



REGISTRATION PACKET

Preschool 3yrs to K4 Program

**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.

Dear Parents/Guardian,

Here is a checklist of items needed to complete your child's enrollment in Westside Christian Academy. Please complete a separate packet for each child you wish to enroll.

In order to register your child with our school you will need:

- _____ Early Registration form completed
- _____ \$50.00/ \$75 for family Non-refundable annual registration fee
- _____ All children should be fully potty trained. If after two weeks of being enrolled in the program and the child continues to have daily accidents, the academy can dismiss a child from the program.

Before the first day of school you will need:

- _____ Registration packet completed
- _____ Copy of Birth Certificate
- _____ Copy of student's health record (must be turned in within 30 days after the 1st day of school)
- _____ Immunizations should be up to date, and copy provided
- _____ Notice of Parental Responsibility for License-Exempt Religious Organization Child Care Facility must be signed and returned.
- _____ Medication form filled out if applicable
- _____ Special Diet form filled out if applicable
- _____ First month's tuition paid. **Our tuition is based on an annual fee divided into 10 equal monthly payments.** We divided the annual tuition equally so as to avoid confusion during months with more or fewer school days than a typical month.

If you have any questions about filling out these forms, the registration procedures, or our school, please do not hesitate to call. We would love to welcome you to our school family.

In His Service,

Westside Christian Academy Staff

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 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 use the church vehicles for transportation. 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 fieldtrips and if I am able to attend that I will transport my own child.

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? _____

Is your child a good eater? _____

What is his/her favorite food? _____

Special Medical Instructions that we may need to know: _____

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

Describe your child's sleeping and napping schedule? _____

How do you discipline your child? _____

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

What are your child's favorite toys? _____

Does your child prefer to play: alone _____ with siblings _____ 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. Review the health and safety forms at preschool office when a question may arise to these policies.
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 indicate 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
_____ WCA Director	_____ Date

These forms will be retained for one year after discharge

WESTSIDE CHRISTIAN ACADEMY ENROLLMENT FORM

School Name Westside 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 <input type="checkbox"/>	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 <input type="checkbox"/>	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		
<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	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOME AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.	PARENT/GUARDIAN INITIALS
C	THE TEACHER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARGING MY CHILD'S DEVELOPMENT, BEHAVIOR AND INDIVIDUAL NEEDS	PARENT/GUARDIAN INITIALS
D	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
E	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
F	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
G	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN INITIALS
H	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INTIAL ENROLLMENT OR ANYTIME AFTER WHETHER THERE ARE CHILDREDN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.	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