

PERSON RESPONSIBLE FOR PAYMENT OF TUITION:

Name: _____

Mailing Address: _____

(if different from address listed above)

Please indicate how tuition and fees will be paid: (check one)

- Cash/Check annually
- Cash/Check per semester
- Cash/Check monthly installments
- Step Up For Students or AAA Scholarship (return award letter with application)
- WCA Financial Aid Agreement (return with application)

PARENTS' STATEMENT OF COOPERATION:

Since the fees do not cover the actual cost of educating our children we recognize that our participation is needed in order to properly share in their training.

We recognize that our child's initial acceptance as a student and re-enrollment each school year is not automatic. We will complete a student application and attend pre-acceptance meeting(s) with the school principal before our child is accepted to Windsor Christian Academy. We also agree to complete a re-enrollment form each year we plan to continue our child's education with Windsor Christian Academy no later than the last day of school of the previous year in order to reserve our child's place at Windsor Christian Academy the following year.

In fully cooperating with the school, we will attend the Parent-Teacher meetings, Parent-Teacher conferences, and Awards Ceremony. We sincerely pledge our loyalty to the aims and ideals of Windsor Christian Academy, and will bring any and all questions and criticisms directly to the administration so they may be properly considered by those in authority.

The teachers and administration are hereby given full discretion in the discipline of our children, short of corporal punishment. This may include (but not be limited to) suspension, and even expulsion on an administrative level. On the classroom level this may include (but not be limited to) writing exercises, standing in the corner, isolation from the class, and detention.

We understand that the school reserves the right to dismiss any student who does not cooperate with the educational process. If a student is dismissed for any reason, the tuition will be prorated based on the number of days the student has been enrolled in the school.

We give permission for our child to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to us or our child because of any injury to our child at school or during any school activity. In case of accident or serious illness, we request the school to call our physician and to follow instructions given if we cannot be reached. If it is impossible to contact this physician, the school may make whatever arrangements that seem necessary.

We give permission for photos of our child participating in school activities to appear in school promotional materials such as brochures, fliers, mailers, websites, and social media sites.

If we cannot pay all of our tuition, and must make use of the school's Scholarship Fund, we recognize that some people are sacrificing a great deal to donate to the fund. We commit ourselves to equal sacrifice in order to guarantee quality Christian education for our child.

NOTE CAREFULLY:

In completing this application, I affirm that I have read the Student Handbook and agree to live up to the Statement of Cooperation in the Student Handbook to the best of my ability. I agree to make all tuition and fees payments within 30 days of each monthly invoice, or to sign distributions from a scholarship funding organization over to the school within 30 days of each distribution. Windsor Christian Academy reserves the right to require any account to be brought current for a student to continue to attend classes. **If this re-enrollment application and all needed documents including custody documents, health documents, scholarship award letter or financial aid application are returned to the school office before the last day of school of the current school year, the required \$50 per family registration fee will be waived. The registration fee must be included with this application if it is returned after the last day of school.**

Father's Signature

___ / ___ / ___
Date

Mother's Signature

___ / ___ / ___
Date

WINDSOR CHRISTIAN ACADEMY

EMERGENCY CONTACT PROCEDURE AND AUTHORIZATION FORM

In the event of serious injury or illness, the school will take the following steps:

- 1) Administer first-aid treatment
- 2) Telephone the child's parents for instructions.
- 3) Telephone the child's doctor for instructions. In the event the child's doctor cannot be reached, the school will call the emergency care unit.
- 4) Complete an accident report for the office.

Student's Doctor: _____ Phone: _____

Parents' Contact Information:

Home Phone: _____ Dad Cell Phone: _____

Mom Cell Phone: _____ Dad Work Phone: _____

Mom Work Phone: _____

Responsible person to contact if parents cannot be reached:

Name: _____ Relationship to Student: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Student: _____ Birth Date: ____/____/____

I hereby give my expressed consent and permission to Windsor Christian Academy, 918 SE County Road 234, Gainesville, FL 32641, to administer first-aid treatment to my child. I further authorize the school to arrange for professional emergency hospital, medical, or surgical treatment in the event my child suffers injury or illness while at school or on any school activity. I agree to be financially responsible for all hospital and professional medical and surgical treatment rendered to my child. This authorization is to take effect upon the first day my child begins school. The school may reproduce this form for special field trips or activities during the school term.

Father's Signature

____/____/____
Date

Mother's Signature

____/____/____
Date

WINDSOR CHRISTIAN ACADEMY

MEDICAL INFORMATION

Is student currently taking medication on a regular basis? If yes, please specify in the box below.

PRESCRIPTION (Medication prescribed by a physician)

Diagnosis/Condition	Medication	Dosage	Frequency

NON-PRESCRIPTION (over-the-counter medication)

Condition	Medication	Dosage	Frequency

Please refer to the school handbook for medication policy. Medication forms are available in the office.

Does your child have allergies? _____ If yes, please specify _____

Does your child have asthma? _____ If yes, what is the current treatment _____

I, _____, acknowledge that I have completed the
(Print First and Last Name)
application, student enrollment and medical information forms to the best of my knowledge. If
any information changes, I will notify the school office in writing as soon as possible.

Parent/Guardian Signature _____ Date: ____/____/____