



7820 Thomas Jefferson Pkwy
Palmyra, VA 22963
434-808-2447

Effort Christian School and Preschool

Summer Program

2026 Registration Packet

Now Enrolling:

Preschool: 2 yr. to Pre-K

School: Kindergarten - Completed 5th Grade

Early Drop Off & After School

Please contact the school office with any questions

ecsp@effortchurch.org • 434-808-2447

Director: Kayla Bageant; kaylab@effortchurch.org

Student Name: _____

Date of Birth: _____

Last Grade Completed or Age: _____



Effort Christian Preschool Summer Program

Offered during the following weeks of Summer 2026

- Week 1: May 25- May 29 (Closed May 25th)
 - Week 2: June 1 - June 5
 - Week 3: June 8 - June 12
- Week 4: June 15 - June 19 (Closed June 19th)
 - Week 5: June 22 - June 26
 - Week 6: June 29 - July 3
 - Week 7: July 6 - July 10
 - Week 8: July 13 - July 17
 - Week 9: July 20 - July 24
- Week 10: July 27 - July 31 (Not yet confirmed) (July 31st- Half Day)

Effort Christian Preschool (ages 2-5) Summer Program (June-July):

Days Per Week	5 M-F	4 (Mon-Thur)	3 (MWF)
	Cost Per Week	Cost Per Week	Cost Per Week
Whole Day, 8:30am-3 pm	\$ 220	\$ 187	\$ 154
Half Day, 8:30am-12noon	\$ 154	\$ 121	\$ 110

*Early drop-off (EDO) is offered from 7 AM - 8:30 AM for an additional \$50 per week

*Afterschool is offered from 3 PM - 6 PM for an additional \$80 per week

*Non-Refundable Registration Fee of \$50 is required for each student. All current ECSP students get 50% off the registration fee.

*Any preschool students not potty trained will incur a \$60 monthly charge due to additional staff requirements.

Please select which weeks you would like to enroll:

<input type="checkbox"/> Week 1 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 2 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 3 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 4 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 5 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 6 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 7 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 8 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 9 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 10 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No



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- Week 10: July 27 - July 31 (Not yet confirmed) (July 31st- Half Day)

Effort Christian School (ages 5-12) Summer Program (June-July):

Days Per Week	5 M-F	4 (Mon-Thur)	3 (MWF)
	Cost Per Week	Cost Per Week	Cost Per Week
Whole Day, 8:30am-3 pm	\$ 200	\$ 165	\$ 150
Half Day, 8:30am-12noon	\$ 145	\$ 115	\$ 105

*Early drop-off (EDO) is offered from 7 AM - 8:30 AM for an additional \$50 per week

*Afterschool is offered from 3 PM - 6 PM for an additional \$80 per week

*Non- Refundable Registration Fee of \$50 is required for each student. All current ECSP students get 50% off the registration fee.

*Any preschool students not potty trained will incur a \$60 monthly charge due to additional staff requirements.

Please select which weeks you would like to enroll:

<input type="checkbox"/> Week 1 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 2 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 3 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 4 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 5 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 6 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 7 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 8 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 9 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No
<input type="checkbox"/> Week 10 Days Per Week: _____	Half or Whole Days	EDO: Yes	No	Afterschool: Yes	No



Information for Summer Day Program 2026

Enrollment Information

- We require a completed application for each child, in each program, each year.
- We require an official copy of your child's up-to-date immunization form & updated physical form or an immunization waiver form prior to the first day of attendance.
- A copy of your child's birth certificate is necessary prior to the first day of attendance.

Tuition Information

- There is a non-refundable \$50 deposit due by **May 1, 2026. All current ECSP students get 50% off the registration fee.**
- Tuition paid in full (non-refundable) in advance (prior to the start date) will receive a 10% discount. **(Full-time 10 week students only)**
- Federal Holidays do not change the weekly tuition amount.

Financial/Payment Information

1. Tuition is billed weekly, with all payments due the Friday before the billed week.
2. We use Procare for billing and receiving payments. Procare allows parents to make payments by electronic check or credit card. Parents are able to check their accounts online 24/7. Once your child(ren)'s registration form has been processed, you will receive an email with the student handbook and our disclosure statement.
3. A \$25 late fee will be assessed weekly on past-due accounts not paid by Tuesday of the billed week.
4. Families with outstanding past-due balances may be unenrolled beginning Thursday of the billed week.
5. Collection efforts will be pursued for any unpaid tuition. In the event that any tuition debt is "written off", you will receive a 1099-C for the amount forgiven, and that amount will be reported to the IRS as taxable income to you.
6. Returned payments will incur a \$50 return check charge by Procare, and all future payments may be required to be paid via credit card for the remainder of the school year.
7. Non-payment in one program will result in forfeiture of further participation in other Effort Baptist Church programs.
8. No allowances, credits, refunds, or make-up days shall be made for absences, inclement weather days, or unexpected closures. Tuition must be paid in full.
9. In the event of sudden closures due to local, state, or federal orders (including states of emergency covering pandemics), Effort Christian School will continue to collect tuition for the school year and provide remote instruction to students. Effort Preschool will charge a monthly placement fee to continue holding your child's spot in our program.
10. We will not hold Summer Day on all Federal Holidays, including but not limited to Memorial Day, Juneteenth Day, & Independence Day.

Please initial that you have read and understand the above information: _____ Date: _____



Statement of Acceptance: By way of this application, we confirm that all information provided in this application and in Procare by May 2026 is accurate and up to date with current information. All emergency contact, authorized pick up, email, phone number, and employment information have been reviewed and approved to be the most accurate information for our family for the student on file at ECSP.

Parent Signature: _____ Date _____

Photograph/Video Release: I /we grant permission for Effort Baptist Church and affiliated programs to take photographs and video recordings of my/our child. We understand that these may be used for promotion, on our website, marketing, advertising, yearbook, student and parent presentations, or for training purposes. The video/photograph footage will not violate the rights of any organization or person. I/We release Effort Baptist Church and affiliated programs from any and all present and future claims for compensation or liability. Children will not be identified by name without explicit approval.

Parent Signature: _____ Date _____

Statement of Acceptance: By way of this application, we agree and understand that, if accepted into the program(s) at Effort Baptist Church, we will abide by the rules in the parent/student handbook, we will be responsible for, and pay the tuition for the program(s) in which our children are enrolled. We understand that this is both a moral and financial obligation and agree to exhibit a Christ-like position in our relationship with teachers, staff, church, and community in general.

Parent Signature: _____ Date _____

Permission to Participate: I give permission for my children to participate in all activities and to use any and all of the play equipment.

Parent: _____ Date _____

Permission to Transportation: I give permission to designated employees of Effort Baptist Church and affiliated programs to transport my child to off-site activities.

Parent: _____ Date _____

Permission to Evacuate: I give permission to designated employees of Effort Baptist Church and affiliated programs to transport my child in case of campus emergency evacuation. All students will be transported to the same safe location that we have already set up in our emergency plan with the Sheriff's Department. Parents will be notified once the students are at our safe location.

Parent: _____ Date _____

*The Emergency plan and procedure are available in the school office.

*Please make sure all lunch and snack boxes are labeled with your child's name.

Please initial that you have read the two statements above _____ Date: _____



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EMERGENCY MEDICAL AUTHORIZATION

Student First Name	Student Last Name	Student D.O.B.	M	F	Y	N
			Gender		Potty Trained?	

Address	City State Zip	Telephone
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Purpose – To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents/guardians cannot be reached.

PART 1 OR 2 MUST BE COMPLETED

Part 1 – To Grant Consent

Parent/Guardian #1	Relationship
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Address

E-mail Address	Phone Number
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Employer	Employer Phone
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Parent/Guardian #2	Relationship
--------------------	--------------

Address

E-mail Address	Phone Number
----------------	--------------

Employer	Employer Phone
----------	----------------



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In the event I cannot be reached, the school has my permission to release my child to the names listed below only. A picture I.D. will be required before the student will be released. Physical address required for at least one emergency pick-up.

Emergency Pick-Up #1 _____ Relationship _____

Address _____

E-mail Address _____ Phone Number _____

Emergency Pick-Up #2 _____ Relationship _____

Address _____

E-mail Address _____ Phone Number _____

Emergency Pick-Up #3 _____ Relationship _____

Address _____

E-mail Address _____ Phone Number _____



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If my child has a fever, I authorize ECSP to administer fever-reducing medication such as Tylenol or ibuprofen. I understand school employees will notify me prior to administration. Only sign here if you grant authorization.

Parent Signature

Date

If my child has an allergic reaction, I authorize ECSP staff to administer Benadryl or an antihistamine. I understand the school employee will notify me prior to administration. Only sign here if you grant authorization.

Parent Signature

Date

Facts about your child:

Glasses/contacts Hearing Aid Diabetes Seizures

Allergies: **A care plan from a doctor is required.**

Food sensitivities: We will treat this as an allergy, but no care plan from a doctor is required.

_____ :

Physical Impairments:

Medication taken:

Medications to be given by school:

Other (or explanations to above):



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In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by above-named doctor or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to preferred hospital/emergency center. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring with the necessity for such surgery are obtained prior to the performance of such surgery.

Preferred Hospital:

Parent/Guardian Signature _____ Date _____

Part 2 – Refusal to Consent

I do NOT give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or:

Parent/Guardian Signature _____ Date _____

List any information we may need to know about your child(ren) (medication, allergies, food restrictions, developmental concerns, etc.) Our goal is to provide care to or educate all children. However, we are not staffed to accommodate children with profound needs. We reserve the right not to accept children we are not qualified to serve. Please be specific with the child's name and information.

____ Please initial that you have reviewed and chosen your child's required schedule.