

Family Enrollment Form 2015-2016



**Webster
Christian
School**

Grades Pre-K through Grade 12

A Ministry of Webster Bible Church

- Re-Enrollment**
 New Enrollment
 Re-Enrollment and Adding New Student

(New students must have New Student Application approved with an acceptance of admission).

Parent/Guardian Profile

(Dr./Mr./Rev./Mrs./Ms./Miss) Last _____ First _____

- Married Single Divorced/Separated* Widowed Re-married*

Work Phone _____

Cell Phone _____

Relationship to Student(s): Father Mother If not father and mother, legal guardian? Yes No

Spouse Name

Last _____ First _____

Work Phone _____ Cell Phone _____

Home Address/Phone

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Publish Number in Directory? Yes No

Family Email Address _____ FAX (if applicable) _____

*If divorced, separated, or remarried, include child's other biological parent's name and address if they would like to receive newsletters, report cards, and other mailings from WCS.

Name _____

Street Address _____ City _____ State _____ Zip _____

Church Information (if applicable)

Church Affiliation _____ Pastor _____ Phone # _____

School Information

Student(s) Public School District _____

FOR SCHOOL OFFICE USE ONLY

Date Completed Form Received: _____

___ \$175 Enrollment/Re-Enrollment Fee (Max \$375 per Family)

___ Financial Agreement

___ Health History Form Sent from Health Office

FOR BUSINESS OFFICE USE ONLY

___ Financial Aid Application Received

___ Financial Aid Granted Tuition Rate Given: _____

Complete the Following Checklist for Each Student

Requirements Submitting:	Student Name Grade Entering Birthdate	Student Name Grade Entering Birthdate	Student Name Grade Entering Birthdate	Student Name Grade Entering Birthdate	Student Name Grade Entering Birthdate
Enter student's name, grade entering, and birthdate in this row.					
Please List any Medical Conditions, Allergies, Medications, Behavioral Concerns (Note: The Health Office will send the required health forms separately with more specific information required).					
Letter/Statement of Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Non-Refundable</u> Enrollment/Re-Enrollment Fee(s): \$175 per student/max of \$375 per family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check this box if you would like to receive 48-hour prior notification of pesticide applications that are scheduled to occur at WCS. Please see attached form for specifics regarding pesticide application.

Emergency Information

Emergency Contacts (Information Needed if Parents are not Available)

1. Name _____

Address _____

Phone _____

2. Name _____

Address _____

Phone _____

Family Physician _____

Phone _____

Is permission granted to take the child(ren) to the hospital if needed? Yes No

Hospital Preference: _____

Financial Agreement

Please complete the financial responsibility information below:

I/we agree to be responsible for making timely tuition payments according to the Parent and Student Handbook.

Please email invoices to the following email address: _____

Please mail invoices to my home address.

Payment Plan Choice:

I/we will remit a monthly payment by the **first** day of every month (regardless of payment method).

I plan to pay the tuition in full by April 15, 2015 and receive a 5% discount.

I understand that I will be charged a 3% fee per transaction if paying by credit card.
(Please be advised that all credit card payments will be remitted through the finance office).

I may qualify for tuition assistance and will be contacting the business office.

Contact: Lynne Cymbal

Email: Lynne@webstercs.org

Phone: (585) 872-5150 ext. 253

I/we have read the Financial Policy in the Parent and Student Handbook and I/we agree to pay all tuition and fees assessed and understand the consequences if they are unpaid (per the Parent and Student Handbook).

Parent/Guardian Signature (If married, both must sign):

Father _____ **Date** _____

Mother _____ **Date** _____

Private Transportation Permission

Please complete the following to provide information regarding your child's transportation arrangements to and from school.

NOTE: This is an informational form only to ensure the safety of your child(ren). **This does not replace your need to request bussing from your public school district by April 1 of every year.**

My child(ren) will be using public school bus transportation every day.

Public school bussing information:

School district providing bussing to school: _____

School district providing bussing from school: _____

My child will be transported by private vehicle every day.

Private transportation information and permission:

My child(ren) will be transported by:

Mornings (Name of person providing transportation): _____

Afternoons (Name of person providing transportation): _____

***I give my permission for the following people to transport my child(ren) to and from Webster Christian School as needed:**

Name: _____ **Name:** _____

Name: _____ **Name:** _____

*Please refer to the Parent and Student Handbook for the policy on student drivers and drivers other than those listed on this form.

Statement of Support

By submitting this application you, as a parent, understand and agree to support, uphold, and abide by the policies stated in the Webster Christian School Parent and Student Handbook and the commitments listed below.

1. We pledge our fullest cooperation to keep doctrinal controversy out of the school at all times.
2. We will abide with the school's Doctrinal Statement (see Parent and Student Handbook available at webstercs.org).
3. We will read and abide by the Parent and Student Handbook (available at webstercs.org).
4. We invest authority in the school to assist us in disciplining our child as necessary.
5. We further agree that we will cooperate and discipline our child in the home as needed.
6. We agree that if any problem should arise concerning our child, we will address concerns with the teacher or administrator.
7. We understand that assessments will be made to cover damage to school property, including breakage of windows, abuse of equipment, etc.
8. We know of no permanent physical disability that would prohibit the applicant's participation in physical education classes. If a physical problem exists, please attach a note of explanation. We understand that our child is required to have a physical examination prior to school entrance and that this examination will be within 12 months of the application.
9. 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 Webster Christian School from any liability of injuries to our child due to these activities.
10. We agree to pay the tuition according to Financial Agreement (in enrollment form) and to make all required payments on time. We understand that we are subject to the consequences that come from having a delinquent account (please see Parent/Student Handbook) and that report cards and transcripts will not be released until our account is paid in full.
11. We agree to be responsible for a minimum of three months of tuition costs (based on ten payments per school year) for any withdrawal of a student after enrollment has been guaranteed. I further understand that this amount is a non-refundable tuition fee.

12. We agree to have any picture or likeness of our child(ren) used in any video, brochure, newsletter, web site, etc., that Webster Christian School produces and publishes and/or uses in the work promoting and operating of Webster Christian School.

_____ Father's Signature	_____ Date
_____ Mother's Signature	_____ Date
_____ Guardian's Signature	_____ Date
_____ Guardian's Signature	_____ Date

NOTE: If your child is in the custody of one parent or guardian, please indicate. Webster Christian School will exclusively deal with the custodial parent or guardian indicated on this application unless other arrangements are made. WCS requires submission of legal custodial and guardianship documentation.

Please return or mail this completed form with the non-refundable enrollment/re-enrollment fee(s) to the school office. The information will not be processed until the form is complete and the fee has been paid.