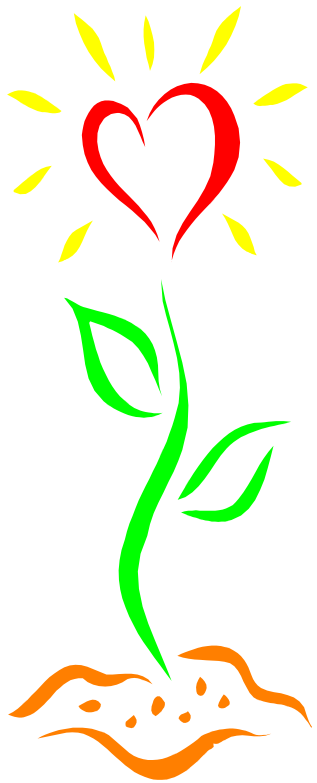


# Wythe Creek Academy



Growing Hearts for Christ!  
Growing Hearts for Christ!

*"Train up a child in the way he should go; and when he is old, he will not depart from it." Proverbs 22:6*



## *A word from the director*

*Dear Families:*

*At Wythe Creek Academy, we are first and foremost servants of God. We do not believe you are here by accident. We believe that God has placed individual children in our care for his purpose. We seek God's guidance and wisdom as we work with a child. We desire to instill a love of learning and encourage each child's journey toward knowing and serving God. We believe it is the responsibility of the teacher to be a positive role model. We believe in providing care that is loving, supportive, encouraging, and responsive to each child's individual needs. Experiences should be provided that enrich and enhance each child's cognitive, language, social, emotional, physical, and spiritual development. Each day a child should have the opportunity to hear God's word, create, explore the environment, learn problem-solving, and learn concepts through hands-on experiences. We believe it is important to provide a good balance of self-initiated and teacher-directed activities in order to develop a child's concept of self. We respect the family as the primary and most important caregiver. We feel parents and teachers are partners in a child's care and education. We believe in the power of prayer and ask you to pray for us as we care for your child.*

*In His service,  
JoAnn Rogers*

## **Registration Information**

For registration **to be complete** and your child to be enrolled we must receive the following no later than orientation night:

- Completed Registration Packet
- Non-refundable \$75.00 Registration Fee
- Show the child's original Birth Certificate (new students)
- Completed health form
- First Tuition installment (school)
- Snack, supply & craft fees.

Your registration fee is due at the time of registration. This fee is non-refundable and will reserve your child's slot for the upcoming school year.

Please refer to the Fee Schedule for installment payment due dates.

If there are any problems with payment or special arrangements need to be made, please discuss this with the Director, Jo Ann Rogers, PRIOR to the due date.

### **Orientation Day:**

Thursday, August 26, 2010, 6:30 pm, you will bring in the completed enrollment papers and all fees that are due. Mrs. Rogers will briefly go over the Student Handbook and then students will have the opportunity to visit their classroom and meet their teacher.

### **Supplies:**

Supply list is included in this packet for both the school and extended care.

**If you have any questions regarding the registration packet, please do not hesitate to contact the Director, Jo Ann Rogers at 868-8891.**

## SCHOOL SUPPLY LIST

Parents, please label the items with your child's name and bring the supplies to orientation **OR** the first day of school.

1. Backpack. One your child can open and close easily (no wheels) and large enough for a 2 pocket folder.
2. Clear front zipper pencil bag.
3. A 2 pocket folder, label on the outside.
4. Large hiker's clip (carribeners) (lunch carriers only)
5. A set of watercolors (Crayola single or double side)
6. Pack of 8 color Crayola Classic washable markers (large size)
7. Pack of 8 color Crayola crayons (large size), (for 2 and 3 year olds only).
8. Pack of 24 crayola crayons (for 4 and 5 year olds only).
9. 8 pack of glue sticks.
10. One box of tissues and one roll of paper towels.
11. One large container of Clorox wipes.
12. One large package of baby wipes.
13. Box of Ziploc gallon size bags
14. Box of Ziploc sandwich bags.
15. One package of large white paper plates.
16. One package of small white paper plates.
17. On package of 5 oz kitchen cups.
18. One package of napkins.
19. Two (2) reams (500 sheets each) of #20 copy paper.
20. 8 pack of AA batteries.
21. Two (2) new white T-shirts, for your child, pre-washed. We will be making a beach shirt and a shirt for Orange Day.

## EXTENDED CARE SUPPLY LIST

These supplies are for extended care only. Please bag these up and label them separately with your child's name and mark "FOR EXTENDED CARE".

1. Large Box Chubby Crayons (for 2 year olds).
2. Box of 24 Crayons (for 3 and 4 year olds).
3. Four (4) packs of wet wipes.
4. Four (4) glue sticks
5. Two (2) reams (500 sheets each) of #20 copy paper.

**NOTE:** Extended care lunch carriers – please send plastic ware, a napkin, and a drink each day your child eats lunch at school. **DO NOT SEND** plates and utensils that must be washed and returned.

# Wythe Creek Academy

## Statement of Faith

1. We believe the Bible to be inspired, the only authoritative Word of God.
2. We believe that there is one God, eternally in three persons: Father, Son and Holy Spirit.
3. We believe in the Deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, and return in power and glory.
4. We believe that the salvation of lost and sinful man by regeneration by the Holy Spirit is absolutely essential.
5. We believe in the spiritual unity of believers in our Lord Jesus Christ.
6. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.

## Educational Philosophy

Wythe Creek Academy of Poquoson Baptist Church is a Christian school designed to provide growth and development for each area of a child's life - spiritual, mental, emotional, social, and physical. The program will employ daily Bible teachings, learning through working in and taking care of the classroom, free choice of activities, listening and following directions. Art, music, visits from community helpers and field trips will encourage young minds to explore, study and catalogue the world in which we live. Children will experience freedom to grow with respect for others and themselves.

We have read the Wythe Creek Academy Educational Philosophy and are willing to have our child trained in accordance with it.

Signature of Father (Guardian)

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date

Signature of Mother (Guardian)

---

date

# Registration Form

*For office use only*

*Date Registration fee paid:* \_\_\_\_\_

*Date 1<sup>st</sup> Tuition Paid:* \_\_\_\_\_

*Supply Fee paid:* \_\_\_\_\_

*Snack Fee Paid:* \_\_\_\_\_

*BCN:* \_\_\_\_\_

*Date Certificate Issued:* \_\_\_\_\_

*Health Form Received:* \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First Middle Nickname

Complete Address \_\_\_\_\_  
Street

City State Zip Code Telephone

Social Security Number \_\_\_\_\_

Birth date Birth Place

Gender (M/F) \_\_\_\_\_  
Email Address

**Class entering:**      **Pre-K2 (3 day)** /\_/\_    **Pre-K3 (3 day)** /\_/\_    **Pre-K4 (5 day)** /\_/\_  
                                 **Pre-K2 (5 day)** /\_/\_    **Pre-K3 (5 day)** /\_/\_    **Transitional (5 day)** /\_/\_

Previous School Experience \_\_\_\_\_

Has your child been dismissed at any school? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Any physical disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_ Nature: \_\_\_\_\_

Does your child attend Sunday School? Yes \_\_\_\_\_ No \_\_\_\_\_

List church currently attending: \_\_\_\_\_

Would you like to learn more about Poquoson Baptist Church? \_\_\_\_\_

-----  
I agree that my child may go on scheduled field trips and take part in all school functions. I agree that Wythe Creek Academy has authority to place my child in an appropriate class. Wythe Creek Academy will have my support in making regular on-time tuition payments. Wythe Creek Academy has the right to dismiss any student who does not respect its spiritual or behavioral standards. Wythe Creek Academy does not have a policy that discriminates on the basis of race, gender, handicap, or ethnic origin.

\_\_\_\_\_  
Father Date

\_\_\_\_\_  
Mother Date

# Wythe Creek Academy

## PERSONAL AND FAMILY INFORMATION

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Has child attended any other preschool(s)? \_\_\_\_\_

Name of School

Please note any factors in your child's life that would help us to better serve your child's needs: e.g. single parent home, medical conditions or disabilities, etc.:

\_\_\_\_\_

\_\_\_\_\_

### **THE CHILD'S FAMILY**

Parents or Guardians

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Relationship to student \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Education \_\_\_\_\_

High school or college in years

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Spiritual Status: On the back of this form please describe your relationship with God.**

-----  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Relationship to student \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Education \_\_\_\_\_

High school or college in years

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Spiritual Status: On the back of this form please describe your relationship with God.**

-----  
**Status of Parents:** Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Widower \_\_\_\_\_

If parents work, who keeps this child in their absence? Check one:

Grandparent \_\_\_\_\_ other relative \_\_\_\_\_ friend \_\_\_\_\_ paid sitter \_\_\_\_\_ other \_\_\_\_\_

Other children in family: (list in order of birth)

| Name | Sex | Birth date | What grade in school? |
|------|-----|------------|-----------------------|
|      |     |            |                       |
|      |     |            |                       |
|      |     |            |                       |

# Wythe Creek Academy

## Emergency Medical Information and Authorization

Student's Name \_\_\_\_\_  
Last First Middle Nickname

Complete Address \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code Telephone

\_\_\_\_\_ Home Phone Number \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_

---

Father/Guardian \_\_\_\_\_ Place of Employment \_\_\_\_\_

Phone Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Place of Employment \_\_\_\_\_

Phone Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

### **Persons Having Legal Custody of Child**

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Allergies or Intolerance to Food, Medication, Etc. and Action to Take in Emergency: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Plan and Number \_\_\_\_\_

Names, Addresses and Phone Numbers of Two People to Contact if Parents Cannot be Reached

1. \_\_\_\_\_
2. \_\_\_\_\_

Person(s) authorized to pick up Child \_\_\_\_\_

Person(s) NOT authorized to pick up Child \_\_\_\_\_

I give permission and/or consent to Wythe Creek Academy Personnel to secure and authorize such emergency medical care and/or treatment as may be required while under their supervision. I further authorize such persons to administer emergency care/treatment as required, until medical assistance is available. I hold harmless Wythe Creek Academy and Poquoson Baptist Church and it's employees and representatives involved with the activities of this school and the responsibility for caring appropriate medical plans including hospitalization lies on the below signed. I also absolve Wythe Creek Academy of liability to me or my child in case of injury during school or related activities, as all safety precautions will be taken at all times. Every effort will be made to notify parent/guardian or emergency contact in case of emergency.

Parents or Guardians Signatures \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**WYTHE CREEK ACADEMY  
SCHOOL PROGRAM STUDENT CONTRACT**

I hereby request enrollment of \_\_\_\_\_, in the  
/\_/ 3 day school program, at a rate of \$1,080.00 tuition for the school year, plus additional  
school fees as listed on the Fee Schedule

/\_/ 5 day school program, at a rate of \$1,620.00 tuition for the school year, plus additional  
school fees as listed on the Fee Schedule.

I would like to make payments as indicated: /\_/ Pay in Full /\_/ 2 Installments  
/\_/ 9 Installments

I have been given a copy of the 2010-2011 Fee Schedule and agree to pay on the stated  
due dates. \_\_\_\_\_(initial)

I understand that failure to pay could result in my child being suspended from attending  
class until arrangements are made with the Director to bring the account up to date.

**Withdrawal/Dismissal Policy**

The Registration Fee reserves a position for my child at Wythe Creek Academy. This  
fee is non-refundable.

Once the school year has started, I agree, to notify the school in writing 2 weeks prior to  
withdrawal and I agree I am responsible for payment for the full time my child is  
enrolled.

I understand that the school reserves the right to dismiss any student who does not respect  
the spiritual or behavioral standards of Wythe Creek Academy or fails to cooperate in the  
educational process.

Further, I have received and read the Faith Statement and the philosophy of Wythe Creek  
Academy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

# Wythe Creek Academy Extended Care Registration Form

Student's Name \_\_\_\_\_  
Last First Middle Nickname

Complete Address \_\_\_\_\_  
Street

City State Zip Code Telephone

**Social Security Number** \_\_\_\_\_

Birth date Birth Place

Gender (M/F) \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email: \_\_\_\_\_

## **Persons Having Legal Custody of Child**

Allergies or Intolerance to Food, Medication, Etc. and Action to Take in Emergency: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Plan and Number \_\_\_\_\_

Names, Addresses and Phone Numbers of Two People to Contact if Parents Cannot be Reached

1. \_\_\_\_\_

2. \_\_\_\_\_

Person(s) authorized to pick up Child \_\_\_\_\_

Person(s) NOT authorized to pick up Child \_\_\_\_\_

I give permission and/or consent to Wythe Creek Academy Extended Care Staff to secure and authorize such emergency medical care and /or treatment as may be required while under their supervision. I further authorize such persons to administer emergency care/treatment as required, until medical assistance is available. I also agree to pay all the cost and fees contingent on any emergency medical care and/or treatment as secured or authorized under this consent. I also absolve Wythe Creek Academy of liability to me or my child in case of injury during extended care or related activities, as all safety precautions will be taken at all times. Every effort will be made to notify parent/guardian or emergency contact in case of emergency.

Parents or Guardians Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Father

\_\_\_\_\_ Date \_\_\_\_\_

Mother

WYTHE CREEK ACADEMY  
EXTENDED CARE CONTRACT

I hereby understand, accept and agree to the following:

Enrollment of \_\_\_\_\_  
in the Extended Care Program of Wythe Creek Academy.

/\_/ 5 day a week program at \$300.00 per installment, total of 9 installments.

/\_/ 3 day a week program at \$180.00 per installment, total of 9 installments.

/\_/ AM program at \$100.00 per installment, total of 9 installments.

/\_/ Daily, as needed, program at \$18.00 per day.

/\_/ I DO NOT PLAN TO USE THE EXTENDED CARE PROGRAM AT ANY TIME.

Each program is payable in advance, as set forth on the Fee Schedule Form.  
Any change to selected usage MUST be done in writing, a minimum of one week in advance,  
OR you will be charged on a daily basis.

I further agree, that my child may go on scheduled field trips and take part in all extended care functions. I agree that Wythe Creek Academy Extended Care has authority to place my child in an appropriate class.

I understand that Wythe Creek Academy Extended Care has the right to dismiss any student who does not respect its spiritual or behavioral standards. Wythe Creek Academy Extended Care does not have a policy that discriminates on the basis of race, gener, handicap, or ethnic origin.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

