### ***A picture containing logo Description automatically generated***

### ***REGISTRATION PACKET***

### **2023-2024**

### **801 HISTORIC 66 WEST**

**WAYNESVILLE, MO 65583**

**(573) 774-2015**

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.

**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 that Westside Christian Academy is an exempt religious organization and does not fall under state licensing regulations. We are an accredited school with AACS and meet all their guidelines.

\_\_\_\_\_ 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 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

**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 | | 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 | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| KNOWN MEDICAL HISTORY (Seizures, Diabetes, Asthma, ADHD etc.) | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |

|  |  |  |
| --- | --- | --- |
| 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, **I DO NOT** 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.**

**Ethnicity/Race**

**Hispanic or Latino Not Hispanic or Latino**

**Race (Mark One or More)**

**White**  **Asian Indian or Alaska Native**

**Black or African American Native Hawaiian or Other Pacific Islander**

|  |  |  |  |
| --- | --- | --- | --- |
| ACKNOWLEDGEMENTS | | | |
| A | I HAVE BEEN INFORMED THAT OUR PARENT HANDBOOK IS ONLINE AND CONTAINS THIS FACILITY’S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN. | | PARENT/GUARDIAN INITIALS |
| B | I HAVE BEEN INFORMED THAT WESTSIDE CHRISTIAN ACADEMY IS AN EXEMPT RELIGIOUS ORGANIZATION. WE MEET AACS ACCREDITATION STANDARDS AND INSPECTIONS. | | PARENT/GUARDIAN INITIALS |
| C | WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT SHE/HE MAY NOT BE ALLOWED TO ATTEND OR REMAIN INSCHOOL WHILE ILL | | 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 |
| E | 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 |

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 schoolwork 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 schoolwork to be published on the church web site or sent to local media.

Parent/Guardian Authorizations

I certify that my child is to my knowledge, in good health and free of disabilities that would endanger him/her or other children in school.

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

Parent/Guardian Signature Date

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

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

Parent/Guardian Date

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

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

Parent/Guardian Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission to the Westside Christian Academy and their staff, to take my child to the chapel and youth room located in the building for special occasions. I understand the children will be supervised at all times.

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

Parent/Guardian 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What values do you want us to teach to your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Describe your child’s sleeping and napping schedule? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

PRINCIPAL/ DIRECTOR Date

**These forms will be retained for one year after discharge**

WESTSIDE CHRISTIAN ACADEMY ENROLLMENT FORM