

NATIONAL CHRISTIAN ACADEMY

Preparing Students for College, Life, and Eternity



EMBRACE THE SUNSHINE

NCA Summer *Enrichment*

INFO
SESSION
**May
23rd**



Dates

**June 3, 2024-
August 9, 2024**

**ONLY
\$250
WEEKLY**



www.ncaeagles.org



301-567-9507



6701 Bock Road
Ft Washington, MD 20744

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MESSAGE FROM THE PRINCIPAL

Dear Parents:

WELCOME to the NCA Eagles Summer Enrichment Program 2024! We are excited about the program we have to offer you and your children this year! As you know, it is our mission to train students by providing an environment conducive to learning and to stimulate emotional, social, intellectual and spiritual growth in each student leading them to a saving relationship with the Lord Jesus Christ. To keep the intellectual growth at a continuum, we have augmented our summer enrichment program by adding the following components to enhance our program offerings:

- ❑ Arts and Crafts
- ❑ Computer Lab (Fun and educational websites)
- ❑ Dance
- ❑ Music and Movement
- ❑ Physical Education (Health and Fitness)
- ❑ Structured Academic Enrichment classes inclusive of mathematics, language arts, and reading

Our goal is to provide a diverse curriculum and instruction and to help your children retain and master the course content that they have learned over this academic school year.

Attached are information and registration materials for this year's NCA Eagles Summer Enrichment Program. Please thoroughly review the information packet, complete the enclosed registration form, and return it to the Finance Office. The registration fee is \$175.00 per child and must be submitted **(check, money order, credit/debit cards only)** to the Finance Office with your registration form if you are interested in enrolling your child with us this summer.

Again, it gives us great pleasure to welcome you and your family to our NCA Eagles Summer Enrichment Program 2024. Thank you for your participation and continuous support.

If you have any questions, concerns or need more information regarding the implementation of the program, please feel free to call us on (301) 567-9507. We are always happy to assist you.

We look forward to working with your child in the summer of 2024 and will do our best to make their experience both enjoyable and educational.

Sincerely,

Dr. Michael Wilson, Head of School



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NCA Eagles Summer Enrichment Program Overview

The National Christian Academy is offering our summer enrichment program from June 3, 2024 through August 9, 2024. The enrichment program will be open from 6:30 a.m. until 6:30 p.m. The cost of the program is \$250.00 per week, **which includes breakfast and lunch** (Breakfast ends at 8:00 am).

A variety of exciting events and activities await those who will be attending the summer enrichment program. Our focus this year will be towards enhancing your child's academic opportunities. Each day will also provide activities such as arts and crafts, group games, Bible lessons, team sports, movies and outdoor recreation. Field trips will be scheduled to places of interest in the Washington Metropolitan area. A detailed information packet is enclosed for your review.

Children may expect:

- To have a safe, supportive and consistent environment.
- To use all the program equipment, materials and facilities on an equal basis.
- To receive respectful treatment.
- To have discipline that is fair and non-punitive.
- To receive nurturing care from staff members who are actively involved with them.

The Program expects that the children will:

- Be responsible for their actions.
- Respect the enrichment program rules that guide them during the day while in the Program.
- Remain with the group and enrichment program staff at all times. Take care of materials and equipment properly and return them to their place when done, or before taking out new ones.
- Arrive at the Program promptly, according to the enrollment information.

PLEASE NOTE: Participants are grouped by grade level in groups no larger than 15.

What Does Our Program Offer?

- *Educational development and academic enhancement* which increase intellectual ability in the areas of reading, language skills, mathematics, and science;
- *Educational recreation*, which aims at the development of team cooperation and sharing while also assisting in increasing the civic and social ability of our students.

Our classes are divided by grade level.

All youth have academic enrichment classes with their designated teachers to focus on the areas of reading, mathematics, language arts, hands on science, and Bible.



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Weekly Schedules

The Weekly Schedule will consist of activities, subject areas and special events to be covered in the week of the program.

Your child's daily schedule will be similar to the following:

- ❑ Every morning we conduct devotions.
- ❑ Students will be ready to begin their day. Three (3) hours a day will be allocated to educational enrichment, of which students will focus on the subject areas previously identified. Each child has an equal opportunity to focus on the necessary areas of improvement in their daily learning.
- ❑ The program consists of daily drills to reinforce skills taught for the day, as well as indoor recreation such as structured arts and crafts and various indoor games. Children Ages 3-5 will have naptime from 1:00 pm to 3:30 pm. Please have your child bring a blanket and change of clothing if they will be a part of the ages 3-5 group.

We have also incorporated movie time into the curriculum to give the students an opportunity to relax and enjoy another form of recreation.

Field Trips

Field trips will be on Fridays and will rotate between recreational and educational activities. All field trips will be pre-planned to provide parents with prior notification. Field trip information will be included on each Weekly Schedule and will be distributed to the parents on or before the day of each event. The weekly tuition includes all field trip costs.

A parent orientation will take place on Thursday, May 23, 2024 at 6:30 pm. Further details about the daily structure of the program will take place at the time. In addition, T-shirts will be distributed. More detailed information about the parent orientation will be provided at a later date.

Our Staff

The staff of the NCA Eagles Summer Enrichment Program believes in quality education, personal growth, and ongoing self-improvement. For this reason, it is important to us that our staff is well qualified in their subject areas. In this regard, all of our instructors currently teach, or have taught in the school system.

Due to the indepthness of the activities to be covered during the NCA Summer Enrichment Program, we are prepared to provide one (1) staff person per ten (15) children, a ratio that meets the requirements of NCA. Our goal is to ensure that students receive individualized instruction, provides proper social distancing, as well as adequate attention during the day, to ensure that behavior is controlled and discipline guidelines are in order. Our daily monitoring staff consists of a Program Director and Assistant Director.



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Security Issues and Staff-Student Ratios

The Director and/or the Assistant Director are always on premise from 6:30 a.m. to 6:30 p.m. to assist with supervision of the children, as well as monitor implementation of daily activities. Additional monitors are provided during the day to assist with the oversight of children on the premises. We also have our children utilize the buddy system when playing outdoors.

The children are required to wear NCA Summer Enrichment Program T-Shirts on all field trips, as it further ensures their safety and security.



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Eagles Summer Enrichment Registration Form

NATIONAL CHRISTIAN ACADEMY
6701 BOCK ROAD FT. WASHINGTON, MD 20744
(301) 567-9507

My child will attend:

- Week 1 ___ June 3rd
- Week 2 ___ June 10th
- Week 3 ___ June 17th
- Week 4 ___ June 24th
- Week 5 ___ July 1st
- Week 6 ___ July 8th
- Week 7 ___ July 15th
- Week 8 ___ July 22th
- Week 9 ___ July 29st
- Week 10 ___ Aug 5th

Account # _____
 Dates June 3rd – August 9th, 2024
 Cost: \$250.00 per week

Childe (1) Name: _____	Child (2) Name: _____
Child (1) Birth Date: _____	Child (2) Birth Date: _____
Child (1) Age: _____	Childe (2) Age: _____
Child (1) Entry Grade in Fall: _____	Child (2) Entry Grade in Fall: _____
Male or Female: _____	Male or Female: _____

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
City, State, Zip Code: _____	City, State, Zip Code: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Employer: _____	Employer: _____
Email Address: _____	Email Address: _____

Natural Parents Are: MARRIED SEPARATED DIVORCED MOTHER DECEASED FATHER DECEASED
(Please Circle One)

Legal Guardianship/Custodian of child is with? MOTHER FATHER BOTH OTHER
(Please Circle One)



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Payment Contract

Payment Information: Place a check in **EACH** block representing a week your child will attend

My child will attend: 1 wk 2 wks 3 wks 4wks 5 wks 6 wks 7wks 8wks 9wks 10wks

Weekly Tuition

Tuition is based on weekly attendance and will not be prorated. The weekly rate is \$250.00 per child. All tuition payments are due by 5:30 p.m. each *Friday* before the week of attendance. A 10% late fee will be charged on all accounts that are not paid by 6:30 p.m. on Friday. Enrichment participants with accounts that are not paid by the Monday morning of the week being serviced will not be allowed to return until the account is current.

Tuition Discounts

Super Savers Plan - Parents who pay for the entire summer in advance (**10 weeks**), will receive a 10% discount on their total tuition payment.

Registration Fee

A Registration Fee of \$175.00 will be imposed per child. This fee includes 2024 Summer Enrichment Program T-shirt and bus transportation for field trips. **This one-time registration fee is non-refundable.** The weekly tuition includes all field trips.

Cancellation Fee

If a registration form indicates your child's attendance for a particular week and your child does not plan to attend for that noted week, we are asking that parents notify the Director or a staff member of the NCA Eagles Summer Enrichment Program in writing at least one (1) week in advance. If your child does not attend the program for a week they are registered for, and a staff member is not informed, **in writing**, at least one (1) week in advance, a \$75.00 fee will be imposed to retain your child's slot and payment will be requested at time of your next scheduled tuition payment.



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National Christian Academy SUMMER ENRICHMENT FINANCIAL HIGHLIGHTS AND TUITION SCHEDULE 2024

Session	DATE	PAYMENT DUE DATE
1	June 3-7, 2024	May 31, 2023
2	June 10-14, 2024	June 7, 2024
3	June 17-21, 2024	June 14, 2024
4	June 24-28, 2024	June 21, 2024
5	July 1-5, 2024	June 28, 2024
6	July 8-12, 2024	July 5, 2024
7	July 15-19, 2024	July 12, 2024
8	July 22-26, 2024	July 19, 2024
9	July 29-August 2, 2024	July 26, 2024
10	August 5-9, 2024	August 2, 2024

Weekly summer enrichment payments are due on Friday prior to the session beginning on Monday. A late fee of 10% will be charged on all accounts which are not paid by 6:30 p.m. on Friday. Enrichment participants with accounts that are not paid by the Monday morning of the week being serviced will not be allowed to return until the account is current.

A returned check fee of \$35.00 plus any late fees due will be applied to your account for each check that is returned. Checks are only deposited once! If two or more checks are returned, we will ONLY accept cash, Visa/Mastercard, money order, and/or certified checks! **When paying by check or money order, please make payable to National Christian Academy.** Summer enrichment registration fees as well as weekly payments (when your child is present for any part of the week) are nonrefundable.

Please save your receipts and canceled checks since we do not issue statements.

I understand the payment contract and tuition policies set for the program and I realize that all payments are to be made according to the noted payment contract and tuition schedule.

Parent's Signature _____ Date _____

NCA Staff Signature _____ Date _____



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Medical Release and Authorization Authorization for Child's Emergency Medical Treatment

If my child, _____ born _____
becomes ill or involved in an accident and I cannot be contacted, I authorize the following hospital or physician
to give emergency mental treatment required:

Hospital: _____

Address: _____

OR

Physician _____

Telephone No. _____

Address: _____

I give permission to _____

(Name of Facility)

located at _____, to take my child for treatment.

I accept responsibility for any necessary expense incurred in the medical treatment of my child, which is not
covered by the following:

Health Insurance Company: _____

Name of Policy Holder: _____

Relationship to Child: _____

Policy Number: _____

State: DC MD VA

Child's Known Allergies or Physical

Conditions: _____

*I fully approve and validate that all information on this medical release form is true and I further authorize
emergency medical treatment for my child if necessary.*

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Signature of Parent/Guardian _____

Date _____



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Emergency Card and Specific Medical Instructions

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/Symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____



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A medical release form has been completed on my behalf to authorize emergency medical treatment, as well as assume financial responsibility for any medical attention or medical transportation deemed necessary for my child's treatment.

Emergency contact information is as follows:

Name of Emergency Contact (1): _____

Relationship to Student: _____

Primary Phone for Contact (1): _____

Secondary Phone for Contact (1): _____

Name of Emergency Contact (2): _____

Relationship to Student: _____

Primary Phone for Contact (2): _____

Secondary Phone for Contact (2): _____

Signature of Parent/Guardian _____ **Date** _____



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Authorization for Release

As Parent/Guardian of _____, I authorize
_____ to pick up the above named child.

Signature of Parent/Guardian

Date

Additional Persons who are authorized to pick up your child.

1. _____ Relationship to child: _____

2. _____ Relationship to child: _____

3. _____ Relationship to child: _____

Emergency Contact Person(s):

Name: _____

Telephone No: _____

Name: _____

Telephone No: _____



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Consent For Use of Picture And/Or Voice

I hereby voluntarily and without compensation authorize pictures and/or/voice recordings(s) to be made of my child _____ by National Christian Academy while he/she is a student thereof.

I authorize National Christian Academy to use the foregoing on their website and/or promotional materials.

I have read and understand the foregoing and I consent to the use of my child's picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the National Christian Academy for such use. I understand that consent to use my child's picture, video and/or voice recording is voluntary and my refusal to grant consent will have no effect on any benefits to which my child may be entitled. I further understand that I may at any time exercise the right to cease permitting my child to be filmed, photographed or recorded, and may rescind my consent for up to a reasonable time **before** the picture, video or voice recording is used.

Signature of Parent or Legal Guardian:

Date

Permission Obtained By (Name – Title)

Date

**For National Christian Academy
6701 Bock Road
Fort Washington, MD 20744**



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MARYLAND STATE SCHOOL MEDICATION ADMINISTRATION AUTHORIZATION FORM

This order is valid only for school year (current) _____ including the summer session.

School: National Christian Academy

This form must be completed fully in order for schools to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

- * Prescription medication must be in a container labeled by the pharmacist or prescriber.
- * Non-prescription medication must be in the original container with the label intact.
- * An adult must bring the medication to the school.
- * The school nurse (RN) will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

Prescriber's Authorization

Name of Student: _____ Date of Birth: _____

Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____

If PRN, for what symptoms: - _____

Relevant side effects: ! None expected ! Specify: _____

Medication shall be administered from:

_____ to _____
Month / Day / Year Month / Day / Year

Prescriber's Name/Title: _____

Telephone: _____ FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____

A verbal order was taken by the school RN (Name): _____ for the above medication on (Date): _____

PARENT/GUARDIAN AUTHORIZATION

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded.

I/We authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____

Insert Physician's Stamp

(Original signature or signature stamp ONLY)
(Use for Prescriber's Address Stamp)



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SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self carry/self administration of **emergency** medication may be authorized by the prescriber and must be approved by the school nurse according to the State medication policy.

Prescriber's authorization for self carry/self administration of emergency medication:

Signature Date

School RN approval for self carry/self administration of emergency medication:

Signature Date

Order reviewed by the school RN:

Signature Date



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NCA SUMMER ENRICHMENT PROGRAM AGREEMENT

The following conditions involved in the care of: _____ (Child's Name), Summer Enrichment Program participant, are understood and agreed upon between the National Christian Academy Eagles Summer Enrichment program and _____ (Parent):

The Enrichment program agrees that:

1. In return for the weekly fee, the parent agrees to pay, the enrichment program will give regular care to the above named child from 6:30 a.m. until 6:30 p.m. for five days per week, except Saturdays, Sundays and the following federal holidays: July 4, 2024 (*Independence Day Observed*) and June 19, 2024 (*Juneteenth Observed*).

No child may enter the Enrichment program prior to 6:30 a.m. In the event of an emergency situation, the parent or guardian of any child being picked up after 6:30 p.m. must sign a late slip. A five-minute grace period is given to all late parents. A late fee of \$5.00 per child will be owed for every five minutes a parent is late. **SEE LATE PICK UP FEES SCHEDULE.**

The late fee is to be paid on the day of the late pick-up date. If not paid by then, it will be added to the summer enrichment program fee and paid the following Monday with the summer enrichment program fee for that week.

At 6:35 p.m. we will begin calling parents and emergency persons. In the event of an emergency situation, we ask parents to call the enrichment program as soon as possible. At this time, the parent must state the name of the person designated to pick up the child.

2. The enrichment program will exercise reasonable care and judgment in all matters related to the welfare and safety of the child. Parents agree to hold harmless the National Christian Academy, National Church of God, and its employees for injuries that may be sustained by the enrichment participant during the normal course of enrichment program activities. In case of an accident or illness to the child, the enrichment program will promptly notify the parent.

3. The enrichment program will provide in addition to physical care the following services: emotional, social, and mental development opportunities in a group setting.

4. The enrichment program will not release the child to anyone other than the parent or guardian unless there is written permission from the parent or guardian. (***Other than those listed on the authorization to release form***)



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5. The enrichment program will provide arts and crafts, academic, recreational activities, and other special activities. In the event of an extra activity fee being required, the parent will be notified in advance. Each activity and field trip is age appropriate based on individual age group or cluster group.

6. We require for our files current addresses and phone numbers of parents or legal guardians, both home and business and 2 additional persons we can locate in case of emergency. At least one emergency person should be available to pick up your child at 6:30 p.m. Parent further agrees to inform NCA of current work and home telephone numbers to facilitate contact between parents and NCA Summer Enrichment program.

7. Weekly summer enrichment program payments are due by the Friday prior to the enrichment program session beginning on Monday. A late fee of 10% will be charged to all accounts that are not paid by 6:30 p.m. on Friday. Children with accounts that are not paid by Monday morning of the week being serviced will not be allowed to return until the account is current.

8. If your child attends one day of the week, the full weekly fee will be charged.

9. In case of illness of one or more week's duration (Monday-Friday), arrangements may be made in the office regarding a credit.

10. The enrichment program reserves the right to terminate the enrollment of any child. If a continued behavioral problem arises, the parent will be notified. Discipline will be handled according to the current edition of the NCA Student Handbook. Modesty, neatness and cleanliness are the dress standard for summer enrichment program since uniforms are not required

11. The enrichment program will provide accident liability insurance coverage.

12. National Christian Academy is not responsible for any personal items lost or misplaced by the enrichment participant.

13. Liability of an unruly child while under the care of the enrichment program is the parents' responsibility. If a child is unruly or disobedient, the parent will be notified by telephone and in writing of the child's behavior. The next step will be dismissal from the Summer Enrichment Program.

I have read and submit to the above agreement.

Parent/Guardian Signature _____ **Date** _____



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NOTICE OF LATE PICKUP

I, _____ hereby acknowledge that I am late picking up _____ . I further acknowledge that my arrival at _____ p.m. has resulted in a late charge of \$ _____. **This late fee is to be paid in cash to the aftercare worker on duty at the time of the late pick-up.** Late charge must be paid in accordance with the Agreement made between Parent(s) and NCA. If payment is not made within 7 days, this matter will be turned over to the Accounting/Finance office where further penalties and/or collection actions may be taken.

Signature: _____

Date: _____

Staff Member on Duty: _____