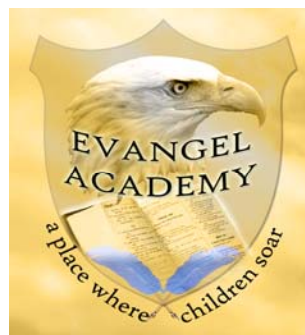


Evangel Academy

Student Registration Packet 2010-2011



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

Jesse G. Williams, Jr., Principal

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

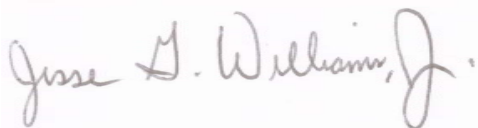
We use the Abeka curriculum which is a well-known program that uses Christian values and biblical principles to teach our students what they should know. At Evangel Academy, each subject is explored in a variety of ways through activity centers, teacher-directed lessons, discussions, stories, games, 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 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 23, 2010. Instruction will begin promptly at 8:00 a.m.

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

Sincerely,

A handwritten signature in cursive script that reads "Jesse G. Williams, Jr.".

Pastor Jesse G. Williams, Jr., Principal

Registration Checklist

ALL STUDENTS

All of the following steps must be completed (for each child) August 3, 2010, or the admissions process will not be finalized:

- A completed** Application Form
 - 1. Checklist**
 - 2. Application** (Pages 1-3; all students)
 - 3. Registration Fee** (new students only; non-refundable)
 - 4. 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)
- Completed** Electronic Transfer Form (all students)
- 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 3, 2010; all students)**
- Book/Materials Fee (all students)**
- Signed Financial Agreement (Pages 1-2; all students)**

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 (2010-2011) _____

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)

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

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:** _____ **Social Security #:** _____

Name(s) of parent or guardian:

Father's Name: _____ **Social Security #:** _____

Phone: Home _____ Work _____

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

_____ Street City State Zip Code

Employer: _____ **Job Title:** _____

Employer Address: _____

Mother's Name: _____ **Social Security #:** _____

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): _____

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.)

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 \$25 per week (\$100 monthly; 1st payment due September 1, 2010). *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 \$1 per-minute fee for each minute after 3:00 p.m. 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
2010-2011
Tuition Fees and Expenses

Registration Fee <i>(new students only)</i>	\$75
Tuition <i>(5% discount (\$5,699) if paid in full by August 3rd)</i>	\$5,999
10 Monthly Installments <i>(August through May)</i>	\$599
Before/After Activity Enrichment Program 9 Monthly Installments <i>(September through May)</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
Honor's Program	\$250
Technology Fee <i>(To be paid in two \$75 installments; due September 1st and October 1st)</i>	\$150
Late Fee <i>(Tuition not paid by the 5th of the month will be automatically debited from the credit/debit card on file(plus the \$25 late fee); refer to the Electronic Transfer Form for details.)</i>	\$25
Returned Check Fee	\$40

ELECTRONIC TRANSFER FORM

Dear Families:

We are pleased to offer an electronic transfer option for your monthly tuition payments. Using this option will allow you to have your tuition automatically deducted from your credit/debit card on the 1st day of each month. Reminder, academy tuition is due from August through May (10 months).

Note: If tuition payment is not received by the 5th day of the month, a \$25 late fee plus tuition will be automatically debited from your credit/debit card. After the payment is debited, the business office will generate a receipt that will be sent via email. This will ensure that we are efficient in the care provided for each child.

Please complete the *Parent Payment Information* below, and return it on August 3rd. Please be assured that your personal information will be handled with strict confidentiality. Thank you for your cooperation.

PARENT PAYMENT INFORMATION:

For regular tuition payments:

Name on account: _____

_____ Account #

_____ Bank Transit #

_____ E-mail address (to send receipt)

For late payments:

Name of Credit/Debit Cardholder _____

_____ Visa _____ Credit/Debit Card #

_____ Master Card _____ Expiration Date (mm/yyyy)

_____ 3 Digit Code

_____ E-mail address (to send receipt)

Official Use Only:

Student's Name: _____

Invoice # _____ **Daycare** **Academy**

Confirmation # _____

www.eags.org

FINANCIAL AGREEMENT

Parents/guardians responsible for tuition payments must initial and sign this contractual agreement 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 Electronic Transfer (credit/debit card).
My information can be found on the Electronic Transfer Form.

- My annual tuition will be paid in the full by August 3, 2010, and will receive a 5% discount.

I understand that tuition payments are due on the 1st day of each month (August through May); payments received after the 5th of the month are late, and a \$25 late fee plus the monthly tuition amount will be charged to my credit/debit card on the 6th day of the month.

_____ *(please initial)*

I understand my obligation (even though I may have opted to pay by cash, check, money order, or bank check) to provide the school's business office with valid credit/debit card information in order to guarantee my monthly tuition.

_____ *(please initial)*

I agree to pay a \$40 fee for returned checks.

_____ *(please initial)*

I understand that an account 30-days 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. Withdrawing my child without the specified notice 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 \$1 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) 899-5940 ~ www.eagcs.org

EMERGENCY INFORMATION (2010-2011)

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, 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.

Signatures:

Father (or Guardian)

Mother (or Guardian)

Date

Date

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Please keep this document for your reference.