



**Peniel Baptist Academy**  
**"Educating PK2-12th Grade Students to the Glory of God"**

**WELCOME TO PENIEL!**

March 8, 2011

Attention New Applicants,

Welcome to Peniel Baptist Academy! We are so glad that you have chosen to begin the application process to enroll your child at this school ministry.

- ✓ The first step to enroll your child in Peniel Baptist Academy is to complete the attached registration forms and pay the required registration fee.
- ✓ Next, all prospective students are required to take an entrance exam (K-12th). You will sign up for a test date at the time you turn in your registration form and fee.
- ✓ Also, **the parent(s) and child** must attend and participate in a personal interview with the administration. You will also sign up for this interview date at the time you turn in your registration form and fee.
- ✓ On the date of the entrance test, parents must provide the school with the following items:
  - Current report card and previous credits
  - Recent standardized tests (Stanford Achievement Test, FCAT, etc.)
  - Copy of birth certificate
  - Copy of Social Security Card
  - Shot record (Florida Blue Card with current immunizations)
  - School Entry Health Exam (DH 3040)
- ✓ Once the testing and interview process is completed, the school will notify prospective parents concerning their acceptance status. All other enrollment requirements (which will include a signed Statement of Agreement) will be discussed at the start of school.

We look forward to reviewing your application. If you have any questions, please call us at 386-328-1707. We will be glad to help as much as we can.

Sincerely,

*Lester Jenkins*

Administrator  
Peniel Baptist Academy



# PENIEL BAPTIST ACADEMY REGISTRATION

## STUDENT INFORMATION

Applying for the 20\_\_ - 20\_\_ School Year

PK2 PK3 PK4  Full Day  Half Day

K 1 2 3 4 5 6 7 8 9 10 11 12

Daycare  Yes  No

### STUDENTS LEGAL NAME

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Goes by \_\_\_\_\_  Male  Female

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### FAMILY INFORMATION

Who the child lives with:

#### FATHER/STEPFATHER/LEGAL GUARDIAN (Please Circle)

Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

#### MOTHER/STEPMOTHER/LEGAL GUARDIAN (Please Circle)

Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

If the child does not live with both natural parents, please list the name, address, and phone number of the other parent.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Would this parent like correspondence?  Yes  No

Names and ages of brothers and sisters \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CHURCH INFORMATION

Name of Church \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Denomination \_\_\_\_\_

Name of Pastor \_\_\_\_\_

*How often do you attend?*

*Student:*  Weekly  Monthly  Occasionally

*Father:*  Weekly  Monthly  Occasionally

*Mother:*  Weekly  Monthly  Occasionally

## OTHER INFORMATION

How did you hear about PBA? \_\_\_\_\_

Referred by \_\_\_\_\_

*(List a current PBA family, if applicable)*

Why do you want your child to attend Peniel Baptist Academy?

\_\_\_\_\_

\_\_\_\_\_

## BILLING INFORMATION

Required for enrollment:

Bill to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

My child is applying for the following tuition assistance:  VPK4

Florida Tax Credit Scholarship  McKay Scholarship

**Tuition Agreement:** I understand that tuition is due on the 1st of each month for that month. If unpaid by the 5th of that month, a \$10.00 late fee will be charged. An additional \$15.00 fee will be assessed if not paid by the 10th of that month and I understand that if my payment is not made by the 15th of the month, my child will not be allowed to return to class. I also understand that a \$10.00 service charge will be assessed on each check returned to the Academy for insufficient funds. **I understand that the following fees are non-refundable: Registration Fee, Supply Fee and Book Fee.** I will review the Peniel Baptist Academy Parent and Student Handbook for detailed financial policies.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

#### **Office Use:**

Date Received \_\_\_\_\_ Time Received \_\_\_\_\_

Registration Fee  Medical and Emerg Info Form

Birth Certificate  Medical Authorization

Copy of SS Card  Field Trip Consent

Shot Record (Blue Card)  First Aid Permission Form

School Physical (DH3040)  Library Policies

Report Card/Transcripts  Permission to Paddle

Standardized Test Scores  Internet/Computer Use

Testing  Signed Statement of Agreement

Parent/Student Interview  Records Requested \_\_\_\_\_

Accepted \_\_\_\_\_  Records Received \_\_\_\_\_

Not Accepted \_\_\_\_\_



# MEDICAL AND EMERGENCY INFORMATION

Peniel Baptist Academy

110 Peniel Church Road, Palatka, Florida 32177

386-328-1707

## Student Information

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

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

## Parent Contacts

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

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

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

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

Email \_\_\_\_\_ Email \_\_\_\_\_

## Approved for Student Pick-Up/Emergency Contacts

\*\*REQUIRED: List two people to contact if above parents cannot be reached.

Name \_\_\_\_\_ Name \_\_\_\_\_

Relation to Child \_\_\_\_\_ Relation to Child \_\_\_\_\_

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

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

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

Any Additional Contacts (Include Phone Number and Relationship to Child): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Please list any specific person(s) who are NOT allowed to pick up your child:

\_\_\_\_\_  
\_\_\_\_\_

## Medical Information

Please be as detailed as possible. We also require medical information from your child's doctor if their condition is extreme and will require treatment at school.

**Allergies** \_\_\_\_\_

**Medications Being Taken** \_\_\_\_\_

**Physical Problems** \_\_\_\_\_

\_\_\_\_\_  
Name of Doctor to be called \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Dentist to be called \_\_\_\_\_ Phone # \_\_\_\_\_



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**Authorization To Consent To Medical Treatment in the State of Florida  
For a Minor Child**

I, (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby  
Parent/Guardian's Name Parent/Guardian's Name

state (we are) the natural parent(s) or the legal guardian(s) of \_\_\_\_\_.  
Child's Name

We do hereby authorize PENIEL BAPTIST ACADEMY to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the State of Florida when the need for such treatment is immediate and when efforts to contact me (us) are unsuccessful.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Driver's License # is \_\_\_\_\_  
Required for Notarization

Child's Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Choice of Specialists \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Medicine Child is Taking \_\_\_\_\_

Known Medical Problems \_\_\_\_\_

State of Florida  
County of Putnam

Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
State of Florida at Large



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**First Aid Permission Form**

Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Dear Parent/Guardian:

It is normal within the course of the school year for your child to need first aid treatment at one point or another. Some students get minor scratches on the playground or while in P.E.; others develop common colds, a sore throat and have elevated temperatures, etc.

In our first aid supplies we have included these items for use:

- |                               |                                 |                     |
|-------------------------------|---------------------------------|---------------------|
| 1. Peroxide, for cleaning     | 9. Ambusol Toothache Medicine   | 17. Cough Drops     |
| 2. Neosporin Ointment         | 10. Bactine Antiseptic Spray    | 18. Saline Solution |
| 3. Triple Antibiotic Ointment | 11. Witch Hazel                 |                     |
| 4. Betadine                   | 12. Rubbing Alcohol             |                     |
| 5. Calamine Lotion            | 13. Folle First Aid Spray       |                     |
| 6. Hot & Cold Compresses      | 14. Baking Soda                 |                     |
| 7. Ace Bandages               | 15. Unguentine Anesthetic Spray |                     |
| 8. Sterile Eye Wash           | 16. Vaseline                    |                     |

Please check below one of the following and return it to school.

\_\_\_\_\_ The above items may be used on my child if needed for first aid by the discretion of the front office.

\_\_\_\_\_ The above circled items may not be used on my child for first aid.  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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**STUDENT RECORD RELEASE**

To Whom It May Concern:

My child has been withdrawn from your school. Please release all academic and health records to the receiving school listed below.

Please include the cum folder and any withdrawal grades.

Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Student's Grade: \_\_\_\_\_

**Transfer From:**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**Transfer To:**

**Peniel Baptist Academy**  
**110 Peniel Church Road**  
**Palatka, Florida 32177**  
**Phone: 386-328-1707 Fax: 386-328-0950**  
**Attention: Faith Wilkes**

\_\_\_\_\_  
**Parent or Guardian's Signature**

\_\_\_\_\_  
**Date**