

Wiregrass Christian Academy

209 W. College St.

Enterprise, AL 36330

(334) 393-8972

Class: T 3 4 (Circle one) Date of Birth _____ Hours are 8:00 a.m.-12:00 noon

Hourly extended care? yes _____ no _____ Full-Time extended care? yes _____ no _____

School Year: **2018-2019**

Child's Name _____

Address _____

street

city

zip

Contact e-mail address _____

Best Number for Automatic Calling _____

Mother's Name _____

Address _____

street

city

zip

Place of Employment _____

Home phone # _____

Work phone # _____

Cell phone # _____

Father's Name _____

Address _____

street

city

zip

Place of Employment _____

Home phone # _____

Work phone # _____

Cell phone # _____

Child lives with: Parents _____ Father _____ Mother _____ Other _____

If child lives with a custodial parent, does the non-custodial parent have authorization to pick up the child?

Yes _____ No _____

Church Affiliation _____

List siblings and their ages:

Are there other members of the household? If so, list name, age, and relationship:

Is your child toilet trained? _____ Describe assistance needed and words used.

Does your child have any special fears? _____

Does your child have any problems with vision or hearing? _____ If so, please explain.

Does your child have any health problems that we should be aware of? _____

Please explain. _____

Are there any foods or drinks that your child should not have? _____

What does your child usually eat for breakfast? _____

Do you have any concerns about any aspect of your child's development? _____

Is any language other than English used in the home? If so, please describe.

List illnesses your child has had _____

Does your child have frequent colds? _____ earaches? _____ sore throats? _____
stomach aches? _____ fevers? _____

Has your child had any serious accidents or operations? _____ If so, please describe.

Does your child have any allergies? _____ Please describe. _____

Does your child take any regular medication? _____

When did your child last see a doctor? _____ Dentist? _____

Are there any special medical, physical, or emotional needs that the school or staff should be aware of?

How much television does your child generally watch each day? _____

What are your child's favorite activities? _____

What does your child enjoy doing with mother? _____

What does your child enjoy doing with father? _____

Does your child play well alone? _____ In groups? _____

Are there neighborhood playmates? _____ If so, what ages? _____

Does your child accept correction easily? _____

What method of behavior control is used in your home? _____

Please circle items below that describe your child...

Happy Aggressive Friendly Moody Clumsy

Dependent Stubborn Impulsive Fearful Quiet

Good-natured Even-tempered Attentive Sympathetic Shy

Sleepy Other: _____

Has your child learned to...?

Say nursery rhymes? _____ Sing songs? _____

Listen to stories? _____ Say his or her name? _____

State his or her age and sex? _____ Dress self independently? _____

Recognize and name common objects? _____

Count? _____ How far? _____

Follow simple directions? _____ Throw and catch a ball? _____

Name basic colors? _____ Hop on one foot? _____

Balance on one foot? _____ Ride a tricycle? _____

Write name? _____ Draw a person? _____

Other? (Please note additional significant accomplishments.) _____

Has your child had group play experience? _____

Has your child been cared for by someone besides the family? _____

If so, please describe. _____

Has your child gone to preschool or daycare before? _____

Please describe previous experiences. _____

What do you hope will be included in your child's preschool program? _____

Emergency Information

Persons authorized to pick up your child (include parents):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

If both parents are not authorized to pick up the child, please provide a copy of the divorce decree and/or custodial agreement prohibiting the unauthorized parent from picking up the child.

Persons to be notified in case of emergency if parents cannot be reached:

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Child's Physician _____ Phone # _____

Address _____

Emergency Hospital Preference _____

I understand that the registration fee is non-refundable, and I agree to pay fees and accounts when due.

Signature of parent or guardian _____ Date _____

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Office use:	Registration fee receipted _____	Permission form signed _____
	Certificate of immunization _____	Copy of birth certificate _____
	DHR form _____	Photo release _____
	Book fee _____	

PHOTO AND VIDEO RELEASE FORM

I, _____, as parent or legal guardian of

Child's Name

(Check One)

- Grant my permission
- Withhold my permission

for Wiregrass Christian Academy to take photographs or record a video of my child during daily and/or special activities of the school. **Such photos will be placed on school bulletin boards, used in the end-of-year slide show, included on the WCA web site and Facebook page, and used in local cable television and newspaper advertisements and articles.**

Signature of Parent or Guardian

Date

BLANKET PERMISSION FORM

_____ has my permission to go on all field trips with Wiregrass Christian Academy. I understand that the child named above will be well supervised and that I will be notified of the time and place of the field trips. I agree that I will not hold responsible Wiregrass Christian Academy, the teachers or parent chaperones, or Wiregrass Christian Academy board members in case of accident or injury to the child named above.

Signature of Parent or Guardian

Date

THIS FORM MUST BE NOTARIZED

SECTION 2. FORM OF AFFIDAVIT (for parent/ guardian)

STATE OF ALABAMA

COUNTY OF: Coffee

Before me, a Notary Republic in and for said State and County, appeared

_____ and is known to me, after being duly sworn or

affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children

_____ ; that affiant has been notified by

Joan B. Howell, a representative of Wiregrass Christian Academy, that said

school has filed notice and is exempt under law from regulation by the

Department of Human Resources.

_____ Parent/Legal Guardian

Sworn, or affirmed to and subscribed before me this _____ day of

_____, 20_____.

My commission expires _____

2018-2019 TUITION PAYMENT PLANS

TODDLER

ANNUAL (P-T)

By August 10
\$2444.00

SEMI-ANNUAL

August 10 – \$1261.00
January 10 – \$1261.00

10 monthly payments

August – May
\$260.00 each month

PRESCHOOL

ANNUAL (P-T)

By August 10
\$2162.00

SEMI-ANNUAL

August 10 – \$1115.50
January 10 – \$1115.60

10 monthly payments

August – May
\$230 each month

ELEMENTARY

ANNUAL

By August 10
\$2914.00

SEMI-ANNUAL

August 10 – \$1503.50
January 10 – \$1503.50

10 monthly payments

August – May
\$310 each month

TODDLER

ANNUAL (F-T)

By August 10
\$4277.00

SEMI-ANNUAL

August 10 – \$2206.75
January 10 – \$2206.75

10 monthly payments

August – May
\$455.00 each month

PRESCHOOL

ANNUAL (F-T)

By August 10
\$4042.00

SEMI-ANNUAL

August 10 – \$2085.50
January 10 – \$2085.50

10 monthly payments

August – May
\$430 each month

