

# RHEMA CHRISTIAN CENTER ACADEMY

P.O. BOX 9344  
HAMPTON, VIRGINIA 23670

Dear Parents,

Greetings in the name of our Lord and Savior, Jesus Christ. I would like to extend my welcome to all of our new students and parents this school year. Our first day of school will be Tuesday, September 3<sup>rd</sup>, 2013!!

Our mandatory parent "Orientation Night" is August 29th from 7-8 PM. ALL PARENTS ARE REQUESTED TO ATTEND TO COMPLETE THE ENROLLMENT PROCESS FOR YOUR CHILD!

Enclosed please find information and forms to complete the enrollment process for your child for the new school year 2013-2014 as follows:

- ✓ School Year Rate
- ✓ Application for Enrollment (2013-2014)
- ✓ Tuition Payment Agreement
- ✓ Authorization to Administer Motrin
- ✓ Physical Form (5yrs & up -must have a copy)
- ✓ Teacher Information Card
- ✓ School Supply List
- ✓ Uniform List

**Please complete the paper work and return it along with your final fee payment no later than August 19, 2013.** If you do not know the total amount due in order for your child to start school, please call our office at 244-1258 between the hours of 9 am to 5 pm.

We look forward to a great year together with all our students and parents. We are praying daily for you and your family. Continue to have a blessed summer!

Yours in Christ,

Alice L. McDade Director

# Rhema Christian Center Academy

## APPLICATION FOR ENROLLMENT

NAME OF CHILD: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HOMEPHONE \_\_\_\_\_

\_\_\_\_\_

Name of parent(s) \_\_\_\_\_ WORK PHONE \_\_\_\_\_

\_\_\_\_\_ WORK PHONE \_\_\_\_\_

Parent Social Security # \_\_\_\_\_ (MOTHER) \_\_\_\_\_ (FATHER)

**APPLICATION MUST BE ACCOMPANIED WITH  
\$50 REGISTRATION FEE (RETURNING STUDENTS)  
\$75 (NEW APPLICANTS)  
AND ONE WEEK ADVANCE TUITION**

**REGISTRATION AND ONE WEEK ADVANCE PAYMENT IS  
NON-REFUNDABLE AND NON-TRANSFERABLE**

\_\_\_ ACADEMY ONLY

\_\_\_ ACADEMY WITH EXTENDED CARE

\_\_\_ TRANSPORTATION (ADDITIONAL \$20 PER WEEK)

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### FOR CENTER USE ONLY:

DATE OF RECEIPT \_\_\_\_\_

TRANSCRIPT ORDERED \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

TRANSCRIPT RECEIVED \_\_\_\_\_

ORIENTATION DATE \_\_\_\_\_

DATE OF WITHDRAWAL \_\_\_\_\_

REASON FOR WITHDRAWAL. \_\_\_\_\_

REASON FOR TRANSFERRING \_\_\_\_\_

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RHEMA CHRISTIAN CENTER ACADEMY  
1700 27TH STREET, NEWPORT NEWS, VIRGINIA 23607  
P.O. BOX 9344, HAMPTON, VIRGINIA 23670  
(757) 244-1258

2<sup>nd</sup> EMERGENCY CONTACT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

# Rhema Christian Center Academy

Child Name \_\_\_\_\_ Nickname \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Place Employed \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place Employed \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Person having or Agency having legal custody of child \_\_\_\_\_

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

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Person to Contact if Parents cannot be reached

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Persons NOT authorized to pick up child \_\_\_\_\_

If child attends this center and another school also, give name of school

School \_\_\_\_\_ Phone \_\_\_\_\_

## **AGREEMENTS:**

1. The parent will give individual authorization for the child to participate in specific field trips.
2. The Child care center agrees to notify the parent/guardian whenever this child becomes ill, and the parent/guardian agrees to pick the child up thereafter as soon as possible.
3. The parent/guardian authorizes the child care center to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.

Special authorization completed:     Yes     No

4. Other \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

School Representative \_\_\_\_\_ Date \_\_\_\_\_

# RHEMA CHRISTIAN CENTER ACADEMY TUITION PAYMENT AGREEMENT

I/WE, NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

do by my/our signature enter into this agreement with RHEMA CHRISTIAN CENTER ACADEMY (RCCA).

Terms of this agreement are as follows:

\_\_\_ I/We agree to make two (2) weekly payments of \$ \_\_\_\_\_ for a total of \$ \_\_\_\_\_ in tuition charges (bus riders add \$20/week) for the following student(s): *(RATES ARE SUBJECT TO CHANGE)*

➤ Student Name: \_\_\_\_\_

➤ Student Name: \_\_\_\_\_

➤ Student Name: \_\_\_\_\_

\_\_\_ I/We recognize that this contract is for all weekly payments listed above, with payments beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

\_\_\_ I/WE UNDERSTAND THAT THE ACADEMY TUITION IS BASED ON AN ANNUAL AMOUNT WHICH HAS BEEN DIVIDED INTO WEEKLY PAYMENTS OF \$ \_\_\_\_\_ (BUS RIDERS ADD \$20fWEEK). THEREFORE, THE TUITION IS DUE AND PAYABLE EVERY TWO WEEKS THROUGHOUT THE SCHOOL YEAR REGARDLESS OF DAYS CLOSED FOR HOLIDAYS, INCLEMENT WEATHER, SCHOOL BREAKS, ETC. (RATES ARE SUBJECT TO CHANGE).

\_\_\_ I/ WE understand and agree that a late fee 1.5% interest per month, i.e. 18% interest per annum, will be applied monthly to all delinquent account(s).

\_\_\_ I/We understand that a late payment fee of \$25.00 (per individual student) will be charged if payment is made after the due date.

\_\_\_ Payments are due and owing by the due dates. In the event my account becomes delinquent, I/We understand and agree that my child may be removed from Rhema Christian Center Academy. In the event my delinquent account is place with a collections agency or an attorney, I understand and agree to pay all costs, late fees, and interest of 1½ % per month (i.e. 18% per annum) associated in the collection of the past due balance(s), including 33 1/3 % attorney fees. I/We further waive all homestead deed exemption rights. It is understood that my child's school records will not be forwarded to another school until my account is paid in full. We have to turn away families every day that would appreciate an opportunity to attend Rhema Christian Center Academy.

# TUITION PAYMENT AGREEMENT Continued. . . . .

- \_\_\_ In the event that, due to an emergency, I/we must leave before the academic year is over, or I/we must make any change to this contract whatsoever, I/we will inform the Business Office in person or writing at least two weeks before the change occurs.
  
  - \_\_\_ I/ we understand that before my/our child(ren) withdraws during the school year, a Withdrawal Form must be completed. No partial payments or rebates will be given. (More detailed information is given in the school Parent Handbook).
  
  - \_\_\_ Our Extended Care is from 6:30 am to 8:00 am. School classes begin promptly at 8 am. After school care begins at 12 noon for grades 3K to 5K. After school care for grades 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> grade begin at the conclusion of classes at 3 pm.
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## ACKNOWLEDGEMENT

By signing below, I/We acknowledge that I/We understand the conditions of this agreement.

Father/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Date \_\_\_\_\_

School Representative \_\_\_\_\_

Date \_\_\_\_\_

# Authorization to Administer Motrin

This is to authorize permission to Rhema Christian Center Academy to Administer Motrin to my child in the event a fever is present.

I will advise the school of the time if any Motrin was given prior to bringing my child to school.

I understand that I will be called to pick up my child if his/her temperature is 100 degrees or higher.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_