

# **GALILEAN BAPTIST ACADEMY**

## **A HOME SCHOOL ASSISTANCE PROGRAM**

**2021-2022**

**MISSION STATEMENT:** Galilean Baptist Academy is an educational ministry of Galilean Baptist Church. Our mission is to provide a proven Christian curriculum, godly atmosphere, and qualified supervision to help our children excel in their spiritual, home, church, academic, and future life.

**PROGRAM OVERVIEW:** Galilean Baptist Academy will assist parents with a Monday – Friday school schedule beginning at 9:00 am. We provide a supervised learning center for reading students through 12<sup>th</sup> grade and elective courses taught traditional style for 7<sup>th</sup> -12<sup>th</sup> graders as needed until 3:00 pm.

**PARENTAL RESPONSIBILITY:** Students enrolled in this program are legally considered home school students. The parent is ultimately responsible for the child's education. The parent will be considered the co-teacher who is responsible to make sure assignments and grades given are recorded and that the concepts are being mastered. For elective classes, parents are expected to play an active role in the oversight of the following: \*new material presented in class, \*assignments given for class during the week, \*preparation for the next day of class, \*assurance that assignments are turned in on time. (Elective Classes and work completed in the learning center, will be given grades for you to record.)

**ENROLLMENT:** Galilean Baptist Academy does not discriminate based on race, sex, or national and ethnic origin in the administration of its educational policies, admission policies and athletic and other school-administered programs. As a religious institution, we reserve the right to deny admission or to terminate the enrollment of persons whose lifestyle, words, actions, or otherwise do not align with the Academy's statement of faith, standards of conduct, or other policies of this organization. Based on availability, admission is open to those who agree with our statement of faith, goals, and program philosophy. Enrollment in this program will be finalized upon completion of the following:

- A completed application
- A personal interview of the parents with the administrator or principal
- Signed Statement of Faith
- Parent-Student agreement form completed and signed (7<sup>th</sup> – 12<sup>th</sup> only)
- Review of Financial Policy and Guidelines
- Medical Release Form

**SICKNESS:** Please keep your child at home if he/she is sick. If your child has had a temperature or vomiting within the last 24 hours, please keep him/her at home. You, as the parent, are ultimately responsible for determining your child's ability to actively participate in the learning center. We strive to provide a healthy environment for all students attending. If a student is going to be absent due to illness, please contact the academy office.

**DRESS CODE:** The dress code of Galilean Baptist Academy seeks to honor Christ and has been designed to create a positive school atmosphere that is modest and reflects thoughtful preparation for the important activity of learning.

- Boys: short/long sleeve polo shirt, khaki pants with a belt and shirt tucked in, a modest haircut with hair not resting on collar or covering the ear, no jewelry
- Girls: short/long sleeve polo/top with collar, khaki skirt that covers the knee completely when sitting or standing

**DISCIPLINE/BEHAVIOR POLICY:** Students will be expected to conduct themselves in a Christ-like manner. Students will be expected to adhere to all guidelines set by the Galilean Baptist Academy. Students who do not have their work completed, or who misbehave, will receive a Corrective Action Notice. If behavior is a continuous problem, the parent will be notified.

- Students need to speak and behave in a Christ honoring manner. This includes refraining from any public displays of physical affection or inappropriate speech, including conversation regarding worldly music, movies or television shows.
- Students may not chew gum during school hours. Students are not allowed to have electronic devices (cell phones, i-pads, etc.) during school hours.

**RESOLUTION OF CONFLICT POLICY:** If a student or parent has a conflict that needs attention, please use the Matthew 18 principle. (First, speak to the teacher/supervisor, second, speak to the Pastor/Administrator.)

**FINANCIAL RESPONSIBILITY:** This Home School Assistance Program is a ministry of the Galilean Baptist Church but is solely funded by those involved and those interested in helping families educate their children. The tuition fee will cover the utility bill for the use of the church building, teachers/supervisors, and staff needed to educate our children. It is imperative that we as parents and guardians bear this burden by being faithful in our tuition and book fee payments. We are doing all we can to make the fees as low as possible. The monthly payment will be a 9-month plan from September through May. Due by the 10<sup>th</sup> of each month.

**TUITION FEE:** This fee will be based on full day and Elective courses per student.

Learning Center 1 <sup>st</sup> – 12 <sup>th</sup>	9:00 am-3:00 pm	\$400.00 monthly per student Or \$25 each day per student
Learning Center with electives	9:00 am-3:00 pm	\$450.00 monthly per student
Elective Courses only	10:00 am-3:00 pm	\$80.00 monthly per course
Family Cap for Tuition		\$600.00 per month per family

**Galilean Baptist Church members discount**

Learning Center 1 <sup>st</sup> -12 <sup>th</sup> Only	9:00 am-3:00 pm	\$350.00 monthly per student Or 20.00 each day per student
Learning Center with electives	9:00 am-3:00 pm	\$300.00 monthly per student
Elective Courses only	10:00 am-3:00 pm	\$80.00 monthly per course
Family Cap for Tuition		\$500.00 per family

**BOOK FEE:** The tuition fee does not include your student’s books. The book fee will vary per student. This will be determined as we evaluate each student’s need and courses taken. Please call the church office and inform us of your students need.

Sports fee	\$40 per student involved
Bible Class book fee	\$20 per student involved
Other Elective Courses	TBA

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**Family Enrollment Application**

**2021-2022**

Family Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dad's Name: \_\_\_\_\_ Mom's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Name: _____	AGE _____	GRADE _____
Student's Name: _____	AGE _____	GRADE _____
Student's Name: _____	AGE _____	GRADE _____
Student's Name: _____	AGE _____	GRADE _____
Student's Name: _____	AGE _____	GRADE _____
Student's Name: _____	AGE _____	GRADE _____
Student's Name: _____	AGE _____	GRADE _____

**Emergency contacts other than parents:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

**Church information:**

Name of Church: \_\_\_\_\_  
Name of Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do parents attend church every week? \_\_\_\_\_  
Do children attend church every week? \_\_\_\_\_

**GALILEAN BAPTIST ACADEMY**  
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**Student Information Sheet**  
**2021-2022**

Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female \_\_\_\_\_

Please check which course or program student will need to enroll:  
\_\_\_\_\_ Learning Center: 8:00 am – 3:00 pm  
\_\_\_\_\_ Learning Center with Electives: 8:00 am – 3:00 pm (7<sup>th</sup> – 12<sup>th</sup> Grade)

Elective Courses:  
\_\_\_\_\_ English \_\_\_\_\_ Spanish I \_\_\_\_\_ Spanish II \_\_\_\_\_ Speech \_\_\_\_\_ Bible \_\_\_\_\_ Geometry  
\_\_\_\_\_ Foundations of Personal Finance \_\_\_\_\_ Family and Consumer Science \_\_\_\_\_ Basketball  
\_\_\_\_\_ Volleyball \_\_\_\_\_ Shop Class \_\_\_\_\_ Mentor Academy \_\_\_\_\_ JH Math \_\_\_\_\_ Algebra 1 \_\_\_\_\_ Algebra 2

Please list all schools the student has attended (including homeschooling)

Name of School	Address	Grade
_____	_____	_____
_____	_____	_____

Has any grade been repeated? \_\_\_\_\_ If yes, which one(s)? \_\_\_\_\_  
\_\_\_\_\_

Has student ever been expelled, suspended, or asked not to return to a school? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any learning difficulty, emotional or medical treatments, disciplinary difficulty, or physical handicaps which may affect the student's activities.  
\_\_\_\_\_  
\_\_\_\_\_

Please list any additional information that would be helpful in working with your student.  
\_\_\_\_\_  
\_\_\_\_\_

**GALILEAN BAPTIST ACADEMY**

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**STATEMENT OF FAITH**

We believe in the verbal inspiration and authority of the Scriptures. We believe that the Bible reveals God, the fall of man, the way of salvation, and God’s planned purpose in the ages.  
II Timothy 3:16

We believe that the Bible has been preserved for English speaking people through the King James Version.

We believe in God the Father, God the Son, and God the Holy Spirit. Deuteronomy 6:4, Matthew 28:19, Matthew 3:15-17

We believe in the everlasting conscious blessedness of the saved in Heaven and the everlasting conscious punishment of the lost in Hell. Revelation 20:14-15, Romans 6:23, Luke 16:23, John 3:16, John 14:1-6

We believe that salvation is by grace through faith in the Lord Jesus Christ, plus nothing minus nothing. Ephesians 2:8-9

We believe in the eternal security of the believer. John 10:28

We believe baptism, by water immersion, is a work done after receiving the Lord Jesus Christ as Savior and is not part of salvation. It is the first step of obedience after becoming a Christian. It pictures the death, burial, and resurrection of the Lord Jesus Christ. Matthew 3:16, Acts 8:35-37

**Statement of Acknowledgement**

We acknowledge our agreement with the doctrinal statement and policies of the Galilean Baptist Church.

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

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**Parent and Student Agreement Form**

Please initial the following to indicate acknowledgement of and compliance with the 2020-2021 Statement and Policies:

\_\_\_\_\_ I acknowledge that I have read and understand the Statement of Policies for 2020-2021 and have reviewed them with my children.

\_\_\_\_\_ I understand the Galilean Baptist Academy conduct and dress code guidelines. I will insure that my children are aware of these guidelines and act in accordance with them. As a parent, I will also abide by the dress code at Academy activities.

\_\_\_\_\_ I have read and acknowledge our agreement with the doctrinal statement of Galilean Baptist Church.

\_\_\_\_\_ I understand that this is a full year financial commitment and that fees and tuition are non-refundable. I hereby pledge to pay my financial obligations to Galilean Baptist Academy.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please have each student (7<sup>th</sup> – 12<sup>th</sup> grades) enrolled indicate their acknowledgement of the 2020-2021 policies.

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

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

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

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

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

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

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

**GALILEAN BAPTIST CHURCH**

Parental Waiver, Release of Liability, Indemnification, and Medical Consent

I, the undersigned, hereby give permission for my child/ren:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

to take part in the Galilean Baptist Academy Home School Assistance Program (a ministry of the Galilean Baptist Church) sponsored activities. I authorize any representative of the Galilean Baptist Church to render first aid to my child/ren and/or transport him/her to a medical treatment facility and/or to call an ambulance. I understand that all costs for transportation arrangements and cost associated with examination and treatment are SOLELY at my expense. I further give my permission and authorize any representative of Galilean Baptist Church to secure needed attention or treatment on the advice of any licensed physician, hospital, or medical clinic if I cannot be reached for such permission. I release any representative of Galilean Baptist Church at 1155 N. Hwy. 67, Cedar Hill, TX 75104 as a group or individually from any and all liability for accident, injuries, or loss of life suffered or for efforts to administer first aid for same because of involvement with the Galilean Baptist Church classes and activities. I also give permission for my child to be transported to Galilean Baptist Church sponsored activities and will in no way hold Galilean Baptist Church or its representatives liable for any accidents, injury, or loss of life. I have read and understand this Medical Release and Waiver. I volunteer to accept and solely assume any and all risks of accident, injury, or loss of life associated with the activities of the Galilean Baptist Church. This release is valid and irrevocable for one calendar year after signature dated below.

Home Address: \_\_\_\_\_ (Apt. #) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Parent or Guardian (Required) Date

Relationship to student(s): \_\_\_\_\_



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**2021-2022**

**DAILY SCHEDULE**

9:00 AM	Open Assembly (Learning Center)
10:00 AM	Elective/Learning Center
11:00 AM	Elective/Learning Center
12:15 PM	Lunch
1:00	Elective/Learning Center
2:00	Elective/Learning Center
3:00	Dismissal

**ELECTIVE SCHEDULE**

<b><u>Monday</u></b>	<b><u>Tuesday</u></b>	<b><u>Wednesday</u></b>	<b><u>Thursday</u></b>	<b><u>Friday</u></b>
English Math		Bible	English Math	Mentor Academy