Providence Academy

An Independent Christian School in Leesburg, VA

www.providenceacademyva.org

Congratulations on your child's acceptance to Providence Academy!

We welcome you, and are looking forward to a great year. Please print the New Enrollment Checklist, and complete/submit all forms to complete your child(ren)'s enrollment.

ENROLLMENT CHECKLIST FOR ALL NEW STUDENTS:

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

TUITION & FEES:

☐ Tuition Contract (use personalized login for online enrollment)

☐ Bill & Pay Enrollment (you will be invited via email to open an account)

☐ $400 Enrollment Fee (pay upon enrollment through Bill & Pay)

☐ Tuition Insurance[1] (pay upon enrollment through Bill & Pay)

FAMILY & STUDENT INFORMATION (complete on RenWeb or hard copy as indicated):

☐ RenWeb Account Set-Up (follow instructions provided)

☐ Emergency Contact Form (RenWeb)

☐ Student Medical Form (RenWeb)

☐ Custodial Parent Form (RenWeb)

☐ Student Transportation Form (RenWeb)

☐ Birth Certificate (submit to school office by August 15, 2015)

☐ Virginia School Entrance Health Form, signed by student's pediatrician available at: http://www.doe.virginia.gov/support/health_medical/school_entrance_form/school_entrance_form.pdf (submit to school office by August 15, 2015)

☐ TDAP immunization verification - **incoming 6th graders only** (submit to school office by August 15, 2015)

☐ 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.

Accessing ParentsWeb

RenWeb School Management Software gives you, the busy parent, an opportunity to get more involved in your child's academic progress and future success – all via the Internet!

RenWeb's ParentsWeb is a private and secure parents' portal that will allow parents to view academic information specific to their children, while protecting their children's information from others. You may view updates from your child's classes as well as other useful school information. You can also communicate with teachers and other school staff online whenever necessary. All you need is an Internet-capable computer.

Here's how to access our easy-to-use **RenWeb ParentsWeb**:

- Make sure that the school has your email address in RenWeb.

- In Internet Explorer, Firefox, or Safari, go to www.renweb.com and click **Logins**.

- Type the school's **District Code** PA-VA.

- Click **Create New ParentsWeb Account**.

- Type your email address and click **Create Account**. An email will be sent which includes a link to create your ParentsWeb login. The link is active for 6 hours.
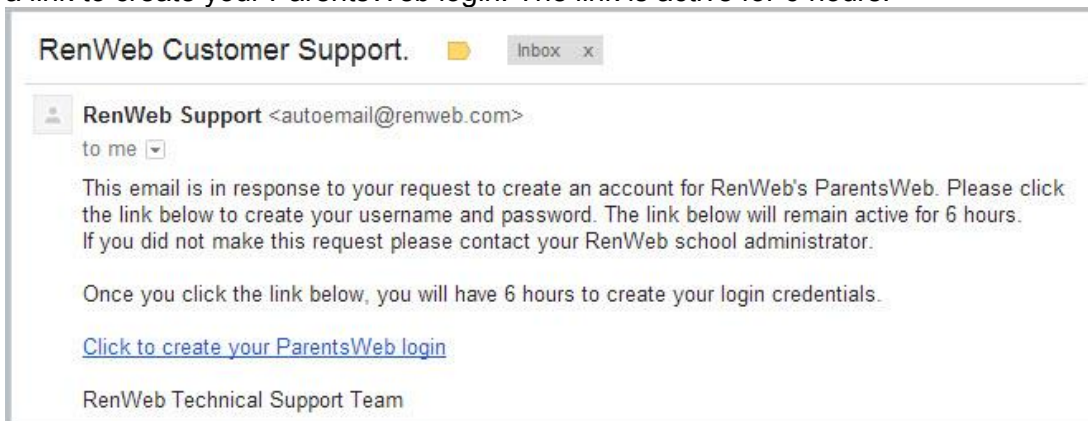
- Select the **Click to Create your ParentsWeb login** link.

- A web browser displays your **Name** and RenWeb **Person ID**.

- Type a **User Name**, **Password,** and **Confirm** the password.

- Click **Save User Name and/or Password**.
  A message displays at the top of the browser, "**User Name/Password successfully updated**."

- You may now log in to ParentsWeb using your new User Name and Password.

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

-Set up your Parents Web Account through RenWeb and Log-In using the provided instructions

-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 complete each of the forms, click in the large box next to the student's or parent's name to open the form; type information 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 information will not be saved. Choose >Return to main form.

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

> 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 enter this information for every person at the same address.

> 2) **Student Medical:** Use this form to enter 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 enter individual parent information (email, cell phone, work information) and to indicate 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. This is very helpful for us as we plan for Grandparents' Day! You only need to add this information for one of your students, and cannot edit or delete existing information once submitted. Please contact the office if you need changes made here.

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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	□ Epinephrine	/	□ Antihistamine
MOUTH: itching, tingling or swelling of lips, tongue, mouth	□ Epinephrine	/	□ Antihistamine
SKIN: hives, itchy rash, swelling of the face or extremities	□ Epinephrine	/	□ Antihistamine
ABDOMIN: nausea, abdominal cramps, vomiting, diarrhea	□ Epinephrine	/	□ Antihistamine
THROAT: tightening of throat, hoarseness, hacking cough	□ Epinephrine	/	□ Antihistamine
LUNG: shortness of breath, repetitive coughing, wheezing	□ Epinephrine	/	□ Antihistamine
HEART: weak pulse, low blood pressure, fainting, pale or blue	□ Epinephrine	/	□ Antihistamine
If a reaction is progressing, give:	□ Epinephrine	/	□ Antihistamine

DOSAGE:

Epinephrine – inject (circle one)

EpiPen   EpiPen Jr.   _____

Adrenaclick 0.3mg   Adrenaclick 0.15mg   _____

Twinject 0.3mg   Twinject 0.15mg   _____

Antihistamine (write in medication, dose and route)

_____

_____

(Over)

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 _____

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: _____