

ELVATON CHRISTIAN ACADEMY WEEKDAY EARLY EDUCATION (WEE) CENTER

8422 Elvaton Road Millersville, MD 21108

410-647-3224

PASTOR, Chris Rice

Administrative Assistant, Evelyn May

Dear Parents,

Here at Elvaton, we care about your child and will help prepare them for academic success by giving them a love for learning. We will help mold your pre-schooler's character by introducing them to JESUS! We use "WEE Learn" curriculum published by Convention Press and Bob Jones Press for the 4 year old class. The curriculum lays a solid academic foundation and helps to build character. We teach pre-schoolers positive interaction with others. The children learn to recognize the letters of the alphabet and their sounds. They also learn geometric shapes, numbers and so much more. We prepare them to be successful in Kindergarten. Our teachers are committed Christians with a heart for working with children.

School hours are 8:45-11:30 a.m. for the morning session and 12:30-3:15 p.m. for the afternoon session, we must have 6 students enrolled.. The days of the week vary from Monday-Wednesday-Friday, Tuesday / Thursday, or Monday thru Friday. In order to offer the 4 year old all day program we must have 6 students enrolled.

School begins before Labor Day for 2, 3 and 4 year olds, and ends before Memorial Day. Two-year-olds need to be **2 by September 1**, three-year-olds need to be **3 by September 1**, and 4-year-olds need to be **4 by September 1**.

FOR MORE INFORMATION call Evelyn May at 410-647-3224.

A **NON-REFUNDABLE** application/registration fee is to accompany this form. This fee will also include limited insurance coverage for your child **WHILE IN THE CARE OF OUR WEE CENTER.**

Please make your **check payable** to ELVATON CHRISTIAN ACADEMY or ECA.

First Tuition Payment is due by **AUGUST 20th** and each tuition payment is due on the 20th of each month until **April 20th (9 months)**. A **\$30.00 LATE FEE** will be charged if tuition is later than the **20th** of the month **UNLESS** arrangements are made in advance with the office.

If you pay the whole year in advance, a \$50.00 discount will be given.

If you pay for a half-year tuition there will be a **ONE-TIME** discount of \$25.00.

Discounts for **multiple students in ECA & WEE Center are 7%**.

Policy on Returned Checks

Any check returned to ECA for any reason will result in a charge of twenty five dollars (\$25) to the account of the check writer to cover fees and additional bookkeeping. Checks returned because of insufficient funds will be automatically redeposit and if returned a second time, will result in a twenty five (\$25) dollar charge.

ELVATON CHRISTIAN ACADEMY WEEKDAY EARLY EDUCATION CENTER

Application form 2012-2013

PLEASE PRINT CLEARLY

Child's name _____
First Middle Last Nickname

Home address _____
& Street City Zip code

Home telephone# _____ Birthday _____ Age now _____ Sex _____

Mobile # _____ E-Mail Address _____

Religious Affiliation _____ Church Home _____

Date of Enrollment _____ Previous Preschool Attended _____

How did you first hear about Elvaton Christian Academy? _____ Chesapeake Family Magazine _____ Friend _____ Other
Explain: _____

I would like to enroll my child in the following pre-school program:

- _____ 4 yr. old - Mon.- Fri. 8:45 am - 11:30 am
- _____ 4 yr. old - Mon. - Fri. 12:30 pm - 3:15 pm (must have 6 students enrolled)
- _____ 4 yr. old - Monday - Friday 8:45 am - 3:15pm (must have 6 students enrolled for 5 days a week)

Discounts for multiple students in ECA & WEE Center are 7%.

TUITION for a 4 year old ½ day is **\$308.00** per month (9 months) for 5 days a week. 7% multiple discount = \$287.00
TUITION for a 4 year old all day is **\$500.00** per month (9 months) for 5 days a week. 7% multiple discount = \$465.00

A \$100.00 NON-REFUNDABLE application/registration fee is to accompany this form. This fee will cover limited insurance coverage for your child **WHILE IN THE CARE OF OUR WEE CENTER**. Please **make your check payable to ELVATON CHRISTIAN ACADEMY or ECA**.

I understand that the **First Tuition Payment** must be paid by **AUGUST 20th** and each tuition payment is due on the 20th of each month until **April 20th (9 months)**. A **\$30.00 LATE FEE** will be charged if tuition is later than the **20th** of the month **UNLESS** arrangements are made in advance with the office.

I understand that the tuition **IS NOT** subject to reduction or refund due to **ABSENCE** because of **HOLIDAYS, VACATION, ILLNESS, SCHOOL CLOSINGS, INCLEMENT WEATHER, OR WHATEVER REASON MY CHILD IS ABSENT**. This policy must be maintained for the operation of the WEE Center.

Parent(s) Signature & Date

REGISTRATION WILL NOT BE COMPLETE UNTIL ALL FORMS ARE FILLED OUT, RETURNED AND AN MEETING HELD WITH CHILD AND PARENT, at which time the rules and daily schedule will be explained. We will also answer any questions you have.

**ELVATON CHRISTIAN ACADEMY
WEE CENTER**

Dear Parents,

Your registration fee is due at the time you register your child in our WEE Center and is non-refundable. At the time of registration your child secures a space in our center. If you decide to withdraw for any reason, please notify the director before the 20th of the month so the next child who may be on our waiting list can fill your position.

The first payment will be due August 20th. All remaining payments are due on the 20th of each month until the 20th of April. You will have a tuition free month in May.

If you are unable to keep your child in our center after you have paid your first month's tuition, you have until the 20th of August to receive a full tuition refund. After the 20th of August there will be no refund.

Please keep this letter so you can refer to it. If you have any questions we will be glad to answer them by telephone or with a one on one interview. Our telephone number is 410-647-3224 and ask for Evelyn May. After December 1st, registration will be opened to those not currently registered in our school.

Cut here.

Please sign and return the bottom portion of this letter to the office.

Yes, I have read the above letter and understand the content.

Signature of Parent

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street City State Zip

Preferred Hospital for Emergency care (if any) _____

Child's Dentist _____ Telephone _____

Address _____
Street City State Zip

Please list all medications your student is currently taking and please update all changes at the office.

Medications: _____

If your student has any allergies list here: _____

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the center to have your child transported to that hospital.

Signature of Parent or Guardian

Date