

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

Registration Information

For registration **to be complete** and your child to be enrolled we must receive the following:

- Completed Registration Packet
- Non-refundable \$80.00 Registration Fee

Your registration fee is due at the time of registration to reserve your child's slot for the upcoming school year. Please include it with your completed registration packet.

The following must be presented *no later than* orientation night:

- Show the child's original Birth Certificate (new students)
- Shot Records
- First Tuition installment (school)

Parents Orientation Night:

Thursday, August 17, 2017 at 7 p.m, you will need to bring in the original birth certificate, shot records, and installment payments that are due (cash or check only) if you have not already done so. Mrs. Rogers will briefly go over important information in the Student Handbook. ***This evening is for parents only, please.***

Meet the Teacher Day:

Please bring your child on Friday, August 18, 2017 any time between 9 and 11 a.m. to meet their teacher and go over any questions or concerns.

Supplies:

School supply lists will be provided before orientation night. The extended care supply list is included in this packet. You may bring school supplies during Meet the Teacher Day in a bag clearly labeled with the child's name or the first week of school. Extended care supplies can be put in the gym and supplies for the teacher can be put in the teacher's classroom.

Please feel free to call 868-4183 with any questions.

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. One box of Ziploc gallon size bags
2. One box of Ziploc sandwich bags
3. Four (4) packs of baby wipes
4. Two (2) containers of Clorox wipes
5. One package of napkins
6. One box of tissues

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.

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)

_____ date

Signature of Mother (Guardian)

_____ date

Registration Form

For office use only

Date Registration fee paid: _____

Date 1st Tuition Paid: _____

Birth Certificate Received: _____

Shot Records Received: _____

Student's Name _____
Last First Middle Nickname

Complete Address _____
Street

City State Zip Code Telephone

Birth date Birth Place Social Security Number

Email Address Gender (M/F) _____

Class entering: Pre-K2 (5 day) /_/ Pre-K3 (5 day) /_
Pre-K4 (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 _____ Birth Date _____

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 _____ Birth Date _____

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

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 2017-2018**

I hereby request enrollment of _____, in the

___/___ 5 day school program at a rate of \$240.00 per installment, total of 9 installments.
(Rate Total \$2160.00 for school year).

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

I have been given a copy of the 2017-18 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 CONTRACT 2017-2018**

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 \$325.00 per installment, total of 9 installments. (Rate Total \$2,925.00 for school year).

3 day a week program at \$220.00 per installment, total of 9 installments. (Rate Total \$1,980.00 for school year).

AM only Bus Rider program (before school 7 a.m. to bus arrival) at \$125.00 per installment, total of 9 installments. (Rate Total \$1125.00 for the school year).

PM only Bus Rider program (after school until 5:30 p.m.) at \$135.00 per installment, total of 9 installments. (Rate Total \$1215.00 for the school year).

AM and PM Bus Rider Program (before and after school) at \$250.00 per installment, total of 9 installments. (Rate Total \$2250.00 for the school year).

Daily, as needed, program at \$20.00 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, gender, handicap, or ethnic origin.

Signature: _____ Date: _____

(Print Name)