

2020-2021 REGISTRATION PACKET

Registration dates for the 2020/2021 school year:

Tuesday, February 4, 2020; 9:00 am: registration opens for currently enrolled families & WCBC church members

Wednesday, February 19, 2020; 9:00 am: registration opens to the public

2020/2021 school year dates:

Mondays, Tuesdays, Wednesdays, and Thursdays beginning

Tuesday, September 1, 2020 – Wednesday, May 19, 2021.

(Exact start/end dates are subject to change based on the Conroe ISD 2020/21 academic calendar.)

School hours are **9:00 am-2:30 pm** with no before-hours or extended care.

Holidays/closings follow Conroe ISD.

Classes are filled on a first come first serve basis and enrollment is only complete once all forms are completed including physician's statement, shot records, signed current parent handbook acknowledgement form and all fees paid. A **non-refundable** registration fee is due annually upon registration, fee varies by class, see list below.

The Academy is a program of West Conroe Baptist Church. Our program is designed to provide a safe, happy, Christian environment constructed on Biblical principles for the cognitive, physical, social, emotional, and spiritual development of preschoolers. Growth in a child's life consists of three different areas that are all important - spiritual, academic and social. Our goal at WCA is to help the children in our program grow in all three areas:

Spiritually we want to give them a foundation of faith
Academically we want to help them develop a love of learning
Socially we want them to make a commitment to caring

We commit to pray for each and every child in our program and support them as they learn and grow to be fully devoted followers of Christ. We are here to give support to not only the children in the program, but to their families as well. Join us for another great year!

CLASS SCHEDULE	AGE (AS OF 9/1/2020)	NON REFUNDABLE REGISTRATION/ CURRICULUM FEE	<i>FIRST TIME STUDENT PROCESSING FEE</i>	MONTHLY TUITION
2 DAY (M/W or T/TH)	6 MOS-3 YRS	\$150.00	\$25.00	\$210.00
3 DAY (T-TH)	6 MOS-4 YRS	\$200.00	\$25.00	\$305.00
4 DAY (M-TH)	6 MOS-4 YRS	\$250.00	\$25.00	\$390.00
KINDERGARTEN (M-TH)	5 YRS	\$250.00/\$150.00	\$25.00	\$410.00

*A 10% discount will be given on tuition for enrollment of a second child.

*A 5% discount will be given for annual tuition paid in full by September 1, 2020.

*All discounts apply towards monthly tuition rates only, and not towards registration/processing fees.

In HIS service,
 Noelle Jones
 Director WCA
 936-521-1623
Noelle.jones@wcbc.us

Visit our website:
www.wcbc.us/wcacademy

Find us on Facebook:
 @WestConroeAcademy

2020-2021 ENROLLMENT FORM

For Office Use Only

Date Received
 Enrollment Form
 Shot Record
 Stmt. Of Health V___H___
 Medical Release
 Handbook
 cash ck # _____
 \$ _____
 Class _____
 Entered _____

- **Please fill in all blanks or write N/A if not applicable.**
- **Your child is NOT enrolled until registration fees are paid and all paperwork is on file.**
- **Registration Fees are NOT REFUNDABLE for any reason.**
- **Two weeks' notice in writing is required if you withdraw your child.**
- **Signed current Parent Handbook acknowledgement form is also required at registration.**

Child's Name: _____ Nickname: _____

 (Last) (First) (Middle) (To be called in class)

Child's Date of Birth: ____/____/____ Child's Age on September 1, 2020: ____ years ____ months Gender: M / F

Mother/Father/Guardian Names: _____

Mailing Address: _____ City: _____ Zip: _____

Subdivision: _____

Home Phone Number: _____ Mom Cell # _____ Dad Cell # _____

Mom Work # _____ Dad Work # _____

Mom Email Address: _____ Dad Email Address: _____

Parent's Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____

If divorced, who has legal custody? _____

Is non-custodial parent allowed to pick up child from school? (circle) Yes No

Are you a member of West Conroe Baptist Church? (circle) Yes No
 If not, what is your church affiliation, if any? _____

Is your child a returning student: (circle) Yes No Date of Enrollment: _____

Previous schools your child has attended: _____

What days would you like your child to attend?

	<u>Class</u>	<u>Non-Refundable Registration/Curriculum Fee</u>	<u>Monthly Tuition</u>
_____	2 Days (6mo-3yr) M/W or T/Th	\$150 (+ \$25 if NEW)	\$210
_____	3 Days (6mo-3yr) Tues – Thurs	\$200 (+ \$25 if NEW)	\$305
_____	4 Days (6mo-3yr) Mon – Thurs	\$250 (+ \$25 if NEW)	\$390
_____	3 Day Pre-K (4yr) Tues – Thurs	\$200 (+ \$25 if NEW)	\$305
_____	4 Day Pre-K (4yr) Mon – Thurs	\$250 (+ \$25 if NEW)	\$390
_____	4 Day Kinder (5yr) Mon – Thurs	\$250/\$150 (+ \$25 if NEW)	\$410

Parent's Signature _____ **Date** _____

PARENT INFORMATION SHEET

Child's Name: _____

Birth date: _____ (Last) (First) (Middle)
Month Day Year

Father's Name: _____ Employer: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Wk Phone: _____

Mother's Name: _____ Employer: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Wk Phone: _____

PERSONS TO CONTACT WHEN YOU CANNOT BE REACHED:
(You MUST list at least one alternate contact)

Your child will be released only to guardians or other persons designated by you and on this list. Parents or other designated persons bringing the child to class should make sure that a staff member is aware of the child's arrival and departure. Please list persons with whom you want your child to be released to other than yourself. We will use these numbers in the event your child becomes ill or injured and needs to be picked up from school and we cannot reach you. In addition, the individuals listed could serve in a carpool or other transportation arrangement. The school must be notified in advance in writing if someone not listed is to pick up your child. Individuals listed WILL be asked for identification before your child is released to them. **Contacts listed should be local, willing to be summoned and able to assist in the event of an emergency. Please specify by choosing option below, pickup only or In case of emergency.**

1. Name: _____ Relation to child _____
Address: _____
Home #: _____ Work # _____ Cell # _____
Driver's license # _____
Pickup _____ **In case of an Emergency** _____

2. Name: _____ Relation to child _____
Address: _____
Home #: _____ Work # _____ Cell # _____
Driver's license # _____
Pickup _____ **In case of an Emergency** _____

3. Name: _____ Relation to child _____
Address: _____
Home #: _____ Work # _____ Cell # _____
Driver's license # _____
Pickup _____ **In case of an Emergency** _____

4. Name: _____ Relation to child _____
Address: _____
Home #: _____ Work # _____ Cell # _____
Driver's license # _____
Pickup _____ **In case of an Emergency** _____

Parent's Signature _____ **Date** _____

Child's Name: _____
(Last) (First) (Middle)

Birth date: ____/____/____
Month Day Year

HEALTH CARE PROFESSIONAL'S STATEMENT

I have examined the above named child within the past year and find that he/she is free of any communicable diseases and is physically able to take part in the Academy program.

Doctor's Name: _____

Address: _____

Phone Number: _____

Doctor's Signature _____ **Date** _____

- * A Statement of Health is required for each child enrolled in the program.
- * Your Health Care Professional's form may be attached or faxed.
- * **Please attach child's current immunization records to this form.**
- * If child is 4 years of age, please attach vision & hearing screening records.
- * **Physician Statements expire 12 months after date of physician's signature.**

MEDICAL RELEASE FORM

Authorization and Release for Emergency Medical Attention

In the event of an emergency while my child, _____ is attending West Conroe Academy, I authorize the staff person(s) in charge to transport or have my child transported by ambulance to the nearest licensed hospital. I also give my consent and authorize any licensed physician on call in the emergency room to treat, order injections, anesthesia, surgery or any necessary emergency treatment required to save my child's life.

I, _____ the undersigned parent/guardian of said child, agree to assume full financial responsibility for any and all treatment for my child that is required as a result of said child's participation in the Academy program or injury while at the Academy program.

Parent's Signature _____ **Date** _____

Note: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must provide an affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.(www.immunizetexas.com)

HEALTH INFORMATION

Child's Name: _____

Birth date: _____/_____/_____ (Last) (First) (Middle)

Month Day Year

Health Insurance Company: _____ Phone # _____

Name of the Insured _____ Policy# _____

Doctor's Name: _____ Address: _____ Phone: _____

Dentist's Name: _____ Address: _____ Phone: _____

Please fill in all blanks or write N/A if not applicable.

Please list any **allergies** your child may have such as food, medication, bug bites, or seasonal and the **reaction**.

Contagious Diseases: (circle ANY that the child has had) Measles Mumps Rubella Chicken Pox Scarlet Fever Other _____

To my knowledge, this child is free from any communicable disease: (circle) Yes No

Has your child had any surgeries or been hospitalized? (If yes, list date and information): _____

Is your child on any on-going medications? _____

If yes, what reactions should our staff be aware of? _____

Does your child have any health conditions that would limit his/her participation in the Academy Program? (circle) Yes No

If yes, please give a brief description. _____

Other information about your child's health that might be helpful to a caregiver: _____

List any special problems that your child may have including disabilities, special needs, existing illness, previous serious illness, injuries, and any other information which a caregiver should be aware of: _____

Parent's Signature _____ **Date** _____

PERSONAL INFORMATION RELEASE FORM

SCHOOL DIRECTORY:

WCA may publish a school directory with your child's name, parent's name, address, e-mail address & home phone number for the personal use of the students, their parents, and WCBC. WCA will not sell or provide information to outside sources.

____ Yes, I give my permission to have the information listed above published in the school directory.

____ No, I DO NOT want to have the information listed above published in the school directory.

Parent's Signature _____ **Date** _____

PHOTOGRAPH/VIDEO:

From time to time, West Conroe Academy will photograph or videotape your child for use in classroom activities, parent events, church events, local publicity, social media or for inclusion in the school newsletter. This includes group photos that may be sent home with other families.

____ Yes, I give permission for WCA program to photograph/video tape my child for the uses outlined in the paragraph above.

____ No, I DO NOT wish to have my child photographed or video taped while attending WCA program.

Parent's Signature _____ **Date** _____

