

"Train up a child in the way he should go, and when he is old, he will not depart from it." -- Proverbs 22:6

Application for Enrollment

Westminster Christian School
2303 Double Churches Road
Columbus, Georgia 31909
Office: (706) 323-4441
FAX: (706) 323-3389

<u>OFFICE USE ONLY</u>	
Enrollment Date: _____	Fee Paid: _____
Monthly Tuition: _____ / 1 st Child / 2 nd / 3 rd	
Billing Cycle: 11 months 10 months	
Ext. Care Monthly: _____	Fee Paid: _____
Date Withdrawn / Disenrolled: _____	

THE ENROLLMENT FEE MUST ACCOMPANY THIS APPLICATION.

Grade child will be entering: _____

Student's Last Name: _____ First: _____ Middle: _____

Name to be Called: _____ Sex: _____ Birth date: _____

Address: _____ City/State /Zip: _____

Telephone:(_____) _____ Parents' email address: _____

T- Shirt Size: _____ **Age on Sept. 1, 2016:** _____

Father's Name: (Dr. / Rev./ Mr.) _____ Deceased _____ Divorced _____

Home Telephone: _____ Home Address: _____

Cellular # or Pager #: _____ Work Telephone: _____

Work Address: _____

Employer: _____ Occupation: _____

Mother's Name: (Dr. / Mrs. / Ms.) _____ Deceased _____ Divorced _____

Home Telephone: _____ Home Address: _____

Cellular # or Pager #: _____ Work Telephone: _____

Work Address: _____

Employer: _____ Occupation: _____

Brothers' / Sisters' Names: _____ Age _____ Grade _____ School _____

_____ / _____ / _____ / _____

_____ / _____ / _____ / _____

_____ / _____ / _____ / _____

May we include student's name, address, birth date, parents' names and home telephone number(s) in a school directory for school families? _____ Email address? _____

My email address may be provided to: School office only _____ / School office & in directory _____

May we include photographs of your child(ren) in school publications / brochures? _____

Parent or guardian with whom child lives: _____
(If you are a guardian or have sole or joint custody, please provide a legal copy of proof of guardianship or custody.)

Church your family attends and frequency: _____

How did you hear about Westminster? _____

Reason for selecting Westminster / Your expectations for your child while attending Westminster:

Last school attended: _____ Address: _____

Has student been retained in a grade? _____ Please explain: _____

Has student ever been suspended from a school? _____ Please explain: _____

Please describe the nature of any serious disciplinary problems (attach any pertinent reports, evaluations, etc.):

Describe any emotional or psychological problems or conditions (attach any pertinent documents, i.e. medical / psychological exams, etc.): _____

Will your child require learning assistance? Please be specific in explaining the type of assistance needed and in which areas or subjects (please attach pertinent documents, i.e. copies of standardized testing, evaluations, etc.): _____

Will your child require extra challenges because he/she is gifted? (Attach pertinent documents, i.e. copies of standardized testing, evaluations, gifted program results, etc.): _____

Briefly describe any special aptitude, talent, hobby, or extra-curricular activity that your child has:

Please be aware that only a limited number of students with special conditions can be admitted in each class. If the school deems that your child cannot be effectively ministered to, we reserve the right to deny enrollment. The school also reserves the right to terminate enrollment after attendance if the school finds that your child cannot be effectively ministered to at Westminster. Children entering K3 and K4 MUST be completely toilet-trained. If it is determined after attendance in the school that the child is unable to take care of his/her toileting needs, he/she will be disenrolled.

Medical Information

It is vitally important for the safety and well-being of your child that you provide the information requested on this form, in case of an emergency. Please fill out the form **completely** for each student and **notify the school office should there be any change in this information over the course of the school year.**

Student's Name: _____ Birth Date: ____/____/____

Three local individuals who can be reached in an emergency:

1. _____ Relationship: _____
Telephone: _____ Work: _____ Cellular / Pager: _____

2. _____ Relationship: _____
Telephone: _____ Work: _____ Cellular / Pager: _____

3. _____ Relationship: _____
Telephone: _____ Work: _____ Cellular / Pager: _____

Student's Physician: _____ Telephone: _____

Student's Dentist: _____ Telephone: _____

Preferred Hospital: _____ Insurance Co.: _____

Group #: _____ Policy Holder: _____ Soc. Sec. #: _____

Is your child taking any medication? _____ If yes, what kind & how often? _____

Is your child allergic to anything? _____ If yes, please explain: _____

Describe **ALL** medical conditions and any special measures that the school may need to take (i.e., asthma, ADHD, ear infections, hearing / eyesight problems). **Please be aware that only a limited number of students with special conditions can be admitted to each class. If the school deems that your child cannot be effectively ministered to, we reserve the right not to accept enrollment.**

Emergency Instructions

If a medical emergency arises concerning your child and the school cannot reach you, do you give your consent for the school to notify a local hospital of the emergency and, if necessary, transport your child to the hospital? _____ If no, what are your instructions? _____

Please state any other special instructions you wish for the school to observe in case of an emergency involving your child: _____

Do you give Westminster permission to administer **Tylenol** to your child while at school?

Yes _____ / **No** _____ / **Call First** _____ (Phone: _____)

Authorization to Consent to Treatment of a Minor

I/we the undersigned parent(s) or guardians of _____, a minor, do hereby authorize a hospital or Westminster Christian School as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon on the staff of the hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable. This authorization shall remain effective for the duration of attendance at Westminster Christian School, unless sooner revoked in writing to the school. I/we hereby give permission for the above mentioned student to be transported to the hospital in case of accident or injury. It is understood that the school does not assume responsibility for payment of a physician or hospital in any case; however, in an emergency, the school may choose a physician or hospital.

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Persons to Whom Your Child May Be Released

Your child may not be released to anyone who is not listed below unless the school is otherwise notified by you. **Please include the names of parents or guardians.** Picture identification and / or a signature may be required by the school prior to releasing your child. These precautions are to ensure the safety of your child, which is our primary concern here at Westminster.

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Work Telephone: _____ Cellular/Pager: _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Work Telephone: _____ Cellular/Pager: _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Work Telephone: _____ Cellular/Pager: _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Work Telephone: _____ Cellular/Pager: _____

Parent's Signature: _____ Date: _____

Parental Commitment Form and Conditions of Enrollment

As conditions of enrolment, I/we agree to the following:

1. I/we agree to have my/our child, _____, complete the 2016-17 school year. It is my/our intent to continue enrollment and payment of tuition for the entire academic year, unless my/our family is required to relocate.
2. I/we have read the Parent / Student Handbook and discussed it with our child. I/we agree to abide by the rules outlined and will ensure that my/our child does likewise.
3. I/we have read the Westminster Christian School Statement of Philosophy and am/are willing to have my/our child trained in accordance with it. I/we pledge my/our cooperation with WCS in encouraging my/our child to follow the school's Christian teachings.
4. I/we understand that the Westminster Christian School academic program is not licensed by the state and it is not required to be licensed by the state.
5. I/we agree to authorize the school to employ such discipline as stated in the Parent/Student Handbook and I/we will uphold the authority of teachers and administration to discipline within these parameters.
6. I/we understand that tuition is due on the fifteenth of each month and that a \$5 late fee will be applied. I/we understand that my/our account must be current prior to enrolling my/our child/children for the next school year. I/we further understand that school records will be withheld until my/our account is paid in full.
7. I/we understand that the policy of the school is to make no refunds on the enrollment fee, which is due upon enrollment. There is no refund on tuition if the student has been enrolled one half of the school days in the month.
8. I/we give permission for my/our child to take part in all school activities. I/we understand that field trip participation is not required. I/we absolve the school from liability due to injury to my/our child while at school, on field trips, or during any school activity.
9. I/we understand that the school reserves the right not to accept enrollment if it deems that it cannot effectively minister to my/our child. I/we also understand that the school reserves the right to terminate enrollment after attendance in school if the school finds that it cannot effectively minister to my/our child.
10. Before any medication is dispensed to my/our child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, dosage, date and time medication is to be given. The medication will be in the original container with my/our child's name marked on it.
11. The school agrees to keep me informed of any incidents including illness, injuries, adverse reactions to medications, etc., which include my child.
12. If my child stays in the Extended Day Care program, I understand that this program includes snack time, rest time, craft time, and indoor/outdoor playtime. I agree to provide proper mat coverings, as required by DHR, and to launder and return them weekly if my/our child naps during Extended Day Care.
13. I/we believe that the Bible commands us me/us to make every effort to live at peace with one another, both in private and within the community, in conformity with the Biblical injunctions of I Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20. Therefore, I/we agree that any claim or dispute arising out of, or related to this agreement or any aspect of the school relationship, including statutory claims, shall be settled by Biblically based principles as stated in the Parent/Student Handbook.
14. I/we agree to support the school with my/our prayers and with a positive attitude. Complaints or negative comments will be shared only with the teacher, administrator, or person involved, and not with my/our child(ren) or other individuals, following the Matthew 18 principle.
15. The information provided on this enrollment form is true and accurate to the best of my knowledge. I agree to keep the school informed of any changes regarding home and work locations and telephone numbers, emergency contacts, health records, and etc.

Signature of Parents / Guardians

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

If only one parent signs, please sign below confirming the following statement: "I am the sole legal guardian for the above-named child."

_____ Date: _____

_____ Date: _____

Signature of Administrator (application for enrollment accepted)