



# BELL SHOALS BAPTIST ACADEMY STUDENT HANDBOOK

## Acknowledgement Form 2019-2020

Please complete form and return to the homeroom teacher.

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Student Name (please print)

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Grade

*The mission of Bell Shoals Baptist Academy is to honor the Lord Jesus Christ by providing students an education based upon academic excellence and Biblical values. We strive to follow Biblical principles in all areas. Cooperation from the home is assumed. By enrolling their child(ren) in BSBA, parents agree to support the school in its financial policies, parental support expectations, and the school's student behavior/discipline policies as articulated. BSBA reserves the unconditional right to take disciplinary action, suspend, and/or dismiss any student whose progress, conduct and/or whose parent's/guardian's conduct is considered by BSBA, in its sole and absolute discretion, to be unsatisfactory and/or in violation of the mission of BSBA. As a ministry of Bell Shoals Baptist Church, Bell Shoals Baptist Academy is governed by the Bylaws of the church. In support of the Articles of Faith, Bell Shoals Baptist Academy reserves the right to not admit or retain students and families based on lifestyle choices and sexual immorality. A complete copy of the church by-laws is available in the academy office.*

- ◆ *Our signatures indicate that we have received, read, and support the 2019-2020 Student Handbook.*
- ◆ *We also agree to cooperate with Bell Shoals Baptist Academy in the enforcement of the rules and regulations of the institution and to meet the terms of the agreement about expenses, business details, and so forth, as outlined by Bell Shoals Baptist Academy.*
- ◆ *We agree with the school's effort to train our child in the Bible and will encourage our child in this and in all other phases of instruction.*

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Student Signature

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Date

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Parent/Guardian Signature

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Date

**BELL SHOALS BAPTIST CHURCH OF BRANDON,  
INC. /BELL SHOALS BAPTIST ACADEMY  
YOUTH ACTIVITY PARTICIPANT FORM FOR MINORS UNDER 18 YEARS OF AGE**

- (1) PARTICIPANT INFORMATION**
- (2) AUTHORIZATION FOR MEDICAL TREATMENT**
- (3) PHOTOGRAPHIC AND REPROGRAPHIC RELEASE**
- (4) PRE-INJURY WAIVER, RELEASE AND HOLD HARMLESS**
- (5) DISPUTE RESOLUTION**

**PARTICIPANT INFORMATION (PLEASE PRINT LEGIBLY)**

Minor's Name (per Passport or DL): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex (check one): \_\_\_\_\_ Male \_\_\_\_\_ Female  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Participant/Minor Home Phone: \_\_\_\_\_  
Father's Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
Mother's Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
Primary Email Address: \_\_\_\_\_  
In Case of Emergency, please contact: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
2nd Emergency contact: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
We, \_\_\_\_\_ and \_\_\_\_\_ are the parents or legal guardians  
("Participant's Guardians") of \_\_\_\_\_, a minor child under 18 years of age ("Participant").

**AUTHORIZATION FOR MEDICAL TREATMENT**

Participant's Guardians authorize and consent to a member of the Bell Shoals Leadership Team, including a mission team member, camp leader, Bell Shoals Baptist Academy faculty or staff member (hereafter "Bell Shoals Designee"), to administer general first aid treatment for any minor injuries or illnesses experienced by Participant. If the injury or illness is life threatening or in need of emergency treatment, Participant's Guardians authorize the Bell Shoals Designee to summon any and all professional emergency personnel to attend, transport, and treat Participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state or country in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Bell Shoals Designee in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Participant's Guardians assume personal responsibility for all medical bills and certifies that they have secured primary medical insurance for Participant. Further, should it be necessary for Participant to return home due to medical reasons, for disciplinary action, or otherwise, Participant's Guardians hereby assume responsibility for all related transportation and/or communication costs.

**MEDICAL HISTORY**

HOSPITAL INSURANCE: Yes \_\_\_\_\_ No \_\_\_\_\_ Insurance Company & Policy Number \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ILLNESSES: (Please list all chronic illnesses and give details as needed)  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT MEDICATIONS: (List all dosages and milligrams) \_\_\_\_\_

**ALLERGIES:** (i.e. food, penicillin, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS OPERATIONS/ADDITIONAL MEDICAL INFORMATION: \_\_\_\_\_

## PHOTOGRAPHIC AND REPROGRAPHIC RELEASE

By signing this document Participant's Guardians hereby give Bell Shoals the absolute and irrevocable right and permission to use Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of Participant with or without Participant's voice, or in which Participant may be included in whole or in part, photographed, taped, videotaped, and/or recorded during any Youth Activity, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any lawful purpose whatsoever.

## PRE-INJURY WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

We realize and acknowledge that Participant's participation in a Bell Shoals Baptist Church of Brandon, Inc. and/or the Bell Shoals Baptist Academy ("Bell Shoals") event, mission trip, ministry project, youth camp, field trip, sports activity or activity of any kind (collectively "Youth Activity") anywhere within the United States, in a foreign country and travel to and from a Youth Activity, includes many risks and possible dangers. We further acknowledge that a Youth Activity may expose Participant to accidents, disease, war, political unrest and inherently dangerous activities, including by general description and not by way of limitation, horseback riding, go-cart racing, swimming, water skiing, jet skiing, other water sports, hiking, archery, sports activities and any other activities in which youth may engage (collectively "Risks"). We have measured the Risks against the benefits of Participant participating in a Youth Activity and have determined that the benefits far outweigh the Risks.

In good and valuable consideration, including but not limited to Participant being allowed to participate in a Youth Activity, and to the fullest extent permitted by law, we on behalf of ourselves, heirs, executors, administrators and Participant unconditionally agree to waive, release and hold harmless Bell Shoals, its trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives, Bell Shoals Academy faculty and staff members, and assigns (collectively "Bell Shoals Releasees") from any and all liability, claims, demands and causes of action for personal injury, sickness, disease, death, damages, property damage and expenses of any nature (collectively "Claims"), incurred by us and/or Participant, arising out of or related to in any way to a Youth Activity, including negligence and/or fault, in whole or in part, of the Bell Shoals Releasees. This Pre-injury Waiver, Release, and Hold Harmless Agreement applies to all Claims that exceed insurance coverage payments, if any, actually received by Bell Shoals. If no insurance payments are received by Bell Shoals, then this Bell Shoals Baptist Church of Brandon, Inc./Bell Shoals Baptist Academy Youth Activity Form For Minors Under 18 Years Of Age Authorization For Medical Treatment and Photographic And Reprographic Release And Pre-injury Waiver, Release And Hold Harmless Agreement ("Youth Activity Form") applies to all Claims. However, there is no obligation, express or implied, for Bell Shoals to procure insurance coverage to cover any potential Claim. Bell Shoals will use reasonable efforts to obtain commercially reasonable and available commercial liability insurance. Bell Shoals affirms that the safety and well-being of all Participants is of utmost importance.

Participant's Guardians have considered the ability to obtain independent insurance coverage and certify that we have secured primary medical insurance for Participant or have other means to cover the expense of any loss, damage or injury, as described above, and we accept the Risks and associated expense.

**To the extent any of the terms or provisions of this Youth Activity Form is deemed unenforceable by a court of competent jurisdiction or arbitration panel, then the terms or provisions that are deemed unenforceable shall be stricken and the remaining terms and provisions shall remain in full force and effect to effectuate the intent of the parties for this Youth Activity Form to be an enforceable non-commercial pre-injury release of a minor under Florida common law.**

**This form will be effective for participation in any Bell Shoals Youth Activity that begins on or after the date this document is signed and notarized and through August 31, 2020. Participant's Guardians acknowledge that they are the parents and/or legal guardians of Participant, have read and understood this Youth Activity Form in its entirety and have signed and delivered it voluntarily.**

## DISPUTE RESOLUTION

Participant's Guardians believe the Bible commands them to make every effort to live at peace and to resolve disputes in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, Participant's Guardians agree that any Claim or dispute arising from or related to this Youth Activity Form shall be settled by Biblically-based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for The Institute For Christian Conciliation. All such mediation and arbitration shall take place in Hillsborough County, Florida. Judgment upon an arbitration award may be entered in any court of competent jurisdiction. The Participant's Guardians understand that these methods shall be the sole remedy for any controversy or Claim arising out of this Youth Activity Form and Participant's Guardians and Participant expressly waive their right to file a lawsuit in any civil court against Bell Shoals, its trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives, Bell Shoals Baptist Academy faculty and staff members, Bell Shoals Designees and assigns, for such disputes, except to enforce an arbitration decision. The Participant's Guardians agree that the prevailing party in any dispute will be entitled to attorneys' fees, costs and expense of litigation and that Participant's Guardians will be responsible for such attorneys' fees, costs and expense of litigation should Bell Shoals be deemed the prevailing party in any action. The Arbitrator(s) shall determine entitlement and amount of attorneys' fees, costs and expense of litigation. For more information regarding The Institute For Christian Conciliation, please go to their website at [www.peacemaker.net](http://www.peacemaker.net).

## PLEASE COMPLETE AND SIGN BELOW

\_\_\_\_\_

Date

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent(s) or Guardian(s)

\_\_\_\_\_

Signature of Parent(s) or Guardian(s)

\_\_\_\_\_

Printed Name of Parent(s) or Guardian(s)

\_\_\_\_\_

Printed Name of Parent(s) or Guardian(s)

## NOTARY PUBLIC

STATE OF: **FLORIDA**

COUNTY OF: **HILLSBOROUGH**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_, by

\_\_\_\_\_  
Name of Person(s) Acknowledging

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_ Personally Known or \_\_\_ Produced Identification.

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_

**Bell Shoals Baptist Academy**  
**Request for Medication Administration**  
(to be completed by parent or guardian)

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent's Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Emergency contact information \_\_\_\_\_

Medication to be administered \_\_\_\_\_

Dosage to be administered \_\_\_\_\_

Time or interval at which each dosage is to be administered \_\_\_\_\_

Describe the symptoms that would require the medication to be given \_\_\_\_\_

\_\_\_\_\_

Name of physician authorizing administration \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date to begin administration \_\_\_\_\_

Date to cease administration \_\_\_\_\_

I request that Bell Shoals Baptist Academy administer the above medication to my child in accordance with my request and the physician's statement of need. I agree to notify the school of any changes in my child's condition with respect to the administration of medication or with any changes to the information provided on this form. I understand that it is my responsibility to send an appropriate supply of medication to school in its original container. *Medication provided to the school in any container other than the original will not be accepted.* The school agrees to keep a written log of medication administered to my child in school throughout the current school year.

\_\_\_\_\_  
(signature of parent or guardian)

\_\_\_\_\_  
(date)

# BSBA ALLERGY ACTION PLAN

PLACE  
PICTURE  
HERE

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_








Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_  
THEREFORE:  
 If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.  
 If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.





FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**

 <b>LUNG</b> Shortness of breath, wheezing, repetitive cough	 <b>HEART</b> Pale or bluish skin, faintness, weak pulse, dizziness	 <b>THROAT</b> Tight or hoarse throat, trouble breathing or swallowing	 <b>MOUTH</b> Significant swelling of the tongue or lips
 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<b>OR A COMBINATION</b> of symptoms from different body areas.

↓ ↓ ↓

- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS**

 <b>NOSE</b> Itchy or runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea or discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

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FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg IM  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

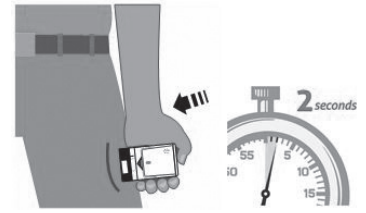
Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

\_\_\_\_\_

## HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.

3



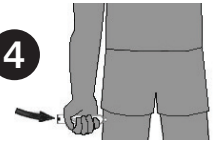
## HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

3



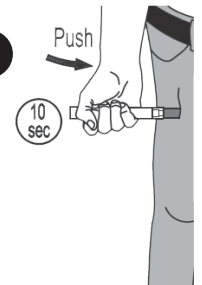
4



## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

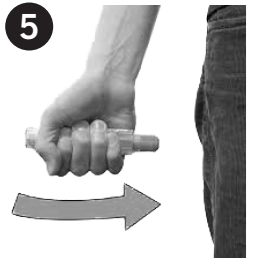
5



## HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

5



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

\*CONFIDENTIAL\*

# BELL SHOALS BAPTIST ACADEMY

## BACKGROUND CHECK AUTHORIZATION

Bell Shoals Baptist Academy requires background checks for all volunteers. You are asked to sign this release form authorizing such checks. These checks include verification of social security numbers as well as a criminal records check. If conviction is discovered, a determination will be made whether the conviction is related to working with children and would present a safety or security risk.

Any volunteer who provides misleading, erroneous or willfully deceptive information to the Academy will be eliminated from volunteering.

Print Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Names of children  
enrolled in the Academy: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street) (Zip/State)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_  
(Please attach a copy of License)

Are you a member of Bell Shoals Baptist Church? Y/N \_\_\_\_\_

Have you previously volunteered with children or youth at Bell Shoals Baptist Church? Y/N \_\_\_\_\_

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

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

\*Please include a check for \$10.00 made payable to BSBA to cover the processing fee and a copy of your driver's license.

We will not be able to process this request unless both of these are attached. Thank you!

(Admin Only) \_\_\_\_\_ paid \_\_\_\_\_ Shelby \_\_\_\_\_ pending approval \_\_\_\_\_ approved

Administrative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Needs To Be Completed By Each Parent/Guardian. All Field Trip Drivers Must Have This Form On File.

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**BELL SHOALS BAPTIST ACADEMY**

**DRIVER LIABILITY FORM**

As a driver for the Bell Shoals Baptist Academy, I certify that I have liability insurance to cover my automobile and personal injury in the event of an accident. I consent the use of my insurance if necessary.

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

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

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

Insurance Policy Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**I DO HEREBY CERTIFY THAT I HAVE HAD NO DRIVING TICKETS IN THE PAST THREE (3) YEARS, HAVE NO CHARGEABLE AT-FAULT ACCIDENTS FOR THE PRIOR THREE (3) YEARS, AM BETWEEN THE AGE OF 25 & 70, AND HAVE A VALID DRIVER'S LICENSE.**

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

Signature of Driver: \_\_\_\_\_

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**BELL SHOALS BAPTIST ACADEMY**

**DRIVER LIABILITY FORM**

As a driver for the Bell Shoals Baptist Academy, I certify that I have liability insurance to cover my automobile and personal injury in the event of an accident. I consent the use of my insurance if necessary.

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

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

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

Insurance Policy Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**I DO HEREBY CERTIFY THAT I HAVE HAD NO DRIVING TICKETS IN THE PAST THREE (3) YEARS, HAVE NO CHARGEABLE AT-FAULT ACCIDENTS FOR THE PRIOR THREE (3) YEARS, AM BETWEEN THE AGE OF 25 & 70, AND HAVE A VALID DRIVER'S LICENSE.**

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

Signature of Driver: \_\_\_\_\_

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# WE heart OUR VOLUNTEERS



During the year we will be calling on volunteers to help out in and around the classroom. There are a variety of needs. We ask that you would pray about the following areas and check all that you would be able to do. We know that there are areas that we may have missed, so if you have any ideas, please feel free to list them under "Other". Your child's teacher will be in contact with you regarding the areas you have checked.

Thank you for your support and commitment!  
It's going to be a great year!

STUDENT NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## Positions

\_\_\_ ROOM PARENT

\_\_\_ ASSISTANT ROOM PARENT

\_\_\_ PRAYER COORDINATOR

\_\_\_ TEACHER APPRECIATION COORDINATOR

\_\_\_ CLASS PHOTOGRAPHER

\_\_\_ BOX TOP COORDINATOR

\_\_\_ LUNCH ROOM VOLUNTEER

\_\_\_ CHRISTMAS GIFT SHOP VOLUNTEER

\_\_\_ PANTHER PARTNER \*ANSWERS QUESTIONS FOR NEW FAMILIES AT ACADEMY

\_\_\_ OTHER: \_\_\_\_\_





# Bell Shoals

BAPTIST ACADEMY

## ACADEMY ACTIVITY FUND

**CONTACT: PTFTeamBSBA@gmail.com for Additional Information**

It's the start of a brand new school year and it's sure to be an exciting one filled with lots of memories and experiences! One thing we do at the beginning of each new school year is to ask each family to donate \$20.00 for the each student, and \$15 per sibling to the academy activity fund. This is an optional once-a-year fund used to support all academy classes with student awards, lanyard pins, and special events.

Examples of these activities include, but are not limited to:

- Ice Cream Social
- Birthday Gift for each Teacher
- Teacher Appreciation Week
- Bi-monthly Teacher Blessing
- Student Lanyard Pins
- Pop in with Pop
- Grandparents Day Refreshments
- Cards and Gifts of Celebrations, Gratitude, and Comfort



The PTF Board strives to keep expenses to our families at a minimum while enhancing the activities and opportunities that we enjoy. Should you choose to participate, the Membership is only \$20.00 per student and \$15 for each sibling. You will also receive a thank you gift for your support--a BSBA Magnet!

Please complete the form below and return with your payment by Thursday, September 12th. This will help the PTF get off to a great start for the school year and we sincerely appreciate your participation.

Thank you for your support!  
Jennifer Johnson, PTF President

(Cut off the form below & return to students teacher)

### ACADEMY ACTIVITY FUND: COMPLETE FORM OR FILL OUT ONLINE!

(return by Thursday, September 12th)

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_  
(if multiple children please specify)

Teacher's Name \_\_\_\_\_  
(if multiple children please specify)

Amount: \_\_\_\_\_ Cash \_\_\_\_\_ or Check # \_\_\_\_\_ payable to BSBA.

## **Classroom Volunteer INFORMATION Sheet**

Please fill out the back of this paper and let us know which areas you are interested in helping within the classroom. The Parent Teacher Fellowship (PTF) will share opportunities you with throughout the year for ways you can volunteer in your child's class and around the academy.

**Room Parent and Assistant Room Parent** – This is a wonderful way to get involved with your child's classroom by assisting your Teacher. Responsibilities include working with the teacher to coordinate Class Parties and other events, assist in communicating with Parents, assist with events sponsored by PTF, and attend Room Parent Meetings (usually one per semester, childcare provided)

**Teacher Appreciation Representative** – Every year we hold a Teacher Appreciation Week (TAW) to show our love and gratitude for our teachers and staff. You would assist with decorating the hallways for that week, volunteer to help at the different activities during that week, assist the TAW Coordinators with projects, and work closely with the Room Parent(s) to show our appreciation on a bi-monthly basis. The Teacher Appreciation Coordinators on the PTF Team will orchestrate the bi-monthly gifts or service for our teachers.

**Class Photographer** – The class photographer is not meant to require a professional!! You will take pictures of the class throughout the year during class parties, field trips, and special events to provide the PTF with resources for the yearbook, slideshows, etc. The PTF will be sharing info for the Class Photographer to set up a Shutterfly Class Share Site (optional, but so helpful) so the parents can easily post photos and share with each other, as well as the PTF for a photo resource.

**Box Top Representative** – Every month parents are encouraged to send in "Box Tops" found on hundreds of items. You will sort, clip and count them, and encourage your class to participate in the Box Top incentives program.

**Lunch Room Volunteer**- Willing to be added to an email list when the lunchroom needs help.

**Prayer Coordinator**- Coordinate meeting practical needs of members in times of distress or need. (e.g. send prayer email chain, sympathy cards, etc.) Compile general class prayer requests.

**Christmas Gift Shop**- Assist and support PTF with Christmas Gift shop. Help students' shop. Takes place on Dec 9th-10th

**Panther Partner**- The class Panther partner will work closely with the PTF Panther partner coordinator to ensure that all new Academy families grade K-8th are welcomed and included.