



Whole Life Christian Ministries
2621 Washington Road
Augusta, GA 30904

Early Childhood Development Program
Registration Form 2018-2019
706-737-4530

Child's Name		Name child goes by		Gender
Date of Birth		Age Child will be on September 1		Grade
Parents/Guardians			Home Phone	
Address		City, State, Zip		County
Father's Occupation		Work #		Cell #
Mother's Occupation		Work#		Cell #

Additional Information (allergies, special needs)

Are you a member of Whole Life Ministries? Yes No

Name of Church you Attend?

Class		Number Days Per Week	Days of Week And Times	Check Class	Monthly Tuition	Registration Fee
Two Year Old	2 on or before 9/1/18	3 days/week	M, W, F 8:30am-12:30pm		\$175.00	\$175.00
		5 days/week	M-F 8:30am-12:30pm		\$205.00	\$205.00
Three Year Old Half Day	3 on or before 9/1/18	5 days/week	M-F 8:30am-12:30pm		\$205.00	\$205.00
Three Year Old Full Day	3 on or before 9/1/18	5 days/week	M-F 8:30am -3:00pm		\$275.00	\$275.00
Four Year Old Half Day	4 on or before 9/1/18	5 days/week	M-F 8:30am-12:30pm		\$205.00	\$205.00
Four Year Old	4 on or before 9/1/18	5/days/week	M-F 8:30am -3:00pm		\$275.00	\$275.00

In order to reserve a spot for your child, a Registration fee is required at enrollment. This fee is non-refundable unless you move from the CSRA and notify us in writing before August 1, 2018. *This is a registration fee and is NOT tuition for August*. Tuition for August is due when school begins. Tuition will be the same amount for each month of the school year, August through May (10 months). There are no adjustments for absences, snow days or family vacations. In general, holidays follow the Richmond County School Calendar and will be announced at the beginning of school.

I understand the above and sign _____ Date _____

For Office staff to complete:

Registration Fee paid: Yes No Amount _____ Check# _____ Cash _____ Credit _____
Taken by _____ Date _____

Early Childhood Development
2621 Washington Road
Augusta, GA 30904
706-737-4530

Student and Family Information Sheet

Student's Name: _____ Preferred Name: _____
Last First Middle

Date of Birth _____ Social Security # _____

Student's Gender _____ Student's Age on September 1 _____

List ALLERGIES student has _____

Reaction to allergies? _____

Does the allergy require an Epipen? Yes No

Is child currently taking medications? Yes No Name of Medications: _____

Is the student potty trained/ or currently training? Yes No

Do they have health issues we need to know about such as: glasses, leg braces, special shoes, etc?

Does the student have any physical/developmental special needs? _____

Has the student been tested for a learning disability and/or attention deficit disorder? Yes No

Has the student ever had any serious discipline problems? Yes No

Suspended or expelled from school? Yes No

Other languages they speak or understand? _____

Name(s) of Parents/Guardians _____

Who has legal custody? _____

Student lives with Father Mother Stepfather Stepmother Other _____

Check any that apply: Father is deceased Parents are divorced

Mother is deceased Parents are separated

Mother's Cell # _____ Mother's Work # _____

Mother's DOB _____ Mother's Email _____ Willing to receive texts: Y/N

Father's Cell # _____ Father's Work # _____ Father's

DOB _____ Father's Email _____ Willing to receive texts: Y/N

Person Responsible for Billing: _____ Phone # _____

Billing Address: _____ City _____ State _____ Zip _____

Emergency Contact Numbers and Authorized Pickup:

Name: _____ Relationship _____ DOB _____

Street Address _____ City _____ State _____ Zip Code _____

Authorized to pick up your Child: Yes No Phone: _____ Cell: _____

Name: _____ Relationship _____ DOB _____

Street Address _____ City _____ State _____ Zip Code _____

Authorized to pick up your Child: Yes No Phone: _____ Cell: _____

Name: _____ Relationship _____ DOB _____

Street Address _____ City _____ State _____ Zip Code _____

Authorized to pick up your Child: Yes No Phone: _____ Cell: _____

List below those your child would consider his/her family members (siblings, grandparents, pets): Include names and ages

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Parent Perspective

Recognizing that parents have a unique perspective of their children, please share the three most important things you want the Early Childhood Development Program to know about your child.

1. _____

2. _____

3. _____

Are you a member of Whole Life Ministries? (Circle one.) Yes No

If not, name of church you do attend? _____ City, State _____

How did you hear about the school? _____

Previous School/Day care Attended _____

City _____ State _____

State briefly why you have decided to enroll your student at the Early Child Development Program at Whole Life Ministries:

Activity Permissions

I, (we) agree to allow _____ (child's name) to participate in all school activities including school-sponsored trips away from school premises, and I absolve the school from liability to me or my child because of injury at school or during any school activity. I further authorize the school to secure necessary emergency medical attention for my child in the event of an injury at school or on a school-sponsored trip away from the school premises where parents cannot be contacted.

Signature of Parent or Legal Guardian

Date

Illness

In case of serious illness or injury at school, whom shall we call if you cannot be reached? (*A relative or friend*)

First Choice

Name _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Second Choice

Name _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Parent's Signature _____ Date: _____

Statements of Service

- *The Early Childhood Development Program is not equipped or staffed to effectively teach children with special learning needs, behavioral, mental or emotional disabilities. Students with previous discipline records cannot be accepted into ECD.*
- *The Early Childhood Development Program 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.*

Signature of Parent or Legal Guardian

Date

Permission to Use Student Image and Work

The Early Childhood Development Program periodically publishes student images (e.g. photographs and video) and student work (written and artistic) in school documents, the school newsletter, and advertising material and on the website. The purpose of this 'permission slip' is to preserve the security and anonymity of individual children while allowing the ECD publications to show the face and character of the school.

____ (*please initial*) I give permission for the use of my child's image and work in school brochures, website and other promotional publications. I understand that identifiers, if any, associated with my child's image or work will not include first or last names.

____ (*please initial*) I give permission for the use of my family's name, address and phone numbers in school directories.

Signature of Parent or Legal Guardian

Date

Permissions will be valid during the school year (s) my child is enrolled at the Early Childhood Development Program.

Medical Release

In the event of an emergency and my child, _____ is injured at the Early Childhood Development Program and no family member or authorized contact can be reached the Director or a Church Staff member has my permission to contact my family physician/pediatrician and to seek medical treatment at the nearest Medical Clinic or Hospital.

I further consent to medical, surgical and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

I give permission for my child to be transported by ambulance, aid car, or staff car to an emergency center for treatment. I agree to pay all transportation costs.

Physician's Name _____ Phone _____

Physician's Address _____

Preferred Hospital _____

Medical Insurance: Name of Company _____ Policy # _____

Signature of Person Responsible for Payment

Date

Non-Prescription Medication

I hereby authorize the Early Childhood Development Program to use the following products on my child according to manufacturer or physician's written instructions. I will not hold the Early Childhood Development Program liable for any allergic reactions or other symptoms when the products are used in accordance with these terms.

Baby Wipes, Baby Lotion, Diaper Ointments, First Aid Ointments, Vaseline, Sunscreen, Insect Repellent,

Benadryl, Acetaminophen, Ibuprofen

Cannot take the following: _____

Signature of Parent or Legal Guardian

Date

Ongoing administration of medications requires you to fill out a "Medication Release Form" for each incident.

Children with Asthma or breathing problems requiring inhalers must have an "Asthma Action Plan" on file.

Family Commitment

We commit to the following:

1. We accept God's responsibility to train up our child in the way that he should go. (Prov. 22.6) We do affirm that this training is carried on in the home.
2. We have examined the Statement of Faith and agree with the purpose of the Early Childhood Development Program and desire the school to work with us in the total education of our children.
3. We pledge loyalty to the goals and standards of the Early Childhood Development Program and will bring any criticism directly to the persons involved according to Matthew 18:15-17.
4. We pledge to avoid discussion of school related issues with those not involved, so as to avert a spirit of strife and division at either our child's expense or the school's.
5. The teachers and administration are given full discretion in the discipline of our children, within the guidelines stated in the Parent/Student Handbook.
6. The Early Childhood Development Program reserves the right to dismiss, suspend or otherwise discipline any student who does not adhere to the standards in the Parent/Student Handbook.
7. We understand that the Early Childhood Development Program is a nonprofit ministry. We will commit to uphold the Early Childhood Development Program in prayer.
8. We understand that we have an unconditional financial obligation to pay the entire year's tuition, that all fees are non-refundable and that delinquent payment could result in our child being dismissed from the school.
9. We understand that failure to comply with any item listed herein could result in withdrawal of my children from the Early Childhood Development Program.

We have read the Family Commitment carefully and hereby agree to the above terms.

Signature of Father or Guardian Date

Signature of Mother or Guardian Date

Child's Name: _____

Early Childhood Development Program Statement of Faith

WE believe the Bible is the inspired and only infallible and authoritative written Word of God.

WE believe there is only one true God, Jehovah, eternally existent in three persons, God the Father, God the Son and God the Holy Spirit.

- In the deity of our Lord Jesus Christ
- In His virgin birth and sinless life
- In His miracles
- In His vicarious and atoning death on the cross
- In His bodily resurrection
- In His ascension to the right hand of the Father
- In the Blessed Hope – the rapture of the church at Christ's coming
- In His personal return to this earth in power and glory to rule a thousand years

WE believe man is a created being, made in the likeness and image of God, but through Adam's transgression and fall, sin came into the world.

WE believe new birth is necessary for all men and when fulfilled produces eternal life.

WE believe the first step to eternal life with the Godhead is godly sorrow that leads to repentance.

WE believe in water baptism by immersion and is a direct commandment of our Lord and is for believers only.

WE believe in baptism in the Holy Spirit, with the evidence of speaking with other tongues, according to Acts 2:4.

WE believe in the sanctifying power of the Holy Spirit by who's indwelling the Christian is enabled to live a holy life.

WE believe marriage is defined by God as one man and one woman who are united in holy matrimony for the purpose of furthering the Kingdom of God and reflecting the unit of the Godhead.

WE believe in divine healing for the human body and is wrought by the power of God through the prayer of faith and the laying on of hands.

WE believe in the resurrection of the saved and the lost at the final judgment, the one to everlasting life and the other to eternal damnation.

We have read the Statement of Faith for Whole Life Ministries, Incorporated and we understand that they are part of the curriculum and taught to students who attend Whole Life Christian Academy. By signing below, we acknowledge that the statement of faith will be taught to our child, and we hereby give our consent.

Signature of Father or Guardian Date

Signature of Mother or Guardian Date

Early Childhood Development Program

Student Name: _____ Grade: _____

TUITION CONTRACT

Student Name: _____ Grade: _____

School Year 2018-2019

Date Received: _____

Tuition Payment Policy

- Accounts are billed on the 20th of the month for the following month.
- Monthly payments are due and payable on the 1st of each month. Tuition is past due if it has not been received by the 5th calendar day. A non-refundable late fee will be added after the 5th of the month.
- All accounts must be paid monthly. Account balances will not be carried over.
- Academy students will not be allowed to attend class if tuition becomes past due by more than 30 days.
- Failure to pay tuition is reason for immediate dismissal from our program.
- A fee of \$25.00 will be charged to your account for returned checks or drafts made payable to WLM.
- Accounts must be up to date to re-enroll for the next school year.
- A deposit of \$50 is due upon registering each child. Registration fees are non-refundable and are due at registration.
- All records, books and supplies or other school information will be retained by the school until all financial obligations are met in full.
- Due to general expenses and staff commitments, no reduction can be made in tuition due to absenteeism, school closings due to inclement weather, scheduled days closed for holidays, teacher workdays, family vacations, etc.
- Lunch fees and any other fees or services, has a separate charge and is not included in your tuition payment.
- Reasonable attempts to collect balances will be made. If these attempts fail, or if there is an apparent attempt to defraud WLM, collection attempts will be handled by appropriate legal representation.

Methods of Payment are as follows: *(Please check plan)*

____ **Plan 1 – Monthly Payments** – This plan allows budgeting of school tuition over ten months, beginning the first day of school and ending May 1, 2019. By choosing this plan, you will authorize your bank to allow automatic monthly withdrawals from your checking account each month. You will be required to complete our electronic debiting authorization form which we will use to draft your monthly payment. Your account will be drafted on the 5th of the month or the following Monday if the 5th lands on a Saturday or Sunday. At no time does WLM or any party have knowledge of your bank account balance.

____ **Plan 2 – Semi-Annual payments** to WLM - 50% of the entire year’s tuition is due on July 31, 2018 and the remaining 50% is due by January 5, 2019. If you choose the two payment plan, you will receive a 5% discount on tuition. Discount does not apply to registration fees. If payment is not received by July 31, 2018 and January 5, 2019, discount will be forfeited.

____ **Plan 3 – Annual payment** to WLM for the entire year’s tuition is due by July 31, 2018, with a 10% discount. Discount does not apply to registration fees. If payment is not received by July 31, 2018, the discount will be forfeited.

I (we) have selected the checked tuition payment plan. I, (we), the undersigned parent(s) or legal guardian(s) of the minor named below, do hereby agree to the WLM Tuition Policy and thus intend to comply with the same. I (we), accept responsibility for the payment of the account for monies due to Whole Life Christian Academy for tuition or other monies owed for the instruction and care of the named minor while enrolled as a student at Whole Life Christian Academy.

Further, it is understood that I (we) are contracting for the school year 2018-2019 and are responsible for tuition for the entire year. It is understood that failure to pay fees according to the payment plan selected at time of enrollment could result in termination of the above named minor from Whole Life Christian Academy.

Parent(s) and/or legal guardian(s) responsible for payment must sign this document.

Signature of Parent or (Legal guardian 1) _____	Date _____
Printed Name of Parent (Legal guardian 1) _____	Email: _____
Parent or (Legal Guardian 1) Daytime # _____	Cell # _____
Signature of Parent or (Legal guardian 2) _____	Date _____
Printed Name of Parent (Legal guardian 2) _____	Email: _____
Parent or (Legal Guardian 2) Daytime # _____	Cell # _____