



UINTAH BASIN CHRISTIAN ACADEMY

Enrollment Packet 2024-2025



WHY UBCA

We are so blessed to have this opportunity to carry out our mission with your family.

Our mission here at UBCA is:

To glorify God by partnering with parents to equip their children to be followers of Christ through excellence in education

At UBCA we offer:

1. *Christ centered learning in all subjects*
2. *Development of critical thinking. (Learning to discern through a Biblical framework)*
3. *Developing work ethic in our students*
4. *Biblical character training*
5. *Patriotism (Love for the blessings we have in the USA)*
6. *Developing an attitude of serving in our students*



Thank you for choosing Uintah Basin Christian Academy!



2024-2025 CHECKLIST FOR ENROLLMENT

Student Name: _____

Grade Entering Into: _____

- Registration Fee Paid
- Book Fee Paid
- Birth Certificate
- Current Immunization Records or Signed Medical Exemption
- Student Application (3 pages)
- Emergency Contacts and After School Transportation (2 pages)
- Financial Form (3 pages)
- PALS Hours & Fundraising Agreement
- UBCA Philosophy & Statement of Faith (2 pages)
- Release, Waiver, to Hold Harmless and Indemnity Agreement
- Statement of Cooperation and Waiver of Liability
- Parental Agreement
- Medical Information 2024-2025
- School Medication Authorization Form 2024-2025
- Teacher Information Card
- *Signed Handbook Agreement**
- *Computer, Electronic Device, and Internet Services Usage Agreement**

FOR STUDENTS TRANSFERRING FROM OTHER SCHOOLS

- Placement Test (Please contact office to schedule your test and interview with UBCA principal)
- Appointment Date: _____

*Handed out and collected at Back to School Night

Please return this form to the school office.



2024-2025 STUDENT APPLICATION

GENERAL STUDENT INFORMATION

Student's Last Name: _____ First Name: _____ Middle Initial: _____

Student Goes By: _____ Biological Gender: _____ Birthdate: _____

Please check your student's grade for the 2024-2025 school year:

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Pre 3 (Half Day M/W/F) | <input type="checkbox"/> Kindergarten (Full Day) | <input type="checkbox"/> 5th Grade |
| <input type="checkbox"/> Pre 3 (Full Day M/W/F) | <input type="checkbox"/> 1st Grade | <input type="checkbox"/> 6th Grade |
| <input type="checkbox"/> Pre 4 (Half Day) | <input type="checkbox"/> 2nd Grade | <input type="checkbox"/> 7th Grade |
| <input type="checkbox"/> Pre 4 (Full Day, *M-F) | <input type="checkbox"/> 3rd Grade | <input type="checkbox"/> 8th Grade |
| <input type="checkbox"/> Kindergarten (Half Day) | <input type="checkbox"/> 4th Grade | |

Has your child ever been enrolled in a Special Education Program? Y_ N_

Gifted or Talented Programs? Y_ N_ Name of Last School Attended: _____

Do you have any concerns you would like us to be aware of:

*To complete and maintain enrollment at UBCA, school administration and teachers must have complete and accurate contact information. If your information changes during the year, it is your responsibility to notify the UBCA Office via written and signed letter.

Enrollment Date

Enrolled on: ____/____/____

- Birth Certificate
 Current Immunizations

Please return this form to the school office.



PHOTO USE AGREEMENT

Please check one of the following boxes and sign your name.

- My child's photography may be used by UBCA. *(This includes our social media updates and the Friday Flyer covering UBCA events and activities. We do NOT identify student's by name in conjunction with photographs on social media.)*

I, _____ hereby grant, voluntarily and with full understanding, to Uintah Basin Christian Academy, a license to the following:

1. Use and storage of my child's name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to the 2024-2025 school year.
2. Use of any stored data including my child's name and image in printed publications of Uintah Basin Christian Academy.
3. Use of any stored data including my child's name and image in electronic publications of Uintah Basin Christian Academy.
4. Use of any stored data including my child's name and image in any Website created by or for Uintah Basin Christian Academy for its sole benefit.
5. I am signing this agreement on behalf of a minor child; I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.
6. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If I cannot agree with Uintah Basin Christian Academy upon such a process, the dispute will be submitted to an arbitration panel.

- My child's photo may be used in the school yearbook only.

- My child's photo may NOT be used by UBCA.

Print Student Name: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Please return this form to the school office.



PARENT INFORMATION

Father or Guardian's Name: _____ **Employer:** _____

Father or Guardian's Email: _____ **Cell #:** _____ **Work #:** _____

Father's Address:

_____ Street _____ City _____ State _____ Zip _____

This is the primary contact to receive school updates and communications. Yes ___ No ___

Preferred way to receive general school and teacher updates:

- Email
- Remind App

Preferred way to communicate:

- Email
- Remind App
- Phone Call

Mother or Guardian's Name: _____ **Employer:** _____

Mother or Guardian's Email: _____ **Cell #:** _____ **Work #:** _____

Mother's Address:

_____ Street _____ City _____ State _____ Zip _____

This is the primary contact to receive school updates and communications. Yes ___ No ___

Preferred way to receive general school and teacher updates:

- Email
- Remind App

Preferred way to communicate:

- Email
- Remind App
- Phone Call

In the case of separation or divorce, who has primary custody of the child? _____

Please include necessary documentation to verify custody.

Please Note: The school office MUST be notified via proper documentation about legal restrictions regarding which parent(s) may have access to the student, student records, student activities, and parent teacher conferences. School to home communications will be sent to the custodial parent unless otherwise notified.

Church Preference: _____ Does the family attend regularly? Y ___ N ___

**To complete and maintain enrollment at UBCA, school administration and teachers must have complete and accurate contact information. If your information changes during the year, it is your responsibility to notify the UBCA Office via written and signed letter.*

Please return this form to the school office.



EMERGENCY CONTACTS & AFTER SCHOOL TRANSPORTATION

Student Name: _____ Date: _____

- I would like to use the Emergency Contacts and After School Transportation list from the 2023-2024 school year.
- I would like to update my Emergency Contacts and After School Transportation list from the 2023-2024 school year.
- My student is new and does not currently have an Emergency Contacts and After School Transportation list

Please list those who may pick up your child after school.

Name: _____
Phone #: _____
Relationship: _____

Is this person a guardian? Yes No
Does this person live with the student? Yes No
Is this person an emergency contact? Yes No
Can this person pickup? Yes No

Name: _____
Phone #: _____
Relationship: _____

Is this person a guardian? Yes No
Does this person live with the student? Yes No
Is this person an emergency contact? Yes No
Can this person pickup? Yes No

Name: _____
Phone #: _____
Relationship: _____

Is this person a guardian? Yes No
Does this person live with the student? Yes No
Is this person an emergency contact? Yes No
Can this person pickup? Yes No

Name: _____
Phone #: _____
Relationship: _____

Is this person a guardian? Yes No
Does this person live with the student? Yes No
Is this person an emergency contact? Yes No
Can this person pickup? Yes No

Name: _____
Phone #: _____
Relationship: _____

Is this person a guardian? Yes No
Does this person live with the student? Yes No
Is this person an emergency contact? Yes No
Can this person pickup? Yes No

*Please contact the office if you need an additional page for emergency contacts.

Please return this form to the school office.



EMERGENCY CONTACTS & AFTER SCHOOL TRANSPORTATION AGREEMENT

In the event another person needs to be added or removed from a pickup list, the office must be notified by the student's parent/legal guardian.

Any person picking up a student MUST be on this list, or your student will not be allowed to leave the school with them.

If there is anyone who is NOT allowed to be in contact with your student, the office must be notified via a signed letter so we can add them to the Warning List in your child's file.

As a part of our security measures, UBCA reserves the right to request identification (including photo id) as needed.

I have read the Emergency Contacts and Afterschool Transportation Agreement. I acknowledge that all information on this form for UBCA is correct to the best of my knowledge. I understand that false statements may result in my child's expulsion. I understand that my child's application may be denied if the above information is inaccurate or incomplete.

Print Student Name: _____

Parent/Guardian: _____

Date _____

Parent/Guardian: _____

Date _____

Please return this form to the school office.



FINANCIAL FORM

FINANCIAL CONTACT INFO

Name to Appear on Financial Statements (Please use one of the format options):

First Name & First Name, Last Name (i.e. John & Jane Joe) _____

First Name, Last Name (i.e. John Doe) _____

First Name, Last Name (i.e. John Doe) _____

Name of Primary Contact Regarding Financial Info: _____

(If we have any questions, who do we call first?)

Relationship to student _____

Primary Email: _____

Cell phone: _____

Alternate phone number: _____

Name of Alternate Contact Regarding Financial Info (leave blank if does not apply): _____

Relationship to Student: _____

Alternate Email: _____

Cell Number: _____

Billing Address:

Street	City	State	Zip
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****To complete and maintain enrollment at UBCA, we must have an accurate, working email address and phone number where we can reach the financially responsible party. Please sign and date below.***

The above information is complete and accurate

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Name: _____ Date: _____

Please return this form to the school office.



TUITION WORKSHEET

***Please see the Tuition and Fee Schedule at the back of this packet.**

The following student(s) are being enrolled at Uintah Basin Christian Academy for the 2024-2025 school year.

There is a multiple student discount of 10% off tuition for each additional student.

ENROLLMENT COSTS			
Student Name	Registration Fee	Book Fee	Total Enrollment Cost
	\$	\$	\$

ANNUAL TUITION PAYMENT				
Student Name	Annual Tuition Payment	Multiple Child Discount	Tuition Assistance	Total Annual Tuition
	\$	\$		\$

TOTAL MONTHLY PAYMENTS		
Total Annual Tuition (total from previous table)	Divide by 10 months	Total Monthly Payment
\$	÷ 10	\$

Please return this form to the school office.



FINANCIAL AGREEMENT

BILLING SCHEDULE: *The annual tuition for your student(s) is divided into 10 equal monthly installments that are due on the 25th of each month. The first monthly installment is due on July 25th.*

REFUND/PAYMENT POLICY: In the event that a student leaves school prior to the end of the school year, the following will determine the refund amount or amount due: (see Policy 24)

1. Partial refunds will not be issued for any month begun, but not completed.
2. Any unpaid fees, (PALS hours owed, damages, etc.) will be deducted from the refund.
3. A final invoice/refund will be issued within 30 business days from the date the office was notified.

*We/ the undersigned have read, understood, and will comply with the above policy of Uintah Basin Christian Academy. We/I understand that all fees are not refundable (see attached tuition and fee schedule). We/I agree to pay all of our financial obligations to Uintah Basin Christian Academy on or before the due date. The first tuition payment is due by July 25th. **We understand that all tuition payments are DUE and payable on the 25th.***

*A \$25 late fee will be charged if tuition is NOT paid by the 5th of each month. **I understand that my STUDENT WILL NOT BE ABLE TO ATTEND CLASS IF THEIR ACCOUNT IS 30 DAYS DELINQUENT. If we cannot pay on time we will make arrangements with school administration.** We further understand that Uintah Basin Christian Academy's policy prohibits refunds of registration fees, book fees, or the first tuition payment. I understand that failure to make payment may result in the termination of my student's enrollment at UBCA. I understand that failure to communicate with Uintah Basin Christian Academy regarding overdue financial payments may result in the termination of my student's enrollment at UBCA. .*

Print Student Name _____

Parent/Guardian _____

Date _____

Parent/Guardian _____

Date _____

Please return this form to the school office.



PALS HOURS & FUNDRAISING

PALS Program

UBCA keeps costs down by involving parents in the educational experience of our students. The purpose of our PALS program is to encourage parents and family members to be actively involved in the activities happening at the school.

- **The required PALS hours per quarter are as follows:**
 - 2-Parent Households with one or more Full Time Student(s): **7.5 Hours**
 - 1-Parent Household with one or more Full Time Student(s): **5 Hours**
 - 1 or 2 Parent Households with Half Day Student(s): **5 Hours**

- **PALS hours are billed at the end of each quarter**

- **\$25.00 is charged per each PALS hour missed**

- **PALS hours may roll forward not backward**
 - If you complete 8 hours in the first quarter, 1 hour will be count towards the 2nd quarter
 - If you complete 4 hours in the first quarter and 10 hours in the 2nd quarter, the hours from the second quarter cannot count towards the first quarter

- **You can find out ways to earn PALS hours on our Friday Flyer which is emailed out each Friday, Remind Announcements, and by checking with your child's teacher.**

Detailed information regarding PALS Hours can be found in the Student/Parent Handbook and in Policy 30. You can also contact the school office with any questions you may have.

Fundraising

All families are encouraged to participate in fundraisers which are vital to provide the quality academic and extracurricular programs UBCA offers. Fundraisers also allow UBCA to keep tuition costs low. If you have an idea for a fundraising event, please let us know by contacting the UBCA office. (435-789-9332)

PALS Program & Fundraising Agreement

We/I the undersigned have read, understood, and will comply with the above policy of Uintah Basin Christian Academy. We/I agree to pay all of our financial obligations to Uintah Basin Christian Academy.

Print Student Name _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Please return this form to the school office.



UBCA PHILOSOPHY & STATEMENT OF FAITH

THE PHILOSOPHY OF UINTAH BASIN CHRISTIAN ACADEMY

Uintah Basin Christian Academy exists to assist parents in fulfilling their divine responsibility to train each child to obey God in every area of life.

We believe the purpose of our school is to provide Christ-centered quality education. We believe that all truth is God's truth and has its source in Jesus Christ (John 14:6). Our program is geared to meet not only the intellectual needs of the student, but also their spiritual, physical, and social needs.

Uintah Basin Christian Academy provides an environment which encourages each student to discover their unique abilities:

- To develop those graces and skills demonstrated in the life of Christ
- To achieve educational excellence
- To exercise God-given gifts

The school views itself as an extension of the Christian home reinforcing the ideals, social norms, and beliefs of the Christian family.

PURPOSE

The purpose of Uintah Basin Christian Academy (UBCA) is to provide academic excellence in a Christ-centered environment.

MISSION STATEMENT

To glorify God by partnering with parents to equip their children to be followers of Christ through excellence in education

*UBCA admits students of any race, color, religion, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, national or ethnic origin in administration of its educational policies, admissions policies, athletic, and other school-administered programs

STATEMENT OF FAITH

1. We believe the Bible to be the only inspired, infallible, authoritative, inerrant Word of God. (2 Timothy 3:16, 2 Peter 1:21)
2. We believe that Christians are called to study the Bible and ask the Holy Spirit to aid in our understanding of its application to our lives. (James 1:5, 2 Timothy 2:15)
3. We believe there is one God, eternally existent in three persons - Father, Son, and Holy Spirit. (Genesis 1:1, Matthew 28:19)
4. We believe in Jesus Christ, His Only Begotten Son, Who is God in the flesh, Who brought grace and truth to the world, Who died on the cross to save us from our sins, and Who rose from the dead, and ascended to the right hand of God the Father. (John 1:12, 17, 3:16, Luke 24:37, 39, 50-53, John 1:14).
5. We believe in the Holy Spirit of God, sent to be our Advocate and Counselor, to guide us into a way of life that is pleasing to God. (John 16:7-11)

6. We believe that all people are created in the spiritual image of God, but are separated from Him by their sins, and those require personal salvation through Jesus Christ and the regenerative work of the Holy Spirit to be reconciled to and attain eternal life with God. (John 3:3, 1 Corinthians 15:1-4).

7. We believe in water baptism in the name of the Father, the Son, and the Holy Spirit. Such water baptism is for believers and represents an identification of the individual believer with the death, burial, and resurrection of Jesus Christ. (Acts 2:38, Mark 16:16, Romans 6:1-4)

STATEMENT ON MARRIAGE, GENDER, AND SEXUALITY

We believe that God wonderfully and immutably creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God. (Gen 1:26-27.) Rejection of one's biological sex is a rejection of the image of God within that person.

We believe that the term "marriage" has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture. (Gen 2:18-25) We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other. (1 Cor 6:18; 7:2-5; Heb 13:4) We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman.

We believe that any form of sexual immorality (including adultery, fornication, homosexual behavior, bisexual conduct, transgender conduct, bestiality, incest, and use of pornography) is sinful and offensive to God. (Matt 15:18-20; 1 Cor 6:9-10)

We believe that in order to preserve the function and integrity of UBCA as a local Body of Christ, and to provide a biblical role model to UBCA faculty, staff, students, parents, volunteers and the community, it is imperative that all persons employed by UBCA, and anyone on the UBCA School Board agree to, and abide by this Statement on Marriage, Gender, and Sexuality. (Matt 5:16; Phil 2:14-16; 1 Thes 5:22.)

We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ. (Acts 3:19-21; Rom 10:9-10; 1 Cor 6:9-11.)

We believe that every person must be afforded compassion, love, kindness, respect, and dignity. (Mark 12:28-31; Luke 6:31) Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture nor the doctrines of UBCA.

I/We understand these are the beliefs of Uintah Basin Christian Academy, and accept that these will be taught to my/our child(ren).

Print Student Name: _____

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____

Please return this form to the school office.



**RELEASE, WAIVER TO HOLD HARMLESS &
INDEMNITY AGREEMENT 2024-2025 SCHOOL YEAR**

I, the parent or guardian of, _____ hereby for myself, my heirs, executors, and administrators voluntarily and absolutely waive and release Uintah Basin Christian Academy and any representatives, employees, agents, volunteers, or successors of the school from any liability or responsibility for injuries, wrongful death, damages, or expenses that may occur to my child arising from the use of any facility or equipment of Uintah Basin Christian Academy, engaging in and/or receiving instruction in any school activity or activities incidental thereto, wherever or however the same may occur, and for whatever period said activities or instructions may continue.

I agree to defend, indemnify, and save harmless Uintah Basin Christian Academy and any representatives, employees, agents, volunteers, or successors of the school against any such claim for injuries, wrongful death, damages, or expenses made by or on behalf of my child.

The undersigned parent or guardian represents that he/she has read this Release and is fully aware of and understands the terms and the legal consequences of signing this Release. The undersigned parent or legal guardian intends his/her signature to be a complete and unconditional release of all liability and agreement to hold harmless to the greatest extent allowed by law, and if any portion of this Release, Waiver to Hold Harmless and Indemnity Agreement is held invalid, it is agreed that the remaining provisions shall, notwithstanding, continue in full legal force and effect.

The above agreement is in effect for the school year beginning August 12, 2024 and ending May 23, 2025.

Print Student Name: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

[Please return this form to the school office.](#)



STATEMENT OF COOPERATION and WAIVER OF LIABILITY

We recognize that attendance at Uintah Basin Christian Academy (UBCA) is a privilege and not a right. We will give active support to the school program in every way and strive to be regular in attendance at parent meetings and other school functions to which parents are invited. Parents are expected to cooperate with and support UBCA and its teachers in the education and discipline of their child(ren) both in the classroom and during other related school activities. We believe that discipline is necessary for the welfare of each student, as well as for the entire UBCA community. We give permission for our child's teacher and/or other agent of UBCA to make and enforce classroom regulations in a manner consistent with the Christian principles as stated in the Handbook. Students shall forfeit the privilege of attending the UBCA if they do not conform to the standards and the way of life at UBCA. UBCA reserves the right to withdraw a student at any time that the student, in the opinion of and at the sole discretion of UBCA, does not conform to the spirit of UBCA. We agree that if our child should become involved in any trouble or if we disagree with any policy set by the school, we will in no case complain to any other party, and in the spirit of meekness, will register complaints only with the teacher or administration (Matthew 18:15-17).

We give permission for our child, whose name is set forth below, to take part in all activities, including without limitation, transportation to and from school (including times prior to pick up and following discharge from the bus), and sports activities on the premises of Uintah Basin Christian Academy. We indemnify and save Uintah Basin Christian Academy, its affiliates, employees, and agents harmless from and against any claims, demands, causes of action, liability, medical payments, costs, and attorneys' fees resulting from or arising out of the participation by our child in the abovementioned activities. We understand that Uintah Basin Christian Academy does not provide medical insurance coverage for our child and that we will be solely and fully responsible for any medical expenses or other liabilities incurred.

We understand that assessments will be made to cover damage to school property (e.g. including window breakage, abuse of books, willful damaging of desks, graffiti, vandalism).

We understand that should our marital status change, it is our responsibility to have a corrected Statement of Cooperation and Waiver of Liability signed and updated and delivered to Uintah Basin Christian Academy.

In the event that a Uintah Basin Christian photographer or videographer takes a picture with our child in it, either individually or in a group, we give permission for our child's picture to be used in future brochures, videos, or other publications of Uintah Basin Christian Academy.

We agree to pay all of our financial obligations to Uintah Basin Christian Academy on or before the due date. The first tuition payment is due by July 25th. We understand that all tuition payments are DUE and payable on the **25th of the PRIOR month of attendance** (e.g. September's tuition is due on August 25th). A \$25 late fee will be charged if tuition is NOT paid by the 5th of each month. **NO STUDENT WILL BE ABLE TO ATTEND CLASS IF THEIR ACCOUNT IS 30 DAYS DELINQUENT.** If we cannot pay on time we will make arrangements with the administrator. We further understand that Uintah Basin Christian Academy's policy prohibits refunds of registration fees, book fees, or the first tuition payment.

This Statement of Cooperation and Waiver of Liability shall remain in effect for as long as our child(ren) listed (or others to be enrolled) attends Uintah Basin Christian Academy, whether it be in the preschool, elementary, Jr. high, Sr. high, or summer school. Any reference herein to "child" shall include and refer to all of the children listed, or others to be enrolled in the future.

PLEASE NOTE: UBCA reserves the right to withdraw a student at any time that the student, in the opinion of, and at the sole discretion of UBCA, does not conform to the spirit of Uintah Basin Christian Academy.

Print Student Name: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

[Please return this form to the school office.](#)



UINTAH BASIN CHRISTIAN ACADEMY PARENTAL AGREEMENT 2024-2025

1. Philosophy: We have read and understand the statements of faith; statement of marriage, gender, and sexuality; philosophy; purpose; and mission objective of Uintah Basin Christian Academy and have signed the Statement of Faith. By signing this parental agreement, we pledge to support and cooperate in every way at home and at school to enhance and fulfill those ideals.

2. Discipline and Conduct: The school shall have the authority to discipline our child when necessary, in accordance with applicable Utah State laws and will require our child to comply with all school policies. We agree that we will cooperate and discipline our child in the home as needed. We understand our child's continued unacceptable behaviors may fall under Uintah Basin Christian Academy's policy of "no tolerance" and our child may face possible expulsion. We further agree to require our child to show respect for those in authority over them in school including all teachers, assistants, custodians, administrator, principal, and church staff.

3. Damages: We will pay for damages caused by our child.

4. Activities: We give permission for our child to take part in all school activities, including school-sponsored trips away from school premises.

5. Liability: We release Uintah Basin Christian Academy from all liability, except negligence, while our child is under school care and responsibility.

6. Placement: We understand that the school will use discretion in the class placement of our child. We pledge to consult with the administration in this placement.

7. Grievances: We pledge our loyalty to the aims and ideals of the school. We will follow the guidelines outlined in the Student Handbook when we have any questions and concerns so that they may be properly considered.

8. Financial Agreement: We agree to fulfill all financial obligations promptly. We understand that failure to pay in accordance with the terms of the tuition contract may result in temporary suspension or expulsion from the school.

9. Dress Code: We agree to follow the Uintah Basin Christian Academy dress code as outlined in the Student Handbook.

10. Student Handbook: We agree to follow the procedures outlined in the UBCA Student Handbook.

Failure to disclose all pertinent information regarding behavior and academic history of a student may be cause for immediate expulsion. I/We have read this agreement carefully and hereby agree to these terms.

Print Student Name: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

[Please return this form to the school office.](#)



Medical Information 2024-2025

This form must be completed for every student

Student Name: _____

Date of Child's Last Physical: ____/____/____

Physician's Name: _____ Phone #: _____

Address: _____
Street City State Zip

Dentist's Name: _____ Phone #: _____

Address: _____
Street City State Zip

Hospital Preference: _____ Phone #: _____

Address: _____
Street City State Zip

Does your child have any allergies or medical conditions? Y__ N__ If yes, please explain below:

Allergies	Reaction

Does your child have any of the following?

- Seizures
- Diabetes
- Asthma
- Carry Epi pen

Parent/Guardian _____ Date: _____

Please note if a student needs any medication (prescribed or over the counter), a Medication Authorization form must be completed.



SCHOOL MEDICATION AUTHORIZATION FORM 2024-2025

Please complete both pages of this form

Student Information		
Student:	School:	DOB:
Parent:	Phone:	Email:
Prescriber Name:	Phone:	Fax:
School Nurse:	School Phone:	Fax:

Parent: Complete the above section, read, and sign below, obtain signature from Health Care Provider, and return to school nurse.

As parent/guardian I request the medication(s) listed below be given to my student during regular school hours. Medications include prescription medicines and/or over-the-counter medications including (but not limited to) acetaminophen, ibuprofen, Tums, cough drops, vitamins or supplements, allergy medications, or anything taken by a student to prevent or relieve any physical or mental symptom.

- I understand medication will be administered by trained school employees/volunteers.
- I understand a new medication authorization form will be required each school year, and whenever there is a dosage change.
- I understand parent or guardian is responsible for maintaining necessary supplies, medications, and equipment.
- I understand all medication must be transported to and from school by an adult*.
- I understand all medication, both prescription and over-the-counter, must be in the current original pharmacy container and label, with the child's name, medication name, administration time, dosage, and health care provider's name
- I understand all medication must be in the original manufacture container.
- I understand the information contained in this order will be shared with school staff on a need-to-know basis.
- I understand it is my responsibility to notify the school nurse of any change in my student's health status, care or medication order.

I give permission for my child's healthcare provider to share information with the school nurse for the completion of this order.

Parent/Guardian Signature: _____ Date: _____

Medication Information

Name of Medication	Indication/Diagnosis	Dosage	Route	Time	Side Effects

Additional Instructions to the school:

This form must be signed by a prescriber to be valid and can only be signed by an MD/DO; Nurse Practitioner, Certified Physician's Assistant, or a provider with prescriptive practice.

Student Name:	Student DOB:
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The above-named student is under my care. It is medically necessary for medication administration while the student is under the control of the school.

It is medically appropriate for the students to self-carry* this medication when able and appropriate and be in possession of this medication and supplies at all times. This student has been trained to self-administer this medication and is capable of doing it safely.

*Students may carry some medication in certain circumstances. This applies to asthma medication, epinephrine auto-injectors, and diabetes medications, and ONLY after supplemental forms are completed and turned in to the school. District and school medication policies have the final say on whether medication other than asthma medication, epinephrine auto-injectors, and diabetes medications can be self-carried.

It is not medically appropriate to carry and self-administer this medication. Please have the appropriate/designated school personnel maintain the student's medication for use if needed.

Name:	Signature:	Date:
Prescriber:		
School Nurse:		

To be completed by School Nurse (or Administration designee if no school nurse)

- | | | |
|----------------------------------|---------------------------------------|----------------------------|
| • Signed by physician and parent | • Medication is appropriately labeled | • Medication Log generated |
|----------------------------------|---------------------------------------|----------------------------|

- Medication will be kept:*
- *In the office*
 - *In the classroom*
 - *Student carries*
 - *Other (Please specify)*

Notes:

Please return this form to the school office.



TEACHER INFORMATION CARD

General Student Information

Student's Name: _____ Grade: _____ Student's Age _____ Student's Birthdate: _____

Student's Address: _____
Street City State Zip

Previous Academic Information

Last School Attended: _____

Grades have been: Superior () Above average () Average () Below average () Has child failed? ()

Family Information

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

If parents are separated, with whom does the child reside? _____ Emergency phone number: _____

Primary Parent's Email Address: _____ Primary Parent's Phone Number: _____

Name and grade of other children attending our school: _____

Church you now attend: _____

Student Medical Information

Any physical difficulties: _____

Child's Physician: _____ Phone: _____

Other Information

Any additional information that would be helpful to the teacher: _____

Please return this form to the UBCA Office.



TUITION & FEE SCHEDULE 2024-2025

School Hours

Half-Day AM: 8:30 AM - 11:30 AM

Full-Day: 8:30 AM - 3:30 PM

Registration

Early Bird Registration (by May 31st): \$75.00

Late Registration (after May 31st): \$150.00

(Registration fees & book fees are non-refundable)

10% sibling discount available

AM Preschool-3 Class (M-W-F)*

Annual Book Fee: \$100

Monthly Tuition: \$285

Annual Tuition: \$2850

(Students must be toilet trained.)

*AM CLASS ONLY

Full Day Preschool-3 Class (M-W-F)*

Annual Book Fee: \$125

Monthly Tuition: \$450

Annual Tuition: \$4500

(Students must be toilet trained.)

*FULL DAY CLASS

Preschool-4 Class (M-F)*

Annual Book/Curriculum Fee Half Day Class: \$150

Annual Book/Curriculum Fee Full Day Class: \$190

Half-Day AM Monthly Tuition: \$405

Half-Day AM Annual Tuition: \$4050

Full-Day Monthly Tuition: \$515

Full-Day Annual Tuition: \$5150

Kindergarten Class (M-F)*

Annual Book/Curriculum Fee Half Day Class: \$230

Annual Book/Curriculum Fee Full Day Class: \$250

Half-Day AM Monthly Tuition: \$405

Half-Day AM Annual Tuition: \$4050

Full-Day Monthly Tuition: \$515

Full-Day Annual Tuition: \$5150

First Grade*

Annual Book/Curriculum Fee: \$480

Monthly Tuition: \$515

Annual Tuition: \$5150

Fifth Grade*

Annual Book/Curriculum Fee: \$420

Monthly Tuition: \$515

Annual Tuition: \$5150

Second Grade*

Annual Book/Curriculum Fee: \$480

Monthly Tuition: \$515

Annual Tuition: \$5150

Sixth Grade*

Annual Book/Curriculum Fee: \$420

Monthly Tuition: \$515

Annual Tuition: \$5150

Third Grade*

Annual Book/Curriculum Fee: \$480

Monthly Tuition: \$515

Annual Tuition: \$5150

Seventh Grade*

Annual Book/Curriculum Fee: \$360

Monthly Tuition: \$515

Annual Tuition: \$5150

Fourth Grade*

Annual Book/Curriculum Fee: \$480

Monthly Tuition: \$515

Annual Tuition: \$5150

Eighth Grade*

Annual Book/Curriculum Fee: \$360

Monthly Tuition: \$515

Annual Tuition: \$5150

*Class offerings based on minimum enrollment being met. Limited tuition assistance funds are available for qualifying families on a first come first serve basis. Book fees may increase due to publisher price after May 31st.