



BELL SHOALS BAPTIST ACADEMY

WELCOME TO BELL SHOALS BAPTIST ACADEMY

Please review, sign, and return these documents to your teacher at
Supply Drop Off, Thursday August 13th.

FORMS TO SIGN AND RETURN:

- ☐ Youth Activity Participant Form
- ☐ Background Check
- ☐ Allergy Action Plan (if needed)
- ☐ Request for Medication (if needed)
- ☐ Family Handbook Acknowledgement Form 2020-2021
- ☐ Driver's Liability Form
- ☐ Volunteer Form (if interested)

FORMS FOR YOUR INFORMATION:

- ☐ Arrival and Dismissal Procedure
- ☐ Carline Map
- ☐ BSBA APP

**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, 2021. 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.

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 _____, 202_____, by

Name of Person(s) Acknowledging

Signature of Notary Public

Printed Name of Notary Public

____ Personally Known or ____ Produced Identification.

Type of Identification Produced: _____

CONFIDENTIAL

BELL SHOALS BAPTIST ACADEMY

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: _____

BSBA ALLERGY ACTION PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

PLACE
PICTURE
HERE

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



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **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



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

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

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. 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: _____

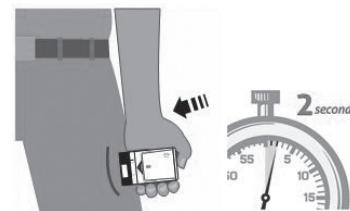
Antihistamine Dose: _____

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



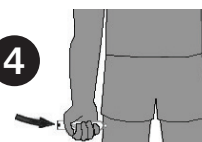
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

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



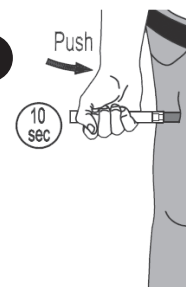
4



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: _____

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)

Bell Shoals Baptist Academy

Family Handbook Acknowledgement Form 2020-2021

Please complete and return to the homeroom teacher.

Student Name

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 2020-2021 Student Handbook.*
- *We also agree to cooperate with Bell Shoals Baptist ELC 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.*
- *We consent for BSBA personnel to have access to our child's records.*
- *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.*
- *We have taken enhanced health and safety measures for you, our students, our staff, and our families. You must follow all posted instruction while visiting Bell Shoals Baptist Academy. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and visitors with underlying medical conditions are especially vulnerable. By visiting Bell Shoals Baptist Academy, you voluntarily assume risks related to exposure to COVID-19. Help us keep each other healthy and safe.*

Parent/Guardian Signature

Date:

Parent/Guardian Signature

Date:

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

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: _____

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: _____

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Date: _____

Signature of Driver: _____

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

LUNCH ROOM VOLUNTEER

CARLINE VOLUNTEER

CHRISTMAS GIFT SHOP VOLUNTEER

CUT, ORGANIZE PACKETS FOR TEACHER @ HOME

OTHER: _____

Look for more
updates via your email
from the PTF Board



ARRIVAL AND DISMISSAL

CARLINE

ARRIVAL

- All Students Drop Off Time: 7:45-8:15 AM
 - 2nd-8th Grades will enter off Brooker Road to SEC Carline
 - 2's - 1st Grade will enter off Bell Shoals Road to Preschool Carline
 - Families with multiple children drop off location will be with the youngest child.
- Parents will need to get out of their car to unload students and supplies.
- Students will go directly to their classrooms.
- Student hallway directional traffic will always default to 'right lane' only.
- Students will sanitize hands before entering the school.
- Daily temperature checks will be conducted for every student and staff member.
- During the beginning of school if a new preschool – 1st grade student requires a parent to walk them in to familiarize themselves with a new school, they must enter after 8:45 am through the SEC entrance. Adults will be temperature checked, required to wear a mask, and should not enter the classroom. After August 28th, all students will need to use carline. If a student requires additional assistance in walking to class after that date, those cases will be reviewed on a case by case basis.
- Before care is available through our Explorers Club Program.

DISMISSAL

- All parents will be given car tags of the student(s) you will be picking up.
- Park and walk up options are not available at this time. Due to safety concerns, we ask that you remain in car line and refrain from walking up to pick up your child.
- **In order to keep our classes and pods separate, please note students will need to be picked up at their assigned time and not with another sibling.**

DISMISSAL TIMES

Jr.K-Kindergarten:	2:15 pm - 2:30 pm (SEC carline side)
1st Grade:	2:25 pm - 2:40 pm (SEC carline side)
2nd Grade:	2:30 pm - 2:45 pm (SEC carline side)
3rd Grade:	2:35 pm - 2:50 pm (SEC carline side)
4th Grade:	2:45 pm - 3:00 pm (SEC carline side)
5th Grade:	3:00 pm - 3:15 pm (SEC carline side)
6th - 8th Grade:	3:00 pm - 3:15 pm (Preschool carline side)

Please review the carline map to assist with drop off and pick up.



Bell Shoals

BAPTIST CHURCH

real hope. new life.

Bell Shoals Baptist Academy
2020-21 Carline Map

**ALL CARLINES
ARE ONE WAY**

-  Park and Walk
-  Drop off: 2nd-8th Grade
Pick-up: Kinder-5th
-  Drop Off: ELC-1st Grade
Pick-up: ELC & 6th-8th

**PARK AND
WALK
ONLY AFTER
8:45 AM**

EDUCATION ANNEX

PEOPLE MALL

WORSHIP CENTER

MUSIC ADMIN.

PRESCHOOL/CHILDREN

**NO STUDENT/
PARENT
PARKING**

CONCOURSE

SPECIAL EVENTS CENTER

THE POINT

ADMINISTRATION

CHAPEL

MULTI-PURPOSE CENTER

RED CARLINE

BROOKER

ORANGE CARLINE

BELL SHOALS ROAD

EXIT ONLY

EXIT ONLY

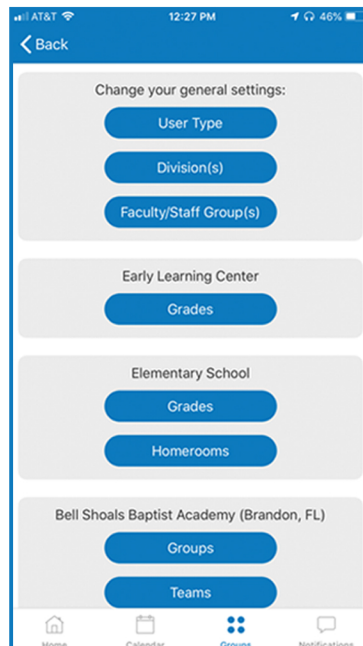
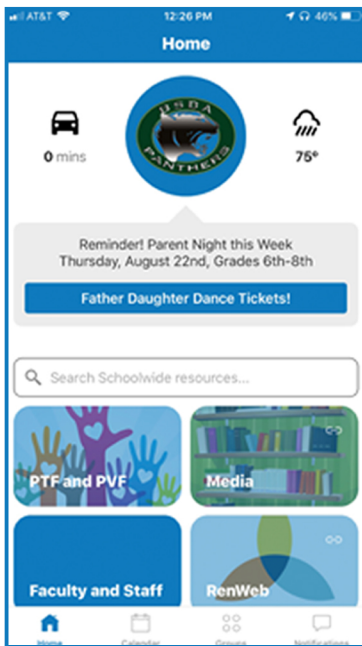
OVERHILL

All locations are approximate

BSBA APP

STAY INFORMED

INSTRUCTIONS:



1. DOWNLOAD APP

2. SELECT USER TYPE:
--PARENT

3. SELECT OPTIONS:
--Groups, if applicable
--Clubs, if applicable
--Divisions, if applicable
--After divisions, select students grade and homeroom.
--Select for each of your students
--Teams



You can always change your division, grades, groups, clubs later by clicking on groups at the bottom of the app.

4. ENABLE NOTIFICATIONS, BE SURE TO CHECK - YES, ALLOW

IMPORTANT FINAL STEP!

After you have downloaded the app, go into your phone settings and confirm you turned on notifications for Bell Shoals Baptist Academy app.

