###

### ***REGISTRATION PACKET***

Kindergarten – 8thGrade

### **801 HISTORIC 66 WEST**

**WAYNESVILLE, MO 65583**

**(573) 774-2015**

**Westside Christian Academy does not discriminate on the basis of race, disability, color, religion, gender, or national origin in the administration of its educational or admission policies.**

WESTSIDE CHRISTIAN ACADEMY ENROLLMENT FORM

|  |  |  |
| --- | --- | --- |
| School NameWestside Christian Academy | Admission Date | Discharge Date |
| Child’s Name | Gender | Birthdate |
| Address (Street, City, State, Zip |
| **IDENTIFYING INFORMATION** |
| Mother’s/Guardian’s Name | Home Phone & Cell Phone |
| Address (Street, City, State, Zip) or check if same as above  | E-Mail |
| Employer or School Attend | Work/School Schedule |
| Employer/School Address (Street, City, State, Zip) | Work Phone |
| Father’s/Guardian ‘s Name | Home Phone & Cell Phone |
| Address (Street, City, State, Zip) or check if same as above | E-Mail |
| Employer or School Attend | Work/School Schedule |
| Employer/School Address (Street, City, State, Zip) | Work Phone |
| **EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY**(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED |
| Name | Relationship To Child | Phone Numbers(Cell, Work, Home) |
| Address (Street, City, State, Zip) |
| Name | Relationship To Child | Phone Numbers(Cell, Work, Home) |
| Address (Street, City, State, Zip) |
| AUTHORIZATION FOR EMERGENCY MEDICAL CARE |
| I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN THE EVENT OF A NATURAL OR DELIBERATE DISASTER OR EMERGENCY WHICH MAY RESULT IN THE NEED FOR MY CHILD TO BE TRANSPORTED TO ANOTHER LOCATION FOR SAFETY OR CARE, I AUTHORIZE WESTSIDE CHRISTIAN ACADEMY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Sign)TO CONTACT THE FOLLOWING: |
|  PHYSICIAN OR CLINIC |
| NAME | PHONE |
|  PREFERRED HOSPITAL |
| NAME | PHONE |

|  |
| --- |
|  KNOWN ALLERGIES TO FOOD OR MEDICINE |
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| STATEMENT OF CHILD RELEASE |
| In the event I am unable to pick up my child, I GIVE consent for my child to be released to: |
| Name/Military Rank | Relationship | Phone # |
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| In the event I am unable to pick up my child, **I DO NOT** give consent for my child to be released to: |
| Name/Military Rank | Relationship | Phone # |
|  |  |  |
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|  |  |  |
| **Special Instructions or court orders on file:** |

**Please be aware that we cannot deny a legal guardian or parent access to your child unless we have a certified court order stating such restrictions are in place.**

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| ACKNOWLEDGEMENTS |
|  A  | I UNDERSTAND A COPY OF THIS FACILITY’S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN WILL BE SIGNED AT THE BEGINNING OF SCHOOL | PARENT/GUARDIAN INITIALS |
|  B | WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR SCHOOL OR REMAIN IN SCHOOL. | PARENT/GUARDIAN INITIALS |
|  C | I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS. | PARENT/GUARDIAN INITIALS |
|  D |  | PARENT/GUARDIAN INITIALS |
| PARENT’S/GUARDIAN’S SIGNATURE | DATE |
| FIRST ANNUAL UPDATE | PARENT/GUARDIAN SIGNATURE | DATE |
| SECOND ANNUAL UPDATE | PARENT/GUARDIAN SIGNATURE | DATE |
| THIRD ANNUAL UPDATE | PARENT/GUARDIAN SIGNATURE | DATE |

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to use all of* the **play equipment indoor/outdoor and participate** in all of the activities in the school.

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

 Parent/Guardian Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that the director, staff, and teachers of the school are required by Law to report any evidence or knowledge of suspected child abuse or neglect to the County Division of Family Services.

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

Parent/Guardian Signature Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission to the Westside Christian Academy and its staff, to take my child on walks in parking lot areas behind the school. I understand the walks will be supervised at all times. Knowing that every possible safety precaution will be taken, I release the school from responsibility in case of any accident.

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

Parent/Guardian Signature Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission to the Westside Christian Academy and its staff, to take my child to the chapel, youth room, and gym located in the building for special occasions. I understand the children will be supervised at all times. Knowing that every possible safety precaution will be taken, I release the school from responsibility in case of any accident.

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

Parent/Guardian Signature Date

Teachers at the school may publish web pages or send photos to local media and/or Westside Baptist Church. Please indicate your permission for use of your child’s first name, picture, and positive examples of school work to be published on the church website or other means of advertisement. This also applies to videotaping of children. Please initial by each statement for which you give permission:

\_\_\_\_\_\_\_\_ For my child’s picture or video image to be published on the church web site or sent to local media.

\_\_\_\_\_\_\_\_ for positive examples of my child’s school work to be published on the church web site or sent to local media.

I give permission for my child to go on field trips and be transported in church vehicles. I am aware that I will be informed of each field trip and will choose if my child will attend or not. I am also aware that we need parent volunteers during these field trips.

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

Parent/Guardian Signature Date

**Parent Agreement**

Parents or guardians agree to the following:

1. Support the philosophy, curriculum, policy, and programs of the school.
2. Attend the programs and activities provided by the school.
3. Pay all tuition and other fees when due.
4. Ensure the health and safety forms at the Westside Christian Academy office are up to date.
5. Keep my child home if he/she is ill.

The school and parent for any of the following reasons may cancel this agreement:

1. Non-payment of fees.
2. Uncooperative parents or guardians.
3. Failure to abide by the policies established in the parent handbook.

4. The parent has the right to withdraw a child when the parent (guardian) feels there is not substantial harmony between their own expectations and the school’s purpose, aim, and policies.

I (we) agree to cooperate with all policies established in the parent handbook and to abide by the Westside Christian Academy rules and regulations that have been given to me to read. I (we) also agree to cooperate with and abide by those policies, rules, and regulations that may be established in the future. I (we) understand that this is a legally binding contract and my (our) signature(s) below indicates that I (we) have read this contract and that it has been explained to my (our) satisfaction.

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

 Parent or Guardian Date

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 Parent or Guardian Date

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

 Principal Date