

ELEMENTARY REGISTRATION

Grade Level: _____ Before/after school care: _____ Yes _____ No _____ Some

Previous school attended: _____

Child's Name _____ Gender: M F D.O.B. _____

Address _____
street city zip

E-mail address(es) for invoicing _____

E-mail address(es) for online grade system (if different than invoices) _____

Best Phone Number for Automatic Calling _____

Mother's Name _____

Address (if different) _____
street city zip

Place of Employment _____ Home phone # _____

Work phone # _____ Cell phone # _____

Father's Name _____

Address (if different) _____
street city zip

Place of Employment _____ Home phone # _____

Work phone # _____ Cell phone # _____

Child lives with: Both parents _____ Father _____ Mother _____ Other _____

If child lives with a custodial parent or guardian, does the non-custodial parent have authorization to pick up the child? Yes _____ No _____

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.

List siblings and their ages: _____

Routine medications (please list): _____

Other information helpful to teacher (health issues, allergies, etc.) _____

School may administer the following OTC medications if needed (circle ones allowed):

Acetaminophen Ibuprofen Antibiotic/Cortisone Cream Pepto-Bismol/Tums

Has your child **ever** been suspended or expelled from any school attended? Yes _____ No _____

If yes, please explain: _____

Has your child **ever** been under an IEP or 504 education plan or been evaluated for such plan?

Yes _____ No _____

If yes, please explain area of suspected disability and requested accommodations: _____

If yes, you must provide a copy of IEP/504 and/or evaluation results to WCA with this application.

Wiregrass Christian Academy is a private school. We do not have the resources or training to deal with many special education requirements. We will evaluate each special needs applicant on a case-by-case basis to determine if our resources and abilities match the needs of special needs applicants. By signing this application, you understand that WCA is NOT required by law to follow Individualized Education Plans (IEPs), 504 Education Plans, or the Individuals with Disabilities in Education Act (IDEA). If we determine that your child requires special education services beyond our capabilities, your child will be disenrolled.

Corporal punishment (paddling) is a Biblical principal (Proverbs 13:24, Proverbs 22:15, Proverbs 23:13-14) and can be an effective deterrent to unwanted behavior. In determining whether to use corporal punishment, the following considerations will be taken into account: the seriousness of the offense, the attitude and behavior history of the student, and the availability of equally effective non-physical means of discipline. Corporal punishment will be administered by the Administrator with one adult witness present. If you do not wish for your child to receive corporal punishment, you understand that a parent may be called to administer punishment and/or pick up the student. Please *initial* below to indicate your choice:

Initial choice:

_____ Yes, my child(ren) may receive corporal punishment when deemed warranted by the administrator.

_____ No, my child(ren) may not receive corporal punishment. I understand I may be called to administer punishment and/or pick up my child from school if the administrator deems it necessary.

Emergency Information

Persons authorized to pick up your child (attach additional sheet if necessary):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

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

Name _____ Phone # _____

Name _____ Phone # _____

Child's Physician _____ Phone # _____

Address _____

Emergency Hospital Preference _____

School may obtain medical assistance if parent or emergency contact is unavailable: Y N

Church affiliation: _____

School may release contact information to College Avenue Church for outreach purposes

(Vacation Bible School fliers, Camp Wiregrass info, etc.): Y N

How did you hear about us? _____

I understand that the registration fee is non-refundable, and I agree to pay fees and accounts when due. If book fees are not paid by the end of June (or within 2 weeks of enrollment if after June), my child's spot may be forfeited and the registration fee will not be refunded. All information in this application is accurate and complete to the best of my knowledge. Providing false or misleading information is cause for immediate dismissal with no refund of registration fees or book fees.

Signature of parent or guardian _____

Date _____



a mission of
College Avenue Church of Christ
209 W. College Street, Enterprise AL 36330

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 may 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 **(mark through any to which you do not agree)**.

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

