



**Regency Christian Academy**  
A Ministry of South Orlando Baptist Church  
11513 South Orange Blossom Trail, Orlando, FL, 32837  
Phone: 407-851-7270 | Fax: 407-859-1130  
Email: rca@rcaschool.com | Webpage: www.rcaschool.com

**For the Finance Office**

**Date Enrolled:**

**Initials:** \_\_\_\_\_

## VPK Student Enrollment 2025-2026

### Student Information

### Admission Enrollment Checklist

<b>Last Name:</b>	<input type="checkbox"/> <b>Application Fee</b> (non-refundable)
<b>First Name:</b>	<input type="checkbox"/> <b>Copy of Birth Certificate</b>
<b>Middle Name:</b>	<input type="checkbox"/> <b>Student Health Examination</b> (HRS-H Form 3040)
<b>Preferred Name:</b>	<input type="checkbox"/> <b>Florida Certificate of Immunization or Exemption</b> (HRS Form) 680)
<b>Date of Birth:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> <b>Certificate of Eligibility</b> ( OEL-VPK02)
<b>Social Security Number:</b>	
<b>Current School:</b>	<b>Meals Typically Served While in Care:</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack
<b>Applying for Grade:</b>	

**Ethnicity:** ☐ Caucasian ☐ Hispanic ☐ African American ☐ Asian ☐ Other: \_\_\_\_\_

**Primary Language Spoken at Home:** \_\_\_\_\_

### Family Information:

<b>Father/Guardian</b>	<b>Mother/Guardian</b>
<b>Full Name:</b>	<b>Full Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>City/State/Zip:</b>	<b>City/State/Zip:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Cellphone:</b>	<b>Cellphone:</b>
<b>Email:</b>	<b>Email:</b>
<b>Employer:</b>	<b>Employer:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Work Address:</b>	<b>Work Address:</b>
<b>City/State/Zip:</b>	<b>City/State/Zip:</b>
<b>Work Phone:</b>	<b>Work Phone:</b>

**Parents Marital Status:** ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widow(er)

If divorced, do parents share custody? ☐ Yes ☐ No

For Christ and His kingdom, one child at a time.

**Legal documentation is required to support custodial conditions, including who makes educational decisions, picking up student (s), etc.**

Name of person responsible for school expenses & bill: \_\_\_\_\_

Family attends what church? \_\_\_\_\_

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

## **Student Educational Background Information**

**Last school/daycare student attended:** \_\_\_\_\_

**Reason for withdrawing:** \_\_\_\_\_

**Has the student ever been evaluated for learning difficulties, speech therapy, behavior adjustment, etc.?**

☐ Yes ☐ No

**Does the student have or had an IEP (Individual Education Plan)?** ☐ Yes ☐ No

**If yes, please provide a copy for our records.**

**Has the student ever repeated or been held back in any grade?** ☐ Yes ☐ No **If yes, which grade?** \_\_\_\_\_

**Has the student been suspended, expelled or asked to withdraw from any school?** ☐ Yes ☐ No

**Explain:** \_\_\_\_\_

I hereby acknowledge that the information provided on this Enrollment Form is true and accurate. I understand that any misrepresentation of information could result in the immediate withdrawal of my child from Regency Christian Academy.

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

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

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

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

**RCA Administration Representative:** \_\_\_\_\_

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

## Emergency Information

Student's name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Live with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian(s)

## In case of Emergency

Mother/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Email address: \_\_\_\_\_ Mother's/Guardian's Employer: \_\_\_\_\_

Mother's/Guardian's Employer's Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Email address: \_\_\_\_\_ Father's/Guardian's Employer: \_\_\_\_\_

Father's/Guardian's Employer's Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

## Authorized Contacts

Name: \_\_\_\_\_, Phone: \_\_\_\_\_, Relationship: \_\_\_\_\_

Name: \_\_\_\_\_, Phone: \_\_\_\_\_, Relationship: \_\_\_\_\_

Name: \_\_\_\_\_, Phone: \_\_\_\_\_, Relationship: \_\_\_\_\_

Name: \_\_\_\_\_, Phone: \_\_\_\_\_, Relationship: \_\_\_\_\_

## Miscellaneous Student/Family Information

Other than you, who is authorized to pick up the student? Please list name, phone & relationship.

Name	Phone	Relationship
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Name	Phone	Relationship
------	-------	--------------

Name	Phone	Relationship
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Name	Phone	Relationship
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I/we hereby authorize Regency Christian Academy the release of the student named above to the following persons in the event of illness, injury, evacuation or emergency that may occur while students are in school and/or school activities.

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

For Christ and His kingdom, one child at a time.

## Student Medical Information

### Health Conditions/Allergies

### Medications & Dosages


I hereby grant permission for the staff of Regency Christian Academy to contact the following medical personnel to obtain emergency medical care if warranted.

Student's Doctor's Name	Phone	Address
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Student's Dentist	Phone	Address
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Insurance Provider	Policy Holder	Policy Number	Group Number
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Preferred Hospital: \_\_\_\_\_

## School Health Service Consent

Emergency Care Plan instructions Including symptom, medication, and notification in the event of an actual emergency (if applicable): \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, a minor, give authorization and consent to Regency Christian Academy (RCA) to obtain emergency medical care and necessary transportation, X-Rays, anesthetics, medical or surgical diagnosis and emergency hospital, which is deemed advisable by and is to be rendered under the general or specific supervision of medical and emergency room staff. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the student, but that any of the above treatments will not be withheld if the undersigned or authorized adults cannot be reach.

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

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

### School Health Service Consent

\_\_\_\_\_ I hereby give consent for my child to receive simple first aid treatment for minor scraps, bruises, etc. by the staff of Regency Christian Academy. An Accident/Incident form will be submitted to me at the time my child is picked up explaining the accident or incident, and the treatment that was administered. Only medication, including prescription topical treatments, from the parent/guardian with an Authorization for Medication form will be given to a student at RCA.

\_\_\_\_\_ In case of an accident or illness, where medical treatment is not needed, but where my child is unable to remain at school, I request the school to contact me (us). If I am unable to be reached, one of the persons listed as an Emergency Contact on my Enrollment Form may be contacted to pick up my child from school.

\_\_\_\_\_ In the event of a serious or life-threatening accident or illness, I request the school to contact me (us) first. If the school is unable to reach me (us), I understand that the school will contact the 911 emergency medical system immediately. I agree to be financially responsible for this child's care and treatment.

_____	_____	_____	_____
Parent/Guardian Signature	Date	Witness	Date

**In the event of any emergency, RCA will access the 911 Emergency System. If you would like to give them advance permission to begin transport and treatment of your child, please sign the following statements:**

### Permission to Transport Statement

I do hereby state that I am the parent or guardian of the child named on this form. In order to expedite care of this child, I hereby give my permission for the responding emergency team to immediately initiate treatment and transport of my child to the preferred or appropriate medical facility, according to what they deem is appropriate by the nature or extent of the injuries. I agree to be financially responsible for this child's treatment and transport. I will notify the school of any changes of this information in writing.

_____	_____	_____	_____
Parent/Guardian Signature	Date	Witness	Date

### Permission to Treat Statement

I do hereby state that I am the parent or guardian of the child named on this form. In order to expedite care of this child, I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I agree to be financially responsible for this child's treatment. I also request that I be notified of my child's condition and admission as soon as possible.

_____	_____	_____	_____
Parent/Guardian Signature	Date	Witness	Date

## VPK Attendance Policy

***Parents/Guardian of children enrolled in a VPK class must comply with the VPK Attendance Policy.***

To the parent/guardian of: \_\_\_\_\_.

Your child, \_\_\_\_\_, is enrolled in the Voluntary Prekindergarten Program at Regency Christian Academy. Students enrolled in additional programs were given information at the time of enrollment. Because VPK is a state-funded program, there are rules and regulations set by the State of Florida that both the provider and the parents/guardians must follow.

***This agreement contains the following information to be signed by you:***

1. SIGN IN/OUT ATTENDANCE VERIFICATION
2. ATTENDANCE/ABSENCE POLICY
3. TRANSFER/DISMISSAL
4. DROP-OFF & LATE PICK UP

### ***SIGN IN/OUT/ATTENDANCE VERIFICATION:***

- A) Daily:** Your child must be signed in upon arrival and signed out at dismissal every day by the adult who drops off and/or picks up your child. This will include the time and the full signature, NO INITIALS ALLOWED, must be written on the attendance sheet. This is a requirement of the VPK program
- B) Monthly:** At the end of each month, you will be required to sign “Student Attendance and Parental Choice Certificate” that confirms your child has been in the program during the month and that you wish your child to continue in the program at this school.

### ***ATTENDANCE & ABSENCE POLICY:***

Regular attendance is required in this program. It is important that your child attends every day in order to receive the maximum benefit of this program so that your child is prepared to succeed in kindergarten.

\*Please note: it is a State requirement that parents/guardians comply with the center’s attendance policy as well as any of its other policies and procedures. The state VPK program allows a center/school to dismiss a child who does not follow these rules.

### **VPK Attendance Requirements:**

- a. Your child must arrive to the VPK classroom no later than 8:30 a.m. daily.
- b. Written documentation must be provided for every excused absence.

Any more than three (3) absences is considered EXCESSIVE, and this issue will be discussed with the parent/guardian. Excessive absences may lead to the dismissal of your child from the VPK program. A child’s absences are excused if the child does not attend the VPK program on an instructional day due to one of the following reasons:

- Illness or injury to the child or the child's family member which requires hospitalization or bed rest
- Infectious disease or parasitic infestation
- Physician or dentist appointment; (\*all efforts should be made to schedule outside of school time)
- Funeral service, memorial service, or bereavement upon the death of the child's family member
- Compliance with a court order (e.g., visitation)
- Special education or related services as defined in 20 U.S.C. 1401 (2004) for the child's disability
- Family vacation: Family vacation is not to exceed five (5) excused absences per program year and must be documented by a note from the parent/guardian stating the absence was due to vacation. These absences are counted as a part of the number of allowable absences per month and must be approved in advance by the Preschool Director.
- Vacation days can be taken throughout the year and do not have to occur all at one time. Vacation days are counted as part of the number of allowable absences per month and must be approved in advance by the Preschool Director.

### ***TRANSFER/DISMISSAL***

- a Transfer: Should you decide at any time after the start of the VPK program that you wish to transfer your child to another provider, it is the parent's/guardian's responsibility to go to the Department of Children and Families to obtain the transfer.
- b Dismissal of a Child from our VPK Program: At Regency Christian Academy, we strive to meet the needs of all of the children and families in our school. Please feel free to consult us on any issue. Yet, there are occasions when despite our best efforts, we are unable to accommodate a particular child or family. Whether the situation is that the placement is not appropriate for that child or there is not compliance with the policies and procedures outlined in the agreement and/or the Regency Christian Academy Parent Handbook. We reserve the right to dismiss any child from the VPK program for any of these reasons.

### ***DROP-OFF & LATE PICKUP:***

- a. Children enrolled in VPK may be dropped off between 8:15-8:30 a.m. at their classroom, unless they are enrolled in the Morning Extended Day program.
- b. A child who is enrolled in the VPK program, but is not enrolled in the wrap-around program must be picked up between 11:30 –11:45 a.m.

- c. Parents/guardians are responsible for picking up their child in a timely manner. Late fees will be charged for late pick-ups.

Thank you for taking the time to review the VPK Attendance policy at Regency Christian Academy. The State of Florida Agency for Workforce innovation Office of Early Learning may modify their policies from time to time. If such a situation arises, you will be notified of any changes in writing. At the beginning of the school year, you will receive a printed copy of our Parent Handbook that will give you additional information on how our school operates.

Please refer to this handbook for any additional information regarding any practice that is not directly affected by the VPK program. We look forward to having a successful year. Thank you for choosing Regency Christian Academy as your VPK provider!

I have received a copy of the Voluntary Prekindergarten Attendance Policy.

Child's Name: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preschool Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Preschool Discipline Policy

One of our three main purposes at Regency Christian Academy (RCA) is to model and train children to become leaders of integrity through Bible-based character development. This type of training comes from correction, shaping and strengthening the child as they learn and grow. We want our students to not only grow physically, and educationally, but emotionally and spiritually, as well. Our goal is to partner with our parents and families throughout the course of the year as we embark on this journey and work together for the benefit of your child. The Bible teaches respect for authority (Colossians 3:20, Romans 13:1 and Hebrews 13:17) and it requires discipline for children (Proverbs 13:24, Proverbs 23:13-14 and Proverbs 29:15-17).

When there is a behavior concern or disruptive behavior in the classroom, you will see:

- \*Praise and encouragement for appropriate behaviors.
- \*Modeling of appropriate behaviors.
- \*Conference with student/Listening to the student.
- \*Providing alternatives for inappropriate behavior.
- \*Safe Place Alternative: Time for child to calm down and regroup within the classroom.
- \*Calming Techniques. (Deep breaths, blowout the Candle, Counting, etc....)

When there is a behavior concern or disruptive behavior in the classroom, you will NOT see:

- \*Physical punishment of any kind.
- \*Verbal or humiliating words to frighten the student.
- \*Denying any form of food, rest or toileting.

### **Steps in Dealing with Continued Inappropriate & Disruptive Behavior: (Suspension & Expulsion)**

The center's policy in dealing with children who have exhibited behavior harmful to themselves, other students or teachers will be handled as follows:

**I.** The classroom techniques will be applied as stated above. (Praise, Modeling, Alternatives, Safe Place, and Calming Techniques)

**II.** If the behavior continues an incident report will be issued and require a parent signature.

**III.** A conference will be scheduled, and a behavior modification plan will be constructed with the parents and teacher as a team in hopes to help the child with the area of concern.

**IV.** Upon the fourth occurrence the parent will be called, and the student must be picked up from the center immediately and a one-day **suspension** will be issued. An incident report which will require the director's and the parent's signature will be sent home as well.

**V.** Fifth infraction will result in a three-day **suspension** from school. A behavior modification plan must be revisited again, and a visit from the school guidance counselor must occur if it has not already happened. Additional specialists or screenings may be utilized.

**VI.** If the action plan and all other methods above have been applied and the behavior continues then the child will be **expelled** from the center.

All efforts will be made to refer students and parents to different resources which will assist with issues that arise with inappropriate behavior; our main concern is for the safety of all individuals within the center. It is with this thought in mind we must take a firm stand against any behavior that threatens the safety of the individual, other students, and staff members.

## **Dismissal:**

Regency Christian Academy reserves the right, at its discretion, to dismiss (terminate the enrollment of) a student for reasons outside of student behavioral issues. We will strive to provide 48 hours notice concerning the dismissal of a student, however, this notice is not guaranteed.

Reasons for dismissal/termination include, but are not limited to:

- \*Failure of the family to pay fees as due and outlined on the enrollment contract and financial agreement.
- \*Failure of the family to provide the required documents for the students file including a copy of the child's Birth Certificate as well as original and current Florida Certificate Immunization (HRS Form 680) or Student Health Examination (HRS-H Form 3040).
- \*Failure of a student or parent to abide by the guidelines of RCA as outlined in the enrollment paperwork and this Handbook.
- \*In a social media venue, stating continued negativity about the staff.
- \*Continuing Gossip.
- \*Requiring special education services which RCA cannot provide.

I, \_\_\_\_\_, parent of \_\_\_\_\_,  
(Print parent's name) (Print child's name)  
have received Regency Christian Academy's Preschool Discipline Policy as stated on the reverse side of this paper.

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

\_\_\_\_\_  
Date

## **Preschool Biting Policy**

A child biting other children is one of the most common and most difficult behaviors in group childcare. It can occur without warning, is difficult to defend against, and provokes strong emotional responses in the biter, the victim, the parents, and the caregivers involved. For many toddlers, the biting stage is just a passing problem.

Toddlers try it out as a way to get what they want from another toddler. They are in the process of learning what is socially acceptable and what is not. They discover that biting is a sure-fire way to cause the other child to drop what they are holding so the biter can pick it up. However, they experience the disapproval of the adults nearby and eventually learn other ways of gaining possession of objects or expressing difficult feelings. For other children, biting is a persistent and chronic problem. They may bite for a variety of reasons: teething, frustration, boredom, inadequate language skills, stress or change in the environment, feeling threatened, or to feel a sense of power.

### **When Biting Does Occur:**

Our staff strongly disapproves of biting. The staff's job is to keep the children safe and help a child that bites learn different, more appropriate behavior. We do not use techniques to alarm, hurt, or frighten children such as biting back or washing a child's mouth out with soap.

### **For the child that was bitten:**

1. The victim is separated from the biter, and the child is comforted.
2. First aid is given to the bite. It is cleaned with soap and water. If the skin is broken, the bite is covered with a bandage.
3. Parents are notified. (Parents will be notified immediately if the skin is broken.)
4. The "Accident/Incident Form" is filled out documenting the incident.

### **For the child that bit:**

1. The child is separated with no emotion, and the teacher will firmly tell the child "Biting is NOT okay! It hurts!"
2. The caring attention is then focused on the victim. The biter is talked to on a level that the child can understand. e.i: "I can see that you want that truck, but I can't let you hurt him. We don't put our teeth on people." or "That hurts your friend when you bite her. She is sad."
3. The parents are notified.
4. The "Parent Contact Form" is filled out documenting the incident.

### **When Biting Continues:**

1. The child will be shadowed to help prevent any biting incidents.
2. The child will be observed by the classroom staff to determine what is causing the child to bite (teething, communication, frustration, etc.) The administrative staff may also observe the child if the classroom staff is unable to determine the cause.
3. The child will be given positive attention and approval for positive behavior.

### **When biting becomes excessive or serious:**

1. If a child inflicts 3 bites in a one-week period (5 weekdays) or the child inflicts a bite in which the skin of another child or staff member is broken or bruised or the bite leaves a significant mark, a conference will be held with the parents to discuss the child's behavior and how the behavior may be modified.

For Christ and His kingdom, one child at a time.

2. If the child again inflicts 3 bites in a one-week period (5 weekdays) or the child inflicts a bite in which the skin of another child or staff member is broken or bruised or the bite leaves a significant mark, the child will be suspended for 2 business days.
3. If a child once again inflicts 3 bites in a one-week period (5 weekdays) in which the skin of another child or staff member is broken or bruised or the bite leaves a significant mark, the parents will be asked to make other day care arrangements.
4. If a child bites, breaking the skin of another child or staff member, the child will be required to be picked up from preschool for the remainder of the day.
5. If a child bites twice in a 4-hour period (regardless of whether the skin is broken), the child will be required to be picked up from day care for the remainder of the day.

I have read Regency Christian Academy's Biting Policy for Preschool and agree with its terms. If I have any questions or concerns, I will contact the director immediately.

Student: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PS Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **STATEMENT OF DOCTRINAL BELIEFS**

(As in agreement with Constitution and Bylaws of South Orlando Baptist Church)

**DOCTRINE OF THE BIBLE:** We believe that the entire Bible, all 66 books of the combined Old and New Testaments are inspired by God and are inerrant in original writings. The work of God is the only infallible and authoritative rule of faith and practice. (II Timothy 3:16-17, II Peter 1:20-21)

**DOCTRINE OF GOD:** We believe that there is only one true and eternally existent God. He exists co-equally in three persons – God the Father, God the Son, and God the Holy Spirit. These three are the same in essence, but distinct in personality. (Isaiah 45:21, John 14:16, 26)

**DOCTRINE OF JESUS CHRIST:** We believe that Jesus Christ is the only begotten Son of God and the second Person of the Triune God. He was conceived by the Holy Spirit, born of a virgin, lived a sinless life and performed many miracles. We believe Jesus Christ died a substitutionary sacrifice on the cross to pay the debt for our sins, was buried, bodily resurrected and ascended to the right hand of God the Father. We believe He will return literally, visibly and personally in glory and power. (John 1:1-3, 14; Matthew 1:18-25; Philippians 2:5-9; I Corinthians 15:1-8, 17; Acts 1:9-11)

**DOCTRINE OF THE HOLY SPIRIT:** We believe that the Holy Spirit is the third Person of the Triune God. He is the chief convicter of sin, the chief agent of regeneration (regeneration meaning to cause to be born again or change from a natural to a spiritual state). The Holy Spirit is also the chief agent of sanctification (which means to be set apart). The Holy Spirit lives within every believer and empowers every believer to live a Godly life. (John 14:16-19; 16:7-15; I Corinthians 6:19-20; Romans 8:9-11; Titus 3:5)

**DOCTRINE OF ANGELS:** We believe that angels are spirit beings, which God has created. They are not the same beings as God or man, but instead a third type of being. Angels have a great and wide ministry, some of which are: ministering to Christian believers (Hebrews 1:14), bringing answers to prayers (Daniel 9:21-22, Acts 12:5-7), encouraging in times of danger (Acts 27:23-24) and helping to deliver in times of danger (Acts 5:19, 12:7-10).

**DOCTRINE OF SIN:** We believe that sin originated with Adam and Eve. This act resulted in the fall of all mankind; therefore, all people have sinned. We believe every person's sin incurs both physical and spiritual death until there is forgiveness and salvation by the grace of God. (Genesis 3:1-24; Romans 3:10-23; 5:12-21; 6:23)

**DOCTRINE OF SALVATION:** We believe that salvation of lost and sinful people is a free gift of God's grace apart from human works. We believe salvation is received only through faith in the Person and finished work of Jesus on the cross and His resurrection from death. (Ephesians 2:8-10, 11 Corinthians 5:21)

**DOCTRINE OF THE CHURCH:** We believe that the church is the body of Christ and the family of God. It is made up of saved and baptized believers, who regularly join together for worship, fellowship, and ministry. (Matthew 16:18; 1 Corinthians 12:12-14; Hebrews 10:25)

**DOCTRINE OF EVANGELISM:** We believe that it is the responsibility and privilege of every Christian to proclaim the good news of Jesus Christ and to seek to make growing disciples. (Matthew 28:18-20; Acts 1:8)

**THE HOME:** In addition to these important beliefs, we also believe that God has given the parents of the home the responsibility to bring up their children in the nurture and admonition of the Lord (Ephesians 6:4; Proverbs 22:6). We believe that a consistent and whole education will occur when home, church and school work closely together and are in agreement on the basic concepts of life

For Christ and His kingdom, one child at a time.

## Parent(s)/Guardian(s) Statement of Support

(Please initial)

\_\_\_\_ We have received and read the “Statement of Doctrinal Beliefs” of Regency Christian Academy and are willing to have our child (ren) educated in accordance with them.

\_\_\_\_ We have received and will read a copy of the “Parent Student Handbook” (available online). The Handbook, which governs our entire school, outlines our beliefs and policies. Parents and students agree to abide by the rules and standards contained therein and will be held accountable to follow all RCA Policies and Procedures as stated in the “Parent Student Handbook.”

\_\_\_\_ We will fully cooperate in the educational activities of Regency Christian Academy by doing our best to make Christian education effective in the lives of our children. We will accomplish this by having our child on time to school each day, emphasizing the importance of schoolwork, and teaching our child to follow the rules of student conduct and expectations.

\_\_\_\_ We will show support for our child’s teacher and establish a relationship of trust. We will communicate clearly with the teacher all concerns about behavior, academics, etc. when our child brings home information from the classroom and follow up with appropriate consequences to support the discipline given.

\_\_\_\_ We will require our children to support spiritual activities of Regency Christian Academy (Chapel, Scripture memory, etc.).

\_\_\_\_ We will volunteer for duties and responsibilities by my child’s teacher and/or the school as opportunities arise, and God provides the time and strength.

\_\_\_\_ We will be faithful to attend, to the best of our ability, all parent functions at Regency Christian Academy.

\_\_\_\_ We will pay all our financial obligations to Regency Christian Academy on or before the due date. Mission statement

### Mission Statement

To cultivate a dynamic , Christ centered learning environment where students can engage with challenging academics in a loving and safe school community for the purpose of glorifying God.

### RCA Goals

- Teach students and their families to love God with all their heart, soul. Mind and strength through a life changing, redemptive personal relationship with Jesus Christ.
- Empower students from preschool through middle school to be lifelong learners who demonstrate confidence in their God given abilities and talents to set academic and personal goals.
- Facilitate the development of the students spiritually, academically, physically, emotionally and socially for the glory of God.

## **Partnering with RCA**

In signing, I and my family members agree to support the mission, goals, classroom rules and the RCA Handbook. If we become dissatisfied with Regency Christian Academy in any way, we will resolve the matter with the RCA Staff involved, rather than spreading gossip/rumors and negativity (Matt. 18:15-17; 5:23-24). We pledge that if, for any reason, our child does not respond favorably to the school, we will not try to change the school, but will withdraw him/her quietly and immediately. We understand the school reserves the right to dismiss any student when either the parents/guardians or the student does not cooperate with the policies of the school as set forth in the Parent/Student Handbook and Statement of Support.

## **Arbitration Requirements**

We agree that, for many reasons, lawsuits and court actions are disadvantageous to both RCA/SOBC employees and our families. Therefore, we agree that any claim or dispute between them or against the school or any agent or employee of the school, whether related to the educational relationship or otherwise, including those created by practice, common law, court decision, or statute, now existing or created later, including any related to allegations of violations of state or federal statutes related to discrimination, and all disputes about the validity of this arbitration clause, shall be resolved by neutral binding arbitration by the American Arbitration Association, under the rules of procedure in effect at the time any claim is made. (Each party shall pay its own costs of arbitration.) This agreement is subject to the Federal Arbitration Act and any award of the arbitrator(s) may be entered as a judgment in any court of competent jurisdiction. Information may be obtained and claims may be filed at AAA Case Filing Services: 1101 Laurel Oak Rd, Suite 100, Voorhees, NJ 08043, (877)495-4185, website: [www.adr.org](http://www.adr.org).

BY SIGNING THIS AGREEMENT, THE PARTIES ARE GIVING UP ANY RIGHT THEY MIGHT HAVE TO SUE EACH OTHER.

**We understand and support Regency Christians Academy's mission statement, goals and agree fully with the Parents/Guardians statement of support.**

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Parent/Guardian Signature

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Date

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Administrative Signature

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Date

## Photography, Media and Website

During the year there are occasions when photographs of your child may be taken by Regency Christian Academy or South Orlando Baptist Church staff. Your authorization to use photo/s of your child in publications (brochures, programs, newsletters, etc.) is requested. Please sign the photography section to provide RCA with consent for photo usage.

## Websites and Social Media

The Regency Christian Academy website ([www.rcaschool.com](http://www.rcaschool.com)) and the South Orlando Baptist Church's website ([www.southorlandobaptist.org](http://www.southorlandobaptist.org)) contains web pages for our organization. This tool is used to help the community learn more about our organizations and allows us to highlight achievements and activities. Anyone with the internet is able to access these pages from virtually anywhere in the world. Individual or group photos may be used on our website to showcase events. Please sign the website section to provide the organization with consent for use of photo/s on our web pages.

## Security Cameras

RCA has installed security cameras in the preschool classrooms for parents to access via the internet. Each parent with a child in the same preschool class will see all students participating within the classroom.

## Consent

Signing this form will be deemed as consent for Regency Christian Academy and South Orlando Baptist Church to allow your child to participate as specified below for the **2025-2026** school year.

I, \_\_\_\_\_, parent or official guardian of \_\_\_\_\_,  
**Print Name** **Child's Name**

hereby grant permission to Regency Christian Academy, its employees or representatives, to take and use:

Photos/digital images

## Videotape

\_\_\_\_ Audio recording or quoted remarks of my child for use in promotional or educational materials as follows:

Printed publications or materials

\_\_\_\_ Electronic publications or presentations

## Web sites

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Regency Christian Academy Referral Program



Are you aware that RCA has a student referral program? Here is how the RCA Referral Program works:

- be a current RCA family
- refer a new family to RCA
- they enroll their child or children for the new academic school year **(2025-2026)**
- New student(s) start the new school year
- You will receive a referral credit of \$200.00 to your account (applied to September billing)



**Regency Christian  
Academy**

11513 S. Orange Blossom  
Trail, Orlando, FL 32837

407-851-7270  
rcaschool.com

### RCA Referral Credit

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

Referred Student: \_\_\_\_\_

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

Administrative Authorization: \_\_\_\_\_

\*Redemption value \$200.00 Cannot be used on Registration Fee nor Testing Fee.  
\*No redeemable for cash.