

Date: _____

Bus Rider? ☐ Yes ☐ No

What campus does your student attend?

Note: ☐ Please check here if you have already completed an application with the Academy. If so, simply fill in your student's name below, then read and sign the back of this application.

COST

AFTER-SCHOOL CARE

PreK-12th Grade

Weekly Fee Per Student: \$50

APPROVED PICK-UP

List those who have permission to pick up your child (other than a parent):

Name _____ Cell Phone _____

Name _____ Cell Phone _____

Name _____ Cell Phone _____

STUDENT INFORMATION

Student Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Age: _____ Sex: _____ Birthdate: ____ / ____ / ____ Grade: _____

Anything we need to be aware of?

FAMILY INFORMATION

Father's Name: _____

Cell Phone: _____

Email Address: _____

Mother's Name: _____

Cell Phone: _____

Email Address: _____

Emergency Telephone Number (other than those listed above):

MEDICAL INFORMATION

Family Physician: _____

Phone: _____

Does the student have any physical disabilities, medical conditions, or allergies?

☐ Yes ☐ No

If yes, please explain:



I pledge to pay my financial obligations to the school by the due date and understand that the school may need to withdraw my student if I do not make proper arrangements for a past-due account. The bill is due every Monday. If the bill is more than a week past due, your child will not be able to attend until the bill is paid.

I appreciate the school's standards and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to school personnel. I agree to support all school regulations on behalf of the applicant and authorize this school to employ discipline as it deems wise and expedient for my student's training.

I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

Father's Signature

Date

Mother's Signature

Date

AFTER-SCHOOL APPLICATION



WOODLAND HILLS CHRISTIAN ACADEMY

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