

# Wilson Christian Academy

1820 Airport Blvd.  
Wilson, North Carolina 27893  
**252-237-8064**  
[www.wilsonchristian.com](http://www.wilsonchristian.com)

Payment Plan  
10 month \_\_\_\_\_  
12 month \_\_\_\_\_

## APPLICATION FOR KINDERGARTEN

### GENERAL INFORMATION

Name of Student			Goes By
Last Name	First Name	Middle Name	
Social Security #	Sex	Age	Date of Birth
To enter Kindergarten 5 for school year 20__-20__			

### FAMILY

Student lives with		
Last Name	First name of father or person having paternal authority	First name of mother or person having maternal authority
Address _____ Street, Post Office Box, Apartment, Rural Route		
City	State	Zip code
Email Address _____		Home Telephone _____

### Siblings (brothers and sisters)

NAMES	AGE	GRADE

### Place of Employment

Father	Phone	Cell
Mother	Phone	Cell

### Emergency Contacts

Name	Relationship	Phone	Cell

## PERSONAL

Why do you desire to send the child to WCA?
Are there any unusual factors in the child's life that the school should be aware of? (for example: absence of father or mother, invalid parent, in-laws in the home, divorces, adoptions, accidents, or other family circumstances, etc.)

## RELIGIOUS

Name of church attended				
Street address				
City	State	Zip	Phone	
Denomination or affiliation			Pastor	
How often does the family attend church and Sunday School / Are family members saved? (i.e. had a conversion experience of accepting the Lord Jesus Christ as personal savior?)				
Father	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> All Services / <input type="checkbox"/> Saved
Mother	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> All Services / <input type="checkbox"/> Saved

## MEDICAL

Name of child's doctor	Office phone
Office address	City
Name of child's dentist	Office phone
Office address	City
Hospital preference	
Known allergies?	

## PHYSICAL

To the best of your knowledge, is the student limited in any of the following areas to the extent that such limitation would affect his/her ability to learn or perform satisfactorily in school? For any YES answers, please explain in the space provided.

### Visual:

Does the student have any visual impairment?

Does the student wear glasses or contacts lens?

Are glasses needed for reading?

### Auditory:

Is the student deaf or hard of hearing?

Does the student wear a hearing aid or other hearing related device?

### Speech:

Does the student have any physical speech impediment or difficulty?

Does he have difficulty in expressing himself/herself?

Has the student ever received correctional speech therapy?

### Other:

Any other known special needs?

Has the student been tested, counseled, or treated by a professional counselor, psychologist, therapist, or psychiatrist?  YES  NO

Give details:

Has the student ever taken prescribed medication (Ritalin, Valium, Lithium, etc.) for altering emotions, moods, or behavior?  YES  NO

List medication:

# WILSON CHRISTIAN ACADEMY

## PARENT(S) STATEMENT OF COOPERATION

Please read carefully the following statements. The full signature of both parents is required below.

- We understand that **Wilson Christian Academy** will make the decision: 1) to accept or reject this application as a student; 2) to determine the student's classroom and/or grade placement; and 3) to suspend or expel the student for any scholastic or disciplinary problem or lack of proper payments on accounts.
- We give **Wilson Christian Academy** permission for my child to take part in all school activities, including bus trips, sports activities, and school sponsored trips away from the school premises.
- We agree to make every effort to attend the Parent-Teacher Conference as scheduled on the school calendar.
- We authorize **Wilson Christian Academy** to use the service of a physician and other medical personnel in any case of emergency involving my children.
- We give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. When all methods of discipline fail, or the offense merits it, the parental administration of corporal discipline may be requested.
- We agree that our child will adhere to the Student Dress Standards.
- We have read and do understand the school's Statement of Faith and we understand that this Statement of Faith is the foundation of the school's curricula and policies. We desire that our child be taught these principles. Realizing that the school does teach the importance of families being active in church, we further intend to see that our family is regular in church attendance.
- This Statement of Cooperation will be in effect for as long as our children listed (or others to be enrolled) attend **Wilson Christian Academy** whether it be in the day care, kindergarten, elementary, or junior-senior high school.
- We are pledging that if, for any reason, our child does not respond favorably to the school, we will not try to change the school to fit his needs, but will quietly withdraw him.
- We are pledging our loyal support to the school through prayer for its program and supporting the procedures and disciplines of the school in fact and in spirit.
- We further agree to hold the school and its agents harmless for any liability to our child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to our child. Should legal action, for any reason be taken against **Wilson Christian Academy**, or any employee or agent thereof, on our child's behalf and the school or its agents not be found at fault, we agree to pay any attorney fees, court fees, damages or other costs that **Wilson Christian Academy** or its agents should incur to defend itself against such action.

We have read the Parent-Student Handbook and Statement of Cooperation, with full understanding, and agree to abide by the purpose and policies of **Wilson Christian Academy** and do hereby request that our child be accepted as a student. In consideration of **Wilson Christian Academy** accepting our child as a student, we agree that we will accept full financial responsibility for our child's tuition and fees and will pay them on time. It is also our understanding that the policy of the school is to make no refunds on ENROLLMENT FEES or BOOKS.

*Signature of both parents required:*

Mother \_\_\_\_\_ Date \_\_\_\_\_ Father \_\_\_\_\_ Date \_\_\_\_\_

*Wilson Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan program, and athletic and other school administered programs.*