



5251-37 John Tyler Highway  
Williamsburg, VA 23185

Office: (757) 345-0905  
Email: [gca@gcaroyals.org](mailto:gca@gcaroyals.org)

[www.greenwoodchristianacademy.com](http://www.greenwoodchristianacademy.com)

Dear Parent:

With many quality choices for education in the Williamsburg area, we are delighted that you have chosen Greenwood Christian Academy. We look forward to working with you to provide the best education for your child.

This enrollment packet contains the following:

- Vision, Mission, and Admissions Policy\*
- Christian Mediation and Binding Arbitration Agreement\*
- Classes offered & Fee schedule
- Registration Form\* (completed with no blanks)
- Student Educational History\* (Elementary Students Only)
- Parent/Guardian Agreement\*
- Statement of Doctrinal Beliefs
- Statement of Support\*
- Virginia Reportable Disease List
- Reportable Disease Agreement\*
- Photo/Video Release Form\*
- Pastor's Recommendation Form (For New Elementary Families Only)\*
- Parent/Guardian Cooperation Agreement Handbook Form\*
- Commonwealth of Virginia – School Entrance Health Form\*

(Please note: all new students and those entering Kindergarten must submit updated forms for compliance with Virginia law. If you do not need to complete this form, please return blank form to the school office. )

To register your child, we must receive the following:

- ALL documents listed above that are followed by an asterisk (\*)
- Birth certificate (original to be viewed by GCA personnel)
- Preschool: Non-refundable Book, Facility & Supply Fee  
Elementary: Non-refundable Book & Facility Fee
- Non-refundable Registration Fee
- Tuition Agreement (not included – to be completed in the school office at time of enrollment)
- FACTS Confirmation Form
- Before/After Childcare (Optional – please inquire for further information)

Enrollment Cover Letter 01022017

Greenwood Christian Academy shall not discriminate on the basis of race, color, national or ethnic origin in administration of its education policies, admission policies, scholarship and loan programs, athletic programs or other school administered programs.



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## **Vision Statement**

Greenwood Christian Academy instills a Christian worldview based on truth from the inspired Word of God.

## **Mission Statement**

To equip students, through a Christ-centered curriculum, with values of faith, honor, service, excellence, and leadership.

## **Educational Philosophy**

Greenwood Christian Academy makes every effort to build our curriculum and learning activities around academically challenging and developmentally appropriate practices.

- Teaching is geared to the age of the student, and activities are planned using appropriate teaching practices.
- A variety of learning activities are utilized to fully engage students who have different learning styles.
- Pacing of curriculum fully prepares students for the next grade level.
- Learning is meaningful to students and related to what they already know.
- Learning is physically and mentally active; that is, students are involved in individual work and also small group learning activities in which they create, experiment, investigate, and work with their peers.
- Learning is within the framework of a Biblical worldview and intended to foster Christian character and conduct.

**Over**



## **Admissions Policy**

The goal of Greenwood Christian Academy's Admissions Policy is to assure that our school is a good fit for each student and family, and that we understand and agree on basic purposes, policies and procedures prior to admission and registration.

GCA wishes to operate in partnership with parents and the family's church to establish and reinforce a learning process that is consistent with our mutually held beliefs and values. Therefore, to be eligible for admission, parents or guardians must be in agreement with our Mission, Vision and Statement of Doctrinal Beliefs, agree to abide by the policies and procedures of the Parent and Student Handbook. To be fully engaged in this partnership, parents also agree to participate in and support the school's activities, uphold the school in prayer, provide volunteer help when possible, and support it financially when able. The school expects that each family will be actively affiliated with a church that will reinforce the beliefs and values taught here.

Greenwood Christian Academy admits students regardless of race, color, and national or ethnic origin to all the rights, privileges programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in the administration of its educational policies.

The biblical and philosophical goal of GCA is to establish a firm foundation toward developing students into mature, Christ-like individuals who will be able to exhibit a Christ-like life. Of necessity, this involves the school's understanding and beliefs regarding what qualities or characteristics exemplify a Christ-like life. Even though parents may personally believe differently, while enrolled at GCA, all students are expected to exhibit the qualities of a Christ-like life espoused and taught by the school and to refrain from unbiblical activities or behavior.

GCA believes in the sanctity of marriage as expressed in Genesis 2:23-24. Marriage is a union between one man and one woman. Any behavior within or outside the marriage union which is inconsistent with Biblical principles (e.g., Leviticus 20:13, Romans 1:27) contradicts our teaching. It is essential that the home uphold and reinforce the School's teachings. Therefore, GCA reserves the right to refuse enrollment or dis-enroll any student whose personal or family lifestyle or behavior may undermine or adversely influence other students by violating the Biblical principles we teach.

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Understanding all of the above, we pledge our support and cooperation to the school and agree to comply with all policies of the Administration.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Christian Mediation and Binding Arbitration Agreement

The parties to this agreement, Greenwood Christian Academy and parent(s)/legal guardian(s) agree that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the biblical injunctions of 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20. Therefore, the parties agree that any claim or dispute arising out of or related to this agreement or to any aspect of the employment relationship, including claims under federal, state, and local statutory or common law, the law of contract, and law of tort shall be settled by biblically based mediation. If resolution of the dispute and reconciliation do not result from mediation, the matter shall then be submitted for binding arbitration.

The parties agree for the arbitration process to be conducted in accordance with the Christian conciliation rules of procedure contained in the Peacemaker Ministries booklet, Guidelines for Christian Conciliation. (A copy is available for review at [www.Peacemaker.net](http://www.Peacemaker.net) , at Greenwood Christian Academy.) Consistent with these rules, each party to the agreement shall agree to the selection of the arbitrator. The parties agree that if there is an impasse in the selection of the arbitrator, the Institute for Conciliation (a division of Peacemaker Ministries of Billings, Montana, 406-256-1583) shall be asked to provide the name of a qualified person who will serve in that capacity. Consistent with the rules of procedure, the arbitrator shall issue a written opinion within a reasonable time.

The parties acknowledge that the resolving of conflicts requires time and financial resources. Each party, regardless of the outcome of the matter, agrees to pay its designated share of the fees and expenses, as required by the mediator, case administrator, and/or arbitrator, related to such proceeding to resolve the matter.

The parties agree they will endeavor to exchange information with each other and present the same at any mediation or arbitration pursuant to the ICC Rules of Procedure with the intent to minimize costs and delays to the parties. They will seek to cooperate with one another and may request the mediator, case administrator, and/or arbitrator to direct and guide the preparation process so as to reasonably limit the amount of fact-finding, investigation, and discovery by the parties to that which is reasonably necessary for the parties to understand each other's issues and positions, and to prepare the matter for submission to the mediator and/or arbitrator to inform the mediator and/or arbitrator. In addition, the parties agree that in the event of arbitration, they will use a single arbitrator who is experienced in the relevant area of law and familiar with biblical principles of resolving conflict.

The parties to this contract agree that these methods shall be the sole remedy for any controversy or claim arising out of the student/parent/school relationship and expressly waive their right to file a lawsuit against one another in any civil court for such disputes, including any class action proceeding, except to enforce a legally binding arbitration decision. The parties acknowledge that by waiving their legal rights to file a lawsuit to resolve any dispute between them, they are not waiving their right to employ legal counsel at their own expense to assist them in any phase of the process.

\_\_\_\_\_  
Signature of Father/ Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother/ Legal Guardian

\_\_\_\_\_  
Date



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## Classes & Fees 2019-2020

### Hours of Operation

Before Care	7:00 – 8:30
AM Preschool	8:30 -12:00
PEEP	12:00 - 3:30
Full Day Preschool	8:30 – 3:30
Squirrels	8:30 - 3:30
Elementary	8:30 - 3:30
After Care	3:30 - 5:30

### Classes Offered

Class Name	Age of student by Sept. 30, 2019	Days & Times Offered
Bunnies Beavers	2-4 years old (Must be potty trained)	2 days per week (M/W or Tu/Th) 3 days per week (M/W/F or Tu/Th/F) 4 days per week (M-Th) 5 days per week (M-F)
Chippies	4-5 years old (Pre-K)	4 days per week (M-Th) 5 days per week (M-F)
Squirrels	4-5 years old (Pre-K)	M-F Only, 8:30-3:30
PEEP (Preschool Extended Enrichment Program)	3-5 years old	Available M-F; students are required to register for a minimum of 2 days per week
Elementary	Kindergarten-5 <sup>th</sup> grade	M-F, 8:30-3:30

Note: Preschool is under no obligation to make up days missed for snow or other hazardous weather conditions. There is no pro-rating for days missed due to absence for illness, travel, etc. Tuition is an annual fee broken into 1,2,10 or 12 average monthly payments as chosen through the FACTS system. There is no reduction of fees for school holidays or breaks. These holidays are taken into account in the establishment of annual fees. Average monthly payments are based on a 10-month school year, not the actual number of days per month.

The School shall admit students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational and admissions policies, scholarship and loan programs, and other school- administered programs.

The School reserves the right to hire employees and accept students based on religious affiliation and behavior that is compliant with biblical standards and the School's tenets of faith.

### Registration Fees

Preschool		Elementary	
Class Name	Registration	Registration	Book Fee
AM Bunnies, Beavers, Chippies	\$ 100	\$175 – Returning Families	\$350
PEEP	\$ 50	\$225 – New Families	
Full Day	\$ 150		
Pre-K 3 & 4 Book, Testing & Supply Fee	\$ 150	Facility Fee \$150	
2 year old Supply Fee	\$ 50		
Facility Fee	\$ 150		

The contracted tuition for Kindergarten and Elementary students is due upon registration for the entire year. We allow monthly payments to ease the burden of the lump sum payment. This allowance may not be construed as forgiveness for remaining unpaid months should you unilaterally withdraw your child. When registering for Preschool or K-Elementary, the registration, book and facility fee are due and are not refundable. You must register for FACTS at the time of enrollment. **Current families re-enrolling after May 1<sup>st</sup> will be charged an additional late processing fee of \$125.** Your child's spot will not be confirmed until we receive confirmation of registration through FACTS and your child will be unable to attend school.

### Preschool Tuition Rates

Preschool (Half Day Rates) 8:30am-12:00pm				Preschool (Full Day Rates) 8:30am-3:30pm			
Days per Week	10 Months	Semi Annual	Annual Tuition	Days per Week	10 Months	Semi Annual	Annual Tuition
2	\$206	\$1030	\$ 2060	2	\$294	\$1471	\$ 2941
3	\$281	\$1406	\$2812	3	\$400	\$2001	\$4001
4	\$332	\$1659	\$3317	4	\$478	\$2391	\$4781
5	\$375	\$1875	\$3749	5	\$563	\$2814	\$5627

### PEEP (Preschool Extended Enrichment Program)

PEEP is designed to provide additional learning experiences outside of the regular preschool day. Children have the opportunity to explore, in more depth, concepts that are presented during the morning preschool class through stories, games, songs, and for the 4 year olds Spanish instruction. Students attending PEEP will need to bring a lunch and rest blanket.

### PEEP Tuition Rates (Add these amounts to Half Day Rates) 12:00-3:30pm

Days per Week	10 Payments	Semi -Annual	Annual Tuition
2	\$ 88	\$441	\$881
3	\$119	\$595	\$1189
4	\$146	\$732	\$1464
5	\$188	\$939	\$1878

<b>Elementary Tuition Rates 8:30am – 3:30pm</b>				
<b>Grade</b>	<b>12 Payments</b>	<b>10 Payments</b>	<b>Semi-Annual</b>	<b>Annual</b>
<b>Kindergarten</b>	<b>\$646</b>	<b>\$ 775</b>	<b>\$3873</b>	<b>\$7746</b>
<b>Additional Child</b>	<b>\$613</b>	<b>\$736</b>	<b>\$3679</b>	<b>\$7358</b>
<b>1<sup>st</sup> - 5<sup>th</sup></b>	<b>\$707</b>	<b>\$848</b>	<b>\$4241</b>	<b>\$8482</b>
<b>Additional Child</b>	<b>\$672</b>	<b>\$806</b>	<b>\$4030</b>	<b>\$8059</b>
Elementary sibling discount rate is on the youngest child's tuition				

### **Before & After School Care**

Greenwood offers Before Care from 7:00 – 8:30 AM and After Care from 3:30 – 5:30 PM. The daily rate is \$10 a day for Before Care and \$10 a day for After Care. For those who participate daily we offer a discounted rate of \$100 per month for Before Care and \$100 a month for After Care. To receive the discounted rate a payment is due by the 6<sup>th</sup> of the month. In order to sign up, please see the bookkeeper.

### **Financial Aid**

Financial assistance to **elementary students** is available based on need. Applications must be submitted online at [www.factstuitionaid.com](http://www.factstuitionaid.com). This service will evaluate your application, and notify us within 10 days of completion if qualification criteria is met. There is a fee for each application which is charged by and paid to the FACTS organization. **For returning students “Financial Aid” must be applied for prior to May 1** for the upcoming school year. Those who apply after this deadline will be responsible for signing up for the full amount of tuition at re-enrollment in order to qualify for their registration discounts, if any apply. Tuition aid will then be distributed based on FACTS recommendation on a first come first served basis until funds are no longer available.

### **GCA Discounts**

Greenwood offers discounts to the follow groups of people. These discounts are mutually exclusive and will be deducted from your **total annual tuition obligation**.

Military, Police, Fire Fighters, First Responders	\$250
Ministers/Pastors of Christian Churches (Full Time)	50% - <b>Elementary Only</b>
*Lasting Legacy Account	Varies by time and grade (see below)

**\*The longer you stay the less you pay!** You will accrue \$200 for every FULL year of attendance at GCA and this accrual will be paid out at the beginning of Kindergarten, 2<sup>nd</sup>, and 4<sup>th</sup> grades. Preschoolers only receive \$200 for *any* number years attended when entering Kindergarten (partial years included). This discount will be deducted from your total annual tuition commitment. **In order to take advantage of this “Lasting Legacy Discount”, the student must be re-enrolled before May 1<sup>st</sup>.**

**Referral Program** – A discount of \$200 for Elementary will be given to any current family who refers another family to Greenwood. The referred family must be registered and accepted in order for the current family to receive the discount. This discount will be deducted from their tuition obligation through FACTS. The discount will be prorated based on the referred families start date and will be credited after the 1<sup>st</sup> months tuition has been withdrawn from the referred families FACTS account.



***Helpful tips when completing the “Registration Form”:***

**Home Address:**

- Please fill in every line where it says “Home Address” with the complete address.
- We are not able to accept “same as”, “see above” etc.

**Home Phone Number:**

- If you have a Home Phone number, please list in all the “Home Phone” spaces.
- If not, please put a cell phone number in all the “Home Phone” spaces.

**Allergies:**

- Please list all allergies and what is needed.
- If no allergies, please put N/A.

**Persons or Agency having Legal Custody:**

- If there are no legal custody issues, please put N/A.
- If there are custody issues, please complete that portion of the form and turn in the necessary legal paperwork.

**Emergency Contacts:**

- We need 2 local contacts with complete addresses and phone numbers.

**Authorized Pickups:**

- Please list everyone who you would like to pick up your child and their phone numbers.
- If they are not listed, we can’t release your child without a written note from you or a phone call.
- They must show ID when they come to pick up your child.

*\*\*Friendly reminder...no blank spaces are allowed per Virginia state codes*



# Registration Form

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For office use only
Class/Grade: _____
School Year: _____

<b>Student</b>	Name Used	Date of Birth	Age	Sex
_____ <small>LAST                      FIRST                      MIDDLE</small>		/ /		
<b>Student Address, City, State, Zip</b>	Subdivision	Home Phone		
<b>Allergies/chronic physical problems/special accommodations needed/medications affecting learning or moods</b>				
Please describe any educational issues that would impact the child's learning at GCA:				
If child attends Greenwood Christian Academy and another school/preschool/daycare programs, please provide name of school/program:				
How did you hear about Greenwood Christian Academy? <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Realtor <input type="checkbox"/> GCA parent/alumni <input type="checkbox"/> Church <input type="checkbox"/> Other _____				
<b>OPTIONAL</b> Ethnicity: <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ (Information collected in this box is for reporting purposes for ACSI-Association of Christian Schools International)				

### PARENT(S)/GUARDIAN(S)

<b>Father</b>	Place of Employment	Business phone
Home Address, City, State, Zip		Home phone
Email		Cell phone
<b>Mother</b>	Place of Employment	Business phone
Home Address, City, State, Zip		Home phone
Email		Cell phone
<b>With whom does student reside?</b> (Full Name & Address, City, State, Zip)		Phone Number
<b>Person(s) or agency having legal custody of child</b>		Cell Phone
Home Address, City, State, Zip		Home phone
Business Address, City, State, Zip		Business phone

Greenwood Christian Academy shall not discriminate on the basis of race, color, national or ethnic origin in administration of its education policies, admission policies, scholarships and loan programs, athletic programs, or other school administered programs.

## EMERGENCY INFORMATION

<b>Student's Physician</b>	Phone
<b>Local Emergency Contact #1</b> (if parents cannot be reached)	Address, City, State, Zip
	Phone
<b>Local Emergency Contact #2</b> (if parents cannot be reached)	Address, City, State, Zip
	Phone

### EMERGENCY MEDICAL AUTHORIZATION

Parent(s)/guardian(s) will be notified immediately if the child becomes ill while at Greenwood Christian Academy. If unable to reach the parents or one of the emergency contacts, the child will be isolated from other children until the parent/guardian arrives to pick up the child.

**If an emergency occurs and the Greenwood staff is unable to contact/locate parent(s)/guardian immediately, I give Greenwood staff authorization for the child to receive emergency medical care.**

**Parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

All Persons Authorized to pick up child\*\*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**\*\*Appropriate paperwork (such as custody papers) shall be attached if a parent is not allowed to pick up child. All amendments to this information must be made in writing.**

**Church Affiliation:** \_\_\_\_\_

Are you active members? \_\_\_\_\_

### SIBLINGS

Name	Date of Birth				
_____	___/___/___	Brother	Sister		
_____	___/___/___	Brother	Sister		
_____	___/___/___	Brother	Sister		

**I understand that if I have misrepresented or withheld information from GCA, the school reserves the right to deny admittance or dis-enroll the student.**

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please Complete Educational and Developmental History**

# Student Educational History

For Elementary Students Only

For School Use:

Grade: \_\_\_\_\_

School Year: \_\_\_\_\_

List the past three K-5 schools student has attended beginning with the present school:

1. Current School: \_\_\_\_\_ For Grade(s): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone number: (    ) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
2. School: \_\_\_\_\_ For Grade(s): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone number: (    ) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
3. School: \_\_\_\_\_ For Grade(s): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone number: (    ) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Why do you desire to have your child(ren) attend GCA? \_\_\_\_\_

Has student experienced any significant life changes in the last year? (Divorce, deployment, death of a family member)? \_\_\_\_\_ If yes, please explain on back of this sheet or attach another sheet of paper.

Does student take any medications on a regular basis? If yes, please indicate type and dosage:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Has student repeated or skipped a grade? \_\_\_\_\_ If yes, please explain and indicate year and grade.

Does student have a history of any chronic physical or emotional condition or learning disability that has required or may require special attention at GCA? \_\_\_\_\_ If yes, please explain.

Has student ever received (or been recommended to receive) a child study team or psychological or psychiatric evaluation? \_\_\_\_\_ If yes, please explain and indicate when.

Has student been in a special education program? \_\_\_\_\_ If yes, has student successfully completed remediation and been mainstreamed to a typical academic program? \_\_\_\_\_

Does student have a current IEP or ISP? \_\_\_\_\_ If yes, please explain and provide a copy for review.

Over →

**Has the student ever been in a serious disciplinary difficulty such as suspension, expulsion, or denied admission to another school? \_\_\_\_\_** If yes, please explain.

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**Are there concerns you'd like to discuss further regarding your child's potential transition to GCA?**

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**What positive characteristics and/or strengths do you observe in your child?**

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**Parent/Guardian Agreement**

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Birth Date)

Greenwood Christian Academy has a spiritual relationship with Crosswalk Community Church. Our focus is on glorifying God as we provide quality education in a nurturing environment. Admission to Greenwood Christian Academy is dependent upon the Parent's acceptance of the following policies:

1. Parents acknowledge receipt of a **Parent & Student Handbook** and agree to the rules and policies set forth therein.
2. Parents acknowledge having read the **Statement of Doctrinal Beliefs** and are willing to have their child(ren) educated in accordance with those beliefs.
3. Parents agree to provide all forms and documentation as described on the cover letter of the enrollment packet.
4. **Health** - Parents agree to the following policy concerning accidents or illnesses. In the event your child has an accident or becomes ill during the hours under our care, it is our policy to contact those designated on the Registration Form. Upon notification, it is the responsibility of the designated person to pick up the child as quickly as possible. First-aid may be administered in an emergency. However, no medication will be administered without your permission. If the matter is believed to be serious, you authorize school personnel to seek medical attention as needed and notify you as soon as possible. Parents shall release Greenwood Christian Academy and Crosswalk Community Church from any claims of liability or any injury for care given.
5. **Photographs/Publicity** - Parents agree that Greenwood Christian Academy and Crosswalk Community Church may use photographs of their child without compensation. The child will not be identified by name or address. Identification will only be used if expressly authorized by a Parent.
6. **Withdrawal / Termination** - Parents of preschool and elementary students agree to the annual tuition commitment as set forth in the Tuition Agreement. Should a parent withdraw their child for any reason (other than a job/military transfer), they will fulfill their financial responsibility to Greenwood Christian Academy for the remainder of the school year. Greenwood Christian Academy reserves the right, at its discretion, to terminate the enrollment of a child at any time, provided one week's notice is given in writing. Tuition shall not be waived for unilateral withdrawal except for job/military transfers.
7. **Fees** - Parents agree to pay all required fees. Tuition **must** be paid through the FACTS system. Incidental fees, including lunch and childcare, will be added as well, but may be paid at the school at the parent's discretion.

**Please read and initial each point below.**

- \_\_\_\_\_ a. The registration, book and facility fee are non-refundable.
- \_\_\_\_\_ b. Annual tuition is made via FACTS in 1,2,10, or 12 payments as chosen when registering. The first month's tuition will be withdrawn on August 1st and subsequent withdrawals will start September 1st according to the schedule chosen. Parents of preschool and elementary students who are withdrawn before the end of the school year agree to fulfill their financial responsibility for the remainder of the year (except in the case of job/military transfers).
- \_\_\_\_\_ c. There is no pro-rating of tuition for holidays, vacation schedules, absences, or short months, as the annual tuition is divided into monthly installments for your convenience.
- \_\_\_\_\_ d. Monthly tuition will be withdrawn on the 1<sup>st</sup> day of each month August thru May (10 months) or August thru July (12 months) if you choose the monthly option. The annual payment will be withdrawn August 1st and the semi-annual payments will occur August 1st and Feb. 1st. If any withdrawal payment fails, it will assessed a \$35 charge and will be reattempted 2 more times prior to defaulting.
- \_\_\_\_\_ e. Greenwood Christian Academy reserves the right to ask any parent whose payment withdrawal has failed after the third attempt to contact FACTS until the payment can be successfully withdrawn in order for the student to remain enrolled.
- \_\_\_\_\_ f. All checks returned by the bank are subject to a \$25 fee. Accounts that have had checks returned twice will be placed on a "cash only" basis for incidental charges only.
- \_\_\_\_\_ g. All fees related to collection of tuitions or defaults are the parent's responsibility.
- \_\_\_\_\_ h. Completed registration paperwork and an online FACTS account are mandatory requirements in order for a child to attend Greenwood Christian Academy.

**Date** \_\_\_\_\_

**Parent/Guardian Print Name** \_\_\_\_\_

**Principal or Designee** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

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## Statement of Doctrinal Beliefs

### **The Bible is...**

- The divine revelation of God to mankind.
- Our fixed source of authority for faith and conduct.
- Without error and enduring for all generations and cultures.

*(2 Timothy 3:16-17, 1 Thessalonians 2:13, Psalm 119:160, 2 Peter 1:20-21)*

### **God is...**

- Eternal, having always existed outside of time and space.
- A single Being consisting of three Persons – Father, Son, and Holy Spirit.

*(Genesis 1:26-27, Psalm 90:2, Revelation 1:8, John 14:26, Matthew 28:19, 1 John 5:7)*

### **Jesus is...**

- The eternal Son of God, is both fully God and fully man.
- Conceived by the Holy Spirit and born of a virgin.
- Without sin.
- The only One who ultimately restores mankind from sin through the shedding of His blood.
- Raised from the dead and seated with the Heavenly Father.
- The healer of the sick.
- Returning again to reign forever in a new heavens and earth.

*(John 1:1-4, John 1:14-17, Philippians 2:4-11, Matthew 1:23, Luke 1:30-35, 1 Peter 2:22, Hebrews 4:11-15, Matthew 26:28, Mark 4:24, Matthew 28:5-6, Acts 2:22-24, 1 Corinthians 15:3-4, James 5:14-16, Isaiah 53:4-5, Acts 1:9-11, Revelation 21:1-3)*

### **The Holy Spirit is...**

- Active today to make people aware of their need of salvation.
- Active today to empower every believer to follow Christ more victoriously, offering a baptism that is subsequent to the salvation experience with gifts to confirm the power of the gospel. The gifts of the Holy Spirit shall operate in harmony with the Holy Scriptures and shall never be used in violation of Biblical parameters.

*(John 16:7-11, Luke 24:49, Acts 1:8, 8:12-17, 19:1-7, 1 Corinthians 13:1-2, 1 Corinthians 14:1-40)*

### **People are...**

- Made in the spiritual image of God.
- Fallen from innocence due to a willful choice to do wrong.
- Destined for eternal separation from God.
- Provided an opportunity to be reconciled to God through Christ, not as a result of human effort and good works, but through faith alone.
- Invited to accept Christ, repent of sin, and be regenerated through the power of the Holy Spirit.
- In need of being separated from carnality and set apart unto God in order to become more like the character of Christ.

**Over→**

- Commanded to relinquish the authority over their lives to Christ, making Him the Lord of their lives.

*(Genesis 1:26-27, Genesis 3:6-8, Romans 3:23, Romans 6:23, Revelation 20:11-15, Colossians 1:19-22, John 3:16-17, Luke 9:23-24, Acts 2:38, Titus 2:11-13, Titus 3:5-7, 1 Thessalonians 5:21-23, 1 Thessalonians 4:3, Deuteronomy 27:10, Jeremiah 7:23, 1 Corinthians 6:15-20, 1 Corinthians 10:4-6)*

**The Church is...**

- The body of Christ that consists of all believers on a three-fold mission of upreach, inreach, and outreach.
- Observant of water baptism and holy communion.

*(1 Corinthians 12:13, Deuteronomy 6:5, Ephesians 4:11-16, Matthew 28:19-20, Romans 10:14-15, Matthew 28:19, Acts 10:47-48, Luke 19:17-20, 1 Corinthians 11:23-26)*

**The Future is...**

- Hopeful for the Christ-follower because of the imminent, physical, and visible return of Christ to establish His Kingdom of a new heaven and new earth at a date that is undisclosed by the Scriptures.
- Dismal and bleak for the unbeliever who has rejected Christ because of eternal judgment and damnation in hell, separated from God.

*(2 Peter 3:13, 1 Thes 4:16-17, Titus 2:11-13, Revelation 21:1-7, 1 Corinthians 6:9-10, Romans 1:20-25)*

**Sin is...**

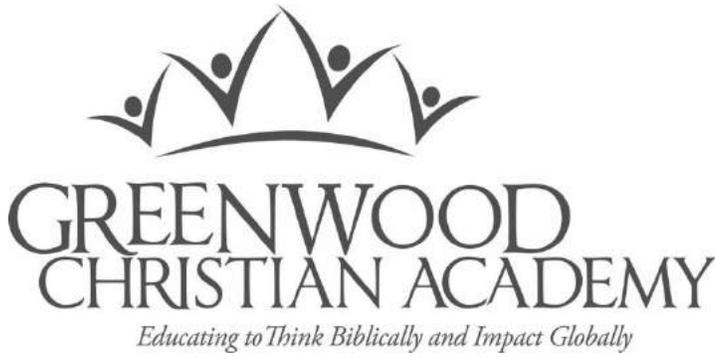
- A condition of the human heart since birth that causes each and every person to fall short of the standard of perfection established by God.
- Any unrighteous behavior identified in the Holy Scriptures, as interpreted by the pastoral leadership team at Crosswalk Community Church and the Assemblies of God, therefore requiring appropriate action, including sanctions as necessary, to protect the fellowship of believers and the testimony of Jesus Christ.

*(Romans 3:23, Proverbs 14:34, Romans 8:3-4, Galatians 5:19-21)*

**Matrimony is...**

- A holy, monogamous marriage covenant between one man and one woman as long as both shall live.
- A divinely ordained institution of God.
- The basic unit of a healthy society.

*(Genesis 2:24, 1 Corinthians 7:2-4, 1 Corinthians 7:10, Ephesians 5:23-31, Hebrews 13:4, Genesis 2:18, Exodus 20:12, Genesis 2:21-24, Malachi 2:6)*



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## Statement of Support

- We have received and read the Statement of Doctrinal Beliefs and agree to have our child educated in accordance with them.
- We have received a copy of the Parent/Guardian Agreement and will abide by the policies and procedures contained therein.
- We will regularly pray for Greenwood Christian Academy and specifically for our child's teacher.
- We will fully cooperate in the activities of Greenwood Christian Academy by doing our best to make Christian education meaningful in the life of our child.
- We will require our child to support the Biblical activities of Greenwood Christian Academy (Chapel, Scripture memorization, etc.) We understand that Chapel is a required part of the program and agree to attend with our child if he or she is disruptive in Chapel.
- We will pay our financial obligations to Greenwood Christian Academy on or before the due date. If we are unable to do so, we will notify the office giving a reasonable explanation for the delay and stating when payment will be made.
- We will volunteer as opportunities arise and as God provides time and strength.
- We will faithfully attend, to the best of our ability, all parent functions of Greenwood Christian Academy.
- If we become dissatisfied with Greenwood Christian Academy in any way, we will strive to resolve the matter with the person(s) involved as privately and lovingly as possible, rather than spreading criticism and negativism. (Matthew 18:15-17)
- We understand that Greenwood Christian Academy has a spiritual relationship with Crosswalk Community Church. If our family is in need of spiritual counseling or assistance we may contact the Pastoral staff with the assurance of confidentiality.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Father's Signature)

\_\_\_\_\_  
(Principal or Designee)

\_\_\_\_\_  
(Mother's Signature)

# Virginia Reportable Disease List

Reporting of the following diseases is required by state law ([§32.1-36](#) and [§32.1-37](#) of the *Code of Virginia* and 12VAC5-90-80 and 12VAC5-90-90 of the Board of Health *Regulations for Disease Reporting and Control*, <http://www.vdh.virginia.gov/epidemiology/regulations.htm>). Report all conditions when suspected or confirmed to your local health department within three days on an [Epi-1 form](#), except those listed in **RED** must be reported immediately by the most rapid means available.

<ul style="list-style-type: none"> <li>Acquired immunodeficiency syndrome (AIDS)</li> <li>Amebiasis</li> <li><b>I</b> <b>ANTHRAX</b></li> <li>Arboviral infection (e.g., dengue, EEE, LAC, SLE, WNV)</li> <li><b>BOTULISM</b></li> <li><b>BRUCELLOSIS</b></li> <li>Campylobacteriosis</li> <li>Chancroid</li> <li>Chickenpox (Varicella)</li> <li><i>Chlamydia trachomatis</i> infection</li> <li><b>CHOLERA</b></li> <li>Creutzfeldt-Jakob disease if &lt;55 years of age</li> <li>Cryptosporidiosis</li> <li>Cyclosporiasis</li> <li><b>DIPHTHERIA</b></li> <li><b>DISEASE CAUSED BY AN AGENT THAT MAY HAVE BEEN USED AS A WEAPON</b></li> <li>Ehrlichiosis/Anaplasmosis</li> <li><b>^</b> <b>Escherichia coli</b> infection, Shiga toxin-producing</li> <li>Giardiasis</li> <li>Gonorrhea</li> <li>Granuloma inguinale</li> <li><b>HAEMOPHILUS INFLUENZAE INFECTION, INVASIVE</b></li> <li>Hantavirus pulmonary syndrome</li> <li>Hemolytic uremic syndrome (HUS)</li> <li><b>HEPATITIS A</b></li> <li>Hepatitis B (acute and chronic)</li> <li>Hepatitis C (acute and chronic)</li> <li>Hepatitis, other acute viral</li> <li>Human immunodeficiency virus (HIV) infection</li> <li><b>#</b> Influenza           <ul style="list-style-type: none"> <li><b>I</b> (report <b>INFLUENZA A, NOVEL VIRUS</b> immediately)</li> <li><b>INFLUENZA-ASSOCIATED DEATHS IN CHILDREN &lt;18 YEARS OF AGE</b></li> </ul> </li> <li>Lead, elevated blood levels</li> <li>Legionellosis</li> <li>Leprosy (Hansen disease)</li> <li><b>LISTERIOSIS</b></li> <li>Lyme disease</li> <li>Lymphogranuloma venereum</li> <li>Malaria</li> <li><b>MEASLES (RUBEOLA)</b></li> <li><b>MENINGOCOCCAL DISEASE</b></li> </ul>	<ul style="list-style-type: none"> <li><b>MONKEYPOX</b></li> <li>Mumps</li> <li><b>MYCOBACTERIAL DISEASES (INCLUDING AFB), (IDENTIFICATION OF ORGANISM) AND DRUG SUSCEPTIBILITY</b></li> <li>Ophthalmia neonatorum</li> <li><b>OUTBREAKS, ALL</b> (including but not limited to foodborne, healthcare-associated, occupational, toxic substance-related, and waterborne)</li> <li><b>PERTUSSIS</b></li> <li><b>PLAGUE</b></li> <li><b>POLIOVIRUS INFECTION, INCLUDING POLIOMYELITIS</b></li> <li><b>PSITTACOSIS</b></li> <li><b>Q FEVER</b></li> <li><b>RABIES, HUMAN AND ANIMAL</b></li> <li>Rabies treatment, post-exposure</li> <li><b>RUBELLA, INCLUDING CONGENITAL RUBELLA SYNDROME</b></li> <li><b>SALMONELLOSIS</b></li> <li><b>SEVERE ACUTE RESPIRATORY SYNDROME (SARS)</b></li> <li><b>SHIGELLOSIS</b></li> <li><b>SMALLPOX (VARIOLA)</b></li> <li>Spotted fever rickettsiosis</li> <li><i>Staphylococcus aureus</i> infection, (invasive methicillin-resistant) and <b>I</b> (vancomycin-intermediate or vancomycin-resistant)</li> <li><b>STREPTOCOCCAL DISEASE, GROUP A, INVASIVE OR TOXIC SHOCK</b></li> <li><i>Streptococcus pneumoniae</i> infection, invasive, in children &lt;5 years of age</li> <li>Syphilis (report <b>PRIMARY</b> and <b>SECONDARY</b> immediately)</li> <li>Tetanus</li> <li>Toxic substance-related illness</li> <li>Trichinosis (Trichinellosis)</li> <li><b>TUBERCULOSIS, ACTIVE DISEASE</b></li> <li>Tuberculosis infection in children &lt;4 years of age</li> <li><b>TULAREMIA</b></li> <li><b>TYPHOID/PARATYPHOID FEVER</b></li> <li><b>UNUSUAL OCCURRENCE OF DISEASE OF PUBLIC HEALTH CONCERN</b></li> <li><b>VACCINIA, DISEASE OR ADVERSE EVENT</b></li> <li><b>VIBRIO INFECTION</b></li> <li><b>VIRAL HEMORRHAGIC FEVER</b></li> <li><b>YELLOW FEVER</b></li> <li><b>YERSINIOSIS</b></li> </ul>
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**I** These conditions are reportable by directors of laboratories. In addition, these and all other conditions except methicillin-resistant *Staphylococcus aureus* (MRSA), invasive and mycobacterial diseases are reportable by physicians and directors of medical care facilities. Laboratory reports may be by computer-generated printout, Epi-1 form, CDC surveillance form, or upon agreement with VDH, by means of secure electronic transmission.

**I** A laboratory identifying evidence of these conditions shall notify the local health department of the positive culture and submit the initial isolate to the Virginia Division of Consolidated Laboratory Services (DCLS) or, for tuberculosis, to another lab designated by the Board.

**^** Laboratories that use a Shiga toxin EIA methodology without a simultaneous culture should forward all positive stool specimens or positive broth cultures to DCLS for further characterization.

**#** Physicians and directors of medical care facilities should report influenza by number of cases only (report total number per week and by type of influenza, if known); however, individual cases of influenza A novel virus should be reported immediately by rapid means.

Note: 1. Central line-associated bloodstream infections in adult intensive care units are reportable. Contact the VDH Healthcare-Associated Infections Program at (804) 864-8141 or see 12VAC5-90-370 for more information.

2. Cancers are also reportable. Contact the VDH Virginia Cancer Registry at (804) 864-7866 or see 12VAC5-90-150-180 for more information.



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## Reportable Diseases Agreement

In order to insure a healthier environment for your child, the Virginia Department of Social Services requires that we obtain a signed agreement from each family regarding the following:

A parent must inform Greenwood Christian Academy within 24 hours or the next business day after a child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases (as determined by a physician) which must be reported immediately.

A list of reportable diseases is included in your **Parent & Student Handbook** and at [www.greenwoodchristianacademy.com](http://www.greenwoodchristianacademy.com) in order to help you know what must be reported to the school.

Please return this signed agreement to the school office.

I understand and agree to the above requirement.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Print Name)

\_\_\_\_\_  
(Parent/Guardian Signature)



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## PHOTO/VIDEO RELEASE FORM

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
(School Year)

Throughout the year numerous photographs are taken during School events, such as, field trips, class pictures, Christmas and graduation programs, etc. by parents and our development staff. We use such group pictures to promote the School through public venues. Students' names are not listed with the images. We ask for your release to include your child's image in any such school promotions. Should you choose not to sign the release we will strive to exclude your child from all group photographs but we cannot guarantee that your child may not be inadvertently included.

\_\_\_ **(Initial)** I hereby give permission for images of my child, captured during regular school days, field trips, School newsletter, or any special events through video, photo, and digital cameras, to be used in GCA promotional material and publications and waive any rights of compensation or ownership thereto.

\_\_\_ **(Initial)** I **do not** give permission to use my child's image and understand that Greenwood cannot guarantee my child may not be inadvertently included in group photographs by parents and development staff. I will be present at School events to ensure my child is removed from such photo-opportunities.

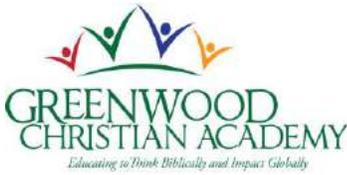
\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Print Name)

\_\_\_\_\_  
(Principal or Designee)

\_\_\_\_\_  
(Parent/Guardian Signature)

Greenwood Christian Academy shall not discriminate on the basis of race, color, national or ethnic origin in administration of its education policies, admission policies, scholarship and loan programs, athletic programs or other school administered programs.



# For New Elementary Families Only

**Greenwood Christian Academy**

**Grades: K - 5th**

**Pastor's Recommendation Form**

**Phone: 757-345-0905 Fax# 757-645-4587**

**To the parent(s):** Complete this section and give this form to your Pastor **with a stamped envelope addressed to:** Greenwood Christian Academy, Attn: Administrators, 5251 John Tyler Highway, Suite 37; Williamsburg, Virginia 23185. This completed form is required for admission into Greenwood Christian Academy and is provided for the exclusive and confidential use of the school only.

_____ <i>Student(s) Name(s)</i>		_____ <i>Grade(s)</i>	_____ <i>Parent(s) Name(s)</i>		
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>Zip</i>	_____ <i>Telephone</i>	_____ <i>(cell)</i>	_____ <i>(work)</i>

**To the Pastor:** Your recommendation is highly valued to us as we consider this applicant for admission to Greenwood Christian Academy. We at Greenwood Christian are motivated by the purpose of being an extension of the Christian home. Therefore, in light of our purpose, we ask that you complete this form carefully and **return it directly to GCA.**

\_\_\_\_\_  
*Pastor's Name*

\_\_\_\_\_  
*Church Name*

\_\_\_\_\_  
*Church Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

Is this child's family actively involved in the church?      Yes \_\_\_\_\_      No \_\_\_\_\_

In what capacity and for how long?  
\_\_\_\_\_

Does this family attend your church regularly?

- \_\_\_\_ One or more times weekly
- \_\_\_\_ Occasionally
- \_\_\_\_ Rarely

Does this student participate in Sunday School, Vacation Bible School, and/or other church related programs available to his/her age group?      Yes \_\_\_\_\_      No \_\_\_\_\_

Additional information which would help to evaluate this child as a potential student at Greenwood Christian Academy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*



**COMMONWEALTH OF VIRGINIA  
SCHOOL ENTRANCE HEALTH FORM  
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

**Part I – HEALTH INFORMATION FORM**

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_  
 Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last First Middle  
 Sex: \_\_\_\_\_ State or Country of Birth: \_\_\_\_\_ Main Language Spoken: \_\_\_\_\_  
 Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Parent or Legal Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_ Work or Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_  
 Name of Parent or Legal Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_ Work or Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_ Work or Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.): \_\_\_\_\_

List all prescription, over-the-counter, and herbal medications your child takes regularly: \_\_\_\_\_

Check here if you want to discuss confidential information with the school nurse or other school authority.  Yes  No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance:  None  FAMIS Plus (Medicaid)  FAMIS  Private/Commercial/Employer sponsored

**I, \_\_\_\_\_ (do \_\_) (do not \_\_) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.**

**Signature** of Parent or Legal Guardian: \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature** of person completing this form: \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature** of Interpreter: \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**COMMONWEALTH OF VIRGINIA  
SCHOOL ENTRANCE HEALTH FORM**

**Part II - Certification of Immunization**

*Section I*

**To be completed by a physician or his designee, registered nurse, or health department official.  
See Section II for conditional enrollment and exemptions.**

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.  
Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: \_\_\_\_\_ Date of Birth: |\_\_| |\_\_| |\_\_|  
*Last* *First* *Middle* *Mo.* *Day* *Yr.*

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
	1	2	3	4	5
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)					
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)					
*Tdap booster (6 <sup>th</sup> grade entry)					
*Poliomyelitis (IPV, OPV)					
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age					
*Pneumococcal (PCV conjugate) *only for children <60 months of age					
Measles, Mumps, Rubella (MMR vaccine)					
*Measles (Rubeola)			Serological Confirmation of Measles Immunity:		
*Rubella			Serological Confirmation of Rubella Immunity:		
*Mumps					
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used					
*Varicella Vaccine			Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine					
Meningococcal Vaccine					
Human Papillomavirus Vaccine					
Other					
Other					

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

**Signature of Medical Provider or Health Department Official:** \_\_\_\_\_ **Date (Mo., Day, Yr.):** \_\_\_/\_\_\_/\_\_\_

**Section II**  
**Conditional Enrollment and Exemptions**

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

**MEDICAL EXEMPTION:** As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

\_\_\_\_\_

\_\_\_\_\_

DTP/DTaP/Tdap:[\_\_]; DT/Td:[\_\_]; OPV/IPV:[\_\_]; Hib:[\_\_]; Pneum:[\_\_]; Measles:[\_\_]; Rubella:[\_\_]; Mumps:[\_\_]; HBV:[\_\_]; Varicella:[\_\_]

This contraindication is permanent: [\_\_], or temporary [\_\_] and expected to preclude immunizations until: Date (Mo., Day, Yr.): \_\_\_\_|\_\_\_\_|\_\_\_\_.

**Signature of Medical Provider or Health Department Official:** \_\_\_\_\_ **Date (Mo., Day, Yr.):** \_\_\_\_|\_\_\_\_|\_\_\_\_

**RELIGIOUS EXEMPTION:** The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

**CONDITIONAL ENROLLMENT:** As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on \_\_\_\_\_.

**Signature of Medical Provider or Health Department Official:** \_\_\_\_\_ **Date (Mo., Day, Yr.):** \_\_\_\_|\_\_\_\_|\_\_\_\_

**Section III**  
**Requirements**

**For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>**

**Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).**  
**(Requirements are subject to change.)**

**Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT**

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F

<b>Health Assessment</b>	<b>Date of Assessment:</b> ____/____/____ Weight: _____lbs. Height: _____ft. ____in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided	<b>Physical Examination</b> 1 = Within normal    2 = Abnormal finding    3 = Referred for evaluation or treatment <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> </tr> <tr> <td>HEENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Neurological</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Skin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lungs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Abdomen</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Genital</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heart</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Extremities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Urinary</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		1	2	3		1	2	3		1	2	3	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3		1	2	3		1	2	3																																						
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<b>TB Screening:</b> <input type="checkbox"/> No risk for TB infection identified <input type="checkbox"/> No symptoms compatible with active TB disease <input type="checkbox"/> Risk for TB infection or symptoms identified																																																		
<b>Test for TB Infection: TST IGRA Date:</b> _____ <b>TST Reading</b> _____mm <b>TST/IGRA Result:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <b>CXR required if positive test for TB infection or TB symptoms.</b> <b>CXR Date:</b> _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal																																																		
<b>EPSDT Screens <u>Required</u> for Head Start – include specific results and date:</b> Blood Lead: _____ Hct/Hgb _____																																																		

	Assessed for:	Assessment Method:	Within normal	Concern identified:	Referred for Evaluation
<b>Developmental Screen</b>	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
	Gross Motor Skills				

<b>Hearing Screen</b>	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.				<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen <input type="checkbox"/> Permanent Hearing Loss Previously identified: ___Left ___Right <input type="checkbox"/> Hearing aid or other assistive device
		1000	2000	4000	
	R				
	L				
<input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer					

<b>Vision Screen</b>	<input type="checkbox"/> With Corrective Lenses (check if yes)			
	Stereopsis	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Not tested	
	Distance	Both	R	L
		20/	20/	20/
<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test – needs rescreen				

<b>Dental Screen</b>	<input type="checkbox"/> Problem Identified: Referred for treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care
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<b>Recommendations to (Pre) School, Child Care, or Early Intervention Personnel</b>	<b>Summary of Findings (check one):</b> <input type="checkbox"/> Well child; no conditions identified of concern to school program activities <input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here): _____ _____ _____	
	___ Allergy <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____ Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction    Response required: <input type="checkbox"/> none <input type="checkbox"/> epinephrine auto-injector <input type="checkbox"/> other: _____	
	___ Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)	
	___ Restricted Activity Specify: _____	
	___ Developmental Evaluation <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____	
	___ Medication. Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.	
	___ Special Diet Specify: _____	
	___ Special Needs Specify: _____	
	___ Other Comments: _____	

<b>Health Care Professional's Certification</b> (Write legibly or stamp) <input type="checkbox"/> By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).		
Name: _____	Signature: _____	Date: ____/____/____
Practice/Clinic Name: _____	Address: _____	
Phone: _____ - _____ - _____	Fax: _____ - _____ - _____	Email: _____



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## Before and After School Childcare

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Birth Date)

Thank you for enrolling your child in our childcare program for the \_\_\_\_\_ - \_\_\_\_\_ school year. Before school childcare is available from 7:00 AM each morning unless stated and after school childcare from 3:30 to 5:30 PM each day.

Childcare fees of \$100 per month for before care and \$100 per month for after care are charged to cover the cost of materials and operations. In order to take advantage of the monthly rate, we must receive payment prior to the 6<sup>th</sup> of each month for that month. (ie. receive payment September 6<sup>th</sup> for the month of September). Any payments received after the 6<sup>th</sup> of the month will be billed at the daily rate. For those who will not attend on a regular basis, the fees may be paid on daily basis at a rate of \$10/morning (prior to beginning of school) **and** \$10/afternoon (after school until 5:30pm). Maximum charge per day is \$20. A \$1 per minute penalty is charged for late pick-up.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Print Name)

\_\_\_\_\_  
(Principal or Designee)

\_\_\_\_\_  
(Parent/Guardian Signature)



## **FACTS Enrollment**

Step 1- <http://greenwoodchristianacademy.com/>

Step 2- Click on the Resources Tab

Step 3- Click on Make a Payment

Step 4- You are now on the FACTS website go to create a new account and follow all the steps to enroll.

If you run into any issues while enrolling please call a FACTS representative at (866)441-4637.