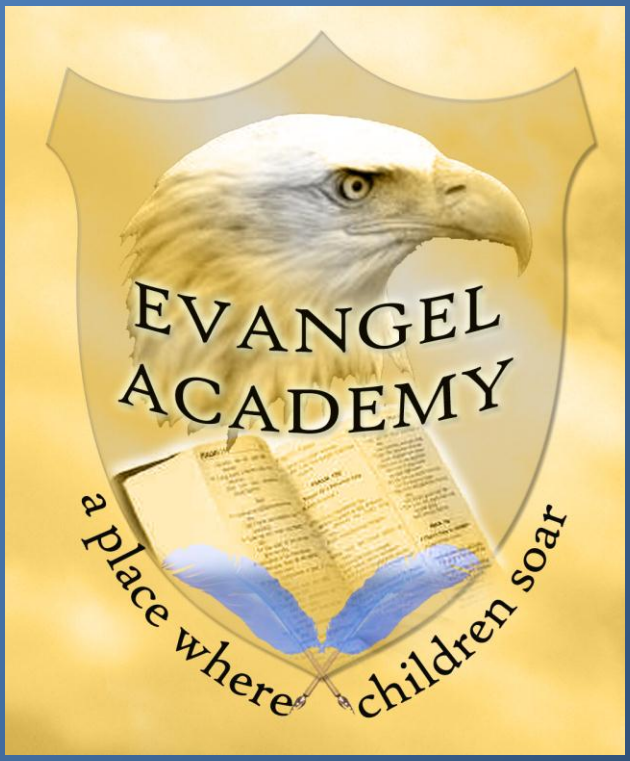

Student Registration Packet 2013-2014

"Producing, Preparing, and Empowering Scholarly Disciples for Kingdom Reign"
Chanda Stephenson, Principal

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

Greetings Parents and Guardians:

Thank you for your interest in Evangel Academy. Our goal is to develop and educate the total child: spiritual, academic, emotional and social. Our motto is "producing, preparing and empowering scholarly disciples for kingdom reign."
Our curriculum emphasizes Christian values while still relaying the information your child needs for their appropriate grade level. Every child can learn and grow at the highest level of academic success with the proper preparation and support.
Our staff is dedicated to building a safe, compassionate environment where students are inspired to become lifelong learners.
Please pay attention to the school calendar for all holidays and breaks. We are anticipating an exciting and successful school year. Please do not hesitate to contact me with any questions or concerns. I can be reached at (301) 899-5942, or email me at cstephenson@eagcs.org.

In His service,

Chanda Stephenson, Principal

Registration Checklist

ALL STUDENTS

All of the following steps must be completed (for each child) by August 1, 2013, 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 (contract only)**
- ☐ **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, 2013; all students)**
- ☐ **Book/Materials Fee (all students) (Due August 1, 2013)Signed Financial Agreement (Pages 1-2; all students) (Due August 1, 2013)**

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 (2013-2014) _____

REGISTRAR USE ONLY

Registration Fee:	**$_____**	**Cash/Check**	**#_____**
Tuition Fee:	**$_____**	**Cash/Check**	**#_____**
Book Fee:	**$_____**	**Cash/Check**	**#_____**
Technology Fee:	**$ _____**	**Cash/Check**	**#_____**

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

Office Use Only
Date Received
Date Acknowledged
Interview Date/Time
Accepted Y ☐ N ☐
Registration Fee

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): _____

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:_____

Evangel Academy
2013-2014
Tuition Fees and Expenses

Registration Fee *(new students only)*	$75
Tuition ***Without*** Before/Aftercare Enrichment Program *(5% discount ($6,270.00) (if paid in full by August 1st, 2013)*	$6,600.00
11 Monthly Installments *(Aug. – June)* *(1st payment due by Aug. 1, 2013)*	$600 / Month
Tuition ***With*** Before/Aftercare Enrichment Program *(5% discount ($7,837.50) if paid in full by August 1st, 2013)*	$8,250.00
11 Monthly Installments *(Aug-June)*	$750 / Month
Book Fee (due by August 1st)	
Pre-Kindergarten	$100
Kindergarten	$150
1st Grade	$250
2nd Grade	$250
3rd Grade	$250
4th Grade	$250
5th Grade	$250

***** All Fees are non-refundable***

Late Fee *(All tuition not paid by the 5th of the month, will accrue A $25 monthly charge)*	$25
Returned Check Fee	$40
Hot Lunch Program *(Parents may order directly from Creative Touch by Rhonda @ www.creativetouchbyrhonda.com)*	$4.00 daily *($20.00 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, 2013, 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.
_____ *(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 (2013-2014)

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: _____

Updated on 2/13/13 *Initial* _____

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.

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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.