



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

THE 2011-2012 SCHOOL REGISTRATION IS HERE!

March 8, 2011

Dear Parents,

It is time to register for the upcoming 2011-2012 school year. Attached to this letter you will find the fee sheet, registration packet and other information about the school year to come. Please take the time to thoroughly read and complete the packet. The packets are also available online at www.peniellacademy.org. Click on "Admissions".

Registration dates are as follows:

In House Registration:	March 14th starting at 7:00 am
Peniel Baptist Church Reg.:	March 21st starting at 7:00 am
Public Registration:	March 24th starting at 7:00 am

Please note that the \$100 registration fee will be due the day you register your child. Registration fees are waived for PK4 parents who are signing up for the VPK4 program. Florida Tax Credit Scholarship families must apply for renewal between March 1st-April 30th at www.stepupforstudents.org.

Just another reminder that families may not register for next year if there is a balance due on their account. Please make sure that all payments are remitted to the Bookkeeping department before registering.

We look forward to seeing you on March 14th! If you have any questions, please call us at 386-328-1707. We will be glad to help you.

Sincerely,

Lester Jenkins

Administrator
Peniel Baptist Academy

TELL A FRIEND...AND RECEIVE \$25!!

Did you know the best type of advertising is word of mouth? If you refer a new family to PBA for the 2011-2012 school year,
PBA will give you \$25 per student referred!!!

The new student will need to list your name on their registration form under "Referred By". The \$25 will be awarded once the student stays through the first nine-weeks.



March 8, 2011

Dear Current K-12th Families on the Florida Tax Credit Scholarship,

If you and your family receive tuition assistance through the Florida Tax Credit Scholarship, it is now time to renew your scholarship application. Please note that participation in the FTC scholarship program is not automatic. **YOU MUST REAPPLY FOR THIS SCHOLARSHIP EVERY YEAR.** If you do not apply in time, you may lose your scholarship since there are several thousand new families trying to get this scholarship for their children. There are only limited funds, so don't miss out!!!

To receive funding for the start of the 2011-2012 school year, please complete your application between: **MARCH 1st - APRIL 30th.**

STEPS TO RENEWAL:

1. First, review the following income chart to see if your family is eligible for renewal

100% Scholarship for Renewal Applicants	
Number of People in Household	Total Gross Monthly Household Income for Renewal Applicants
2	\$2,452 per month
3	\$3,088 per month
4	\$3,725 per month
5	\$4,362 per month
For each additional member, add \$637	

75% Scholarship for Renewal Applicants		
Number of People in Household	From	To
2	\$2,453 per month	\$2,636 per month
3	\$3,089 per month	\$3,320 per month
4	\$3,726 per month	\$4,004 per month
5	\$4,363 per month	\$4,689 per month
For each additional member, add \$684		

50% Scholarship for Renewal Applicants		
Number of People in Household	From	To
2	\$2,637 per month	\$2,819 per month
3	\$3,321 per month	\$3,552 per month
4	\$4,005 per month	\$4,284 per month
5	\$4,690 per month	\$5,016 per month
For each additional member, add \$732		

2. **Submit a renewal application online at www.stepupforstudents.org.** Click on "For Parents" and "Apply Now" to complete the online application. **Applications for renewal families became available in early March.**
3. Before you start this process, you should have the following information with you at the computer:
 - ✓ Pay stubs from all jobs worked by all adults in the household for the most recent 30 days.
 - ✓ Current unemployment or workers compensation receipts for the most recent 30 days from all adults in the household currently receiving these benefits.
 - ✓ ALL Social Security benefit letters for everyone in your household specifying the monthly benefit for 2011 or 2010 if your household is supported by Social Security Income.
 - ✓ Child support documentation for all your children specifying how much you actually receive monthly if you are designated to receive child support.
 - ✓ The monthly calculated amount of all financial assistance currently received from the State or family members or friends.
 - ✓ Accurate Social Security numbers for ALL household members.
 - ✓ Your 2010 1040 tax return
4. Once you complete the online application, you must **send ECS all the required documentation and pay the \$30 non-refundable application fee. They will not process your application without this documentation and application fee.**
5. Step Up for Students will determine whether or not your family qualifies for a scholarship based on their review of your application responses and the supporting documentation that you are required to send to them.
6. If you qualify for a scholarship, Step Up for Students will release a **SCHOLARSHIP AWARD LETTER** for all eligible children in your family. The scholarship will only give financial assistance as of the date you receive the letter. **Please be careful to apply far enough in advance so that you will get your letter before school starts.**
7. Parents must give the Scholarship Award Letter to Peniel who will then apply it to your child's account. As stated above, the FTC scholarship program pays for a student's tuition, books, and other school fees up to 50%, 75% or 100% of \$4,106. Parents are responsible for all fees that exceed this amount.

We hope this information has helped you as prepare for the registration process at PBA. Please remember that PBA has no control on scholarship acceptance with Step Up for Students; however, we will be glad to help you as much as we can with the process. If you have any questions, please feel free to call us at 386-328-1707.

Sincerely,

Lester Jenkins

Administrator
Peniel Baptist Academy



March 8, 2011

Dear Current and Prospective K-12th Parents,

As of the 2011-2012 school year, Peniel Baptist Academy will be starting a new program to minister to students with processing disorders. Mrs. Jennifer Coburn, one of our current PBA teachers, will be heading this program using curriculum from the National Institute for Learning Development (NILD). Mrs. Coburn holds a Masters degree in Exceptional Education.

The NILD program at Peniel will center on stimulating areas of weakness in perception and cognition. Compensatory techniques are avoided. Instead, **intensive educational therapy** will be given to each student for **80 minutes, two to three times a week, one-on-one**. Techniques used are especially designed to change thinking, stimulate processing, and develop awareness for language, writing, math, and listening. Developed by the NILD research team, techniques are non-tutorial, intense, eclectic, integrated, and emphasize deficit training. Entrance into the NILD program will be based on a full-battery of testing which must demonstrate that the student exhibits one or more characteristics for the learning disabled. *The NILD program is not designed for students who have emotional disorders, severe motor control dysfunctions, or retarded intellectual functions (such as autism and Down's Syndrome).* This program will only serve students who are enrolled at Peniel Baptist Academy.

ARE YOU INTERESTED?

Students who would like to be considered for the NILD program must receive approval from the School Administration *before* any testing is conducted. The NILD program is a **three year commitment** as the techniques used will demand that much time for completion. Please understand that the fee for the NILD program is \$1980 annually. This fee is in addition to all other school fees including registration, supply, books and tuition. If you are interested in your child being tested for the NILD program, please make an appointment with the school office.

We will only have (7) seven NILD seats available this coming year, so don't miss your chance.

MCKAY SCHOLARSHIP

As of the 2011-2012 school year, PBA has become a participant in the John M. McKay Scholarship for Students with Disabilities which provides parents who are not happy with their child's public school placement the option to place their child in a participating private school. The amount of financial assistance offered by the McKay Scholarship is based on the student's individual education plan (IEP) which determines the student's matrix level. The McKay Scholarship will pay a certain amount towards the total cost of your child's tuition and fees. Parents will be responsible for paying all fees that exceed the scholarship amount. **Peniel will only be able to accept a limited amount of students in Level 1 or Matrix 251 who are struggling with learning disabilities such as processing disorders.** *(Please note: Due to lack of faculty, funds and facilities, PBA will not be able to accept students with more higher levels of disabilities such as students who have emotional disorders, severe motor control dysfunctions, or retarded intellectual functions (such as autism and Down's Syndrome).*

ARE YOU ELIGIBLE FOR THE MCKAY SCHOLARSHIP

In order to be eligible for the McKay Scholarship Program, a student must apply for the program *prior* to withdrawing from public school. The student must also have an Individual Education Plan (IEP), and:

- Have been enrolled and reported for funding in a Florida public school during the October and February Florida Education Finance Program surveys (Grades K-12); or
- Have been a pre-kindergarten student who was enrolled and reported for funding in a Florida public school during the preceding October and February Florida Education Finance Program surveys and was at least 4 years old
- If your child does not meet these requirements but has an IEP and is a dependent child of a member of the United States Armed Forces who transfers to a school in Florida from out of state or from a foreign country pursuant to a parent's permanent change of station orders the child may be eligible for a McKay Scholarship. Please contact the School Choice office at 1-800-447-1636 for additional information.

HOW TO APPLY FOR THE MCKAY SCHOLARSHIP?

At least 60 days prior to the first scholarship payment, parents must file an intent to participate in the McKay Scholarship Program at **www.floridaschoolchoice.org** by clicking on the McKay Scholarships link and then the link titled "Apply for a McKay Scholarship" located on the quick navigation bar on the left-hand side of the screen. If additional assistance is needed, parents may contact the Office of Independent Education and Parental Choice at 1-800-447-1636. **Please note: To receive 100% of the McKay Scholarship, parents must file their intent to participate by July 1, 2011.**

The scholarship lasts until the student returns to public school, graduates from high school or reaches 22, whichever occurs first.

We hope this information has helped you as prepare for the registration process at PBA. Please remember that PBA has no control of whether or not a students will be receive a McKay Scholarship; however, we will be glad to help you as much as we can with the process. If you have any questions, please feel free to call us at 386-328-1707.

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 _____
<input type="checkbox"/> Registration Fee	<input type="checkbox"/> Medical and Emerg Info Form
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Medical Authorization
<input type="checkbox"/> Copy of SS Card	<input type="checkbox"/> Field Trip Consent
<input type="checkbox"/> Shot Record (Blue Card)	<input type="checkbox"/> First Aid Permission Form
<input type="checkbox"/> School Physical (DH3040)	<input type="checkbox"/> Library Policies
<input type="checkbox"/> Report Card/Transcripts	<input type="checkbox"/> Permission to Paddle
<input type="checkbox"/> Standardized Test Scores	<input type="checkbox"/> Internet/Computer Use
<input type="checkbox"/> Testing	<input type="checkbox"/> Signed Statement of Agreement
<input type="checkbox"/> Parent/Student Interview	<input type="checkbox"/> Records Requested _____
<input type="checkbox"/> Accepted _____	<input type="checkbox"/> 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



Peniel Baptist Academy
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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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PARENT CONSENT & RELEASE STATEMENT
FOR SCHOOL FIELD TRIPS

Recognizing that field trips advance the education of your child and that Peniel Baptist Academy will from time to time take classes on field trips, I do hereby give my permission for my child, _____, to be taken on regularly scheduled field trips.

Child's Name

I agree to pay entrance fees or admission charges when accessed. I agree to pay a small transportation charge for the Peniel Baptist Academy bus(es) when it is used.

Notification will be made in advance of:

1. The date of the trip.
2. The destination of the trip.
3. The charges, if any, for the trip.
4. The hour of departure and approximate hour of return.

I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I do hereby agree to hold Peniel Baptist Academy and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Parent or Guardian _____ Date _____

TELEPHONE NUMBERS WHERE I MAY BE REACHED IN AN EMERGENCY:



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LIBRARY POLICIES

1. Students may not check out books without their Library Card. A new Library Card must be purchased if the card issued at the beginning of the school is lost.
2. Books are checked out:
 - K-5th – one week at a time
 - 6th-12th – two weeks at a time
3. Students are allowed to check out:
 - K-5th – one book at a time
 - 6th-12th – two books at a time
4. Students are charged 5¢ each day that a book is overdue. Students who are out of school due to illness and who have a book that becomes overdue while they are out sick will not be charged a fine if they return the book the same day they return to school.
5. If the book is more than two weeks overdue, the student will be charged to replace the entire book. They will be reimbursed if the book is returned later, minus overdue charges.
6. Fees/fines must be paid when due. New books cannot be check out if a fine is owed. Any fine owed at the end of the school year will be transferred to the student's school account.
7. Any books that are lost or damaged must be replaced. The Librarian will let you know the cost of replacement.
8. Parents must sign the statement below indicating they understand the library policies.

I have read and understand the attached Library Policies and fully understand them. I agree to accept the responsibilities as stated.

Parent's Signature

Date

Child's Name

Grade



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PERMISSION TO PADDLE

(The intent of this form is not to offend those parents who do not approve of paddling, but to offer this as an option for those parents who still believe in the use of paddling.)

Corporal punishment includes only rational physical punishment administered in response to any act or acts of misbehavior committed by a student that is deemed by the Administration as severe and/or warranting paddling.

The following conditions will govern the administering of corporal punishment:

1. Parents shall be consulted by phone before the paddling and a discipline form after their child is paddled.
2. It shall be administered in a manner that does not demean the self-worth of the student. Female students will be disciplined by a designated female staff member.
3. It shall be administered humanely with reasonable restraint.
4. It shall be administered privately with an adult witness present.
5. It shall be administered as soon after the behavior offense as is practical.

Understanding the above conditions:

_____ Yes, I give Peniel Baptist Academy permission to paddle my child.

_____ No, I do not give Peniel Baptist Academy permission to paddle my child.

Parent's Signature

Date