



Warner Christian Academy Preschool

A Ministry of White Chapel Church of God

1730 South Ridgewood Ave.
South Daytona, FL 32119-2298
(386) 761-3491 • www.wcaeagles.org

STUDENT APPLICATION/REGISTRATION NURSERY - K4

STUDENT'S NAME _____ BIRTH DATE _____ GRADE/TEACHER _____ SCHOOL YEAR _____ START DATE _____	Documentation Needed <input type="checkbox"/> Emergency Contact/Medical Authorization <input type="checkbox"/> Birth Certificate (copy) <input type="checkbox"/> Social Security Card (copy) <input type="checkbox"/> Current Physical (Form 3040) <input type="checkbox"/> Immunization Record (Form 680/681) <input type="checkbox"/> Food Program Forms <input type="checkbox"/> VPK Voucher (K4 only)
REGISTRATION FEE <u>MUST</u> BE INCLUDED WITH APPLICATION. (Registration Fee is non-refundable)	
AMOUNT PD. \$ _____ Cash ___ Credit ___ Check # _____ Personnel Signature _____	

Nursery, Toddler & K2 Options
(check one)
 Part Time (M-F, 8:00-11:30 or 3 full days)
 Full Time (M-F, 6:30-6:00)

K3 & K4 (non-VPK) Options
(check one)
 Part Time (M-F, 8:00-11:30 or 3 full days)
 Full Time (M-F, 6:30-6:00)

VPK (K4) Options
(check one)
 Part Time (M-F, 8:00-11:30 or 3 full days)
 Full Time (M-F, 6:30-6:00)

Check payment plan:

- Full Annual Tuition** - Due July 1, 2014 (2% discount)
- Semi-Annual Tuition** - Due July 1, 2014 & January 1, 2015 (1% discount)
- Monthly** – Due 1st of the month/late after the 10th of the month
- Bi-Monthly/Weekly** – Due on the 1st day of each week

Monthly tuition payments may be paid online through your Renweb account. See office for details.

Check any that apply – All financial aid and discounts must be renewed annually:

- Early Learning Coalition White Chapel Tithe Discount
- Daytona State College Pastor/Missionary Discount
- Financial Aid: _____ Other _____

You are responsible to pay the remaining balance after any Financial Aid is applied to your tuition.

WARNER CHRISTIAN ACADEMY PRESCHOOL
APPLICATION/REGISTRATION

Student's Birth Date: _____ Age: _____ Gender: ___Male ___Female
Student's Full Name: First _____ Middle _____ Last _____

Ethnicity (Optional: requested by accrediting association and government agencies)

___ White, Non-Hispanic ___ Black, Non-Hispanic ___ Biracial ___ Native American/Native Alaskan
___ Hispanic ___ Asian, Pacific Islander ___ Other _____

Has this student ever attended Warner Christian Academy before? _____ If yes, when? _____

Name of preschool/daycare(s) student has attended: _____

FAMILY INFORMATION:

Student's parents/guardians are: ___ Married & living together ___ Separated/Divorced ___ Other _____

If separated or divorced, who has legal custody? _____

Parent/Guardian(s) with whom student lives

Adult No. 1 _____
Relationship to Student _____
Work Phone _____
Occupation _____
Employer _____
Home Address _____
City/State/Zip _____
Home Phone _____
Cell Phone _____
Email Address _____

Adult No. 2 _____
Relationship to Student _____
Work Phone _____
Occupation _____
Employer _____
Cell Phone _____
Email Address _____

Does your family have internet access in the home? _____

Non-Custodial Parent/Guardian (s)

Adult No. 1 _____
Relationship to Student _____
Work Phone _____
Occupation _____
Employer _____
Home Address _____
City/State/Zip _____
Home Phone _____
Cell Phone _____
Email Address _____

Adult No. 2 _____
Relationship to Student _____
Work Phone _____
Occupation _____
Employer _____
Cell Phone _____
Email Address _____

Should the non-custodial parent receive correspondence? Yes _____ No _____ **If non-custodial parent is to have no contact with this child, please attach a copy of legal documentation.**



Brothers/Sisters

School

Age

Grade

Has your child had any problem in the following areas:

(This does not have a bearing on your acceptance, but it is important for teachers to have this information.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Hearing (wax build-up or tubes) | <input type="checkbox"/> Eyes | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Premature Birth – How early? _____ | | <input type="checkbox"/> Other _____ |

- Does the student have any significant limitations (physical, emotional, social)? Yes No
If yes, please describe: _____
- Has the student ever been tested or received special assistance for academic, behavior, emotional, or attention difficulties? Yes No
If yes, please describe: _____
- Has the student ever been suspended, expelled, or asked to withdraw from another school? Yes No
If yes, give name of school and details: _____
- Does the student take any daily medications? Yes No
If yes, please list: _____

Failure to disclose the above information may result in loss of this child's enrollment status.

SPIRITUAL INFORMATION

- Are you a Christian? Father: Yes _____ No _____ Mother: Yes _____ No _____
- On what do you base your answers? _____
- Are you a church member? Father: Yes _____ No _____ Mother: Yes _____ No _____
- Do you attend weekly? Father: Yes _____ No _____ Mother: Yes _____ No _____ Student Yes _____ No _____
- Church Name _____
- Name of Senior Pastor _____ Denomination: _____

OTHER INFORMATION

- How did you hear about Warner Christian Academy? _____
- Why do you want your child to attend Warner Christian Academy? _____
- _____
- What expectations do you have of your child as a student here? _____
- _____

Mission Statement:

Warner Christian Academy Preschool is a safe haven where children in the early stages of life are appropriately nurtured and guided to develop and achieve physical, social, emotional, spiritual and academic growth.

WCA will admit students of any gender, race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. We will not discriminate on the basis of gender, race, color, national and ethnic origin in the administration of our educational and admission policies nor in our scholarship, athletic, and other programs. Inquiries regarding compliance with nondiscrimination policies may be directed to the Mark Tress, Headmaster, 1730 S. Ridgewood Ave., South Daytona, FL 32119, PH: 386-767-5451, or to the Assistant Secretary for Civil Rights, U.S. Department of Education, 330 C St. SW, Washington, DC 20202.

Warner Christian Preschool
PARENT/GUARDIAN ENROLLMENT COMMITMENT

I am enrolling my child, _____, for the **current** school year. My decision to enroll my child as a student in **WARNER CHRISTIAN ACADEMY** indicates that I am in harmony with the philosophy, goals, and standards of the school and that I will support the School.

Commitment of Cooperation

I realize that **WARNER CHRISTIAN ACADEMY** is an extension of our home and Church in providing the best possible spiritual, academic, and social preparation for my child. I understand all policies of the School and want my child to abide by them. In the interest of student morale, I am aware of the importance of defending and undergirding the School's position in all matters along with those of his/her teachers. Even though at times I may not always agree, I will, even at such times of disagreement, defend the School and its policies in the presence of my child, while working privately with the School to correct areas of disagreement. I will cooperate with the School to the extent of my ability and support its aims, ideals, and programs in my communication with my child and others. A lack of parental cooperation and support in any of the above areas may result in the parent being asked to withdraw the student.

Activity and Transportation Consent

I hereby give permission for my child to attend and participate in activities sponsored by **WARNER CHRISTIAN ACADEMY**. I understand that I will always be given advance notice with specific details of any field trip or activity scheduled and a permission slip for completion. My child may ride in any necessary and convenient transportation provided by **WARNER CHRISTIAN ACADEMY** in connection with the activities.

Medical Authorization

I understand the School is not permitted to administer any internal medication without parental consent and a completed medical authorization form (available in the school office). In the case of prescription medication, the attending physician must complete a medical authorization form. If student is required to take medicine at school, *the medicine must be turned in to the school office in its original container.*

I authorize an adult representative of **WARNER CHRISTIAN ACADEMY** to consent to any and all emergency medical and hospital care and treatment as deemed necessary for the health and well-being of my child. I understand that I shall be fully responsible for, and agree to pay for, all costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I agree to assume all transportation costs. I agree to assume the risk of, and release **WARNER CHRISTIAN ACADEMY**, its staff and representatives from any and all injury and liability arising out of or relating to the activities conducted or sponsored by **WARNER CHRISTIAN ACADEMY**.

Student Records:

I understand that Immunization and Health records are required to be current and maintained in the student's file at all times. This is in accordance with Legal Authority Section 1003:22, 4002.305 and Florida Statutes: Rule 64D-3.046 Florida Administration Code.

Nursery – K3 Full Time Hours of Care:

Full time child care hours begin at 6:30 A.M. and children must be picked up **BEFORE** 6:00 P.M.

Nursery – K3 Part Time Hours of Care:

Part time hours of care are Monday thru Friday, 8:00-11:30 or three (3) full days (6:30am– 6:00pm).

VPK (K4) Academic Hours:

VPK Academic hours are Monday thru Friday, 8:00-11:30. Extended care is available at an additional cost.

Late Pick Up Fee:

PRESCHOOL DOORS ARE LOCKED AT 6:00 P.M. ARRIVE AT THE PRESCHOOL BY 5:45 P.M. to allow for time to gather your child and their belongings. Late pick up fees are applied to **part time students after 11:30 am or full time students after 6:00 pm.**

Late pick up first minute \$10, subsequent minutes \$1.00/minute. Time will be governed by the clock at the receptionist desk.

State of Florida Department of Children & Families

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. Physical and immunization records must be kept current as long the child is enrolled.

Section 402.3125 (5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY".

Section 65C-22.006(3)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

Section 402.3125(5), F.S. requires that parents receive a copy of the Child Care Facility Brochure, "Influenza Virus".

Your signature below indicates that you have received, read, understand and agree to the above listed.

Parent/Guardian Signature

Date