVIRONMENT IN THE ACADEMY (USE OF BLEACH/OTHER APPROVED DISINFECTANT)**

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Providing a safe and clean environment to the students is our utmost priority. The Academy is taking serious measures to prevent the spread of infectious diseases through cleaning, sanitizing and disinfecting all areas. Thus, the Academy uses disinfectant products to destroy multiple organisms that include bacteria and most viruses.

Please be informed that the Academy uses the following cleaning chemicals:

1. Bleach
2. Alcohol
3. Cleaning Wipes
4. Pesticides
5. Air Freshener/Scented Sprays

*Note:*

*Disinfecting only happens after students dismissal, holidays and non-school days.*

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PARENT'S PRINTED NAME & SIGNATURE

---

DATE



**Form G** **Appendix A**  
**PHOTO PERMISSION SLIP**

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From time to time, we take pictures during Academy activities. We would like to request your permission to use these pictures on our website, in the Academy newsletter and/or on our bulletin boards and official social media accounts. Pictures would be selected to highlight learning activities, our class environment or events. We will never reference your child by name or provide any specific information regarding your child. The pictures will only be used by The Brilliant Child Christian Academy to show the many ways our children can have fun while participating in the Academy.

*Please take a moment to let us know your preferences regarding our use of photos of your children:*

- YES. I grant permission to use photos of my child(ren) on Brilliant Child Christian Academy website, bulletin boards, newsletters, and /or official social media accounts.

-OR-

- NO. Please do NOT take or use any photos of my child.

Child(ren)'s Name(s) (PLEASE PRINT):

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PARENT'S PRINTED NAME & SIGNATURE

---

DATE



**HEALTH STATEMENT,  
IMMUNIZATION RECORD & BIRTH CERTIFICATE**

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## Form H

### **FOR PARENT:**

**This form is REQUIRED by the STATE OF NEVADA and must be signed/stamped by your family physician or a registered nurse.**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please provide a report on the above named child using the form below. Daily activities include vigorous outdoor play, socialization, small motor games, morning and afternoon snack, and a rest period after lunch.

I hereby authorize release of medical information contained in this form to Brilliant Child Christian Academy.

\_\_\_\_\_  
PARENT'S PRINTED NAME & SIGNATURE

\_\_\_\_\_  
DATE

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### **FOR PHYSICIAN:**

Status of above child's health:

\_\_\_\_\_

Any known conditions under treatment:

\_\_\_\_\_

Any physical condition requiring special attention in the Academy:

\_\_\_\_\_

Any medication prescribed:

\_\_\_\_\_

With parental consent, this child may take over-the-counter medication, as needed (*includes over-the-counter pain or cold medications, sunscreen and diaper rash ointment, as needed*).

Is child capable of adjusting to programs of the Academy?

\_\_\_\_\_

\_\_\_\_\_  
**PRINTED NAME & SIGNATURE OF  
PHYSICIAN/REGISTERED NURSE**

\_\_\_\_\_  
DATE





*Please attach a copy of the child's immunization record to this statement.*

**\*\*MUST BE SUBMITTED PRIOR TO START DATE\*\***

## **IMPORTANT INFORMATION REGARDING SCHOOL DRESS CODE**

We are proud of the appearance of our students. Both research and experience have shown that student conduct, school goals, personal pride and self respect are related to personal appearance and mode of dress. As we kick off the new year, we are requesting that you would revisit and familiarize yourself with our dress code policy. It is the responsibility of the parent to see that your child who attends the academy follows the uniform dress code for daily wear and special events when representing our school.

**In an effort to abide by our theme EXCELLENCE IN EVERYTHING, on Monday, January 20<sup>th</sup>, 2022 dress code violations will be in full effect for consistency sake.**

- This week, we will begin with verbal warnings and reminders to correct any violations that are noticed.
- Next, we will contact the parent if corrections are not made
- The last step will be a strict implementation of privileges revoked

Our goal is to work with every family in gaining cooperation as we strive for excellence in the area of student appearance. We thank you in advance for your support!

- Please check the lost and found bin located by the front desk. It is often overflowing and expensive uniform items are left behind without a name.
- USE A SHARPIE MARKER TO PUT YOUR CHILD'S NAME INSIDE ALL SWEATERS AND JACKETS!
- The shoe policy is the most commonly violated. Please see shoe guidelines below.

**SHOES** and shoelaces should be approved shoe colors: navy blue, red, white, black, silver, or gray. Shoes with lights, wheels, heels, accessories, crocs, boots, or sandals of any kind are not an accepted form of footwear. **Chapel Shoes - required every Tuesday**

Boys: Dress shoes – navy blue or black only (lace up or loafer style)

Girls: Dress shoes - navy blue, red or black, solid in color. No adorned bucket embellishments. Mary-Jane style is acceptable. No heels above 1 inch.

### **To Order Uniforms:**

Campus Club: 702-360-0555

School Code: 1011