



Enrollment Form SUMMER 2024

June 10, 2024 – July 26, 2024
 WCA CLOSED JULY 1 – JULY 5

Child’s Last name **First name** **Middle name**

Preferred name (if any) **Sex** **Date of birth** **Age as of 9-01-23**

Child’s Address: **City** **State** **Zip**

Mother/Guardian: _____ **Primary Phone:** _____

Name of Employer: _____ **Work Phone:** _____

Best Email: _____ **Alternate Phone:** _____

Father/Guardian: _____ **Primary Phone:** _____

Name of Employer: _____ **Work Phone:** _____

Best Email: _____ **Alternate Phone:** _____

*Designate at least one person other than parents as an **Emergency** contact:*

Name: **Home Address:** **Phone:** **Relationship:**

If parents choose no one as an Emergency Contact, a parent must sign & date above line.

*List **other** persons allowed to pick up your child from WCA.*

Name: **Phone:** **Relationship to student**

Emergency Code Word: _____

2024 Summer Program Choices

One-time Registration Fee: \$25 for 2-day, \$50 for 3-day, & \$75 for 5-day

(All fees are non-refundable.)

\$50 Activity/Supply Fee due at enrollment

Tuition rates for the 6-week session.

	Infants	Toddlers/ Two Year Olds	Pre-K Threes, Fours & Kinder
TTH	_____ \$390.00	_____ \$370.00	_____ \$350.00
MWF	_____ \$550.00	_____ \$520.00	_____ \$510.00
M-F	_____ \$940.00	_____ \$890.00	_____ \$860.00

Full payment due by 1st day of session: June 10

Agreement & Understanding - Please initial the following statements:

_____ I agree and understand that tuition, registration fee and supply fees are non-refundable.

_____ I agree and understand that tuition is due on my child's first class-day of the session.

_____ I agree and understand that if I do not pay my tuition and/or outstanding balance by the 10th day of the session, I will be charged a \$25 late fee.

_____ I have received and agree to the policies and procedures outlined in the WCA Parent Handbook.

Photo Permission

WCA _____ **has** _____ **does not have** my permission to display my child's photograph on the WCA webpage, Facebook page, flyers, or other promotional materials. Names will never be used in conjunction with photos.

WCA _____ **has** _____ **does not have** my permission to send my child's photograph via private classroom applications (For example: Remind, GroupMe or other private upload sites, e-mail, etc.).

Special conditions, allergies, required medications

Existing Illness or Condition: _____

Diagnosed Allergy: _____

(Must complete and return Emergency Care Plan with physician signature)

Food Sensitivity/Intolerance: _____

Daily Prescription Medications: _____

Any WCA-administered medications must be signed in to WCA office. Please see parent handbook.

Required Record Submission

I understand and have provided or will provide WCA with the following records for admission:

_____ Current immunization records or original notarized affidavit of exemption from immunizations.

_____ Signed/dated Wellness Statement **(please ask the WCA office staff for this form if new to program)**

_____ Hearing & Vision screening information (for children already 4 years old)

Non-WCA Kindergarten Students

My child has current vaccination records on file at the school he/she attends.

School Name: _____

Address: _____

Telephone: _____

Parent/Guardian Signature

Date

Authorization for Medical Treatment – Must be notarized.

If I cannot be reached to arrange for medical treatment, I authorize any representative of Wesleyan Christian Academy to administer first aid and/or contact Emergency Medical Services to assess and/or transport to a medical facility. I authorize and hereby give my consent for any necessary medical treatment, emergency or otherwise, furnished by any licensed physician, hospital, or emergency treatment clinic (health care provider), and I agree to pay all medical fees incurred in connection with the treatment of my child under the authority granted herein. I hereby release Wesleyan Christian Academy, any health care provider, and any of their respective agents, employees, officers, or representatives from all liability for any action taken on behalf of my child pursuant to the terms of this medical authorization.

Child's name

Signature of parent or legal guardian
(must be signed before notary public)

Date

Notary Public: Sworn to and subscribed before me this

_____ day of _____, 20____

Notary Public Signature

(Print or type name)