

Excel Christian Academy

Admissions Information Packet

2025/2026

Bridgette Cannon, M.Ed., Chief Education and Enrichment Administrator



*Discover the Joy of a Quality Education!*



# Excel Christian Academy

734 Apple St.  
Burlington, N. C. 27217

CHANCELLOR  
REV. LARRY E. COVINGTON  
PRINCIPAL/DIRECTOR  
BRIDGETTE CANNON

OFFICE 336-229-1982  
FAX 336-904-2361

Dear Potential Parents,

Thank you for your interest in Excel Christian Academy. It is our vision to provide the best educational experience within a Christian environment for each of our students. We take great pride in the fact that our students excel above their peers of the same age both academically and socially. We strive to create a unique learning environment that is rich in biblical teachings and developmentally appropriate practices.

Please take a moment to peruse the enclosed information. Feel free to contact me with any questions that may arise or to schedule a tour of our facility. It is our prayer that we may be able to provide service for you and your family's child care needs.

Again, I thank you for your interest and eagerly wait to hear from you.

Sincerely Yours,

Bridgette Cannon  
Principal/Director

*Discover the Joy of a Quality Education!*

# Excel Christian Academy

Prospective Parent Questionnaire (Optional)

How did you hear about ECA? (Please circle all that apply)

- |                    |                       |
|--------------------|-----------------------|
| Current Parent     | Other Word of Mouth   |
| Employee           | Ad in a Publication   |
| Member of Ebenezer | Sign Outside Building |
| Former Parent      | Other _____           |

Were you greeted promptly with a smile?      Yes      No

Did you feel that the staff was knowledgeable?      Yes      No

From your visit to Excel do you consider Excel to be...(circle all that apply)

- |             |                |
|-------------|----------------|
| Clean       | Unclean        |
| Friendly    | Unfriendly     |
| Exciting    | Boring         |
| Innovative  | Unprofessional |
| Responsible | Negligent      |

From your visit to Excel would you...

Tell others?	Yes	No
Want to enroll your child(ren)?	Yes	No

Do you have any other comments about your visit?

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**We would like to thank you for your participation in this survey.  
We value your opinion and hope that Excel Christian Academy can exceed your expectations!**



**EXCEL CHRISTIAN ACADEMY**  
New Student File Requirements

Date:

Student Name:

Use this checklist to make sure all necessary forms are completed and all fees are paid. Please make sure that the following forms and applicable items are turned in to the administration office.

<u>Item</u>	<u>Requirement</u>	<u>Comments</u>	<u>Date Returned</u>
<b>Application for Admission</b>			
<b>Children's Medical Report**</b>			
<b>Immunization History**</b>			
<b>Emergency Care Information</b>			
<b>Discipline &amp; Behavior Management Policy</b>			
<b>Enrollment Agreement</b>			
<b>Financial Agreement</b>			
<b>Travel and Activity Authorization</b>			
<b>Authorization for Student Pick Up</b>			
<b>Photograph/Film Release</b>			
<b>Playground Permission Form</b>			
<b>Parent Volunteer Application</b>			
<b>Birth Certificate</b>			
<b>Recent Photo</b>			
<b>Registration Fee</b>			
<b>Book/Materials Fee</b>			

\*\* For the safety of our students and in conformance with state regulations no student will be admitted to ECA without an up-to-date physical and immunization records.

Date Application Completed \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

### CHILD'S APPLICATION FOR ENROLLMENT

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually

**CHILD INFORMATION:** Date of Birth: \_\_\_\_\_

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

Last

First

Middle

Nickname

Child's Physical Address: \_\_\_\_\_

**FAMILY INFORMATION:** Child lives with: \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**CONTACTS:**

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

Name	Relationship	Address	Phone Number

Name	Relationship	Address	Phone Number

**HEALTH CARE NEEDS:**

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes\_\_ No\_\_

List any allergies and the symptoms and type of response required for allergic reactions. \_\_\_\_\_

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns \_\_\_\_\_

List any particular fears or unique behavior characteristics the child has \_\_\_\_\_

List any types of medication taken for health care needs \_\_\_\_\_

Share any other information that has a direct bearing on assuring safe medical treatment for your child \_\_\_\_\_

**EMERGENCY MEDICAL CARE INFORMATION:**

Name of health care professional \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

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

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

# Children's Medical Report

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

**A. Medical History** (May be completed by parent)

- 1. Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes, what?
- 2. Is child currently under a doctor's care? No \_\_\_ Yes \_\_\_ If yes, for what reason?
- 3. Is the child on any continuous medication? No \_\_\_ Yes \_\_\_ If yes, what? 4. Any previous hospitalizations or operations? No \_\_\_ Yes \_\_\_ If yes, when and for what? 5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_ ; diabetes No \_\_\_ Yes \_\_\_ ; convulsions No \_\_\_ Yes \_\_\_ ; heart trouble No \_\_\_ Yes \_\_\_ ; asthma No \_\_\_ Yes \_\_\_ . If others, what/when?
- 6. Does the child have any physical disabilities: No \_\_\_ Yes \_\_\_ If yes, please describe:  
Any mental disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe:

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Address of Parent of Guardian \_\_\_\_\_

**B. Physical Examination:** This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Height \_\_\_\_\_ % Weight \_\_\_\_\_ %

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Throat \_\_\_\_\_  
Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_ Ext \_\_\_\_\_

Neurological System \_\_\_\_\_ Skin \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_  
Results of Tuberculin Test, if given: Type \_\_\_\_\_ date \_\_\_\_\_ Normal \_\_\_ Abnormal \_\_\_\_\_ follow up \_\_\_\_\_

Developmental Evaluation: delayed \_\_\_\_\_ age appropriate \_\_\_\_\_

If delay, note significance and special care needed; \_\_\_\_\_  
\_\_\_\_\_

Should activities be limited? No \_\_\_ Yes \_\_\_ If yes, explain: \_\_\_\_\_

Any other recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Examination** \_\_\_\_\_

**Signature of authorized examiner/title** \_\_\_\_\_ **Phone #** \_\_\_\_\_

# Children's Medical Report

**C. Immunization History:** The day care operator or health official must enter the date immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all day care facilities to have this information on file.

## Enter date of each does – Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP/DT (circle which)					
*POLIO					
**HIB					
*MMR (combined doses)					
Measles (single dose)					
Mumps (single dose)					
Rubella (single dose)					
Other Hep.B					





## **“Time-Out”**

"Time-out" is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "time-out" space, usually a chair, is located away from classroom activity but within the teacher's sight. During "time-out," the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown the other children.

Adapted from original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College

**Excel Christian Academy**  
**Playground Permission Form**

My Child, \_\_\_\_\_, has permission to use any of the Excel Academy church property for recreation, rest, and snack/lunch times while a student at ECA. I understand this includes all of the property outside the fenced area as well as the property inside the fence.

X

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Parent's Signature

Date

# TRAVEL AND ACTIVITY AUTHORIZATION

10 NCAC 3U .0604(1)  
G. S. 110-91(6)  
REV 8/92

- Blanket permission for this activity  
 Special 1-time permission only  
 Blanket permission for all given activities

I, \_\_\_\_\_ parent/guardian of  
name of parent/guardian  
\_\_\_\_\_ give my permission to  
name of child  
Excel Christian Academy \_\_\_\_\_ for my child to participate in the  
following activities

Trips in the van/automobile (facility or parent-owned)

\_\_\_\_\_ Explain planned activity – where and when

Field trips away from the facility

\_\_\_\_\_ Explain planned activity – where and when

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

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

\_\_\_\_\_  
Date Signed

This authorization is valid from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

In addition, if the facility has planned activities outside the fenced area of the facility,

\_\_\_\_\_ I will allow my child to play outside the fenced area; or

I will not allow my child to play outside the fenced area.

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

\_\_\_\_\_  
Date Signed

This authorization is valid from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

*File in child's folder*

## Statement of Receipt of Policies and Procedures

- I acknowledge that I have received a copy of the Excel Christian Academy Student/Parent Handbook.
- I have received and read a copy of Excel Christian Academy's Shaken Baby Syndrome/ Abusive Head Trauma Policy.
- I am in receipt of the North Carolina Child Care Law and Rules.
- I am in receipt of Excel Christian Academy's Smoking and Tobacco Restriction Policy.
- I acknowledge that I have read and understand all policies and procedures detailed in the handbook and have no questions.
- I am in agreement with and consent to abide by all of Excel Christian Academy's policies and procedures.

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Parent Signature

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Date

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Director's Signature

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Date

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**EXCEL CHRISTIAN ACADEMY  
EMERGENCY CARE INFORMATION**

Name of child's doctor \_\_\_\_\_ Address/Phone \_\_\_\_\_  
Name of child's dentist \_\_\_\_\_ Address/Phone \_\_\_\_\_  
Hospital preference \_\_\_\_\_

**In case of emergency if parents (or guardian) cannot be contacted, call:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

Upon signing this application, I agree that ECA may authorize a physician to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

**MEDICAL INFORMATION**

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes\_\_ No\_\_

Does your child have any known allergies (such as dust, drugs, plants, animals, food, etc.)? If yes, please identify.

\_\_\_\_\_

Is your child under the care of a doctor for ongoing medical difficulties? If so, please explain.

\_\_\_\_\_

Is your child on daily medication prescribed by a doctor? If so, please explain.

\_\_\_\_\_

Has applicant been recommended for or undergone any developmental or educational testing to determine the existence of ADD, ADHD, learning disabilities, or any other emotional, physical, or learning difficulties? Has applicant utilized services of a counselor in private practice, psychiatrist, or clinical psychologist? ( )Yes ( )No

If so, please describe and list name of institutions/ individuals whose services were/are being utilized. (ECA requires access to information concerning testing results and recommendations.)

\_\_\_\_\_

Does your child have a history of seizures? ( ) Yes ( ) No

Does your child have any physical handicaps? ( ) Yes ( ) No

Please give any information concerning your child which will be helpful to us and will impact on your child's experience at ECA such as play, eating and sleeping habits, special fears, special likes and dislikes etc.

\_\_\_\_\_

\_\_\_\_\_

I certify that all statements made above are true to the best of my knowledge and belief.

Date \_\_\_\_\_ Signature of Parents/Guardian \_\_\_\_\_

In applying for admission, I authorize other schools/daycare, counselors or physicians to release and share with ECA information and records regarding my child's educational, developmental and behavioral progress.

I, as the director, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, a responsible adult will supervise other children in the facility. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full time caregiver. Provisions will be made for adequate and appropriate rest and outdoor play. (Applicable to preschool only.)

Date \_\_\_\_\_

Signature of Director \_\_\_\_\_

**AUTHORIZATION FOR STUDENT PICK-UP**

Student(s) Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

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

The following person(s) are authorized to pick up my child(ren) from the Excel Christian Academy. If other than a parent or guardian, or if staff does not know person, some form of picture ID must be shown.

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

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



**Excel Christian Academy Financial Information**  
 (Effective January 1, 2024 Tuition fees are as listed below)

**Application Fee**

(The payment of this *non-refundable* fee must accompany application and does not guarantee acceptance or placement).

1 <sup>st</sup> child	\$ 75.00
each additional child	\$ 50.00

**Full Day PreK K2 1/2, K3, K4, K5 Tuition 7:00am – 5:30pm**

	<u>Weekly</u>
K 2 1/2	\$ 235.00
K3	\$ 200.00
K4/K5	\$ 185.00/\$195.00
School age Summer Care	\$175.00

Tuition is due on Friday prior to the week of services or the first day of every month. Any tuition payment received after Friday or the 3rd of the month will be charged a \$20.00 late fee. A student may be asked to withdraw from school if payments are in arrears.

Cash for books, materials, and registration fees are the only forms of payment we accept. We will not accept personal checks. Once your child is enrolled we will set up a credit account for tuition to be paid.

A \$10.00 discount will apply to tuition payments paid in cash.

Additional Non-Refundable Fees Required (*Books & materials*)

<b>K2 1/2</b> .....	\$125.00
<b>K3</b> .....	\$125.00
<b>K4/K5</b> .....	\$125.00
<b>Summer Activity Fee</b> .....	\$160.00

<b><u>Before School Weekly Tuition:</u></b> \$80 per child	(7am-8am)
<b><u>After School Weekly Tuition:</u></b> \$100 per child	(2:30pm-5:30pm)
<b><u>Both Before and After School Weekly Tuition:</u></b>	\$140 per child

There is a non- refundable application fee in the amount of \$75.00.

Late Pickup Fee After 3:00pm (NC PreK) 5:30 p.m..... \$ 20.00  
 per minute, per child

Transportation Fee

Transportation from local schools..... \$40.00 per week, per child



# **Excel Christian Academy**

## **Enrollment Agreement**

### ***Parental Agreement***

ECA seeks to maintain a positive working relationship with parents and guardians. We desire parental involvement and partnership, which is so critical in our educational and Christian setting. ECA maintains that our educational objectives cannot be fully realized without the active interest, participation, and commitment of parents and guardians. Consequently, we expect parents to be involved with teachers, staff, and administrators, and to accept their part in educational accountability. We expect parents to support the educational efforts of our teachers, to closely monitor their child's school work, to respond to communication from our faculty and administrators, to praise and encourage your child in his/her efforts at school, to provide a place and time for study at home, and to be that helper at home, if their child needs extra help.

We recognize that there may be times when issues, differing views, or concerns arise that need to be addressed. Problems not properly dealt with generally lead to greater conflict. Our administrators and faculty are available to meet with you to discuss issues related to your child which you believe need to be addressed. We value communication, objectivity, and constructive dialogue that bring about solutions and resolution to concerns. In those sometimes-inevitable situations, please be so kind as to express any concerns to the persons directly involved, such as our teachers or administrators. Generally, it is unhelpful to communicate concerns to others that are not in a position to bring closure and resolution to your concerns. Notwithstanding, our expectations are that in the event of conflict or disagreement, parents and guardians will approach issues with our staff in a positive, objective, mature; and non-adversarial manner. Disagreements are not necessarily personal, and if given the opportunity, our staff, in most cases, will be able to resolve your concerns.

Ultimately, we believe that our effectiveness as an educational institution is undermined when parents do not support our teachers and administrators. At what point a parent maintains a sustained lack of confidence in our faculty, staff, and administration, we believe that there exists a sufficient barrier to the positive and supportive working relationship that we desire. In the event of the deterioration of this positive working relationship due to an impasse which is seemingly beyond resolution, ECA reserves the right to bar a student from future enrollment at our school, and to begin the steps of transferring said student to another educational institution.

## **Enrollment Policies**

1. ECA expects students to demonstrate consideration, mutual regard, mutual respect, and a positive attitude in dealing with peers, parents, faculty, staff, and administration.
2. Students are not allowed to leave the school grounds during school hours without permission from parents and proper school authorities.
3. The school is not responsible for the loss of personal property, whether the loss occurs by theft, fire, or any other cause.

(Continued on back)

4. ECA reserves the right to dismiss any student who is disruptive or who becomes a discipline problem, reflects adversely on the Christian principles of the school, or generally fails to cooperate with faculty and administrators.
5. Students are to dress modestly and in accordance with the information in the Parent handbook. Body piercing, with the exception of female students' pierced ears, is prohibited, as are tattoos on any of our students.
6. Any student known to deface and destroy school property will be assessed the full cost of repairs or replacement value, and be subject to disciplinary action including dismissal.
7. Students will be assessed the full replacement value in the case of damaged or lost library books and classroom textbooks.
8. A student handbook will be furnished to each student so he or she will be knowledgeable of school policy, procedures, regulations, and expectations. Parents should review handbook material with their child and sign appropriate forms.
9. ECA students will participate in various field trips during the school year. Students are expected to attend field trips with their class. Parents will be notified of each trip.
10. As parents, we agree in accordance with the Biblical principle of Matthew 18: 15.17, to bring concerns and criticisms to the person most directly involved. For issues related to the classroom or instructional program, please contact the appropriate teacher initially. If a satisfactory conclusion is not reached then please contact the administrator who will arrange a time to meet with you and the teacher together.
11. As parents we pledge our support to the teachers and staff members in maintaining good conduct and an optimum learning environment. We further agree that we will support the faculty and administration in discipline at home as needed.
12. Students are to only be in the care of ECA for 9 1/2 hours a day. Attendance longer than the allotted time will result in suspension or termination of child care services. This is for private pay and DSS.
13. Decisions made by the administration are final.

I understand that in signing this Enrollment Agreement, I accept and am supportive of the policies set forth.

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Signature of Parent or Guardian

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Date

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Child's name

## Excel Christian Academy Financial Agreement

Please read the following information and sign this form indicating your agreement and understanding of the policies set forth.

### Policies

1. Upon enrolling my child in the Academy, I hereby agree to pay my tuition in advance as indicated:  
( ) Monthly payments are due on the 1<sup>st</sup> of each calendar month.  
NOTE: An account is considered past due if payment is not received by the 5<sup>th</sup> of each month.  
Any payment received after the 5<sup>th</sup> of the month will incur a \$10.00 late fee.  
( ) Weekly payments are due on the Friday prior to the week services will be rendered.  
If payment is not received on Friday, a student may not return to school until that payment has been received.
2. Registration fees are non-refundable and due upon receipt of Admission Forms.
3. A student may not be allowed to attend if tuition becomes past due.
4. Transcript/diploma, report cards, semester exams, or other school information shall not be issued until all financial obligations are met in full.
5. Due to general expenses and staff commitments, no reductions can be made in tuition due to absenteeism or lost school days due to inclement weather.
6. Students will not be permitted to begin a new school year or enroll in the Summer Camp Program if there is a past due balance.
7. All fees must be paid in full upon withdrawal of a student. Any tuition refund that may be due will be prorated based upon the number of school days, which have transpired.
8. Any student not picked up in the afternoon by 3:00pm or 5:30pm will be assessed a \$20.00 a minute late fee that must be paid in cash prior to the child's next day of attendance.
9. All fundraisers (including brochure sales, pictures, etc.) must be paid by the due date or a \$20.00 late fee will be added to your account.
10. *The Application Fee and other fees (Book & Materials, ACSI, Insurance, Summer Activity fees)* are non-refundable.

By signing this form I acknowledge that I have read, understood, and agree with the provisions, and accept sole responsibility for any and all fees associated with my child's financial account.

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

Signature of Parent or Guardian (responsible for all school fees)

Date

\_\_\_\_\_

\_\_\_\_\_

# EXCEL CHRISTIAN ACADEMY

## Photograph/Film Release Form

Student(s) Name(s):

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Grade

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Grade

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Grade

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Excel Christian Academy is asking for your permission to use photograph/film of your child taken during the scheduled day. Your child's photograph/film may be used for our newsletters, articles, web site, or other programs related to school or church activities.

I give my permission for my child to be photographed/filmed.

Parent/Guardian Signature

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Date

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**EXCEL CHRISTIAN ACADEMY  
VOLUNTEER APPLICATION**

Complete a separate application for each volunteer in the family

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

Volunteer's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Child's Name

Grade

_____	_____
_____	_____
_____	_____

**Talents/Training/Education**

Interests/Talents/Skills: \_\_\_\_\_

Education Degree(s): \_\_\_\_\_

Major Area(s) of study of training: \_\_\_\_\_

**Level of Commitment**

Describe the extent of volunteering you would prefer and to which you could make a commitment: \_\_\_\_\_

Indicate any time restrictions that would apply to your volunteer efforts: \_\_\_\_\_

Would you be willing to assist the school as a volunteer in areas that are not directly associated with your child's/children classes or activities, or would you prefer to work mainly with your child's classroom/activities? \_\_\_\_\_

- \_\_\_\_\_ Prefer working with my child's activities only
- \_\_\_\_\_ Would be willing to assist the school as a whole
- \_\_\_\_\_ Either

## Volunteer Needs

Listed below you will find a listing of the volunteer needs of Excel Christian Academy. Please take a few minutes to consider how you might be able to assist in the various areas indicated. You will be contacted concerning our volunteer placement. Your willingness to serve is greatly appreciated.

Please check below to indicated the areas(s) in which you would be willing to volunteer your time/service when the need arises. You can find the job description at the end of this list.

### Educational Assistance

<input type="checkbox"/> Tutor	<input type="checkbox"/> Teacher Assistant
<input type="checkbox"/> Kindergarten Teacher Assistant	<input type="checkbox"/> Art Assistant
<input type="checkbox"/> Science Assistant	<input type="checkbox"/> P.E. Assistant
<input type="checkbox"/> Computer Assistant	<input type="checkbox"/> Music Assistant
<input type="checkbox"/> Library/Media Assistant	<input type="checkbox"/> Guest Speaker
<input type="checkbox"/>	<input type="checkbox"/> Subject Area(s)

### Classroom Assistance

Homeroom Parent

### Administrative Assistance

School Newsletter Collating

Duplicating/Collating/Mailing

### Marketing/Publicity

Writing/Editing

Computer Graphics/Layout

Scrapbook

Photographer

### Plant and Equipment

Plumbing

Landscaping

Electrical work

Painting

### Job Descriptions:

**Tutor:** Work with individuals or small groups.

**Teacher Assistant:** Assist with classroom activities where the teacher deems necessary.

**Art Assistant:** Help with art projects one or two hours a week.

**Science Assistant:** Work under the supervision of the teacher on science projects during class.

**P.E. Assistant:** Work under the supervision of the teacher with physical fitness activities.

**Computer Assistant:** Assist teachers during each class scheduled time, experience would be helpful.

**Music Assistant:** Assist teachers with special musical performances and rehearsals and/or assist as a piano accompanist.

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