



2020 – 2021 RETURNING STUDENT APPLICATION FOR ADMISSION

Enrollment fee **MUST** be paid with this application.

Applying for Grade: _____

Student's Name _____ **Birth Date** _____ **Age** _____
Last First Middle (MM/DD/YY)

Address _____ City _____ State _____ Zip _____

County of Residence _____ Public school district and school student would attend _____

If you live within the Wilmington City School district, do you want daily bus service? Yes ☐ No ☐

Home Phone (_____) _____ Student Cell # (_____) _____

Resides with: _____

Gender: ☐ Male ☐ Female Name student prefers to go by _____

Siblings enrolled at WCA: _____

Father ☐ **Step-Father** ☐ **Guardian** ☐

NAME _____

Email: _____

Address (if different) _____ City _____ State _____ Zip _____

Telephone: **CELL** _____ **Home** _____ **Work** _____

Employer: _____ Occupation _____

Mother ☐ **Step-Mother** ☐ **Guardian** ☐

NAME _____

Email: _____

Address (if different) _____ City _____ State _____ Zip _____

Telephone: **CELL** _____ **Home** _____ **Work** _____

Employer: _____ Occupation _____

STATEMENT OF FAITH

I understand and am in agreement with the Statement of Faith as per the Wilmington Christian Academy *Student/Parent 2020-2021 Handbook* that serves as the basis for WCA.

Parent/Guardian Signature _____ Date: _____

STUDENT HANDBOOK ACKNOWLEDGMENT 2020-2021

I agree to support the dress code, policies and procedures as stated in the 2020-2021 WCA *Student/Parent Handbook*.

Parent/Guardian Signature _____ Date: _____

6th Grade and above Student Signature: _____ Date: _____

SCHOOL PHOTO PERMISSION 2020-2021

☐ YES I give permission to Wilmington Christian Academy to place school photos of my child/children on advertisement brochures and video clips, newspaper articles, the school's internet website and/or blog page, etc.

☐ NO I do not give permission to use my child's photo.

Parent/Guardian Signature _____ Date: _____

STUDENT TECHNOLOGY USE AGREEMENT 2020-2021

I have read the WCA *Student/Parent 2020-2021 Handbook* computer/technology policies and the WCA technology policies and understand computer/technology use at WCA. I understand if a student breaks any of the rules of this agreement, student consequences will be given.

I give permission for my child to use technology and web tools to enhance the learning experience.

Parent/Guardian Signature _____ Date: _____

6th and above Student Signature _____ Date: _____

MEDICAL DISCLOSURE 2020-2021

It is the parent's responsibility to disclose any physical condition or medical condition that requires a prescription or a certificate for drug use that may impair the student's judgement in an emergency situation or jeopardize a staff or another student's well-being. If a medical condition exists that could jeopardize the student, staff, or another student's well-being, a medical physician's waiver that validates a student's ability to perform academic tasks and emergency operations must be in student's file upon enrollment.

Does the applicant have any personal medical issues that could impair or diminish his/her ability to respond to an emergency situation or would jeopardize another person's well-being or applicant's ability to respond to an emergency?

☐ NO

☐ YES If, yes, please attach a statement or explanation.

Parent/Guardian Signature _____ Date: _____



Tuition Contract: 2020-2021 **One form per family)**

Family Name: _____

I (we) acknowledge that prompt payment of tuition is essential for the financial security and efficient operation of Wilmington Christian Academy. I (we) acknowledge that I (we) will be obligated to make tuition and fee payments for the Student presently enrolled or seeking admission to Wilmington Christian Academy as stated above.

☐ I (we) will pay a Non-Refundable enrollment fee of \$50 (\$100 after April 30) for each Student. _____ (initial)

Student Name	Grade	Annual Tuition	Enrollment Fee	Date Paid

By enrolling the student(s) named above, I (we) specifically acknowledge and are bound by the following terms: (Please initial where indicated)

A. I/We agree that the tuition payments will be made without any offset or setoff, in accordance with the payment schedule checked below. **Please choose ONE.** If you don't choose one, the 10 month payment plan will be used by default. Tuition Payments: Enrollment with FACTS is mandatory. Payments are due on or before the first day of each month beginning August 1st and the last payment due on May 1st. If the first day of the month falls on a weekend or holiday, the payment will be extended to the next business day.

CHOOSE ONE OF THE FOLLOWING:

- ☐ Pay 100% of the tuition between August 1st- August 15th, 2020 by cash or check. _____ (initial)
- ☐ Make two semi-annual installments through FACTS Tuition Management Company. (August 2020 and January 2021) _____ (initial)
- ☐ Make 10 monthly installments (August 1-May 1) through FACTS Tuition Management Company. _____ (initial)
- ☐ Make 11 monthly installments (August 1-June 1) through FACTS Tuition Management Company. _____ (initial)
- ☐ EdChoice Scholarship (Tuition paid by the ODE) _____ (initial)

B. I/We understand that all fees other than tuition will be paid directly to the WCA school office _____ (initial)

C. I/We understand that the Student(s) will not be permitted to start a new school year if the account balances from the prior year have not been paid. I/We acknowledge that a delinquent account may result in ineligibility for re-enrollment for the following school year. _____ (initial)

D. I/We understand that the Student(s) will not be permitted to start a new school year if the 2020-2021 enrollment fee has not been paid in full. _____ (initial)

E. Damaged Property: Assessments to the parents account will be made to cover damage for school property that was in the student's care. This includes, but is not limited to: laptops, books, desks, sport's property, tables, etc. _____(initial)

F. I/We understand that if the billing account for tuition and/or any other fees should become delinquent and satisfactory arrangements have not been made with WCA administration, the Academy may dismiss the Student(s) from the school without further notice, as per the "Student Handbook." All academic records, transcripts and grades (including report cards) are the property of WCA and will not be released or transferred while the account is in default. If this account is referred to an attorney or Collection Agency as a result of default by the Parent/Guardian, the Parent/Guardian shall pay all costs of collection including reasonable attorney fees and costs of court. _____ (initial)

G. I/We agree to partner fully with Wilmington Christian Academy in matters of rules, regulations, and student discipline. The WCA Administrator, or his/her qualified designee, reserves the right to discipline the student as per the "Student Handbook", when, in the discretion of the school, such discipline is in the best interest of the student. The Administrator of WCA reserves the right as per the "Student Handbook", to dismiss, suspend, or deny enrollment or re-enrollment to any student whose progress is unsatisfactory or whose conduct, general attitude, or habitual actions, or those of the Parent/Guardian are contrary to the best interest of the school, under the supervision of the WCA School Board. _____ (initial)

H. I/We agree that our family does not maintain any delinquent balances at any other school(s). Any misrepresentation by Parent/Guardian shall be considered a material breach of this Contract. _____ (initial)

This Tuition Contract contains the full and complete agreement of the parties and expressly revokes, rescinds, and supersedes any and all agreements and representations by the parties previously. The terms of this Contract may not be modified, altered or changed unless agreed to by all of the parties in writing and signed by the WCA Administrator and Parent/Guardian.

The provisions of the Contract shall be binding upon the respective executors, administrators and assigns of the parties.

The undersigned have read this Contract and understand the terms thereof, and agree to be bound by the terms and conditions thereof.

Parent/Guardian

Parent/Guardian

Date

Date

2020-2021 WCA Student Care Form (One form per family)

Student First Name	Student Last Name	Grade

Father/Guardian: _____ Cell # _____

Mother/Guardian: _____ Cell # _____

Please list the names of individuals you will allow to pick up your child(ren) from school.

1. _____
Name Phone # Relationship
2. _____
Name Phone # Relationship
3. _____
Name Phone # Relationship
4. _____
Name Phone # Relationship
5. _____
Name Phone # Relationship

Please notify the above individuals that a Photo ID is required when coming to pick up your child/children.

Signature of Parent/Guardian

Printed Name

Date

2020-2021 STUDENT HEALTH RECORD
Wilmington Christian Academy
642 Davids Drive
Wilmington, OH 45177

A physician's form may be substituted for this form.

Name _____ Date _____

Address _____

City _____ Zip Code _____

Parent(s)/Guardian _____ Phone # _____

Student Birth date _____ Grade _____ Sex _____

.....
Date of Dental Exam _____

Dentist Name _____

Dentist Address _____

KINDERGARTEN – REQUIRED PHYSICAL EXAM (continued on page 2)

Kindergarten Physical Exam Date _____ Physician's or CNP Signature _____

Physician's Address _____

Allergies _____

REQUIRED IMMUNIZATIONS KINDERGARTEN THROUGH 12TH GRADE

Note to parents: Wilmington Christian Academy also requests a copy of the immunization record on either the physician's office form or the county health department form to accompany this health record. Day, month, and year of each dose is required.

DTaP/DTP/DT/Td (1) _____ (2) _____ (3) _____ (4) _____ (5)* _____
(Diphtheria, Tetanus, Pertussis)

POLIO (1) _____ (2) _____ (3) _____ (4)** _____

MMR (1) _____ (2) _____
(Measles, Mumps, Rubella)

HEP B (1) _____ (2) _____ (3) _____
(Hepatitis B)

Varicella (1) _____
(Chicken pox)

Other: _____

*Students receiving all four primary immunization doses of DTP or DTaP prior to their 4th birthday MUST receive a single booster dose prior to kindergarten entry.

**Students receiving a third dose of Polio Vaccine (either DPV or IPV) prior to the 4th birthday MUST receive a fourth dose prior to kindergarten entry.

RECOMMENDED ITEMS FOR SCHOOL PHYSICALS

Did examination reveal any abnormalities in the following areas?

	YES	NO		YES	NO		YES	NO
General Appearance			Neuro Muscular			Skeletal System		
Abdomen			Skin			Lymph Nodes		
Eyes			Ears			Noses/Throat		
Lungs			Genitalia			Teeth/Gums		
Tongue and Palate			Heart BP:			Emotional		

Weight:

Height:

Head (Inches):

DESCRIBE FULLY ANY ABNORMALITIES:

HCT>34% is acceptable for 3--4 YR

HCT>36% is acceptable for 4--5 YR

HGB> is acceptable for all ages

F.E.P., if HCT or HGB fall below amount indicated.

Lead Test if R.E.P. is High:

Sickle Cell Anemia:

Urinalysis:

Hearing:

Speech:

Vision:

Injuries and Illnesses -- Please list any severe injuries or illnesses:

Injuries/Illnesses:	Age of Child	Hospitalized:	
		YES	NO

Indicate your child's past/present disease(s):

<u> </u> Heart Disease	<u> </u> Rheumatic Fever	<u> </u> Diabetes	<u> </u> Tuberculosis
<u> </u> Epilepsy, Seizures	<u> </u> Frequent Skin Infections	<u> </u> Kidney Disease	<u> </u> Meningitis
<u> </u> Chicken Pox	<u> </u> German Measles	<u> </u> Sickle Cell Disease	<u> </u> Mumps
<u> </u> Eczema	<u> </u> Old Fashion Measles	<u> </u> Encephalitis	<u> </u> Hepatitis B
<u> </u> AIDS/HIV	<u> </u> Asthma or Wheezing	<u> </u> Other	<u> </u> Stool Soiling

Is your child on any medication? ____Yes ____No Please indicate the medication and reason it is being taken:

Are there medications given "as needed" ____ Yes ____No Please indicate reason medication is being taken:

Does student have a physical handicap? ____Yes ____ No
Explain:

Has student ever had a convulsion? ____Yes ____ No
Explain:

Describe student's eating habits:

Does student have trouble with bladder control? ____ Yes ____ No

Is student a bed-wetter? ____ Yes ____ No

Poor Vision? ____ Yes ____ No

Chronic diarrhea or constipation? ____ Yes ____ No

Poor Hearing? ____ Yes ____ No

Would you say student is ____ very active, ____ average, ____ quiet

Nervous twitching or tics? ____ Yes ____ No

Physical Activity: Limitations? ____ Yes ____ No

(If child has limitations, please send a note from your physician to the school.)

Please state any health problems you wish the school to know:

Wilmington Christian Academy
2020-2021 Emergency Medical Authorization and Student Update

Last Name: _____ First Name: _____

Grade _____

Date of Birth _____ Primary Telephone # _____
Address _____ Social Security # _____
City/State/Zip _____ Male _____ Female _____
County _____ Lives with _____

In case of emergency/illness contact (please indicate who to call first, second, and etc.):

Mother _____	Daytime Phone # _____	Cell Phone # _____
Father _____	Daytime Phone # _____	Cell Phone # _____
Legal Guardian(s) _____	Daytime Phone # _____	Cell Phone # _____

Please list additional contacts to call in case a parent or legal guardian cannot be reached:

Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____

Additional Information _____

Childcare provider:

Name _____	Relationship _____	Phone # _____
Address _____	City/State/Zip _____	Cell Phone # _____

Brothers or sisters at Wilmington Christian Academy

Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

PART I OR II MUST BE COMPLETED to enable parents and guardians to authorize emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.

PART I – TO GRANT CONSENT:

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____	Phone # _____
Dentist _____	Phone # _____
Medical Specialist _____	Phone # _____
Local Hospital _____	

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

(1) The administration of any treatment deemed necessary by above named doctor or dentist, in the event the designated preferred practitioner is not available, by another licensed physician or dentist.

(2) The transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Medical problems or special needs: ___ Diabetes ___ Asthma ___ Seizures ___ Physical limitation
___ Emotional problems ___ Medication/Food/Beesting/Other Allergies ___ Severe Allergic Reaction
___ Other conditions Please describe any conditions marked above: _____

Current medications _____ Needed at school? ___ Yes ___ No

Signature of Parent/Guardian _____ Printed Name _____ Date _____

PART II – REFUSAL TO CONSENT:

I DO NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school authorities to take no action or the following action

Signature of Parent/Guardian _____ Printed Name _____ Date _____

SCREENING

WCA's *Student/Parent Handbook* states that we do not screen students. The State of Ohio requires the parent to acknowledge their child will not be screened at WCA for vision, hearing, speech and communication, medical problems and any developmental disorders.

I do not want my child _____ screened.
(Student's name)

Parent (Guardian)

Date