

# Wheatland Salem Christian Academy

## 2017-2018 Registration Form

Updated 10/7/2016

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex \_\_\_\_\_  
 Home Phone \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 9/1/17 \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Subdivision -and- School District \_\_\_\_\_ Wheatland Salem Church member: Y N

**\*\*\*DCFS requires 1<sup>st</sup> year students to present a Birth Certificate at the time of registration.**

Per the U.S. Department of Education and Illinois State Board of Education requirements please answer the following 2-part question.

Is your child's ethnicity Hispanic or Latino?      No, not Hispanic/Latino      Yes, Hispanic/Latino  
 Your child's race: (choose one or more, regardless of ethnicity status selected above):      American Indian/Alaska Native  
                          Asian      Black/African American      Native Hawaiian/Other Pacific Islander      White

Mother/Guardian \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ Business Name \_\_\_\_\_ Phone \_\_\_\_\_  
 City/State \_\_\_\_\_ Business Address \_\_\_\_\_ Hours \_\_\_\_\_  
 Father/Guardian \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ Business Name \_\_\_\_\_ Phone \_\_\_\_\_  
 City/State \_\_\_\_\_ Business Address \_\_\_\_\_ Hours \_\_\_\_\_

Siblings (name, birth date, sex) \_\_\_\_\_  
 Other Adults Living With the Child \_\_\_\_\_

Emergency Contacts: Parents/guardians are always called first, please provide 2 additional contacts for emergency pick-up.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ h / c  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ h / c  
 Address \_\_\_\_\_ City \_\_\_\_\_

Persons **NOT permitted** to pick-up your child \_\_\_\_\_

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any of the following restrictions:      Medical: Y N      Dietary: Y N      Play: Y N

If "yes" please describe/explain restriction: \_\_\_\_\_

Allergies: Food: \_\_\_\_\_ Other: \_\_\_\_\_ Epi-pen: Y N

**Before 3 Classes**

\_\_\_ TThF 9-11:30  
 \_\_\_ TTh 9-11:30

**3 Year Old Classes**

\_\_\_ MWF 9-2:00      \_\_\_ M-Th 9-11:30  
 \_\_\_ TTh(F) 9-2:00      \_\_\_ MWF 9-11:30  
                          \_\_\_ TThF 9-11:30  
                          \_\_\_ TTh 9-11:30

**4 Year Old Classes**

\_\_\_ M-F 9-2:00      \_\_\_ M-Th 9-11:30  
 \_\_\_ M-Th 9-2:00      \_\_\_ MWF 9-11:30  
 \_\_\_ MWF 9-2:00      \_\_\_ TThF 9-11:30  
 \_\_\_ TThF 9-2:00

**Kindergarten**

\_\_\_ M-F 9-2:00

**Plus Program**

Before School Y / N      After School Y / N

**For Office Use**

Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ( P or N )      Fees Paid: Reg. Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_ Waitlist \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the staff of Wheatland Salem Christian Academy to give consent for any necessary care for my child, \_\_\_\_\_, while he/she is in their care and the parent or guardian cannot be reached. I also agree to pay all of the costs and fees of any emergency medical treatment for my child as secured and authorized under this consent.

1. I understand the tuition policies, including the following:
  - There are no tuition refunds any time after July 1, 2017; there is no prorated tuition for early withdrawals.
  - Early withdrawals require a written thirty days advance notice in order to apply the prepaid tuition to the final month attending.
2. I understand changes of session choices must be made in writing (this does not pertain to the waitlist created by unavailability of 1<sup>st</sup> session choice).
3. I understand that this is a Christian School with religious emphasis as part of the activities.
4. I understand that Wheatland Salem is not responsible for my child until he/she has been placed in the personal care of a teacher or after the child has been personally placed into the hands of the person picking up the child from the school. At those times it is the responsibility of the parent or guardian.
5. Permission is given for a qualified member of the staff to administer first aid to my child should he/she becomes ill or injured.
6. Permission is given for pictures of my child to be taken for classroom and building use, brochures\*, WSCA website\* and other forms of communications\*. (\*no names will be used)
7. I have the minimum automobile insurance as required by the State of Illinois when I drive on field trips. I will always have all children ride in the rear seats.
8. I understand that all children will be photographed by a qualified school portrait company each fall. I agree to return any non-purchased finished portraits I may receive along with payment for any portraits I wish to keep. In the event I do not return the non-purchased portraits, I give my permission to Wheatland Salem to provide my address to the portrait company for billing purposes only.
9. I understand that offering a vision/hearing screening to my child is required by the State of Illinois, and that I am responsible for the fee for the screenings.
10. I have read, understand, and agree to the Wheatland Salem Christian Academy 2017 – 2018 Policies and Program Information concerning the care of my child including but not limited to discipline, late fees, pest control and radon management.

Date \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_

### CHILD'S DEVELOPMENTAL HISTORY

Age Began: Talking \_\_\_\_\_ Walking \_\_\_\_\_

Speech concerns: Yes / No If yes, please explain: \_\_\_\_\_

Developmental concerns: Yes / No If yes, please explain: \_\_\_\_\_

Previous assessments or screenings? Yes / No If yes, please explain: \_\_\_\_\_

If your child has had previous classroom experience, please list where: \_\_\_\_\_

How did you hear about Wheatland Salem Christian Academy? \_\_\_\_\_

List your child's favorite activities: \_\_\_\_\_

Describe your child's temperament: \_\_\_\_\_

Other important information you would like us to know about your child: \_\_\_\_\_

I / We, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_, hereby certify  
Please Print Parent/Guardian Name(s) Child's Name

that I/we have received a copy of Summary of Licensing Standards and other materials published by the Illinois Department of

Children and Family Services: \_\_\_\_\_  
Signature(s) of Parent/Guardian Date