



# Peniel Baptist Academy

A MINISTRY OF PENIEL BAPTIST CHURCH

110 Peniel Church Road \* Palatka, FL 32177

(386) 328-1707 \* Fax: (386) 328-0950

Email: [info@penielwarriors.org](mailto:info@penielwarriors.org) \* Website: [www.peniellwarriors.org](http://www.peniellwarriors.org)

## Admissions Process for Kindergarten through 12<sup>th</sup> Grade

1. Application and Fees
  - Return the attached, completed application forms
  - The registration fee of \$100.00 per child – maximum of \$300.00 per family (This is non-refundable unless the child is not accepted)
  - Testing fee of \$25.00 per child (non-refundable)
  - Both payments are due at the time of submittance of the application.
2. Testing - Once the application and fees are received, we will schedule your admissions testing
  - Due at or before the time of testing
    - Copy of birth Certificate
    - Copy of Social Security Card
    - Copy of Driver's License for parent/guardian
    - Scholarship Reward ID Number
  - Testing will be rescheduled if we have not received these documents. If testing is delayed for more than 2 weeks this may affect acceptance to Peniel.
3. Admissions Committee - The Admissions Committee will consider this application once they have received:
  - the information listed above,
  - records from your child's previous school,
  - a teacher recommendation from your child's previous school,
  - entrance test results.

Based on their recommendation for acceptance, you will be contacted, and an administrator interview will be scheduled.
4. Interview - An administrator will meet with the student and parents. This will provide an opportunity for the administration and families to get to know each other and answer any questions.
5. Acceptance - Once the testing and interview process is completed, the school will notify prospective parents concerning their acceptance status. All other enrollment requirements will be provided by our bookkeeping department during final registration.
6. Documents due within the first two weeks of school
  - Current Shot Record



# Peniel Baptist Academy

## Admissions Process for Pre-School (PK 2, PK3 and PK4)

### 1. Application, Fees, and Required Documents

- Return the attached, completed application forms
- The registration fee of \$100.00 per child (unless you are applying only for VPK)
- Documents
  - Copy of the Birth Certificate
  - Copy of the Social security Card
  - Copy of Driver's License for parent/guardian
  - 4-year-olds – VPK voucher
- Students will not be added to a class roster until these documents have been received.

### 2. Interview

- Once the application, fees, documents and voucher (VPK) are received, we will schedule an interview with the Early Childhood Director

### 3. Documents due within the first two weeks of school

- Current Shot Record
- School Entry Health Exams (DH 3040)



# PENIEL BAPTIST ACADEMY REGISTRATION 2026-2027

## STUDENT INFORMATION

Grade Entering \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Goes By \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Child's Ethnicity (please check one)

Asian  Black or African American  Hispanic or Latino  Two or more races  White

Student's Cell # ( \_\_\_\_\_ ) \_\_\_\_\_ Students E-Mail \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Need Aftercare (3:00pm - 5:00pm)  Yes  No Pre-School Dismissal (choose one)  11:30  2:30pm  5:00pm

504 Plan  Yes  No IEP  Yes  No

Our application process requires full disclosure of any academic or emotional disability or challenge. Non-disclosure may result in your child not being admitted or not being able to continue at PBA. Submitting of this registration packet gives Peniel Baptist Academy permission to verify information with the School District your child currently attends.

\_\_\_\_\_ Parent Initial

I understand that all previous and current academic, discipline and attendance records will be included in the admissions review process at PBA.

\_\_\_\_\_ Parent Initial

### FATHER/STEPFATHER/LEGAL GUARDIAN (Please Circle)

Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail \_\_\_\_\_

### MOTHER/STEPMOTHER/LEGAL GUARDIAN (Please Circle)

Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone( \_\_\_\_\_ ) \_\_\_\_\_  
Cell Phone( \_\_\_\_\_ ) \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail \_\_\_\_\_

If the child does not live with both parents, please list the name, address, and phone number of the other parent.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Names and Ages of Siblings:

\_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Would this parent like correspondence?  Yes  No

Parenting Plan:  Yes  No ( if yes, please provide a copy to the school)

### *Office Use Only:*

Date & Time Received: \_\_\_\_\_ Appl. Fee \$ \_\_\_\_\_ Testing Fee \$ \_\_\_\_\_ Initial \_\_\_\_\_

Accepted \_\_\_\_\_ Date \_\_\_\_\_ Not Accepted \_\_\_\_\_ Date \_\_\_\_\_



# FAMILY INFORMATION SHEET

## PICK-UP /EMERGENCY CONTACTS

**List at least two people to contact if parents cannot be reached.**

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation to Child \_\_\_\_\_

Relation to Child \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Additional Contacts (include name, phone # & relation to child): \_\_\_\_\_

**List any individuals who are NOT allowed to pick up your child:**

### CHURCH INFORMATION:

Name of Church \_\_\_\_\_

Denomination \_\_\_\_\_

How often do you attend: \_\_\_\_\_

Are you a member? \_\_\_\_ Yes \_\_\_\_ No

Has the student been baptized? \_\_\_\_ Yes \_\_\_\_ No

If yes, list date of baptism: \_\_\_\_\_

### OTHER INFORMATION:

How did you hear about PBA? \_\_\_\_\_

Why do you want your child to attend PBA? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred by \_\_\_\_\_

*(list of current PBA family, if applicable)*

### **BILLING INFORMATION**

#### **Required for enrollment:**

Bill to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

My child is applying for the following tuition assistance:

Scholarship - Step-Up (FES, UA, EO)

### **TUITION AGREEMENT:**

I understand that tuition is due by the 5th of each month for that month to receive the "on-time payment" amount. If unpaid by the 10th of that month, a \$50.00 fee will be assessed. Failure to pay by the 15th if not my child may not be allowed to return to class. I also understand that a \$20.00 service charge will be assessed on each check returned to the Academy for insufficient funds. **I understand that the following fees are non-refundable: Registration Fee, Supply fee and Book Fee.** I will review the Peniel Baptist Academy Parent/Student Handbook for detailed financial policies.

\_\_\_\_\_ Date

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



## Medical Information

Student's Name: \_\_\_\_\_

**Please be as detailed as possible. We will also require medical information from your child's doctor if their condition is extreme and will require treatment at school.**

**Has your child been diagnosed with any of the following:**

\_\_\_\_ ADHD (Attention Deficit Hyperactivity Disorder)

\_\_\_\_ ODD (Oppositional Defiance Disorder)

\_\_\_\_ OCD (Obsessive-Compulsive Disorder)

\_\_\_\_ ASD (Autism Spectrum Disorder)

\_\_\_\_ Other

\_\_\_\_ SPD (Sensory Processing Disorder)

\_\_\_\_ Social/Emotional Disorder

\_\_\_\_ Anxiety Disorder

\_\_\_\_ OHI (other health impairment)

**Allergies:**

Food \_\_\_\_\_

Insect bites/stings \_\_\_\_\_

Other \_\_\_\_\_

Will child use an Epi-pen at school? \_\_\_\_ Yes \_\_\_\_ No

**Other Medical Concerns: Please be detailed**

Medical Issues/Diagnosis/Concerns \_\_\_\_\_

Medications Taken \_\_\_\_\_

Other \_\_\_\_\_

Will you child have an inhaler for asthma at school? \_\_\_\_ Yes \_\_\_\_ No

First Aid (please list any items that cannot be used to treat minor scratches, cuts, scrapes, etc)

\_\_\_\_\_

Can Tylenol be given: \_\_\_\_ Yes \_\_\_\_ No      If yes, indicate strength: \_\_\_\_ Children's \_\_\_\_ Adult

Can Ibuprofen be given: \_\_\_\_ Yes \_\_\_\_ No      If yes, indicate strength: \_\_\_\_ Children's \_\_\_\_ Adult

Child's Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Authorization To Consent To  
Medical Treatment For a Minor Child

I, (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby

Parent/Guardian's Name

Parent/Guardian's Name

state (we are) the natural parent(s) or the legal guardian(s) of \_\_\_\_\_.

Child's Name

We do hereby authorize PENIEL BAPTIST ACADEMY to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the State of Florida when the need for such treatment is immediate and when efforts to contact me (us) are unsuccessful.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian

Driver's License # \_\_\_\_\_

Personally Known \_\_\_\_\_

State of Florida

County of Putnam

Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Notary Public

State of Florida at Large



Peniel Baptist Academy  
Parent/Guardian Media Consent Form

We are informing you and requesting permission for your child's photo/image and personally identifiable information to be published on the school's web site and/or materials, newspapers and social media avenues.

Pursuant to law, we will not release any personally identifiable information without this prior consent from you as parent or guardian. Personally identifiable information includes student names, photos, audio, video or digital images.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Administrator of Peniel Academy. All subsequent advertising materials produced would not contain your child's image or information.

**Check only one of the following:**

I/We GRANT permission for this student's photo/image and name to be published.

I/We GRANT permission for a photo/image that includes this student without any other personal identifiers to be published.

I/We DENY permission for photo/image that includes this student to be published.

Student Name: (please print) \_\_\_\_\_

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

Print Name of Parent/Guardian: \_\_\_\_\_

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

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

**Peniel Academy**

**Technology Acceptable Use Policy and Agreement Form**

**A. Guidelines for Using Technology**

**1. Access**

- a. Is a privilege, not a right.
- b. To be used for educational purposes that align with the mission of the school
- c. Users are expected to use **Christian Digital Citizenship** on and off campus
- d. **ALL** personal technology (telephones, Smartwatches, tablets, iPads, etc.) must be turned off while on campus except when authorized by a teacher/staff member.
- e. Peniel Baptist Academy is not responsible for lost, damaged, or stolen personal technology.
- f. **ALL** Internet activities on campus will be conducted under the supervision of a teacher/staff member

**2. Code of Conduct**

- a. Students are expected to adhere to the Parent/Student handbook
- b. Tampering of hardware/software, hacking, vandalism, unauthorized access will not be tolerated
- c. Cyberbullying
  - 1. Refer to Bullying in the Parent/Student Handbook
  - 2. The Florida Legislature adopted an anti-bullying law, including cyberbullying in April 2008. The “Jeffrey Johnson Stand Up for All Students Act” refers to Fla. Stat. section 1006.147.
- d. Cyber stalking  
Refer to Florida Statute Section 784.048

**B. Legal Issues**

- 1. Refer to August 1, 1979, Chapter 815 of the Florida statutes, “The Florida Computer Crimes Act”
- 2. Unauthorized use and/or destruction of computer equipment, services, or accounts may be prosecuted

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s Signature (4<sup>th</sup>-12<sup>th</sup> gr)

\_\_\_\_\_  
Date



Peniel Baptist Academy  
"Educating PK2-12th Grade Students to the Glory of God"

**REQUEST/AUTHORIZATION STUDENT  
RECORD RELEASE**

(for application review for the upcoming school year)

Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Student's Current Grade: \_\_\_\_\_

**Current School**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**Primary Teacher Email Address:** \_\_\_\_\_

Please fax or email the following records on the above listed student to the address listed below:

\_\_\_\_\_ Cumulative School Records

\_\_\_\_\_ Discipline

\_\_\_\_\_ FSA (if Florida School)

\_\_\_\_\_ IEP/504

\_\_\_\_\_ Attendance

\_\_\_\_\_ Psycho-Educational Evaluation

**Send To:**

Peniel Baptist Academy  
110 Peniel Church Road  
Palatka, Florida 32177  
Phone: 386-328-1707 Fax: 386-328-0950  
tbeach@penielwarriors.org  
Attention: Terrie Beach

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date