



Amherst Christian Academy, a ministry of Creekside Assembly of God, serves the community as a Christ-centered school, committed to pursuing excellence in academics and character. We provide a loving, safe environment to develop servant leaders through relevant studies and service opportunities.



AMHERST CHRISTIAN ACADEMY

2625 TONAWANDA CREEK ROAD, AMHERST, NY 14228
PHONE: (716) 689-9944 FAX: (716) 564-0075

Enrollment Application

Date of Application: _____

Student Information:

Student name: _____
Last First MI

Address: _____
Street City State Zip

Home phone: _____ Cell phone: _____

Primary Family Email address: _____

Gender: Male _____ Female _____ Date of Birth _____ Grade entering: _____

Public school district of residence: _____

Last school attended: _____

School address _____
Street City State Zip

School phone number: _____ Principal's name: _____

Please select a program for children under 5 years old:

Day Care Program (Ages 18 months – 4 years)

The day care program runs from 7:00 am – 5:30 pm. Please choose one of the following options:

- ☐ Mon./Wed./Fri.
- ☐ Tues./Thurs.
- ☐ Both

Early Elementary Program (Ages 4 - 6 years)

Please check the program for which you are applying

- ☐ Pre- Kindergarten
- ☐ Kindergarten

For the Pre-K program, please choose one or more of the following options:

- ☐ Mon./Wed./Fri.
- ☐ Mon. – Fri.

Family Information:

Student resides with: Father_____ Mother _____ Both_____ Other_____

Father's full name: _____
Last First

Mother's full name: _____
Last First

Father's place of employment: _____ Work Phone: _____

Mother's place of employment: _____ Work Phone: _____

Marital status: Married_____ Separated_____ Divorced_____ Widowed_____ Single_____

Church Information:

Home church: _____

Church address: _____
Street City State Zip

Church phone number: _____ Pastor's name: _____

General Information:

How did you hear about Amherst Christian Academy? _____

What is your reason for considering ACA? _____

Please include the following so that we may consider your complete application:

- ☐ Completed Enrollment Application
- ☐ Transcripts (if applicable)
- ☐ Immunization Records
- ☐ Physical Records
- ☐ Dental Records
- ☐ Registration fee (non-refundable)
- ☐ Placement testing fee (non-refundable)

For administrative use:



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Information/Photo Release Form

Date: _____

To Whom It May Concern:

This letter is to inform you that _____ is registered to attend
Amherst Christian Academy beginning _____.

Would you please see that his/her permanent scholastic, health, and other pertinent records are forwarded to Amherst Christian Academy. This will assist us in completing our files.

Your prompt consideration in this matter will be greatly appreciated. Thank you for your cooperation.

I (give / do not give) consent for Amherst Christian Academy to use and reproduce photographs and other audio/visual materials of my child(ren) for promotional and educational material including photograph, print, audio, video, and internet.

____ Consent ____ Do Not Consent

Child(ren)s Name(s): _____

(Signature of Parent/Guardian)

Michael D. Caban
Principal

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act). Final Rule on Educational Records. Federal Register, June 17, 1986, Vol. 41, No 118, Page 24673.

AMHERST CHRISTIAN ACADEMY, A MINISTRY OF CREEKSIDE ASSEMBLY OF GOD, IS A COMMUNITY OF STAFF, STUDENTS AND THEIR FAMILIES COMMITTED TO PURSUING EXCELLENCE IN ACADEMICS AND CHARACTER THROUGH A CHRIST-CENTERED, RESEARCH-BASED, AFFORDABLE, EDUCATION. WE STRIVE TO DISCIPLE THE COMPLETE STUDENT IN AUTHENTIC FAITH AND LOVE WHO WILL INFLUENCE THE WORLD FOR CHRIST.

Statement of Beliefs

We, at Amherst Christian Academy, believe in:

- The inspiration of the Bible, equally in all parts and without error in its origin;
- The one God, eternal existent Father, Son, and Holy Spirit, who created man by a direct immediate act;
- The pre-existence, incarnation, virgin birth, sinless life, miracles, substitutionary death, bodily resurrection, ascension to Heaven, and the second coming of the Lord Jesus Christ;
- The fall of man, the need of regeneration by the operation of the Holy Spirit on the basis of grace alone, and the resurrection of all to life or damnation;
- The spiritual relationship of all believers in the Lord Jesus Christ, living a life of righteous works, separated from the world, witnessing of His saving grace through the ministry of the Holy Spirit.

I have read the above statement of beliefs. I understand that Amherst Christian Academy, teachers, and staff will incorporate these beliefs into the daily teaching of my child. By signing below, I agree to support Amherst Christian Academy, the teachers, and staff as they instruct my child not only in academic matters, but in spiritual matters also.

(Date)

(Signature of Parent or Guardian)

(Date)

(Signature of Parent or Guardian)



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Statement of Support

At Amherst Christian Academy, we strive to provide your child with the highest quality Christian education while serving them on an individual basis. As we endeavor to accomplish this goal, we need the parent(s) or guardian(s) to be involved as a partner with the school. Some of the ways a parent may partner with us are:

- Pray for the faculty and program,
- provide a devotional life for your child,
- advocate respect for school personnel and property,
- call for full details if there is a concern,
- replace any school property damaged by your child,
- cooperate with the faculty on discipline matters,
- build a relationship with your child's supervisor,
- attend all parent functions,
- review homework with your child,
- review and sign permission and homework slips, and
- send written excuses for absences or tardiness,

I understand these requests and agree to fulfill all of them.

(Date)

(Signature of Parent or Guardian)

(Date)

(Signature of Parent or Guardian)

Statement of Discipline

The two greatest influences in the life of your child are you, the parents, and their teacher. Amherst Christian Academy views the responsibility of discipline as a responsibility that is shared by both the parents and the school. Therefore, it is our stand to first admonish your child to do what is right in the eyes of the Lord through several mechanisms with your agreement. First, we will inform your child of what is right and wrong behavior based on the rules established in these letters and God's word. Secondly, we will encourage right behavior with incentives. Third, we will deter wrong behavior using a demerit system also described in these letters. Fourth, we will follow up consistent wrongful behavior with a suspension and a parent meeting. Fifth, we will establish a probationary period after previous attempts have not deterred the misbehavior. Finally, after continued wrong behavior, the result will be expulsion. In egregious circumstances this process may be by passed to the finally step.

I, _____, have read Amherst Christian Academy's
(Name of Father and/or Mother)

Discipline Policy and agreed to the terms described. I promise to support the school and its discipline policy.

(Date)

(Signature of Parent or Guardian)

(Date)

(Signature of Parent or Guardian)



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Transportation Form

Please read the following information and return the completed transportation form to Amherst Christian Academy. If your son/daughter is doing a combination of busing and parent pick up, please complete both sections. Thank you.

Busing

Student Name: _____

Address: _____
Street City State Zip

School District: _____

Bus Number A.M. _____ Bus Number P.M. _____

Busing A.M. _____ P.M. _____ Both _____

Parent Pick Up

Please list the names of approved parent/guardian's that will be transporting your son/daughter and a description of their vehicle. Thank you.

Name: _____ Vehicle description _____

Name: _____ Vehicle description: _____

Name: _____ Vehicle description: _____

Parent Pick Up A.M. _____ P.M. _____ Both _____

Please list person(s) that are Not allowed to transport your son/daughter:

Name: _____ Vehicle description: _____

Parent/Guardian signature: _____ Date: _____

If anything changes, please send a note in writing with your son/daughter or fax or email to (716) 564-0075 acaschoolsecretary@gmail.com. Thank you. Please note this form is for ACA records only. You will still need to register for busing with your district.



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Tuition Payment Agreement

Student name: _____

Non-refundable fees:

- ☐ Registration fee: \$25.00 per family (After March 15th- \$75.00)
- ☐ Testing fee: \$25.00 per child

Due date: _____

Due date: _____

Tuition costs:

Program	Days	Ages	Hours	2121-22 Cost
2 Day Daycare	Tues & Thurs	3 yrs	7:00 a.m.- 5:30 p.m.	\$120 / wk.
3 day Daycare	Mon, Wed & Fri	3 yrs	7:00 a.m.- 5:30 p.m.	\$175 / wk.
5 Day Daycare	Mon-Fri	3 yrs	7:00 a.m.- 5:30 p.m.	\$260 / wk.
Pre K	3 days a week	4 yrs	8:25 a.m. - 3:00 pm	\$3,200.00 / yr
4th-12th Grade	5 days a week	9 yrs-18 yrs	8:25 a.m. - 3:00 pm	\$3,800.00 / yr

Program	Days	Ages	Hours:	2021-22 Cost
2 Day Daycare	Tues & Thurs	Toddler	7:00 a.m.- 5:30 p.m.	\$130 / wk.
3 Day Daycare	Mon, Wed & Fri	Toddler	7:00 a.m.- 5:30 p.m.	\$190 / wk
5 Day Daycare	Mon-Fri	Toddler	7:00 a.m.- 5:30 p.m.	\$285 / wk
Pre K-3rd Grade	5 days a week	4 yrs-8 yrs	8:25 a.m. - 3:00 pm	\$5,000.00 / yr
After School	Daily	All ages	3:30 a.m. - 5:00 pm	\$6.50 / hr

Discounts:

- ☐ Pastoral: \$200.00 off each child
- ☐ Creekside Assembly of God membership: \$200.00 off each child
- ☐ 2nd child enrolled in ACA: \$200.00 off 2nd child's tuition
- ☐ 3rd child enrolled in ACA: \$400.00 off 3rd child's tuition
- ☐ 4th child enrolled in ACA: \$400.00 off 4th child's tuition

Terms & Conditions:

1. I agree to pay my tuition balance by the 15th of every month beginning in July and ending in April.
2. I understand that if I pay my balance in full by August 15th, I will receive a 5% discount.
3. I understand I will receive an invoice monthly via email and that this bill will also include any monies charged for field trips taken or lunches charged during the previous month. I agree to pay for these charges that may be added to my tuition bill.
4. I understand that late fee policy of Amherst Christian Academy states, "If a tuition bill is not paid after 30 days a \$20 late fee be applied. If the tuition balance is not paid after 60 days an additional \$20 late fee will be applied and the family will be contacted by the school. If the tuition balance is not paid after 90 days a third late fee of \$20 will be applied and the student may be in danger of being un-enrolled pending school board review."
5. I understand that should my child's enrollment status change at any point, I will owe an additional fee equivalent to two month's tuition.

I have read the above terms and conditions, and by signing below, I agree to the above terms and conditions.

(Date)

(Signature of Parent or Guardian)

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Title I Survey

The purpose of this survey is to collect data that will be used to determine the amount of funds available for the public school district to provide Title 1 services to eligible students in our school. Determining the number of our students, by public school district of residence, who would qualify for free and reduced-price lunches, accomplishes this. The information requested below is confidential. It is not necessary to provide family names. Start by finding your family size and looking at the annual gross income level listed beside it on the chart printed below.

Family size	Annual Gross Income for 2021-2022
One	\$23,828
Two	\$32,227
Three	\$40,626
Four	\$49,025
Five	\$57,424
Six	\$65,823
Seven	\$74,222
Eight	\$82,621

- For each additional family member over eight, add \$8,399 to your Annual Gross Income.
- If you are paid on a weekly or monthly basis, please multiply that amount by the number of weeks or months actually worked each year to determine your "Annual Gross Income."

B. Is your family income less than the amount on the chart on the line beside
Your family size?

_____ Yes
_____ No

C. Is your family eligible for food stamps?

_____ Yes
_____ No

D. Are you receiving Temporary Assistance to Needy Families (TANF)
Assistance?

(Formerly AFDC or Public Assistance)

_____ Yes
_____ No

E. Please provide the following information:

Address: _____

Public school district in which you reside:

Grade levels of your children:



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Fundraising News

Did you know that you could help the school earn extra money by using techniques you already use? These things only take a minute to do so please continue reading to find out how.

Tops in Education: If you have a Tops Bonus Card please visit TopsMarkets.com/education to register your bonus card and choose Amherst Christian Academy as the school to support. Next, shop and purchase participating Tops brand products using your bonus card. Tops will donate up to 5%. Please feel free to tell your family, friends and neighbors about registering their bonus card too. It's an easy way to earn free money for our school.

Box Top\$ for Education: No more clipping. No more sending Box Tops to school. All you need is your phone. Download the All-New Box Tops app, shop as you normally would, then simply scan your store receipt within 14 days of purchase to find participating products. The app will automatically credit your school's Box Tops earnings online. Although physical Box Top clips are being phased out of production they may continue to be found on many products throughout the store. You can still send your clipped Box Tops to the school to be submitted.

Amazon Smile: Amazon Smile is a simple and automatic way to support us every time you shop at no cost to you. Simply go to Smile.Amazon.com to register. Then look for Creekside Assembly of God, the church that oversees Amherst Christian Academy. Shop as you normally would, and Amazon will donate 0.5% of the purchase price. You can use your existing amazon account on amazon smile.

United Way: Thru United Way you are able to make a one-time donation, or you can even do weekly, bi-weekly, monthly, quarterly donation deducted right from your paycheck. Go to UWBEC.org. It is thru Creekside Assembly of God Book #6439.

Back To School Check List

Please verify the following items have been completed:

- Complete all registration forms
- If riding the school bus please register with your home public school district transportation department to determine the times and locations for the bus stops
- Obtain a doctor's note with dosage instructions for all required medication. Self-carry medication is a separate form. An example is an inhaler, EpiPen, or insulin supplies.
- Verify all required immunizations have been met.



Did you Remember to Sign:

- Photo Release Form
- Information Release Form
- Emergency Contact Card

Before school begins make sure you have done the following:

- Schedule school physical, visual and dental exams.
- Arrange for child-care or after school care.
- Review the school's dress code.
- Review the list of school supplies.
- Order lunches on the school website for the appropriate week.
- Review the calendar for all school events and activities.



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Policies and Guidelines

All biblical forms of Christian worship will be encouraged. We do believe in the full gospel expression as it is taught in the Holy Scripture. Freedom of worship during chapel and devotional times in each person's own way is allowed. However, no student will be forced to participate in these school activities, but attendance is required. Those students not participating are expected to respect the holiness of the occasion.

We have a racially nondiscriminatory policy and therefore, shall not discriminate against members, applicants, students, and others on the basis of race, color or national or ethnic origin.

Attendance

A written excuse signed by a parent or guardian must be presented to the supervisor when a student returns to school after an absence. If the absence is foreseeable, a note should be sent in advance. Doctor, dental, music, and other appointments should be scheduled after school hours.

An absence excuse should include the following: date(s) of absence, reason for absence, and parent signature.

Absence for reasons other than for sickness and emergency will be excused if arrangements are made in advance with the teacher and the student is sufficiently advanced in his/her work.

Excessive absences will inhibit the student's progress. If, in the opinion of the administration, the absences are unnecessary, the student will be considered truant.

A student is considered tardy if he/she is not in the learning center at 8:25 am. A detention may be given. Continued tardiness will necessitate a conference with parent and student, possibly leading to revocation of student privileges, and/or suspension. Tardy students must also have a tardy excuse similar to an absence excuse.

Lost and Found

The Lost and Found Department of the school is operated from the Church & School Office. At the end of each quarter, all items, which have not been claimed, will be disposed of through a Student Auction or given to a charity.

Homework

The responsibility of scholastic achievement is placed on the student. The goals set by the student and reviewed by the teacher are no more than the student is capable of completing. Should the student not meet his/her goals for that day, he/she will be required, at the discretion of the teacher, to complete the work at home or after school in the learning center. Should the student have homework, a green homework slip, giving the pages to be completed, will be taken home with the assignment. The slip is to be signed by the parent and returned the following day.

Fire Drills

Twelve drills are held each year. At the sound of the bell, students are to stand and walk out of the building, without talking, in an orderly manner to a designated place outside.

Progress Reports and Academic Records

Progress Reports are given to each student to present to their parents following each marking period. The report is to be signed by the parent and returned to the school promptly.

Academic Records will be sent to any school requested, as long as there is no outstanding financial obligation.

Teacher Conferences are scheduled after the first quarter of the school year, but meetings can be scheduled at any time. We encourage parents to be involved with the education of their children.

Discipline

This is not a corrective institution. We are here to work with the home, but not to take the place of parent's discipline of their child(ren). All new students are admitted on probation for the first six weeks.

Students must, at all times, conduct themselves in a manner becoming a Christian.

If your child does object about a policy or discipline, please follow this procedure:

1. Give the staff the benefit of the doubt.
2. Realize that your child's report is emotionally biased and may not include all the information.
3. Realize that the school has reasons for all rules and that they are enforced without partiality.
4. Support the administration and call the school for all the facts.

When a student's attitude is not in accord with school policies or principles, the student will be placed on probation and his/her parents will be called for a conference. If the administration feels the situation has not changed within two weeks, parents will be asked to withdraw the child.

High-school students, because of their testimony before younger children, are expected to adhere to the school's philosophy and Christ-centered program. Such adherence includes abstinence from: smoking, alcoholic beverages, and narcotics, listening to secular music, swearing and other questionable practices.



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This school is dedicated to the training of children in a program of study that is Christ-centered. We believe that “all things should be done decently and in order” and that our students should be taught to accept the responsibility to “walk honorably before all men.”

Discipline is maintained which is firm, consistent, fair and tempered with love. Our staff maintains standards of behavior in the learning center through kindness, love, and a genuine regard for the students. Students are reminded that the Lord Jesus Christ expects us to be disciplined in all areas of our life.

“Children, obey your parents in all things, for this is well pleasing unto the Lord. “Colossians 3:20”
“For the commandment is a lamp; and the law is light: and reproof of instruction are the way of life.” Proverbs 10:17

Privilege

We have three levels of privilege that we award students for their academic progress and proper behavior. They can earn various things including extra break time and additional privileges in the learning center.

Demerits

The paramount rule is “Do Right” and privilege is earned. However, demerit marks are given for disturbances or broken rules. Three or more demerits in one day result in detention as follows:

- 3 demerits = 15 min. detention
- 4 demerits = 30 min. detention
- 5 demerits = 45 min. detention
- 6 demerits = 60 min. detention

Demerits do not carry over to the next day. Just like the Lord, every day is a new start and our mercy is new every morning, too. When a student receives a detention, a “Corrective Action Notice” is sent home to be signed by the parent and returned the following day. Usually detention is served during the day, but may be assigned after school hours and parents are responsible for picking up their child. More serious offenses may result in “In-School” suspension or suspension from school.

Prohibited Articles

For the protection and safety of all students, Amherst Christian Academy reserves the right to search student’s person and belongings in the event the school suspects the student possesses a prohibited item. Students are not permitted to bring the following articles to school:

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- Secular music
- Medication
- Cigarettes
- Weapons
- Drugs
- Offensive books & magazines
- Alcohol

Dress Code and Personal Appearance

We expect that all students will be clean and well- groomed and that their clothing will be clean, in good repair and fitting properly.

We appreciate both students' and parents' cooperation in abiding by the school dress code. As a school, we have seen the value of uniforms because:

- Uniforms and high standards help prevent giving offense.
- Uniforms result in higher discipline and academics
- Uniforms help improve a student's self-image
- Uniforms improve classroom décor
- Uniforms provide a distinct difference
- Uniforms give identification for building school spirit
- Uniforms reduce yearly schooling costs
- Uniforms eliminate competition in dress
- Uniforms standardize and neutralize externals while enhancing individualization in internal values

Christian T-Shirt/Dress Down Day:

At the end of each month students are awarded either a Dress Down or Christian T-shirt Day. The date is listed on the monthly calendar.

Dress Down Day:

Clothing may be casual but conservative. Jeans may not be tight or have holes in them. All shirts must have sleeves and may have a print, but words and designs must not be offensive. Students may wear dress shoes or sneakers only; no flip flops. During May and June, the girls may wear Capris; the boys may wear long shorts. They both must be below the knee.

Christian T-shirt Day:

Students must wear their regular uniform, except for those students who wear a Christian T-shirt. Students may dress down if wearing a Christian T-shirt. On these days please wear a shirt or T-shirt with a Christian theme or emblem. Jeans, casual pants, long shorts and conservative capris may be worn with dress shoes or sneakers.



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Student Dress Code

“Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience. Bear with each other and forgive whatever grievances you may have against one another. Forgive as the Lord forgave you. And over all these virtues put on love, which binds them all together in perfect unity.”

Colossians 3: 12-14

Girl's Dress Code:

Nursery – 4 th Grade	5 th – 12 th Grade
Tops: Students may wear a short or long-sleeved polo shirt that is black, plain white, light grey or a pastel color and without print on them. Examples of a pastel color include baby blue, light pink, lavender, and pale yellow. Long sleeve white, grey or black turtle neck shirts may be worn underneath.	Tops: Students may wear a short or long-sleeved polo shirt that is black, plain white, light grey or a pastel color and without print on them. Examples of a pastel color include baby blue, light pink, lavender, and pale yellow. Only the top button may be undone on tops. Shirts must be tucked in. No colored or printed T-shirts may be worn underneath. Long sleeve white, grey or black turtle neck shirts may be worn underneath.
Skirt, Pants, Jumper or Shorts: Students may wear black, grey, navy blue or khaki skirts, pants, jumpers or shorts. Skirts must 2” above the knee or longer, and slacks need to be loose fitting. If a belt is needed, please use a black or brown dress belt.	Skirt, Pants or Jumper: Students may wear black, grey, navy blue or khaki skirts, pants or jumpers. Skirts must 2” above the knee or longer, and slacks need to be loose fitting. If a belt is needed, please use a black or brown dress belt.
Shoes: Students may wear black, brown, blue or navy sensible tie shoe, slip-on shoe or boots. A pair of sneakers may be kept at school for use on the playground or gym. No slippers, open toe, open back or bright colors. Students may wear snow boots to school but should change before going to class.	Shoes: Students may wear black, blue or navy sensible tie shoe, slip-on shoe or boots. A pair of sneakers may be kept at school for use on the playground or gym. No slippers, open toe, open back, or bright colors please. Students may wear snow boots to school but should change before going to class.
Socks: Black, navy blue or white socks, knee-hi, stockings, leggings or tights may be worn. Socks must match. All of these items are considered socks and must be worn with a skirt, pants or jumper as described above for purpose of upholding modesty.	Socks: Black, navy blue or white socks, knee-hi, stockings, leggings or tights may be worn. Socks must match. All of these items are considered socks and must be worn with a skirt, pants or jumper as described above for purpose of upholding modesty.
Jewelry: Limit of two earrings per ear. No nose rings or other body piercings.	Jewelry: Limit two earrings per ear. No nose rings or other body piercings.
Hair: Conservative in cut, style and color.	Hair: Conservative in cut, style and color.
Makeup: No makeup	Makeup: Students may wear conservative makeup. No visible tattoos.
Additional Apparel: Black, white, navy, or shades of blue sweater, sweatshirt, or jersey with no accent colors or lettering may be worn.	Additional Apparel: Black, white, navy, or shades of blue sweater, sweatshirt, or jersey with no accent colors or lettering may be worn.

Boy's Dress Code:

Nursery – 3 rd Grade	4 th – 12 th Grade
Tops: Students may wear a short or long-sleeved polo shirt that is black, plain white, light grey or a pastel color and without print on them. Examples of a pastel color include baby blue, light pink, lavender, and pale yellow. Long sleeve white, grey or black turtle neck shirts may be worn underneath.	Tops: Students may wear a short or long-sleeved polo shirt that is black, plain white, light grey or a pastel color and without print on them. Examples of a pastel color include baby blue, light pink, lavender, and pale yellow. Only the top button may be undone on tops. Shirts must be tucked in. No colored or printed T-shirts may be worn underneath. Long sleeve white, grey or black turtle neck shirts may be worn underneath.
Pants or shorts: Students may wear black, grey, navy blue or khaki pants or shorts. If a belt is needed, please use a black or brown dress belt.	Pants: Students may wear black, grey, navy blue or khaki pants. If a belt is needed, please use a black or brown dress belt.
Shoes: Students may wear black, blue or navy sensible tie shoe, slip-on shoe or boots. A pair of sneakers may be kept at school for use on the playground or gym. No slippers, open toe, open back, or bright colors please. Students may wear snow boots to school but should change before going to class.	Shoes: Students may wear black, blue or navy sensible tie shoe, slip-on shoe or boots. A pair of sneakers may be kept at school for use on the playground or gym. No slippers, open toe, open back, or bright colors please. Students may wear snow boots to school but should change before going to class.
Socks: Dark dress socks. White sport socks may be kept at school to be used with sneakers on the playground or at gym.	Socks: Dark dress socks may be worn. Socks must match. White sport socks may be kept at school to be used with sneakers at gym.
Jewelry: No earrings, nose rings or other body parts or other body piercings.	Jewelry: No earrings, nose rings or other body parts or other body piercings.
Hair: Hair should be conservatively cut with the length above the collar.	Hair: Hair should be conservatively cut with the length above the collar.
Makeup: No makeup or tattoos.	Makeup: No makeup or visible tattoos.
Additional Apparel: Black, white, navy, or shades of blue sweater, sweatshirt, or jersey with no accent colors or lettering may be worn.	Additional Apparel: Black, white, navy, or shades of blue sweater, sweatshirt, or jersey with no accent colors or lettering may be worn.

Gym Uniform (apply only to 4th – 12th graders):

ACA has a mandatory gym uniform. This includes grey or black gym shirts with ACA logo. It also includes long black knee length shorts, not form fitting. For winter, black sweat pants with ACA logo are available. Sneakers must be worn with white athletic socks.



AMHERST CHRISTIAN ACADEMY

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Transportation

Parents are responsible for the transportation of their child(ren) to and from school. A transportation form should be on file with ACA. Students will not be permitted to leave school in any manner than listed on the transportation form. If a change in means of transportation needs to be made, parents are to inform the school in written form.

Students with a driver's license must have written permission to transport another student from both their own parent and the other student's parent.

Visitors

Please contact the school in advance to schedule a visit. All visitors are to report to the Church & School Office.

Telephone and Electronic Devices

Students are to leave cell phones at home. Students desiring to bring their cell phone to school, need to hand in their device to the main office when they arrive at school. They will receive their device when they leave the school at the end of each day. Any use of a cell phone during school hours by a student will result in disciplinary action, and their device will be confiscated. The administration will return confiscated devices to parents upon request.

IPOD's and MP3 Players without WIFI are permitted to a student on Privilege. Teachers have permission to check the contents of what students are listening to as all music should be morally wholesome in content.

The school phone is for official school business and emergencies. Students desiring to use the phone must give the name and nature of the call to their supervisor. The supervisor will determine if the call can be made and make arrangements. Messages may be left with the school administrative assistant.

Use of a cell phone during a test for any reason (i.e. text messaging, photos, etc.) will automatically be considered cheating, and appropriate academic and disciplinary action will be taken at the sole discretion of the administration.

No taking of or other use of cell phone photographs is permitted during the school day. Particularly, no cell phone photographs are permitted in the restrooms, or gym changing areas. Violation of this prohibition is a serious discipline offense.

Parents who need to contact their child during the school day for emergency purposes should use the school's normal emergency contact process and call the main school phone number. School staff will assist parents in communicating with their child in appropriate emergency situations. Parents should not consider their child's cell phone as a means of contacting their child for any reason during the school day.

Health Services

Health services are provided through the Williamsville School District. They provide school physicals, eye and hearing screening, medical records and emergency first aid. Parents can privately attain these services through their own physicians. Physical examinations are necessary for all students entering Kindergarten, Second, Fourth, Seventh, Tenth, all new entrants and participants in sports program. We follow the State guidelines for immunizations. Immunization records are required on the first day of school.

Any accidents at the school are reported to the parents and a written report is prepared and kept on file. If the student needs medical attention or is sick, the parents are called to pick up their child.

Please do not send children to school who have: a temperature of 100.1 or higher, head lice, unknown rashes, diarrhea, or vomited within the last 24 hours.

Students are not allowed to carry medication with them. Any medication prescription or over the counter (i.e. – Tylenol, Advil, Sinus Medications, Inhalers) must be brought to school by the parent and administered by school personnel. Written permission for administration of prescription or over the counter medications must be in the student's files. These medication forms are available at the school office.



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Please read the attached medical information sheets carefully

- Medication Policy and Procedures
- Immunization & Physical Exam Requirements
- New York State Health Guidelines
- Illness Procedures



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Medication Policies and Procedures

Dear Parents/Guardians:

The New York State Department of Education has established the following procedure by which medication may be administered in school:

“ALL MEDICATION, *INCLUDING NON-PRESCRIPTION DRUGS*, GIVEN IN SCHOOL SHALL BE PRESCRIBED BY A LICENSED PRESCRIBER ON AN INDIVIDUAL BASIS AS DETERMINED BY THE CHILD’S HEALTH STATUS.”

Medication Permission Forms are available in the Health Office or the information may be outlined by your child’s physician. Specific requirements for the administration of internal medication in school are as follows:

- 1) The school nurse must have a written request from the child’s physician that indicates the medical condition being treated and the length of time the medication is to be administered. In addition, the form must specify the name of the drug, the dosage, the frequency and time to be administered, the route, and the potential side effects.
- 2) The nurse must have a written request from the parent to administer medication as specified by the physician. A verbal or telephone request from the parent or physician is **not acceptable**.
- 3) **Prescription Medication:** Must be in the container prepared by the pharmacist and the label must include the name and strength of the medication. (*NOTE: The PHARMACY LABEL DOES NOT CONSTITUTE A WRITTEN ORDER and cannot be used in lieu of a written order from a licensed prescriber.*)
- 4) **Non-Prescription Medication:** Over the counter (OTC) medications must be in the sealed original manufacturer’s container with the student’s name affixed to the container. Medication delivered in baggies or plain containers are NOT acceptable.
- 5) All medication must be delivered directly to the nurse by the parent. **NO MEDICATION SHOULD BE SENT TO SCHOOL WITH THE CHILD. NO MEDICATION IS TO BE CARRIED ON THE BUS.**

6) Medication orders must be renewed annually or whenever there is a change in dosage or frequency.

These procedures are designed to protect the safety of all pupils. Medication sent to school that does not meet the above requirements will be kept in the Health Office and WILL NOT be administered. Parents will be notified to pick up this medication. Any unused medication will be disposed of if not picked up within a reasonable length of time.

If you have any questions about these requirements, please call Amherst Christian Academy 689-9944

Williamsville Central School District School Nurse

Amherst Christian Academy



AMHERST CHRISTIAN ACADEMY

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Immunization & Physical Exam Requirements For School Admission

Parents/Guardians:

All children attending school must be in compliance with New York State Laws regarding immunizations and Dear physical examinations.

Under Section 2164 of the New York State Public Health Law, all students must have certain immunizations PRIOR to the entrance to school. Written documentation of the following immunizations is required from your child's health care provider:

- Three or more doses of tetanus, pertussis, diphtheria toxoid (DtaP, DPT, TD, TdaP) and if born on or after 1/1/94 and enrolling in 6th grade, a booster of Tdap
- Three or more doses of polio vaccine
- Two doses of live measles virus vaccine (commonly administered as component of MMR)
- One dose of live mumps vaccine
- One dose of live rubella vaccine
- Complete Hepatitis B series
- For students born on or after and entering Kindergarten, Grades 1, 2, 3, & 4 and for students born on or after 1/1/94 and entering 6, 7, 8 & 9 & 10: one dose of chickenpox vaccine (Varivax) OR written documentation from healthcare provider of disease history positive for chickenpox (Varicella).

Acceptable alternatives for fulfilling immunization requirements are blood test that indicate immunity or valid medical or religious exemption. These requirements MUST be met before your child enters school; otherwise, your child will be excluded from attending.

Physical Examinations are also required under New York State Education Law for all new entrants (including kindergarteners) as well as for all students in second, fourth, seventh and tenth grades. AS a new requirement, the physical examination must include the child's BMI (body mass index) and BMI percentile (weight status category) which your medical provider should include on the physical examination form. Your medical provider or you may wish to download a copy of the recommended physical examination form at:
<http://www.schoolhealthservices.org/uploads/Health%20Appraisal%20Form%200307.pdf>

Dental Examination certificates, new under New York State Education Law, are required of all children entering kindergarten or first grade indicating that a comprehensive dental examination was complete.

Your cooperation in fulfilling these requirements is greatly appreciated. Please contact your school nurse if you have any questions.

In addition, the Health Office wishes to take this opportunity to acquaint you with the following policies:

Health Records:

A list of *New York State* mandated immunization requirements is enclosed.

1. A recorded list of immunizations signed and verified by a physician. This is due before your child can begin classes.
2. A Current physical examination report signed by the child's physician must be submitted to the Health Office for all children in Kindergarten, Second, Fourth, Seventh, Tenth and to all New Entrants. A physical is good for one year from the date of the exam. It is also required that all students interested in sort/interscholastic teams to hand in proof of physical prior to the first day of practice.

(NOTE: You should retain a copy of your child's health and immunization reports for your records. These may be needed for extra-curricular programs: sports, camp, day care, etc.)

Medications:

All medications, including non-prescription drugs (*e.g. Tylenol, Motrin, cough drops*), given in school must be prescribed by a licensed provider. This policy also applies to all school sponsored *field trips*. Medication permission forms are available in the Health Office or the information may be outlined by your child's physician and faxed to the school at 564-0075. *(See Medication Policy and Procedure for details.)*

Absences:

If your child is absent, please notify the school office. A written note concerning the absence is required upon the child's return. This is a legal document retained for our files. An absence without a note is considered an illegal absence.

Physical Education:

A note is required if an illness or injury prevents your child from participating in physical education. A parent's note is sufficient for a week or less. If your child needs longer restriction, a physician's note is required. When your child is excluded from physical education class, he/she is also excluded from any sport team and/or playground activity.

Sports:

A physical is required for any student wishing to participate on interscholastic teams. Physical are due prior to the first practice. Sports physicals are good for one year from *date of exam*.

Screenings:

Vision is checked in K, 1, 2, 3, 5, 7th and 10th grades.

Hearing is checked in K, 1, 3, 5, 7th and 10th grades.

If you suspect a problem any child can be screened at any time.

Scoliosis screening: grades 5 thru 9.

The Health Office extends to you an invitation to call with any questions you may have throughout the school year. The Health Office is open during regular school hours.

Williamsville Central School District,

Michele Hillebrand, R. N.

Rev. 2/2006



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When Your Child Is Ill

Children are most vulnerable to contracting diseases while in school because of the close contact they maintain. While we cannot prevent this from occurring, with your help we can implement some simple guidelines to help promote a healthy environment.

- 1) A child should remain home if he/she has vomited or experienced diarrhea within a 24 hour period.
- 2) A child should be fever free for 24 hours before returning to school. Temperature may indicate the onset of an illness.
- 3) If your child is coughing excessively, keep him/her home to prevent exposing other children.
- 4) Please teach your child the importance of correct hand washing as a means of preventing the spread of germs.
- 5) Please remind your child of the correct use and disposal of tissues, and covering one's mouth when coughing also prevents germs from circulating.

Communication is a two-way street. Please report any contagious diseases your child has been diagnosed to have (*e.g. strep throat, chicken pox, pink eye, etc.*). The more we know, the better prepared we are to keep your child on the road to good health. When necessary, notices containing information regarding communicable diseases will be coming home. Save these for future references. If you have any questions, contact the school nurse at 689-9944.

All kindergarten and newly enrolled students must have completed immunization records submitted to the Health Office prior to the start of the school year.

School emergency/medical awareness sheets will be distributed shortly after school begins and are to be returned within one week. These forms need to be updated yearly and whenever changes occur.



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Authorization for Self-Administration of Medication at School and After-School Activities

A. To be completed by the licensed healthcare provider:

(Student's name): _____ has been instructed in the
proper use of the following medication(s): _____

IN MY PROFESSIONAL OPINION, THIS STUDENT SHOULD BE ALLOWED TO CARRY AND
USE THE ABOVE MEDICATION(S) BY HIM/HERSELF.

(Date)

(Signature of Licensed Prescriber)

B. To be completed by parent or guardian:

I request that my child _____ be permitted to carry the above prescribed
medication(s) on his/her person or to keep that above prescribed medication(s) in his/her locker or PE
locker, as I consider him/her responsible. The student has been instructed and understands the purpose,
appropriate method, frequency and use of his/her medication. The student understands that he/she is
responsible and accountable for carrying and using his/her medication. It is understood that if there is
irresponsible behavior or a safety risk, the privilege of carrying his/her medication will be rescinded.

(Date)

(Signature of Parent or Guardian)

The licensed prescriber's statement and parent request are accepted. The student will be permitted to
carry and use the prescribed medication. The parent will be contacted as soon as possible in the event of
irresponsible behavior or safety risk.

(Date)

(Signature of School Nurse)

NOTE: This form must be completed *in addition* to the parent and prescriber's authorization form for
administration of medication in school.

Date form received in health office: _____



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Parent and Prescriber's Authorization for Administration of Medications in School

A. To be completed by the parent or guardian:

I request that my child _____ grade _____ receive the medication as prescribed below by our licensed health care prescriber. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the school nurse will administer the medication or an adult will supervise my child taking his/her own medication:

Signature (Parent of Guardian): _____

Address: _____

Telephone: Home: _____ Work: _____ Date: _____

B. To be completed by the licensed health care prescriber:

I request that my patient, as listed below, receive the following medication:

Name of Student: _____ Date of Birth: _____

Diagnosis: _____

Name of Medication(s): _____

Prescribed Dosage, Frequency and Route of Administration: _____

Time to be taken during school hours: _____

Duration of Treatment: _____

Possible Side Effects and Adverse Reactions (if any): _____

Other Recommendations: _____

Name of Licensed Prescriber and Title (please print): _____

Prescriber's Signature: _____ Date: _____

Address: _____

Phone: _____



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Comprehensive Dental Examination Form

Student's Name: _____ Grade: _____

A comprehensive dental examination was performed on the above- named student.

Dental work completed: _____

Under treatment: _____

No further treatment necessary: _____

Date: _____

Dentist's address and phone: _____

Dentist's printed name and signature: _____

New York State Education Department requires proof of a comprehensive dental exam upon entrance to the school district. The school district strongly recommends a full dental examination upon entrance or in grades K, 2, 4, 7, 10.

It is required that this form be completed and submitted to the school nurse within 30 days of the entrance to school.

If you need assistance in locating dental services, there is a list on the reverse side of this form that may be helpful to you. Dental services offered by these providers are either free or reduced, and accept most insurances, including Medicaid. Please address your specific concerns with the providers prior to your appointment. If you would like additional information or assistance in finding a dentist, the contact information for the Eighth Dental Society is also listed.

Thank you for your cooperation.



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Sports Registration Form

Student's Name _____ Grade _____

As the parent/legal guardian of _____, I request in my absence the above-named player to be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment for the above minor. I have not been given a guarantee as to the results of the examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above player.

Date of Players Birth: ____/____/____ Date of last Tetanus Booster: ____/____/____
Month Day Year Month Day Year

Known Allergies of this player (including any allergies to medicine): _____

Any other medical problems which should be noted: _____

Current Medications: _____

Family Physician: _____ Phone: () _____

Parent/Guardian: _____

Address: _____
Street City State Zip

Home Phone: () _____ Work Phone: () _____ Fax: () _____

Emergency contact (if parent is unavailable): _____

Address: _____
Street City State Zip

Home Phone: () _____ Work Phone: () _____ Fax: () _____

AMHERST CHRISTIAN ACADEMY, A MINISTRY OF CREEKSIDE ASSEMBLY OF GOD, IS A COMMUNITY OF STAFF, STUDENTS AND THEIR FAMILIES COMMITTED TO PURSUING EXCELLENCE IN ACADEMICS AND CHARACTER THROUGH A CHRIST-CENTERED, RESEARCH-BASED, AFFORDABLE, EDUCATION. WE STRIVE TO DISCIPLE THE COMPLETE STUDENT IN AUTHENTIC FAITH AND LOVE WHO WILL INFLUENCE THE WORLD FOR CHRIST.

Person responsible for charges (*if different from Parent/Guardian*): _____

Address: _____
Street City State Zip

Home Phone: () _____ Work Phone: () _____ Fax: () _____

Insurance Carrier: _____ I.D. # _____

Address: _____
Street City State Zip

Home Phone: () _____ Work Phone: () _____ Fax: () _____

Signature of Parent/Guardian: _____

Date: _____

Signature also verifies that I have reported to the coach and School Nurse any injuries of illness since my child's sports physical.



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Dear Parent or Guardian,

Greetings in the name of the Lord Jesus Christ! And welcome to Amherst Christian Academy, A.C.A. I am so excited about what the Lord is doing at our school and I hope you can be a part of it.

Our purpose at Amherst Christian Academy is to provide a Christ centered education while upholding a high academic standard. We serve our students to encourage their growth in wisdom, stature and knowledge so they may become servants of the Lord.

To accomplish this, we provide chapel services and devotional groups. We endeavor to serve the community surrounding us through works of service. And we use a combination of Accelerate Christian Education curriculum, traditional classroom instruction, and reformed teaching methods.

Our faculty is committed to working with your child on an individual basis and promoting excellence in their spiritual walk and academic growth. We are proud of our faculty and the accomplishments of their students.

A.C.A. is a private Christian school and seeks first to obey and honor the Lord. Our prayer is that you may be a part of our vision the Lord has given us for the children of our community.

In His service,

Mr. Michael Cabán
Principal