



REGISTRATION PACKET

Kindergarten – 1st Grade

801 HISTORIC 66 WEST
WAYNESVILLE, MO 65584
(573) 774-2015

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 around the block located close to 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

Child's Background Information

He/ She goes by what name: _____

Names and ages of all brothers, sisters, and other members of your child's usual household: _____

What languages are spoken in your household? With your extended family? _____

What traditions, objects, or foods symbolize your family? _____

Is your child a good eater? _____

What is his/her favorite food? _____

What values do you want us to teach to your child? _____

How does your child relax or soothe themselves? _____

How do you discipline your child? _____

Does your child have previous preschool or school experience? If yes, give details.

What are your child's favorite toys? _____

Does your child prefer to play: alone _____ with sibling's _____ with adults _____
With older children _____ with same-age playmates _____

Does your child have any fears? If yes, give details: _____

Are there now, or have there recently been, stresses in the home which may be affecting your child? _____

Child's strengths: _____

Child's weaknesses or problem areas: _____

Other information that may be critical to your child's educational experience:

Church Affiliation (optional) _____

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
_____	_____
Parent or Guardian	Date
_____	_____
Director	Date

WESTSIDE CHRISTIAN ACADEMY ENROLLMENT FORM

School Name	Admission Date	Discharge Date
Child's Name	Gender	Birthdate
Address (Street, City, State, Zip)		
IDENTIFYING INFORMATION		
Mother's/Guardian's Name	Home Phone	
Address (Street, City, State, Zip) or check if same as above <input type="checkbox"/>	Cell Phone	
	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	
Address(Street, City, State, Zip) or check if same as above <input type="checkbox"/>	Cell Phone	
	E-Mail	
Employer or School Attend	Work/School Schedule	
Employer/School Address (Street, City, State, Zip)		
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		
<p>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.</p> <p>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 :</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Please Sign)</p>		
TO CONTACT THE FOLLOWING:		
PHYSICIAN OR CLINIC		
NAME	PHONE	
PREFERRED HOSPITAL		
NAME	PHONE	

KNOWN ALLERGIES TO FOOD OR MEDICINE

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 #

In the event I am unable to pick up my child, <u>I DO NOT</u> give consent for my child to be released to:		
Name/Military Rank	Relationship	Phone #

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.

ACKNOWLEDGEMENTS		
A	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION,CARE AND DISCHARGE OF CHILDREN	PARENT/GUARDIAN INITIALS
B	THE TEACHER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR AND INDIVIDUAL NEEDS	PARENT/GUARDIAN INITIALS
C	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
D	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
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