

**THE ENROLLMENT PROCESS IS NOT COMPLETE
UNTIL THE FOLLOWING FORMS ARE COMPLETED & SIGNED.**

HANDBOOK FORM

I HAVE READ A COPY OF THE WILLOTT ROAD CHRISTIAN ACADEMY 2010/2011 SCHOOL HANDBOOK- PRIOR TO ENROLLMENT - AND AGREE TO ADHERE TO THE POLICIES WITHIN.

I HAVE ALSO READ THE **FAMILY COMMITMENT STATEMENT** INCLUDED IN THIS HANDBOOK AND AGREE TO THE POLICIES LISTED IN THAT STATEMENT.

PLEASE ***PRINT*** YOUR CHILD'S NAME ON THE LINE PROVIDED BELOW -
NOTE THE GRADE/PRESCHOOL CLASS THEY ARE IN NEXT TO THEIR NAME.
FILL OUT ONE FORM PER CHILD.

(STUDENT'S NAME AND GRADE - PLEASE PRINT CLEARLY)

(PARENT'S NAME - PLEASE PRINT CLEARLY)

(PARENT'S SIGNATURE)

DATE_____

WRCA BUZZ BOOK PERMISSION FORM

_____ I **GIVE** permission for my child's name, our address, and phone number to be included in the WRCA Buzz Book. This Buzz Book is only given to our school families.

_____ I **DENY** permission for my child's name, our address, and phone number to be included in the WRCA Buzz Book.

STUDENT NAME – PLEASE PRINT CLEARLY

GRADE/CLASS

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

EMERGENCY INFORMATION-PLEASE FILL OUT COMPLETELY AND CLEARLY.

LIST TWO RESPONSIBLE ADULTS TO CONTACT IF PARENTS CANNOT BE REACHED.

Name: _____ relationship to child: _____

Home #: _____ Cell #: _____ Work #: _____

Name: _____ relationship to child: _____

Home #: _____ Cell #: _____ Work #: _____

Child's physician: _____ phone: _____

Hospital preferred: _____ phone: _____

Child will receive medication during school hours: ____ yes ____ no

If yes, are they prescription/non-prescription? _____

PLEASE LET US KNOW OF ANY MEDICAL CONDITIONS/ALLERGIES WE SHOULD BE AWARE

OF: _____

**** NEW STUDENTS ENROLLMENT MUST BE ACCOMPANIED BY A CURRENT IMMUNIZATION RECORD.**

BE SURE TO OBTAIN THE PROPER FORMS FROM THE CLINIC FOR THE ADMINISTRATION OF ANY MEDICATION - PRESCRIPTION AND NON-PRESCRIPTION

TO COMPLETE ENROLLMENT PROCESS, THIS FORM MUST BE TURNED IN WITH THE APPROPRIATE ENROLLMENT FEES. SEE TUITION PRICE SHEET FOR THE FEES THAT APPLY TO YOU.

*****OFFICE USE ONLY*****

Staff person taking enrollment: _____

Enrollment fee received: _____

Check #: _____

Cash Receipt #: _____

MC/Visa: _____

Immunization record turned in? ____ yes ____ no

Date turned in: ____ / ____ / ____