



5225 Backlick Road • Springfield, Virginia 22151

Phone 703-354-4222 • Fax 703-750-1306

School Year: 2011/2012

This form will be on file at the school office for the duration of the school year and will be effective for all field trips. I give permission for \_\_\_\_\_, Grade \_\_\_\_\_, to participate in all sports and school sponsored trips away from the school premises throughout the duration of the school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the director more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers provided with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event. I/we agree to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Word of Life Christian Academy, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable, I/we agree to assume financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
 Father/Guardian's Signature      Date      Mother/Guardian's Signature      Date

NAME PRINTED: \_\_\_\_\_ NAME PRINTED: \_\_\_\_\_  
*If child lives with both parents, the release must be signed by both parents/guardians.*

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Under the Name of : \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies (including reactions to medication): \_\_\_\_\_

Medication being taken: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

Are there any physical or medical conditions we should know about not already stated? \_\_\_\_\_

Student's home phone: \_\_\_\_\_ Student's address: \_\_\_\_\_

Father's work phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_

*In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Consistent with Christian principles, Word of Life Christian Academy does not discriminate with regard to race, gender, or national origin in the administration of its educational policies, tuition assistance program, athletic or other school administered programs.

## Pre-Enrollment Agreement *(please sign one per student)*

Student	Student Name: _____		Grade in 2011-12: _____
	Parent Info.	Parent/Guardian #1 (print) _____	_____
email _____		_____	_____
Family Info.	Parent/Guardian #2 (print) _____	_____	_____
	email _____	_____	_____
	Sibling	Grade	School
	#1		
	#2		
	#3		
	#4		

We are charged with being good stewards of the resources that the Lord has entrusted to our care. We would like to operate solely on the basis of trust in our dealing with everyone who enrolls his or her children at Word of Life Christian Academy. However, the nature of our society requires the following to be disclosed.

As the parent or legal guardian of the student(s) referred to above, or person who assumes the financial obligation set forth herein, I (we) hereby understand and agree to the following:  
 AS A NON-PROFIT INSTITUTION, TEACHERS ARE EMPLOYED; TEXTBOOKS AND MATERIALS ARE PURCHASED WHEN STUDENTS ARE ENROLLED. THEREFORE ENROLLMENT AGREEMENTS ARE FOR ONE COMPLETE SCHOOL YEAR. THE TUITION IS DUE AT THE TIME OF THE SIGNING OF THIS CONTRACT OF ENROLLMENT. TO ASSIST PARENTS IN FULFILLING THIS OBLIGATION, SEVERAL PAYMENT OPTIONS ARE AVAILABLE AS OUTLINED ON SMART Tuition.

**MAY WE RELEASE THE PHONE NUMBER AND ADDRESS LISTED UNDER THE STUDENT FOR:**

Car pool requests:  Yes  No      Room mothers/fathers:  Yes  No      Student directory:  Yes  No

**MARKETING MATERIALS RELEASE**

I hereby permit the taking and use of photographs, audio, and videos of my child(ren) at WOLA to be used in the finished product of any school publication, advertising or marketing materials, and release WOLA from any liability. I also relinquish any rights to examine and approve the completed materials prior to publication.  Yes  No

**DISCOUNTS**

Pastoral: 15% discount (on 1st child) for active ministers when ministerial credentials are produced. Multi-child: the oldest child will be charged full tuition. Additional children will receive a discount as outlined on the Tuition Rates and Fees schedule.

**TUITION ASSISTANCE**

Limited tuition assistance is available for qualifying families. Financial aid eligibility is determined by a third party agency. Forms are available in the finance office. All families with needs are encouraged to apply.

Student Name: \_\_\_\_\_

Parent/Guardian #1 (signature) _____	Date _____
Parent/Guardian #2 (signature) _____	Date _____

**\* All parties having legal custody of the child must sign.**

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**LIMITED TIME OPPORTUNITY-from Feb. 10 - March 16 pay \$50 registration fee per returning student and \$100 per new student.**

**REGISTRATION FEE REQUIRED: \$100 per RETURNING student and \$150 per NEW student.**

The registration fee will be refunded only if a child is not accepted by the Academy, otherwise it is considered *non-refundable*.

TUITION RATE & FEES 2011-2012 K5-12th	*Tuition	*Science Lab Fee	Athletic Fee (6th-12th) <i>*optional</i>	Extended Care K5-8th <i>(If needed)</i>	*Holiday Extended Care Non School Days	*Lunch Fee
Lower Elem. (K5-2nd)	\$6500.00	N/A				
Upper Elem. (3rd-5th)	\$6500.00	N/A				
Middle (6th-8th)	\$6700.00	*\$25.00				
High School (9th-12th)	\$7900.00	*\$100.00				
<i>(SCHOOL YEAR)</i> Sept. 6th, 2011 June 8th, 2012	<i>*Includes book and technology fee.</i>	<i>*To be charged pending completion according to Accreditation Standards.</i>	<b>\$100.00 Per Sport</b> <i>*Only charged if sport played.</i>	Session 1-AM 6:30-7:45 Session 2-PM 3:00-6:00 \$5 per half hr. per day. Max \$175 month	6:30 a.m.-6:00 p.m. / \$35 per day <i>*Must bring own lunch, drinks, and snack. Must sign up 2 weeks in advance.</i>	\$4.25 per day for hot meal + milk. <i>*If you chose to buy hot lunch.</i>
<b>MULTIPLE CHILD DISCOUNT (Preschool-12th)</b> Full tuition is charged for the oldest child.		<b>2nd-15%</b>	<b>3rd-30%</b>	<b>4th-50%</b>	<b>5th+80%</b>	

**Financial Policy/Parental Agreement**

**Registration Fee Required:** A registration fee is required to enroll a child (please see current rates enclosed). The registration fee will be refunded only if a child is not accepted by the Academy, otherwise it is considered **non-refundable**.

**Monthly Statements:** All fees and charges will be itemized for you on a monthly statement. Monthly statements are generated by Smart Tuition.

**Tuition:** Tuition rates are based on a nine month school term. However, this term may be delegated into one of the five (5) payment plans which will cover the nine month term. No refunds will be given in the case of illness, absence, holidays, suspension, weather or expulsion. Tuition will be prorated for students who enroll after the school term begins.

**Payments:** Payments for tuition and other fees are listed in the schedule of fees section and will be paid through **SMART Tuition**, a tuition/fee billing and management service.

**Mailing Payments:** Please allow seven days for your payment to arrive in the SMART Tuition office before the due date (this only applies if that is the option you choose). Mailed payments not received by the due date will be subject to the late payment fee as outlined in the SMART Tuition form.

**Late Fees:** All accounts are subject to a late fee of \$30 if payment is not received on time.

**Returned Checks:** As a result of a returned check your account will be assessed a charge for the amount of the returned check, as well as a \$25 returned check fee.

**Withdrawals:** Intent to withdraw a student must be made to the Head of School in writing and at least two weeks in advance. Failure to do so will result in an additional two weeks of charges reflected on the bill. No exceptions will be made.

**Refunds:** A student withdrawn during the school year will receive a prorated refund on tuition only.

**Dismissal:** If a student is permanently dismissed for any reason, parents remain responsible for ensuring payment is made for the entire school year.

**Collections:** If your account balance should become delinquent and remain delinquent for a period of forty-five (45) days, the administration reserves the right to refer the account to a collection agency. In the event an account is referred to a collection agency, collection fees in an amount not less than 33% of the delinquent balance shall be added to the account.

**Records:** All student records, including health records, will not be released until the account is paid in full and only after final payment clears the bank if made in the form of a check. All requests must be made in writing and allow a minimum of two full business days for processing.

**Late Pick Up:** If a child is picked up past 6:00 p.m. a late fee of \$15.00 will be applied every 10 minutes or fraction thereof. Late fees will be added to the statement at the end of the month.

**Sick Policy:** Any child with a fever of a 100° or higher, vomiting, or other serious condition must be picked up by a parent or other authorized individual in a maximum of one and a half hours (1 1/2) from the time the parent is contacted.

**Legal Fees:** All legal fees, collection fees, attorneys' fees, collection costs and any additional fees incurred by the school in an effort to settle disputes connected to this account shall be the sole responsibility of the parent or guardian for which this agreement is made.

**Continual Conflict:** In the event a child, or the parent of the child, continually causes disagreements, conflicts, strife, or arguments, the child shall be dismissed from the school without legal recourse.

**Arbitration:** If a legal issue, disagreement, conflict, problem, injury, injustice, or any other legal dispute should arise between the school, or one of its agents and a child, or parent of a child, we agree, in accordance with the Christian Conciliation Manual, to binding arbitration with a non-partial arbitration party (party to be named in each individual case) for the settling of all issues.

**Parent/Student Handbook:** I have read and agree to abide by all policies outlined in the Parent/Student Handbook.

I have read the above financial policy/parental agreement and fully agree to abide by the policy as set forth in its entirety. I understand that this financial policy/parental agreement will be strictly enforced. I agree to pay all financial obligations to Word of Life Christian Academy. I understand that I will have the late fees added to my account if the payment is not made by the due date determined by my SMART Tuition form. I agree to uphold the rules and regulations of Word of Life Christian Academy as set forth in the Parent/ Student Handbook. I will support the school's discipline by administering discipline in the home as needed. Also in signing this agreement, I give consent for my child to participate in all school programs unless I notify the administration in writing otherwise. I understand the school will keep me informed of field trips and school activities well in advance. I also agree not to bring my child to school if full payment of my balance has not been made by the 25th day of the month.

<b>Student Name:</b>	
<b>Parent/Guardian #1 (signature)</b>	Date
<b>Parent/Guardian #2 (signature)</b>	Date

**Returning students only need to fill out if the information we have on file NEEDS TO BE UPDATED OR CHANGED.**

**Medical History**

**Student Information**

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Entering Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

**Medical Information**

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preferred in case parent or doctor can't be reached: \_\_\_\_\_

Medications: \_\_\_\_\_ Specific Allergies (**Including Food**): \_\_\_\_\_

Explain in detail any health considerations: \_\_\_\_\_

**Student Release Information**

**Persons who are authorized to pick up your child from school:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Person who will care for the child in case parent cannot be reached (if different from above)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

*If your child has a chronic medical condition or a condition that might lead to a potential medical emergency, please make an appointment to see the school nurse BEFORE your child enters school.*

**Signature of Parent / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_