

NORTH STONINGTON CHRISTIAN ACADEMY

Preschool to Grade 12

- Art
- Music
- Physical Education
- Spanish
- French
- Latin
- Home Economics
- Bible
- Christian Perspectives
- Drama
- Student Government
- Basketball
- Weekly Chapel
- Private Piano Lessons

**MEMBER OF THE ASSOCIATION OF CHRISTIAN
SCHOOLS INTERNATIONAL**

**Quality Education with Christian
Foundation and Values**

Founded in 1981

Financial Assistance Available

For Enrollment Information Call:

860-599-5071

Email: NSCA1@sbcglobal.net

Website: northstoningtonchristianacademy.com



A Ministry of Second Baptist Church

"Educating for Eternity"

North Stonington Christian Academy
12 Stillman Road
North Stonington, CT 06359
Phone: 860-599-5071 Fax: 860-599-2815

ENROLLMENT APPLICATION PACKET

Student's Last Name, First, Middle

Please read carefully and sign to signify your understanding and agreement to the following terms. No enrollment application will be accepted without appropriate signatures.

- 1) North Stonington Christian Academy is open to anyone interested in securing a Christian education from Pre-K through grade 12, whom the school finds qualified for admission and who agrees (and whose parents agree) that he or she shall abide by the rules and policies of the school.
- 2) A parent interview is necessary for all new students. Students will also be interviewed. For Kindergarten and above, placement screening will be required.
- 3) Final decision regarding grade placement rests with the school administration.
- 4) No student will be officially enrolled until all pertinent school forms and records are received and payment of the Resource Fee is made.
- 5) NSCA admits 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 and ethnic origin in admissions policies, scholarship awards, athletic or other school administered programs. NSCA reserves the right to select students on the basis of academic performance, religious commitment, lifestyle choices, and personal qualifications, including a willingness to cooperate with the school and abide by its policies.
- 6) I understand that my faithfulness is required in making regular monthly tuition payments.
- 7) I understand that my participation is required through voluntary help at the Academy and attendance and assistance at Academy functions, consisting of a minimum of 40 hours throughout the academic year.

(Father's Signature)

(Mother's Signature)

Date

(Print)

(Print)

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Student Information Form

Student: Last Name _____ First _____ Middle _____ Date of Enrollment _____ Grade Entering _____

(Pre-K Students Only) Number of Days Per Week _____ Full Days _____ Half Days _____

Date of Birth _____ Male _____ Female _____ Student Social Security # _____

Student lives with: Both Parents _____ Mother _____ Father _____ Guardian _____ Other _____

Parent/Guardian Name(s) _____

Mailing Address: Street/PO Box _____

City/Town _____ State _____ Zip Code _____

Home Phone _____ Cell Phone(s) _____

Email Address (if you would like to receive communication via email) _____

Student's Physician's Name _____ Phone # _____

Physician's Address _____

What public school district is student a resident of? _____

Name and address of school last attended: _____

_____ Grade last attended _____

Has this student ever repeated a grade? _____ If so, which grade(s)? _____

Briefly explain reason grade was repeated _____

Does this student have any history of any unusual physical or emotional condition, or a learning difference or disability which has required special attention, or which might require special attention at NSCA? _____

If yes, please explain _____

Has this student had any disciplinary issues at school? _____ How were they resolved? _____

Has this student been dismissed or suspended from any school? _____

If yes, explain _____

Has this student ever been home schooled or tutored? _____

If yes, explain _____

Has this student ever been charged with or convicted of any crime? _____

If yes, explain _____

Names and birth dates of all other children in the home _____

Student's special talents or abilities: _____

If you have any further information which would be of assistance in the application process for your child at NSCA, please indicate below:

Please briefly explain why you desire that your child attend North Stonington Christian Academy:

I have carefully read the handbook and our family will support NSCA school policies

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

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CHURCH HISTORY

Student's Name: _____ Parent's Name: _____

Church you attend: _____

Church Address: _____

Church Phone Number: _____

Pastor's Name: _____ Pastor's Phone: _____

Pastor's Address: _____

How long have you attended? _____ Are you a member? _____

Does student attend regularly? _____ Is the student a member? _____

How often does the student attend Sunday School? _____

How often does the student attend a Youth Group? _____

Are you active in the church? _____ (Check those that apply) ___ Youth leader

___ Sunday School Teacher ___ Choir Member ___ Committee Member ___ Church Leader

___ Other (explain) _____

1) What is your understanding of Christian education? How do you see the relationship between your home and the school when it comes to educating your child(ren)?

2) Please give a short explanation of who you understand Jesus Christ to be and what His death and resurrection mean to you.

3) Have you read the NSCA Statement of Faith? Father _____ Mother _____

4) Do you have any questions regarding the Statement of Faith? Yes _____ No _____

Signature, both preferred: _____

Father

Mother

Date

NORTH STONINGTON CHRISTIAN ACADEMY
12 STILLMAN ROAD
NORTH STONINGTON, CT 06359

STATEMENT OF FAITH

The North Stonington Christian Academy shall always teach the fundamentals of the historic Christian faith upon which our Bible curriculum are also based and which include:

OUR STATEMENT OF FAITH

The North Stonington Christian Academy shall always teach the fundamentals of the historic Christian faith upon which our Bible curriculum are also based and which include:

1. We believe in the plenary, verbal inspiration of the Bible as the only infallible authoritative Word of God, which is the supreme and final authority in faith and life.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the deity of the Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood on the cross, in His bodily resurrection, in His ascension to the right hand of the Father where He intercedes as our High Priest and Advocate, and in His coming personal return in power and glory.
4. We believe that man was created in the image of God, that he fell into sin, and that because of sin he is spiritually dead, and thus separated from God.
5. We believe that salvation is by grace through faith, not as a result of works, and that all who receive the Lord Jesus Christ by faith are born again of the Holy Spirit, thereby becoming children of God.
6. We believe in the eternal security of the believer, that a person who is truly saved will never lose his salvation.
7. We believe in the resurrection of both the saved and lost—that the saved are saved unto the resurrection of life and that the lost are lost unto the resurrection of damnation.
8. We believe in the “blessed hope” which is the personal, imminent, pre-tribulational and pre-millennial coming of the Lord Jesus Christ for His church.

NORTH STONINGTON CHRISTIAN ACADEMY
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STATEMENT OF PHILOSOPHY

The North Stonington Christian Academy is an extension of the ministry of Second Baptist Church, and adheres to the church's Statement of Faith. The Academy's purpose is to assist parents in the biblical command to train up their children in the way they should go (Proverbs 22:6; Deut. 6:6-7). Together, the parent, school, and church provide a Christ-centered education that is dependent on the premise that all areas of learning must be taught from a Christian perspective. The Bible provides the viewpoint for interpreting every subject and school activity. The educational process is seen as a channel used by the Holy Spirit to bring the student to a personal faith in Jesus Christ and to train him/her in godly living. The student will be taught biblical principles so he/she may understand God's plan for life spiritually, mentally, emotionally, physically, and socially.

The EDUCATIONAL PROGRAM of the Academy is designed to provide a quality education for students who meet the admission requirements.

The **FOUNDATIONAL OBJECTIVES** of North Stonington Christian Academy are:

- To lead each student to accept Jesus Christ as his/her personal Savior and Lord.
- To teach the Bible as the inspired, authoritative Word of God, and assist students to apply biblical principles to every aspect of life, leading them toward maturity in Christ (Colossians 1:28 & 29)
- To help each student develop a lifestyle that is distinctly Christian in thought and action.
- To encourage each student to strive for the highest academic achievement within his/her potential.
- To promote physical fitness, good health habits, and wise use of the body as the temple of God.
- To encourage positive self-esteem and instill a desire in each student to fully develop his/her unique God-given talents and interests.
- To instill within each student a love of country and appreciation of our American heritage, "one nation under God".

*Revised October 13, 1988 by Steering Committee
Adopted December 1, 1988 by Board of Education
Adopted December 13, 1988 by Board of Deacons*

North Stonington Christian Academy

FAMILY AGREEMENT

Please carefully read the below statements before signing:

- 1) I/we will pray regularly for my child(ren) and have Bible reading and prayer as a family. I/we will do our best to make Christian Education effective in the life of our child(ren) that he/she may know, love, and serve the Lord Jesus Christ.
- 2) I/we will pray regularly for the ministry of North Stonington Christian Academy, for all of the staff and our child(ren)'s teacher(s).
- 3) I/we agree with and will abide by the mission of NSCA, the school's philosophy of education, its disciplinary and academic processes, dress code and time schedules.
- 4) I/we will support and attend the activities, meetings, and parent functions sponsored by NSCA, be involved with parent functions in whatever way I/we are able and encourage other parents to share their gifts and talents to strengthen the school community. I/we will undertake volunteer duties and responsibilities as they arise and as God gives time and strength.
- 5) I/we agree to resolve conflicts or differences of opinion in the school community immediately and directly according to the Matthew 18:15-17 principle.
- 6) I/we will support our child(ren)'s education by providing a proper time and place of study at home and by participating in the NSCA reading program (year long and summer). I realize that we as parents are our child's primary teachers and examples, and are responsible to teach diligently God's commandments and spiritual principles (See Deuteronomy 6).
- 7) I/we will faithfully attend church and fulfill our God-given responsibilities to train our children in the Lord, realizing that the school is unable to assume our responsibility to train our child(ren) spiritually, although they do assist in this area daily.
- 8) As NSCA parent(s), it is my/our privilege and responsibility to strive diligently toward observance of the above statements as God enables me/us by the power of the Holy Spirit.

COMMITMENT TO FINANCIAL FAITHFULNESS

Realizing that North Stonington Christian Academy, as a private institution, relies on regular tuition payments by enrolled families to meet its financial obligations, I/we promise, with the Lord's help, to be faithful in our financial obligations toward NSCA.

I/we will make every effort to be faithful in making our designated payment **on or before the due date** each month, and will notify the school immediately to inform them of any problem concerning our account status. I/we realize that tuition does not cover all of the school's cost and that any supporting gifts or donations are greatly appreciated and tax deductible.

Parent/Guardian Signature

Parent/Guardian Signature

Date _____

NORTH STONINGTON CHRISTIAN ACADEMY

PARENT RELEASES AND STUDENT CONDUCT CODE

Student Name _____

Please check the boxes that are applicable to your student:

Photography/Video/News Release

- I HEREBY AUTHORIZE** North Stonington Christian Academy to release photographs, video, or news releases of my child, taken at NSCA, to the media for promotional or informational purposes. Photographs/videos/news releases of my child during field trips, class activities, special events, etc. are also permitted.
- I DO NOT AUTHORIZE** NSCA to release photographs, videos, and news releases of my child.

Web Site

- I HEREBY AUTHORIZE** NSCA to display student/group photographs including my child and/or work done by my child on the NSCA web site.
- I DO NOT AUTHORIZE** NSCA to display student/group photographs including my child or work done by my child on the NSCA web site.

Computer Privilege

(Grades 7-12 only)

- I understand that my child must follow the guidelines set up by NSCA in order to enjoy the privilege of using the computer lab and technological opportunities at NSCA. (Students will be informed of such guidelines).

STUDENT CONDUCT COVENANT

(Grades 7-12)

- I have read the sections in the handbook regarding Academic Integrity, Moral/Lifestyle expectations (sexual conduct, dating, drugs and alcohol) and Dress Code expectations, as well as the policy regarding cell phones, and understand and agree to abide by them while I am enrolled as a student at North Stonington Christian Academy.

Signature of Parent/Guardian

Date

Signature of Student (grades 7-12)

Date

North Stonington Christian Academy

12 Stillman Road

North Stonington, CT 06359

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Email: NSCA1@sbcglobal.net

Consent for Treatment

This is to certify that for the period from _____ to _____, I hereby constitute and appoint the North Stonington Christian Academy my true and lawful attorney for the purpose of authorizing medical treatment to, and the performance of any procedure determined to be necessary after consultation with the Emergency and Family Physician, on my child.

Child's Name _____ DOB _____

Allergies/Problems _____

Date of Last Tetanus: _____

List and/or describe any medical conditions or medications child is currently taking:

Name of Family Physician: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

Relationship: Mother Father Legal Guardian

Witnessed By: _____

Witnessed By: _____

(Two witnesses must sign this form)

Office Use Only: _____

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Consent to Release

No student will be released during school hours, except when requested by an authorized individual or at the discretion of the North Stonington Christian Academy. A student will be released ONLY to an individual authorized by the custodial parent/guardian. Suitable identification, such as a driver's license, military ID, etc. may be required before the student is released.

Since release will be made only to those individuals listed as authorized on this form, it is a requirement that at least two individuals, in addition to the custodial parent(s) or guardian(s) be listed.

I (we) _____, the custodial parent(s) or guardian(s)

of (Student's Name) _____ consent to his/her release during school hours to the following individuals. I (we) further consent and understand that release can be made at the request of individuals, or at the request of the school in appropriate circumstances.

1.	_____	_____
	Name	Relationship
	_____	_____
	Address	Phone #
2.	_____	_____
	Name	Relationship
	_____	_____
	Address	Phone #
3.	_____	_____
	Name	Relationship
	_____	_____
	Address	Phone #

Signature: _____ Date: _____

Relationship: _____ Mother _____ Father _____ Legal Guardian

Signature: _____ Date: _____

Relationship: _____ Mother _____ Father _____ Legal Guardian

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Parent or Guardian Permanent Permission and Medical Release Form

Student Name _____ Age _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

EMERGENCY CONTACT _____ **PHONE #** _____

I/we the parent(s) of the above do hereby given him/her permission to go with _____
to _____ on _____ (date) and entrust them to the
care of _____.

I/we hereby authorize said person to act as our agent to authorize any medical treatment which is deemed necessary and advisable to the above named, providing the services are to be rendered by a licensed physician in a licensed hospital or clinic. _____

Initial

List any medications to which the student may be allergic: _____

List any special health problems or other pertinent health information. A medical plan (signed by Doctor and parent) for these special needs must be on and accompany the child on all school events.

Additional Comments: _____

I/we agree that my child may participate in school functions consisting of walking field trip to gym, library, chapel, art class, music class, playground, etc. on church/school property.

___ _yes ___ _no

I give yearly permission for sunscreen application when needed. ___ _yes ___ _no

I give yearly permission for my child to be transported on the school van or parent driven vehicle ___ _yes ___ _no

If not, then child will remain at school under supervision or parent/guardian must provide the child with transportation to and from the event.

Signature of Parent/Guardian

Date

Permanent File. A copy of this and permission slip will accompany the teacher.

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***Note: This form will be kept in the student's file in the event that there is a field trip that you forget to send in permission for him/her to attend. We can then use this form with your phone permission (rather than having you make a special trip to school to bring the forgotten permission slip.**

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*Information provided on this questionnaire will be shared with appropriate staff as stated in the Family Educational Rights and Privacy Act (FERPA)

ANNUAL HEALTH QUESTIONNAIRE

Date _____

Teacher _____

Grade _____

Child's Name _____

Phone _____

Address _____

1. List any medical condition your child may have of which the school should be aware:

2. List any illness, injury or surgery your child had during the last year

3. Does your child have any of the following conditions? If yes, please specify.

Allergies _____ No ___ Yes _____

Bee Sting Reaction _____ No ___ Yes _____

Asthma Condition _____ No ___ Yes _____

Medication Allergy _____ No ___ Yes _____

4. List any medication your child takes routinely. (Medication cannot be administered at school without Doctor's orders)

5. List any medications your child takes on an emergency basis. (Medication cannot be administered at school without Doctor's orders) _____

6. List any communicable diseases your child had within the past year and give dates.

7. List any immunizations your child had within the past year and give dates:

8. Does your child wear glasses? ___ No ___ Yes

If yes, does your child need to wear them constantly? _____

If not constantly, when are they needed? _____

9. Any conditions requiring exclusion or special arrangements being made for Gym Class? _____

Additional Comments: List any other problems you feel the school nurse should be aware of

Is there confidential medical information regarding your child that is not stated in this questionnaire?

Yes _____ No _____

Parent's Signature _____

****Please return this form to the school nurse**

NORTH STONINGTON CHRISTIAN ACADEMY

Before Care/After Care Enrollment

Date of Enrollment _____

Childs Name: _____
Last First Middle

Parent/Legal Guardian Name: _____
Last First Middle

Present Address: _____

Home Phone: _____

Work Phone: Mother: _____ Father: _____

Child's Birth Date: _____

Name, Address, and Phone Numbers of Person(s) to be notified in case of accident or emergency:

Doctor's Name: _____ Phone Number: _____

Section A: Morning Care (7:30-8:30 AM) \$3.50 per child per day,
Check days child will attend M ___ T ___ W ___ Th ___ F ___ (can bring light breakfast)

Section B: After Care (available 3:00-5:00 PM) \$3.50 per hour, \$7.00 per day,
After care ends promptly at 5 PM. Late pick-up will result in penalty charge and repeated lateness will lead to loss of after care privileges

Days child will attend: M ___ T ___ W ___ Th ___ F ___

Children may bring cookies, chips, fruit, crackers, etc. to share. This is appreciated as we provide daily for all!

Section C: Vacation and Summer Care Available for days when no school is in session and during summer vacation.
Hours 8 AM – 5 PM \$30/per child per day 8 AM-3 PM \$25/per day

My family would be interested in utilizing vacation care for:

Regular School Holidays ___ Feb Vacation ___ April Vacation ___

My family would be interested in utilizing Summer Care ___

In paying for morning, after, or vacation care, please make checks payable to NSCA and indicate appropriate area in memo section (ie. AM care)

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NSCA MILK COSTS 2011-2012



Daily Cost -- 50¢

Annual Cost -- \$88.00 (does not include half days)

\$91.00(includes half days)

Monthly Rates:

September --\$9.00 (\$9.50)

February --\$9.00

October -- \$10.00

March -- \$10.50 (\$11.00)

November -- \$8.00 (\$8.50)

April -- \$7.50

December -- \$8.00 (\$8.50)

May -- \$11.00

January -- \$10.00 (\$10.50)

June -- \$5.00 (\$5.50)

Parents:

White milk, chocolate milk, and orange juice is available on a daily basis for students to purchase during lunch. If your child will be purchasing milk or juice, please make milk checks payable to NSCA (indicate "milk" on memo line) and turn in to student's teacher. If you are paying for siblings in different classes on the same check, please let other teachers know. Do not include milk money with hot lunch money. Pay higher amount if student will be buying milk on half days. If student will be purchasing more than one carton of milk or juice a day, please adjust amount accordingly.

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RECORD RELEASE FORM

Name, address, and telephone number of last school attended:

Name _____

Address: _____

City, State, Zip: _____

Phone: _____

I hereby give consent to release the records of:

(Last Name) (First Name) (Middle Name)

_____, who has enrolled at North Stonington Christian Academy.

(Birth Date) (Grade)

Pamela Wilkinson, Director

Please Send Records to:

North Stonington Christian Academy

12 Stillman Road

North Stonington, CT 06359

Records to be released:

- Permanent Records
- Withdrawal Grades
- Your grading scale
- Immunization records
- Psychological reports (please advise if confidential records are to be obtained from a separate facility)
- Standardized test scores
- State issued birth certificates
- Other _____

(Parent Signature)

(Date)

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NORTH STONINGTON CHRISTIAN ACADEMY SCHOOL CALENDAR 2011/2012

SEPTEMBER					
Prayer					19
M	T	W	Th	F	
			SD	SD	
LD	6	7	8	9	
12	13	14	15	16	
19	20	21	22	23	
26	27	28	29	30	
OCTOBER					
Golf					20
M	T	W	Th	F	
3	4	5	6	7	
CD	11	12	13	14	
17	18	19	20	21	
24	25	26	27	28	
31					
NOVEMBER					
Thankfulness					17
M	T	W	Th	F	
	1	2	ACSI CON		
7	8	9	10	VD	
14	15	16	17	18	
21	22	23	Thanks		
28	29	30			
DECEMBER					
Our Savior's Birth					17
M	T	W	Th	F	
			1	2	
5	6	7	8	9	
12	13	14	15	16	
19	20	21	22	23	
Christmas Vacation					
JANUARY					
Family Heritage					21
M	T	W	Th	F	
2	3	4	5	6	
9	10	11	SD	13	
MLK	17	18	19	20	
23	24	25	26	27	
30	31				

ACSI Student Activity Calendar

Yearbook	TBA
Spelling Bee	Nov. 14, 2011
Creative Writing (Mail)	Jan. 31, 2012
Math Olympics	March 20, 2012
Speech Meet	March 20, 2012
Art Festival	May 3, 2012

*End of Year Trips-

Grades 7-12—May 14th-17th
Grades PK-6—May 29-June 1st

Holidays—No School

LD—Labor Day	9/5/11
CD—Columbus Day	10/10/11
VD—Veteran's Day	11/11/11
Thanksgiving Vacation	11/24 & 25/11
Christmas Vacation	12/24-12/31/11
MLK—Martin Luther King Day	1/16/12
PD—President's Day	2/20/12
WB—Winter Break	2/21 & 22/12
GF—Good Friday	4/6/12
Spring Vacation	4/21-4/25/12
MD—Memorial Day	5/28/12

Half Days—Noon Dismissal

First Day of School	9/6/11
Teacher Conferences	11/22/11
Thanksgiving Recess	11/23/11
Christmas Recess	12/23/11
Staff Development Days	1/12, 3/15/12, 5/8/12
Last Day of School	6/15/12

Staff Development for Teachers

SD—Staff Development	9/1 & 9/2/11
ACSI Teacher's Convention (No School)	11/3 & 11/4/11
SD—Staff Development (1/2 day)	1/12/12
SD—Staff Development (1/2 day)	3/15/12
SD—Staff Development (1/2 day)	5/8/12
EC—Early Childhood Staff Development (No Pre-K or K)	3/23/12

Special Dates (subject to change)

High School Orientation (Grades 7-12)	9/1/11 9-11:30 AM
First Day of School (1/2 Day)	9/6/11
Back to School Night—Pre-K-12 th	9/15/11, 6:30 PM
Harvest Fellowship/Bonfire	10/1/11 4-7 PM
Met Life "Diapers to Diplomas" Presentation	10/6 and 10/27 6-8 PM
Eagles' Legacy Walk Event	10/13/11
Grandparents' Day	10/21/11 9 AM-12:30 PM
Parent/Teacher Conferences	11/22/11, 1:00-4:00 PM
Craft Fair	12/3/11, 8:00 AM-2:00 PM
Parents' Night Out	12/9/11, 5:00-9:30 PM
School Christmas Program	12/15/11, 6:30 PM
Ski Trip (Grades 4-8)	1/20/12
High School "J Term" (Grades 7-12)	1/23-25/12
Parents' Night Out	2/3/12, 5:00-9:30 PM
Talent Show/Ziti Dinner	2/24/12, Dinner 5 PM, Show 6 PM
HS Basketball Tournament	3/2&3/12
High School Spring Banquet	3/23/11 6:30 PM
Academic Fair	3/29/12 6:00-7:00 PM
Standardized Testing	4/2-4/5/12
Eagles' Legacy Golf Event	TBA
Dinner Auction	4/28/12, 4:30 (Dinner), 6:00 (Auction)
Annual Spring Program	5/24/12 6:30 PM
Field Day (by grade level)	6/4-6/7/12
Grade Eight Banquet	6/5/12
Pre-K and Kind. Graduation Chapel	6/7/12 9:00 AM
Grade Eight Graduation	6/7/12 7:00 PM
High School Graduation	6/8/12 7:00 PM
NCSA Board Meetings—2 nd Tuesday of each month @ 7 PM	
PTF Meetings—2 nd Tuesday of each month @ 3:15-4:15 PM	
Dress Down Day & Bake Sales—3 rd Tuesday of each month	

School Hours:	Pre-K-Gr. 3	8:30 AM – 2:50 PM
	Grades 4-12	8:30 AM – 3:00 PM

FEBRUARY

Missions					18
M	T	W	Th	F	
		1	2	3	
6	7	8	9	10	
13	14	15	16	17	
PD	WB		23	24	
27	28	29			

MARCH

Christian School Awareness					22
M	T	W	Th	F	
			1	2	
5	6	7	8	9	
12	13	14	SD	16	
19	20	21	22	EC	
26	27	28	29	30	

APRIL

Volunteer Appreciation					15
M	T	W	Th	F	
2	3	4	5	GF	
Spring Vacation					
16	17	18	19	20	
23	24	25	26	27	
30					

MAY

Teacher Appreciation					22
M	T	W	Th	F	
	1	2	3	4	
7	SD	9	10	11	
14	15	16	17	18	
21	22	23	24	25	
MD	29	30	31		

JUNE

Praise—God's Faithfulness					11
M	T	W	Th	F	
				1	
4	5	6	7	8	
11	12	13	14	15	
24—Summer Care Begins					

Total – 182 days

END OF QUARTERS

1 st Quarter	11/10/11
2 nd Quarter	1/20/11
3 rd Quarter	3/30/12
4 th Quarter	6/13/12

REPORT CARDS SENT

11/18/11, 1/27/12, 4/6/12, 6/15/12

7/15/11 Draft

***Dates Subject to Change**

