



WILMINGTON
CHRISTIAN ACADEMY

642 Davids Drive, Wilmington, OH 45177

Email: info@wilmingtonchristiank12.com

Website: www.wilmingtonchristiank12.com **Phone:** (937)283-6683

2021-2022 New Student Enrollment Checklist

Student _____ Grade _____

THE FOLLOWING ITEMS MUST BE RECEIVED IN ORDER TO REGISTER.

_____ Enrollment Fee - \$ 50 on or before April 30th; \$100 after April 30th

This fee is per student and non-refundable.

Date received _____

FORMS: Must be complete before attendance granted.

_____ Application Form

Date received _____

_____ Copy of Birth Certificate

Date received _____

_____ Signed Tuition Contract

Date received _____

_____ Health History

Date received _____

_____ Updated Immunization Record

Date received _____

_____ Screening Waiver

Date received _____

_____ Emergency Medical Form

Date received _____

_____ Student Care Form

Date received _____

_____ Transcripts Release Form (if applicable)

Date received _____

KINDERGARTEN ONLY: MANDATORY FORMS NEEDED

_____ Pre-Kindergarten Physical by Family Physician

Date received _____

_____ Pre-Kindergarten Readiness Screening

(WCA will conduct the screening

After enrollment for Kindergarten at WCA)

Date received _____



WILMINGTON
CHRISTIAN ACADEMY

2021 – 2022 APPLICATION FOR ADMISSION

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

Applying for Grade: _____ **Student's T-shirt size:** Adult or Youth _____

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 #** (_____) _____

Last 4 digits of SS #: _____ Resides with: _____

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

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 2021-2022 Handbook* that serves as the basis for WCA.

Parent/Guardian Signature _____ Date: _____

STUDENT HANDBOOK ACKNOWLEDGMENT 2021-2022

I agree to support the dress code, policies and procedures as stated in the 2021-2022 WCA *Student/Parent Handbook*.

Parent/Guardian Signature _____ Date: _____

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

SCHOOL PHOTO PERMISSION 2021-2022

☐ 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 2021-2022

I have read the WCA *Student/Parent 2021-2022 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 2021-2022

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: _____

90-DAY ACADEMIC AND BEHAVIOR PROBATION AGREEMENT 2021-2022

I have read and agree with the policies and procedures for the "90-Day Academic and Behavior Probation Period" as outlined in the 2021-2022 *WCA Student/Parent Handbook*.

Parent/ Guardian signature

Date

6th grade & above student signature

Date

DISTANCE LEARNING EXPECTATIONS AGREEMENT 2021-2022

I have read and agree with the policies outlined in the Distance Learning Expectations section as stated in the 2021-2022 *WCA Student/Parent Handbook*.

Parent/ Guardian signature

Date

6th grade & above student signature

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 signature

Date

FAMILY/SIBLINGS ENROLLMENT

Please list siblings currently enrolled at WCA: _____

COMMUNICATION

The family e-mail address will be added to the school list. You will also receive e-mails keeping you informed concerning activities, school weather messages, etc. Your home phone number and cell phone numbers will automatically be added to our phone lists.

GUARDIANSHIP (if applicable)

If parents are divorced or separated, or if a legal guardian has been designated, who (Name) has legal custody of the student?

Current legal documents must be kept on file in the student's record. Please include these documents with the application.

PREVIOUS ENROLLMENT INFORMATION

Please list any schools previously attended, most recent first. Can use back of this form if necessary.

| School | Address/Zip | Dates Enrolled | Grade student was enrolled in: |
|--------|-------------|----------------|--------------------------------|
| _____ | | | |
| _____ | | | |

3. Grades at previous school have been: ☐ Primarily A's and B's ☐ Primarily C's ☐ Primarily below C's

4. Has the student ever been: ☐ Suspended? ☐ Expelled? ☐ Asked to withdraw?

If you checked any of these answers, please give full details on a separate sheet of paper, including the principal's name.

If "Yes" is answered to any of the following questions, please attach a separate sheet giving a full explanation. Enclose any necessary documentation.

5. To your knowledge, has your child used any type of drugs, alcohol, tobacco, or has he/she ever been in any type of trouble with the civil authorities? ☐ Yes ☐ No

6. Has the student ever repeated a grade? ☐ Yes ☐ No Grade(s) repeated _____

7. 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? ☐ Yes ☐ No

8. Has the student been positively tested for a learning disability? ☐ Yes ☐ No

9. Has the student ever been issued an IEP? ☐ Yes ☐ No

10. Has the student ever advanced a grade? ☐ Yes ☐ No

11. Physical Education is a required class. Is there any medical reason your student can't participate in the P.E. program?

☐ Yes ☐ No

GENERAL INFORMATION

Why do you want your child enrolled at Wilmington Christian Academy?

How did you hear about WCA? _____

Describe the student's interests, talents, and abilities: _____

If you have any further information which may assist in the guidance of your child at WCA such as pertinent medical or other data the school should be aware of, please indicate below. (May continue on backside.)

If you attend church, which church or parish is your family a member? _____

Church Telephone _____ Pastor's name _____

I/We understand this application is only considered with the enrollment fee included and the fee is non-refundable.

Father/Legal Guardian Signature

Date

Mother/Legal Guardian Signature

Date

Wilmington Christian Academy recruits and admits students of any race, color, or ethnic origin to all its rights, privileges, programs, and activities. In addition, the school will not discriminate on the basis of race, color, or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.



Tuition Contract: 2021-2022 (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 30th) 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 , 2021 by cash or check. _____ (initial)

_____ Make two semi-annual installments through FACTS Tuition Management Company. (August 2021 and January 2022) _____ (initial)

_____ Make 10 monthly installments (August 1-May 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 2021-2022 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

2021-2022 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

2021-2022 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
2021-2022 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 _____

Wilmington Christian Academy

2021-2022

Ethnic Background

(This form is for reporting purposes only.)

Chartered schools are required to complete certain state education forms annually. Due to the Privacy Act, you do not have to answer ethnicity questions, but WCA is required to complete the Ohio Department of Education ethnicity survey to the best of our knowledge.

Name _____

Ethnic Background: (check one)

African American

Asian

Caucasian

Hispanic

Native American

Other _____

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WILMINGTON
CHRISTIAN ACADEMY

New Students Only

Request for Release/Transfer of School, Health, Pertinent Student Records

Name of Student _____

Birth date _____ Current Grade _____

From:

Please release or transfer the records of the above named student from:

Name of School: _____

Email address: _____

Fax Number: _____

Address: _____

City/State/Zip _____

Please mail, fax or email to:

Wilmington Christian Academy

642 Davids Drive

Wilmington, OH 45177

Email: info@wilmingtonchristiank12.com

Fax: 937-283-9541

Signature of Parent/Legal Guardian

Date: _____

Printed Parent/Legal Guardian Name

The parent/guardian may inspect the records transferred or received. Records transferred by authorization of this release will not be released to a third party other than Wilmington Christian Academy without written release from the parent/guardian.