

# ELVATON CHRISTIAN ACADEMY WEEKDAY EARLY EDUCATION (WEE) CENTER

8422 Elvaton Road Millersville, MD 21108

410-647-3224

**PASTOR, Chris Rice**  
**Pastor Dallas Bumgarner, Administrator**  
**Evelyn May, Administrative Assistant**

**Dear Parents,**

**Here at Elvaton, we care about children and will help prepare them for academic success by giving them a love for learning. We will help mold your pre-schoolers 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 8:45-3:15 p.m. for the all day students. The days of the week are Monday through Friday.

**School begins** before Labor Day 4 year olds, and ends before Memorial Day. The 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 20<sup>th</sup>** and each tuition payment is due on the 20<sup>th</sup> of each month until **April 20<sup>th</sup> (9 months).** A **\$30.00 LATE FEE** will be charged if tuition is later than the **20<sup>th</sup>** of the month **UNLESS** arrangements are made in advance with the office.

If you pay the whole year in advance, a \$75.00 discount will be given.

If you pay for a half-year tuition there will be a **ONE-TIME** discount of \$50.00.

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 forty dollars (\$40) 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 forty (\$40) dollar charge.**

**ELVATON CHRISTIAN ACADEMY WEEKDAY EARLY EDUCATION CENTER**

Application Form

**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. - Friday 8:45am - 11:30am
- \_\_\_\_\_ 4 yr. old - Monday - Friday 8:45am - 3:15pm (must have 6 students enrolled)

TUITION for a 4 year old ½ day is **\$400.00** per month (9 months) for 5 days a week. 7% multiple discount = \$372.00  
TUITION for a 4 year old all day is **\$612.00** per month (9 months) for 5 days a week. 7% multiple discount = \$570.00

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

**A \$150.00 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 20<sup>th</sup> 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 20<sup>th</sup> of each month until the 20<sup>th</sup> 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 20<sup>th</sup> of August to receive a full tuition refund. After the 20<sup>th</sup> 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 1<sup>st</sup>, registration will be opened to those not currently registered in our school.

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**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.**

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**Signature of Parent**

**EMERGENCY INFORMATION**  
**ELVATON CHRISTIAN ACADEMY**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First

Child's Home Address \_\_\_\_\_ Home Telephone # \_\_\_\_\_  
Street City State Zip

Mobile # Mom- \_\_\_\_\_ Dad- \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Last First

Mother's Employer or School \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_  
Street City State

Business Telephone \_\_\_\_\_ Hrs. of Work \_\_\_\_\_ Days Off \_\_\_\_\_

Father's Name \_\_\_\_\_  
Last First

Father's Employer or School \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_  
Street City State

Business Telephone \_\_\_\_\_ Hrs. of Work \_\_\_\_\_ Days Off \_\_\_\_\_

Name of Person Authorized to pick(daily) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City State Zip

When parents cannot be reached: List at least one person who may be contacted in an emergency.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Zip \_\_\_\_\_  
Street City State

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Zip \_\_\_\_\_  
Street City State

3. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

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