



The Bridge Academy at Rocky River Church is a unique place devoted to learning and living Christian principles and helping equip our children and families for the future.

*“Children are a heritage of the Lord.”  
Psalm 127:3*

The Bridge Academy offers early childhood education to children (1 to 5 years old) in a loving and safe environment through Biblically based teaching. Our teachers focus on the social, spiritual, emotional, physical and cognitive development of each child using developmentally appropriate practices and activities. Each class offers unique themes geared especially toward preschool children. Field trips and family interactive events offer opportunities for everyone to get involved! Our preschool is proud to include a wide variety of learning opportunities in addition to our daily academic and spiritual instruction. With the assistance of community volunteers and enrichment specialists, we offer:

- American Sign Language (ASL)
- Elementary Spanish
- Praise and Worship
- Cultural Awareness & Appreciation
- Community & Global Involvement
- Dental Health, Fire Prevention and Safety
- Operation Christmas Child Shoebox Drive
- St. Jude’s Trike-a-Thon

The Bridge Academy operates year around, Monday through Friday from 9:00am to 1:00pm. All of our teachers are CPR and First Aid certified.

Tuition Rates for 2020/2021  
**\$50 Annual Registration Fee**



<u>Classes:</u>	<u>Time</u>	<u>Monthly Price</u>
ALL	M-F	\$375.00
ALL	4 days (M-TH or T-F)	\$300.00
ALL	3 days (M/W/F)	\$235.00
ALL	2 days (T/TH)	\$155.00

Our 4s class must choose either the 4 or 5 day option.

The Bridge Academy at Rocky River Church  
887 Pitts School Road SW  
Concord, NC 28027  
704-795-7625

[www.RockyRiverChurch.com](http://www.RockyRiverChurch.com)

Cynthia Phillips, Director

Jessica Russell, Assistant Director

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(Please detach and return to the preschool or church.)

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**The Bridge Academy Registration Form**

Child’s Name \_\_\_\_\_

Class Room Age \_\_\_\_\_ 1s \_\_\_\_\_ 2s \_\_\_\_\_ 3s \_\_\_\_\_ 4s Date of Birth \_\_\_\_\_ Preferred name \_\_\_\_\_ Male ( ) Female ( )

Please circle which days per week? Monday Tuesday Wednesday Thursday Friday Allergies? Y/N

Please select one: School year (September – May) \_\_\_\_\_ Year Around \_\_\_\_\_

Name of Mother & Father (Guardian) \_\_\_\_\_

Address \_\_\_\_\_  
Street #/Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother’s Cell Phone \_\_\_\_\_ Father’s Cell Phone \_\_\_\_\_