



Dear Providence Academy Parents:

We are thrilled to share our new and improved enrollment process. There are just a few things you need to do to continue your enrollment with Providence Academy for the 2015-2016 school year. Please use the attached checklist to assist you in the process.

1. Log into RenWeb to update the following forms -Student, Medical, Parent, Emergency, Transportation, and Grandparents. Detailed instructions on how to make changes to the forms are also attached.
2. Online Continuing Enrollment – you will be sent a tuition calculator that includes all fees and applicable discounts, as well as a unique link to the online enrollment portal. All of the necessary information has been input for you. You need to choose the tuition payment plan that best suits your family, and indicate whether you want tuition insurance if you pay in full. All other payment options require tuition insurance, so it will be automatically applied to your contract.
3. Bill and Pay enrollment –Please create an account for the 2015-2016 school year (www.gobillandpay.com/providenceacademy), and make all payments for tuition and fees through Bill and Pay. You can pay using your bank account, Visa, Master Card, American Express, or Discover. There is no fee to set up the account.
4. Once you have completed steps 1-3 above, you are enrolled for 2015-2016. Congratulations and welcome back!
5. If your child(ren) requires an Allergy Action Plan, and/or needs to be registered for Extended Care, please print the form from the website (Admissions>Enrollment>Continuing Enrollment), and return it to the office at your earliest convenience. These forms must be updated prior to the start of the new school year.
6. Financial aid - we are using a new service to evaluate financial aid applications. School & Student Services (SSS), a subsidiary of the National Association of Independent Schools (NAIS), provides an online portal to further streamline the application process. Additional information about SSS, including a free webinar, will be provided to you with your continuing enrollment communication.

Our goal in providing these services to you is to further demonstrate our commitment to care for our families on every level, and to make your experience being a part of Providence Academy as exceptional as possible. We love our families and appreciate the opportunity to partner with you in this most important mission.

Please do not hesitate to contact me with any questions or concerns.

God bless,

Dr. Marie Miller, J.D., Ed.D



Providence Academy

An Independent Christian School in Leesburg, VA

www.providenceacademyva.org

CONTINUING ENROLLMENT CHECKLIST

2015-2016

Welcome Back!

Thank you for re-enrolling your child at Providence Academy! We are looking forward to a great year.

CONTINUING ENROLLMENT CHECKLIST:

The items listed below need to be completed in order for your child's re-enrollment to be complete.

TUITION & FEES:

- Tuition Contract (go to personalized login for online enrollment)
- Bill & Pay Enrollment (complete online at www.gobillandpay.com/providenceacademy)
- \$400 Enrollment Fee (pay through Bill & Pay upon enrollment)
- Tuition Insurance¹ (pay through Bill & Pay upon enrollment)

FAMILY & STUDENT INFORMATION (update in RenWeb or hard copy as indicated):

- TDAP immunization verification - **incoming 6th graders only** (submit to school office by August 15, 2015)
- Emergency Contact Form (RenWeb)
- Student Medical Form (RenWeb)
- Custodial Parent Form (RenWeb)
- Student Transportation Form (RenWeb)
- Allergy Action Plan Form (if applicable) – submit hard copy to school office by August 15, 2015
- Extended Care Registration Form (if applicable) – submit hard copy to school office by August 15, 2015

¹ Tuition Insurance is optional for those who pay in full.



PARENTS WEB INSTRUCTIONS FOR UPDATING STUDENT & FAMILY INFORMATION CONTINUING ENROLLMENT, 2015-2016 SCHOOL YEAR

-Log into your Parents Web (RenWeb) Account

-On the left hand side of the screen, select Family Information

-You will see a box at the top of the screen listing the members of your family who are currently in the school's Ren Web Database

-Select a name on the list, and you will see the current information on this family member in the box to the right

-Below, is a box labeled **Online Filing Cabinet**; choose the **Web Forms** tab and select >Family Demographic Form

-This information form has **six (6) sections**: **Enrolled Students** (Student Demographic Form), **Student Medical** (Student Medical Form), **Custodial Parents** (Custodial Parent Form), **Emergency Contacts** (Emergency Contact Form), **Transportation** (Transportation Form), **Grandparents** (Add Grandparents)

-**To update each of the forms**, click in the large box next to the student's or parent's name to open the form; type changes in the appropriate fields on the form, and choose >SAVE at the bottom of the form before you exit. If you do not SAVE, your changes will not be saved. Choose >Return to main form.

1) **Enrolled Students**: Use this form to update demographic and contact information on a student.

> You may update any portion of the form; Sections 1 & 2 (Demographic Details & Religious Affiliation) are unique to the specific student. Section 2 (Contact Information) is global, and any changes made here will apply to all students and family members, so you do not have to change this for every person at the same address.

2) **Student Medical**: Use this form to update medical information on a student. This **MUST** be completed for ALL students and does NOT replace the *Allergy Action Plan* if required for your student! We will use the information in this form to determine our treatment course of action for your child if they become ill or injured at school.

3) **Custodial Parents**: Use this form to update individual parent information (email, cell phone, work information) and to update your Parent Preferences:

>Parent Preferences allows you to choose auto email progress reports, and to designate what information you want included in the school directory on Ren Web. If you do NOT want your family's contact information available in the school directory, you **MUST** indicate your preference here!

>Don't forget to **SAVE** your information before exiting!

4) **Emergency Contacts**: Use this form to designate emergency contacts. This form is unique to each student, and must be completed for each student enrolled.

5) **Transportation**: Use this form to designate who will transport your child to and from school each day. Please include license plate information in the "Notes" section for each person who may transport your child. This form must be completed for each student.

6) Add Grandparents: Use this form to include grandparent names and contact information. You only need to add this information for one of your students. Since you cannot view or delete prior information in this form, the office will review this information prior to Grandparents' Day, and will assist you with editing as needed.



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ALLERGY ACTION PLAN

2015-2016

Student Name _____

Grade _____

SEVERE ALLERGY TO (check and list):

- insects _____
- latex _____
- food _____
- other _____

ASTHMATIC yes no

(IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended upon to replace epinephrine during an anaphylactic reaction.)

Date of Last Reaction _____ was epinephrine given? yes no

Symptoms _____

Part 1 – Treatment (please have this portion completed by your physician)

SYMPTOMS	TREATMENT
A food allergen has been ingested, but no symptoms	<input type="checkbox"/> Epinephrine / <input type="checkbox"/> Antihistamine
MOUTH: itching, tingling or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine / <input type="checkbox"/> Antihistamine
SKIN: hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine / <input type="checkbox"/> Antihistamine
ABDOMIN: nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine / <input type="checkbox"/> Antihistamine
THROAT: tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine / <input type="checkbox"/> Antihistamine
LUNG: shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine / <input type="checkbox"/> Antihistamine
HEART: weak pulse, low blood pressure, fainting, pale or blue	<input type="checkbox"/> Epinephrine / <input type="checkbox"/> Antihistamine
If a reaction is progressing, give:	<input type="checkbox"/> Epinephrine / <input type="checkbox"/> Antihistamine

DOSAGE:

Epinephrine – inject (circle one)

EpiPen EpiPen Jr. _____

Adrenallick 0.3mg Adrenallick 0.15mg _____

Twinject 0.3mg Twinject 0.15mg _____

Antihistamine (write in medication, dose and route)

Part 2 – Emergency Calls

1. Call 911 – state that an allergic reaction has been treated and additional epinephrine may be needed.

2. Parent _____ Emergency Number _____

3. Emergency Contact _____ Emergency Number _____

Part 3 – Medications on Campus

Please select which option is medically necessary for this child with regard to epinephrine:

This child should have 2 epinephrine doses either:

- one in the school office at all times, and one in the homeroom classroom or
- one on/with the child at all times and one in the school office

Doctor's Signature _____ Date _____

Parent Signature _____ Date _____



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EXTENDED CARE REGISTRATION

2015-2016

WE OFFER CARE FOR YOUR CHILD BEFORE SCHOOL AND AFTER SCHOOL

Our program includes:

- ✓ Designated homework time
- ✓ After-school snacks and videos
- ✓ Outdoor and indoor recreation
- ✓ Morning drop-off beginning at 6:30 a.m.
- ✓ Afternoon pick-up as late as 6:00 p.m.

Our fee schedule:

- A one-time registration fee of \$30
- Morning care \$50 each week
- Afternoon care \$75 each week
- Both mornings and afternoons \$120 each week
- Hourly usage is \$12 each hour or part of an hour
- Hourly usage of \$6 per hour for additional siblings

To secure your place in our program, fill in the information below and return it to the school office – the registration fee will be billed through your B&P account.

Father's Name: _____ Mother's Name: _____

Father's Phone # _____ Mother's Phone #: _____

Child's Name: _____ Grade _____

Allergies: _____

Emergency Contact Name: _____ Phone #: _____

I, _____, give permission for Providence Academy staff to provide reasonable healthcare decisions (e.g. call 911) in event of a health emergency.

Who is allowed to pick up your child?

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

You will be charged \$1.00 per minute if your child remains in aftercare past 6:00 pm. Enrollment may be terminated if late pickup occurs on a consistent basis. I understand that I will be charged through B&P on a weekly or as needed basis. I authorize Providence Academy to charge my B&P account for the one-time \$25 enrollment fee.

- I plan to use MORNING CARE on a regular, daily basis
- I plan to use AFTERCARE on a regular, daily basis
- I plan to use the extended care program on a drop-in or part time basis

Parent Signature: _____

Date: _____