



**STUDENT
REGISTRATION PACKET
2011-2012**

"Producing, Preparing, and Empowering Scholarly Disciples for Kingdom Reign"

Dr. Preston Williams II, Supervising Pastor

5900 Old Branch Avenue, Temple Hills, MD 20748 ~ (301) 899-5942 ~ pwilliams@eagcs.org

WELCOME TO THE 2011-2012 SCHOOL YEAR!!

Dear Parents and Guardians,

It is truly my pleasure to extend a warm and heartfelt welcome to you as we begin the 2011-2012 school year at Evangel Christian Academy. We hope you have enjoyed your summer, and are ready for another year of learning together. September is the time of year to reconnect with old friends and welcome new friends. To those students and parents who are new to Evangel Christian Academy we extend especially warm welcome and best wishes for an exciting and productive year in your new school. We hope that you will quickly feel at home and become involved in the activities of our school through the Parent Advisory Board (PAB) and your child's classroom program.

You will find that I work diligently with parents, faculty, and administration to foster an atmosphere that promotes a learning community characterized by child centered instruction and decisions, and academic and spiritual excellence. I envision a structured student body of enthusiastic learners and teachers who are caring, trusting, respectful, hardworking and responsible, collaborative and cooperative, and actively participating in their education. It is important for students to enjoy coming to school, for teachers and staff to enjoy their work and to feel appreciated, and for parents to feel welcome and to know that Evangel Christian Academy is the best school for their children.

As a vital part of ensuring this school year's success, I have decided to have an orientation session for all parents on August 25, 2011. During this session I will share the progressive changes we're making to take the school to its next level of excellence. I am committed to working in collaboration with you and my staff to continue to develop and implement this shared vision. Working together as a team we will move forward in our mission this new school year to create a nurturing, disciplined, and challenging environment in which all students can learn at optimum levels.

As the new Supervising Pastor of Evangel Christian Academy and Day Care, you will find me to be visible, accessible and approachable in our learning community. We have an exciting year ahead of us and I look forward to sharing your child's experiences at school with you.

Sincerely,

Dr. Preston Williams II, Ph.D.

Senior Associate Pastor of Education—Evangel Assembly
Supervising Pastor—Evangel Christian Academy

Robin Proctor, Principal

5900 Old Branch Avenue, Temple Hills, MD 20748 ~ (301) 899-5942 ~ rproctor@eagcs.org

Greetings Parents and Guardians:

Thank you for your interest in Evangel Academy. Our goal is to facilitate the spiritual, academic, emotional, and social development of all students.

We use the Abeka curriculum which is a well-known program that uses Christian values and biblical principles to teach our students what they should know. At Evangel Academy, each subject is explored in a variety of ways through activity centers, teacher-directed lessons, discussions, stories, games, art, movement, music, technology, and outdoor experiences.

It is our goal to ensure that each student enjoys coming to school, feels secure in the classroom and surrounding school environment, and continues to grow and develop at his or her own pace. Your child will have the opportunity to experience success while developing an interest and excitement for learning.

Finally, Evangel Academy will, for the most part, follow Prince George's County Schools' calendar (with the exception of Jewish holidays); the Academy also acknowledges all federal holidays. The first day of school for students is Monday, August 29, 2011. There will be an Orientation for all students August 25, 2011. Instruction will begin promptly at 8:00 a.m.

Again, thank you for your interest, and please do not hesitate to contact me at (301) 899-5942 or rproctor@eagcs.org if you have questions.

Sincerely,

Robin Proctor, Principal

Registration Checklist

ALL STUDENTS

All of the following steps must be completed (for each child) by August 1, 2011, or the admissions process will not be finalized:

- A completed** Application Form
 - 1. Checklist**
 - 2. Application** (Pages 1-3; all students)
 - 3. Before/After Activity Enrichment Form** (all students)
- A copy of the** student's birth certificate (new students only)
- Student's** Immunization Record (new students only)
- A copy of the** student's most recent report card (new students only)
- Registration** Fee (new students only; non-refundable)
- Signed** Personal Information Privacy Policy Form (all students)
- Completed** Emergency Information Form (Pages 1-2; all students)
- Signed** General Permission Slip (all students)
- Signed** Parent's Pledge (all students)

- August Tuition Installment (Due August 1, 2011; all students)**
- Book/Materials Fee (all students) (Due August 1, 2011)**
- Signed Financial Agreement (Pages 1-2; all students) (Due August 1, 2011)**

New applicants selected for interview will be contacted by the school. All application information must be completed before an applicant will be considered for an interview.

No person will be denied admission based on race, color, sex, or national origin. Thank you for your interest in Evangel Academy.

NAME OF STUDENT: _____ GRADE (2011-2012) _____

REGISTRAR USE ONLY

Registration Fee:	\$ _____	Cash/Check	# _____
Testing Fee:	\$ _____	Cash/Check	# _____
Book Fee:	\$ _____	Cash/Check	# _____

Evangel Academy
5900 Old Branch Avenue
Temple Hills, MD 20748
(301) 899-5942 ~ www.eagcs.org

Application for Grade: _____

School Year: _____

New Student Returning Student
(Please check one)

Evangel Academy

Student Application Form

(This form must be completed by the parents. Please print.)

Student's Name: _____

Male Female

Last First Middle
Address: _____
Street City State Zip Code

Phone # No. () _____ **DOB:** _____

Name(s) of parent or guardian:

Father's Name: _____

Phone #: Home #: _____ Work #: _____ Cell #: _____

Address (if different from child's): _____ US Citizen: () Yes () No

Street City State Zip Code

Employer: _____ Job Title: _____

Employer Address: _____

Mother's Name: _____

Phone #: Home _____ Work #: _____ Cell#: _____

Address (if different from child's): _____ U.S. Citizen: () Yes, () No

Street City State Zip Code

Employer: _____ Job Title: _____

Employer Address: _____

Family E-mail Address: _____ Other E-mail (please specify): _____

Office Use Only
Date Received
Date Acknowledged
Interview Date/Time
Accepted Y <input type="checkbox"/> N <input type="checkbox"/>
Registration Fee

SPIRITUAL:

Church attended by student/family

Statement of personal Christian experience and faith:

Father:

Mother:

How did you hear about the school?

EDUCATION:

Grade applying for: _____ Do you have other children attending Evangel Academy?

Yes No

If yes, please give names and grades:

Last school attended: _____ Grade: _____ Phone No. () _____

Address:

Principal/Teacher Name: _____

Type of school: Public Private Home School Other

Has the student ever had any serious discipline problems or been suspended/expelled from school? Explain:

Does the student have any academic, mental, emotional, or physical difficulties? If so, please provide details (This will help us to determine how we can best meet the student's needs.)

What is the student's attitude towards spiritual matters?

As parents, why do you want your children to attend Evangel Academy?

Medical:

Child's Physician: _____ **Phone:** _____

Medical Information Update (allergies, etc.): _____

Emergency Contact (responsible adult to contact if parents cannot be reached):

Name: _____ **Home Phone:** _____

Work Phone: _____

Relationship to Student: _____

Parent(s)/Guardian(s) Signature: _____ **Date:** _____

(Both signatures required) _____ **Date:** _____

Before/After Activity Enrichment Program Form

Please check one of the following:

- Yes: I would like to enroll my child in the Before/After Activity Enrichment Program for \$100 monthly. Please note that the 1st payment is due by September 1, 2011. *Please complete the student and medical information sections.*
- No: I will pick my child up at 3:00 p.m.; therefore, there is no need to enroll my child in the Before/After Activity Enrichment Program. *Do not complete the student and medical information sections.*
-

Students not registered in the Before/After Activity Enrichment Program and not picked up by 3:00 p.m. will be assessed a \$5 per-minute fee for each minute after 3:00 p.m. This fee is due upon student pick-up/parent arrival. Students in the Before/After Activity Enrichment Program must be picked up by 6:00 p.m. If not, \$5 per-minute, for every minute after 6:00 p.m., will be assessed. This fee is due upon student pick-up/parent arrival.

Student Information

Student's Name: _____
Last First Middle

Application for Grade: _____

School Year: _____

Medical Information

Child's Physician: _____ Phone: _____
Medical Information Update (allergies, etc.):

Emergency Contact (responsible adult to contact if parents cannot be reached):

Name: _____ Home Phone: _____ Work Phone: _____

Relationship to Student: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____
(Both signatures required) _____ Date: _____

Evangel Academy
2011-2012
Tuition Fees and Expenses

Registration Fee <i>(new students only)</i>	\$75
Tuition <i>(5% discount (\$5,699) if paid in full by August 1st)</i>	\$5,999
10 Monthly Installments <i>(1st payment due by Aug. 1, 2011)</i>	\$599
Before/After Activity Enrichment Program <i>(Monthly Installment)</i>	\$100
Book Fee (due by August 1 st)	
Pre-Kindergarten	\$75
Kindergarten	\$150
1 st Grade	\$250
2 nd Grade	\$250
3 rd Grade	\$250
4 th Grade	\$250
5 th Grade	\$250
Technology Fee <i>(To be paid in two \$75 installments; due September 1st and October 1st)</i>	\$150
Late Fee <i>(All tuition not paid by the 5th of the month, will accrue A \$25 monthly charge)</i>	\$25
Returned Check Fee	\$40
Hot Lunch Program <i>(Parents are required to order directly from the Main Ingredient @ www.themainingredient.com)</i>	\$4.50 daily (\$22.50 Weekly)

FINANCIAL AGREEMENT

Parents/guardians responsible for tuition payments must initial and sign this contractual agreement in its entirety prior to student's admission to the academy.

The annual cost of tuition is determined by the Evangel Academy Administration in consultation with the S.T.E.P. (Strategies To Empower People) Board. To assist you with the payment of monthly tuition, please choose one of the following payment options:

(Please check one)

- My monthly tuition will be paid by cash, check, money order, or bank check.
- My monthly tuition will be paid by online payment.
- My annual tuition will be paid in full by August 1, 2011, and will receive a 5% discount.

I understand that tuition payments are due on the 1st day of each month; Payments received after the 5th of the month are late, and a \$25 late fee will be charged on the 6th day of the month.

_____ *(please initial)*

I agree to pay a \$40 fee for returned checks, and after the second incident to be placed on a cash, credit, or certified check payment method.

_____ *(please initial)*

I understand that an account that is past due will be considered delinquent. If such status occurs, my child will not be allowed to return to school until the account is paid in full. Additionally, until my account is rectified, progress reports, report cards, or any records pertaining to my child will not be released.

_____ *(please initial)*

I understand that withdrawing my child from Evangel Academy requires a 4-week written notice and the completion of the withdrawal form. Withdrawing my child without the specified notice and withdrawal form, will result in a 25% surcharge of the tuition balance due for the remainder of the year.

_____ *(please initial)*

I understand that parents/guardians are required to donate 10 hours of service to the academy each school year. Service hours can be accrued through volunteering in the classroom or for special events. In lieu of service hours, a \$15 per-hour fee will be added to the student's account. Service hours must be scheduled and tracked through the school office.

_____ *(please initial)*

I understand that instruction begins at 8:00 a.m. and ends at 3:00 p.m. Students not registered in the Before/After Activity Enrichment Program and not picked up by 3:00 p.m. will be assessed a \$5 per-minute fee for each minute after 3:00 p.m. This fee is due upon student pick-up/parent arrival.

_____ (*please initial*)

Both signatures are required if applicable:

(I/We) have read, understand, and agree to commit to this Financial Agreement.

Father/Guardian Signature

Date

Mother/Guardian

Date

RELEASE AND STORAGE OF PERSONAL INFORMATION

Please complete and return this form to the office.

1. I consent to have **Evangel Academy** collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and mailing address, behavioural, academic, and health information, report cards, emergency contact name(s) and number(s), doctor's name and number, health insurance number, and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of **Evangel Academy** (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **Evangel Academy**, and (2) for additional purposes identified when or before personal information is collected. I also consent to the collection, use, and disclosure of such personal information by and to agents, contractors, and service providers of **Evangel Academy**.

This information is required in order to register your child at this school and assist school authority to make an informed decision relative to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency.

Parent Signature: _____ Date: _____

2. I consent to allow photographs and work samples of my child(ren) used by **Evangel Academy** in the yearbook, newsletters, website (no names attached), and other promotional material.

Signature: _____ Date: _____

3. The school may prepare a family phone list (car pool list, class list, etc.) for a family phone directory. If you **DO NOT** want your phone number and address included, please indicate:

____ No

Signature: _____

Evangel Academy acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision, and instruction of your child(ren) at this school unless written authorization from a parent or legal guardian is provided. The school will securely store all digital and hard copy parent and student personal information.

Forms/PIPP Release Form

Evangel Academy
5900 Old Branch Avenue
Temple Hills, MD 20748
(301) 899-5942 ~ www.eagcs.org

EMERGENCY INFORMATION (2011-2012)

Grade: _____ Birth date: _____
Mo. Day Year

Child's Name: _____
Last First Middle Home Phone

Home Address: _____
Street City State Zip

Mother's Name: _____ Phone: (H) _____ (W) _____

Pager: _____ Cell: _____

Mother's Address: _____
(if different) Street City State Zip

Father's Name: _____ Phone: (H) _____ (W) _____

Pager: _____ Cell: _____

Father's Address: _____
(if different) Street City State Zip

Person(s) authorized to pick up child:

Name: _____
Last First Relationship to child Home/Work Phones

Name: _____
Last First Relationship to child Home/Work Phones

Name: _____
Last First Relationship to child Home/Work Phones

When parent cannot be reached, list three persons who may be contacted in an emergency. Please list both work and home numbers.

Name: _____
Last First Relationship to child Home/Work Phones

Name: _____
Last First Relationship to child Home/Work Phones

Name: _____
Last First Relationship to child Home/Work Phones

Name of child's physician or clinic: _____ Phone: _____

Preferred hospital for emergency care: _____

Insurance Co. _____ Insured's Name: _____ Policy # _____

Allergies: _____

Tetanus shot: _____

For those emergencies requiring immediate medical attention, I understand and agree that my child will be taken to the nearest hospital. I understand that the school has no funds to meet the bills resulting from necessary care for pupils in emergencies. (It is important that parents be aware of their responsibilities for any charge.)

Signature of parent or guardian

Date

General Permission Slip

I give my permission for my son/daughter _____
to accompany his/her class at Evangel Academy on any/all field trips that will occur during the
operation of the school year. I understand that my son/daughter will be transported to their
destination by the church's van/vehicle, commercial bus, or metro rail, and that all reasonable
care will be exercised to safeguard his/her well-being. This permission slip is valid for the
school year beginning _____ and ending _____ and may be
canceled at any time by submitting a written request.

My signature releases Evangel Assembly, Evangel Academy, and all its agents in the event of an
accident or illness except in cases of negligence.

Parent/Guardian Signature

Date

PARENT'S PLEDGE

We agree to have our children taught in the context of Evangel Academy's Statement of Faith. We have read the vision statement and agree with its principles. We will respect and support the professional staff as they seek to implement these ideals, and we will teach our children to do the same. We, as parents, will support the school and the policies as the school seeks to work towards the spiritual, personal, and academic betterment of our children.

We give permission for our children to take part in all school activities, including sports and school-sponsored trips away from the school premises. We understand that the school does carry liability insurance for accidents caused by its negligence. Accidents caused by our child's negligence are our responsibility. We will consider purchasing student accident insurance to cover for this possibility.

We pledge to pay our tuition promptly to Evangel Academy.

We understand that we may be asked to volunteer at Evangel Academy and agree to perform such duties as time and abilities permit.

We will withdraw our children if we can no longer support the program and the dress code of the school.

If we withdraw our child(ren) from the school, a 4-week written notice will be provided. A withdrawal form must be completed prior to the release of any official student document. We understand that the registration and book fees will not be refunded, and the financial agreement is for the full school year.

If we become dissatisfied with the school in any respect, we will seek to resolve the matter with the person(s) involved rather than gossip or hold a negative attitude in our heart.

Signatures:

Father (or Guardian)

Mother (or Guardian)

Date

Date

PARENT'S PLEDGE

We agree to have our children taught in the context of Evangel Academy's Statement of Faith. We have read the vision statement and agree with its principles. We will respect and support the professional staff as they seek to implement these ideals, and we will teach our children to do the same. We, as parents, will support the school and the policies as the school seeks to work towards the spiritual, personal, and academic betterment of our children.

We give permission for our children to take part in all school activities, including sports and school-sponsored trips away from the school premises. We understand that the school does carry liability insurance for accidents caused by its negligence. Accidents caused by our child's negligence are our responsibility. We will consider purchasing student accident insurance to cover for this possibility.

We pledge to pay our tuition promptly to Evangel Academy.

We understand that we may be asked to volunteer at Evangel Academy and agree to perform such duties as time and abilities permit.

We will withdraw our children if we can no longer support the program and the dress code of the school; if we withdraw our child(ren) from the school, the courtesy of a 4-week written notice will be provided. We understand that the registration and book fees will not be refunded, and the financial agreement is for the full school year.

If we become dissatisfied with the school in any respect, we will seek to resolve the matter with the person(s) involved rather than gossip or hold a negative attitude in our heart.

Please keep this document for your reference.