



**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



March 8, 2011

Dear Prospective PK4 Parents,

Peniel Baptist Academy is a participant in the state funded Voluntary PreKindergarten Program (VPK) which allows eligible 4-year-old students to attend our half-day PK4 program for free. If your child will be turning four by September 1<sup>st</sup> and you are a Florida resident, your child qualifies for this special preschool program.

The VPK program pays for our half-day PK4 program (8 am-Noon) and covers the registration fee, supply fee, book fee and half-day tuition. We also offer full day childcare for VPK students in the morning and afternoon hours (Daycare Hours: 7 am-8 am and Noon-6 pm). This service is an additional monthly fee not covered by the state and it is the parent's responsibility to pay (includes lunch).

We will continue to teach students using the Bible-based, Christ-centered ABEKA curriculum. The ABEKA curriculum is a phonics-based program of learning that has been used at Peniel to prepare kids for Kindergarten with excellence for forty years.

**Participation in the VPK program is not automatic.** Episcopal Children's Services (ECS) manages the VPK registration for Putnam County. To register your child for the VPK program through ECS, please follow these steps:

1. Parents must attend a local VPK roundup. This year the VPK roundups are being held at Peniel Baptist Academy and the Palatka Mall. *See the attached VPK Round-ups Information Flyer for dates, times and contact information.*
2. Parents will need to bring with them copies of:
  - a. proof of Florida residency (utility bill, bank statement, insurance policy, pay stub, government documents the has the physical address and parents name), and
  - b. proof of your child's age (birth certificate, passport, immunization record attesting to date of birth signed by a physician, etc.).*Please see the attached VPK Round-ups Information Flyer for more detailed information on the documentation required.*
3. ECS will give parents a Certificate of Eligibility.
4. Parents give this certificate to PBA. PBA will register your child as a VPK student at Peniel.

**Please remember that this is just the first step in the application process.** Please refer to the detailed steps for enrollment as described in the "Welcome to Peniel" letter attached to the front of this registration packet.

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



## 2011-2012 VPK School Year Round-ups Parent Registration Dates

### **Peniel Baptist Academy is now an approved VPK Registration site!!!**

- Parents who register for the four-year old program at Peniel must attend the Peniel VPK Roundups scheduled below to receive their Certificate of Eligibility for the VPK program.
- Parents who cannot make it to a Peniel Roundup must attend one of the large VPK Roundups at the mall (see dates and times below).
- There is no need to RSVP to any of the events below, simply show up during the times listed for that date & location.
- We are unable to predict how many people will attend any given event; therefore we cannot tell how long you will need to wait in line for you face-to-face interview. That being said, the process typically takes about 5-10 minutes once you sit down for your meeting.
- Children are NOT required to attend the VPK round-up/parent registration, only the parent/guardian with whom the child resides.
- You will NOT be able to receive your VPK Certificate of Eligibility until we have received ALL the necessary documentation.

***Please remember to make copies of your child's proof of age and proof of your FL residency before coming.***

***See the back of this flyer for a list of the required documentation you must bring with you to a round-up.***

Thursday, April 7, 2011	Peniel Baptist Academy PTO Night	5:00-7:00 pm
Tuesday, April 19, 2011	Palatka Mall	4:00-6:00 pm
Tuesday, May 17, 2011	Melrose Library	4:00-6:00 pm
Monday, May 23, 2011	Palatka Mall	4:00-6:00 pm
Tuesday, June 28, 2011	Palatka Mall	4:00-6:00 pm
Monday, July 18, 2011	Palatka Mall	4:00-6:00 pm
Thursday, August 18, 2011	Palatka Mall	4:00-6:00 pm

*For more information, visit [www.ecs4kids.org](http://www.ecs4kids.org) or call 1-800-745-4836*

## **What PROOF OF AGE should I photocopy and bring to register for VPK?**

**We are allowed to accept as Date of Birth (DOB) documentation:**

- A duly attested transcript of the child's birth record (birth certificate) **Note:** birth certificate must be official document.
- A duly attested transcript of a certificate of baptism or other religious record accompanied by an affidavit sworn to by the parent.
- An insurance policy on the child's life that has been in force for at least 2 years.
- A passport or certificate of arrival in the United States showing the age of the child.
- A copy of the blue Florida immunization record indicating the date of birth, signed by a public health officer or by a licensed practicing physician.
- A valid military dependent identification card.
- If none of the evidential documents listed above can be produced, an affidavit of age sworn to by the parent, accompanied by a certificate of age signed by a public health officer or by a licensed practicing physician which states that the physician has examined the child and believes that the age as stated in the affidavit is substantially correct may be accepted.

## **What PROOF OF CURRENT PHYSICAL residence should I photocopy and bring to register for VPK?**

**The document must:**

1. Include the parent's name
2. The parent's current physical address
3. MATCH the address listed on the VPK application
4. NOT be a Post Office Box
5. Be one of the items listed below

**NOT Acceptable:** Cell phone, credit card of any kind, doctor's bill, anything NOT in the parent's name

**Acceptable:** Electric, water, sewage, gas, cable, satellite or LANDLINE phone bills in the parent's name

- Current/recent utility bills (if mailed to a P.O. Box, it will *normally* also contain the service address, if NO service address is listed then we NOT able to accept as proof of current physical residence)
- Current pay stub
- Residential rental agreement or receipt from rental payment
- Current Government documents (e.g. property tax assessment showing homestead exemption, or FL ID/Driver's License)
- Military order showing that the child's parent is a service member in the US Armed Forces and is assigned to duty in Florida when the child attends the VPK program (e.g., permanent change of station)
- **If none of the evidential documents listed above can be produced, an affidavit of residency sworn to by the parent, accompanied by a letter from a landlord or property owner which confirms that the child resides at the address shown in the affidavit may be accepted.**
- If none of the evidential documents listed above can be produced for a homeless child, a letter from a homeless shelter or affidavit sworn to by the child's parent may be accepted to document residency showing that the child is homeless and resides in Florida.

**NOTE: VPK Policy requires that the Parent/Guardian with whom the child LIVES be the one to complete the necessary VPK paperwork. If you are not the child's parent, then a photocopy of proof of Guardianship is also required.**



# 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**