



Websterville Christian Academy

Distinctively Different by God's Design

P.O. Box 1, 143 Church Hill Rd. Websterville, Vt. 05678 · (802)-479-0141

STEP 1 (PARENT/GUARDIAN'S INFORMATION)

Parent/Guardian's name: _____

Mailing Address: _____

Phone #: _____ Email: _____

Parent/Guardian's name: _____

Mailing Address (if different from above): _____

Phone #: _____ Email: _____

- If parents/guardians are separated or divorced, please indicate with whom the student(s) live with:

Please list the church you now attend: _____

Please list your reason for selecting WCA: _____

STEP 2 (ADDITIONAL CONTACT INFORMATION)

List the names & relationship of others authorized to pick up your student: *Person authorized to pick up student(s) must present photo identification upon their arrival. WCA staff (according to CBCCPP regulations) must release student(s) to either parent unless there is a court order in the student's enrollment file that prohibits release to a particular parent. It is your responsibility to provide this documentation to Websterville Christian Academy.*

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

List (3) responsible people to contact, if parent/guardian cannot be reached:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Medical Contacts:

Student's Physician: _____ Phone #: _____

Student's Dentist: _____ Phone #: _____

Hospital Preference: _____ Phone #: _____

STEP 3 (STUDENT'S INFORMATION)

1. Student's Name: _____ DOB: _____

Does this student have any food, environmental or drug allergies we need to know about? If yes, please list: _____

School Year	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
Grade to Enter							

2. Student's Name: _____ DOB: _____

Does this student have any food, environmental or drug allergies we need to know about? If yes, please list: _____

School Year	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
Grade to Enter							

3. Student's Name: _____ DOB: _____

Does this student have any food, environmental or drug allergies we need to know about? If yes, please list: _____

School Year	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
Grade to Enter							

4. Student's Name: _____ DOB: _____

Does this student have any food, environmental or drug allergies we need to know about? If yes, please list: _____

School Year	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
Grade to Enter							

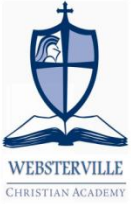
STEP 4 (AUTHORIZATION)

Do you give permission to the WCA staff to secure any necessary medical treatment for your student?

Yes No (signature needed): _____

Websterville Christian Academy has a website (wcavt.org) and Facebook page, which includes information about our school. May we include photos of your student(s) on our website?

Yes No (signature needed): _____



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Parent Agreement (2020-2021) Academic Year

To be completed annually by parents/guardians of all students enrolled at Websterville Christian Academy & Little Flock Nursery.

We recognize that Websterville Christian Academy (WCA) & Little Flock Nursery (LFN) are Christian organizations, and we place our trust in the leadership and staff to help us with that training of our child(ren) as defined in the WCA Parent/Child Handbook and/or LFN Parent Handbook. We will seek to keep open communication as well as continued cooperation and teamwork with the staff as they exercise developmentally appropriate guidance in both programs. We, as parents, desire to bring up our child(ren) "in the nurture and admonition of the Lord" and will endeavor to carry out the principles of God's Word in our home, guiding our child(ren) as needed in order to help ensure their successful education.

We recognize that enrollment at WCA/LFN is a privilege. If, for any reason, our child(ren) does not respond favorably to the school, we will, in the interest of our child(ren), cooperate fully with the school in the correction of the problem, and will, if necessary, withdraw our child(ren) from the school. We understand that we should get **both** sides of every story (from our child and from the teacher) **before** we form an opinion.

When problems arise, we agree to pray about the situation and then discuss the matter with the person or persons involved. *(See Matthew 18:15)* If the situation requires further attention, we will bring the matter before our child's teacher; then, if need be, to the Administration. If the matter is still unresolved, we will share our concern with the School Board.

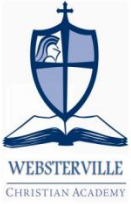
We have a strong understanding of the goals and values of WCA/LFN and pledge our loyal support to the school through praying regularly for its program, standards, and discipline. We plan to give to the school fund as we are able— making tuition payments regularly and on time or as otherwise agreed by us and the Administration. Websterville Christian Academy (WCA) & Little Flock Nursery (LFN) are ministries of Websterville Baptist Church. The school neither solicits nor receives any state or federal assistance. We solely rely on tuition and other fee payments to pay our dedicated staff for any school activities or services we offer. The school cannot be faithful in paying its dues unless parents are faithful in paying their school bills on time. ***By signing this agreement, we understand that we are making a commitment for the entire academic year here at WCA/LFN. We recognize that, if tuition and any other school fees have not been paid as we agreed, we may be required to withdraw our child(ren) until the amount can be paid. Knowing that WCA/LFN budgets have already been put into place and those funds have already been designated to pay staff and associated needs to keep the ministries running, we understand that, if we choose to discontinue enrollment with WCA/LFN and have paid in advance, no refund will be given. We also understand that we must pay our balance in full, and it will be our responsibility to contact the Business Administrator. If there is failure to pay the balance owed, WCA/LFN reserves the right to send our information to debt collection services and withhold students files/records. We understand that any special circumstantial exception must be reviewed and approved by the WCA School Board. The decision made by the WCA School Board will be final and binding.***

WCA/LFN reserves the right to withdraw or adjust any financial aid award or discounts due to failure to

We, as parents/guardians of _____ do sincerely give our pledge to all the items as stated above.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____



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Websterville Christian Academy (2020-2021) Authorization Release Form / Permission to Participate Form

Websterville Christian Academy (WCA) has a website (wcavt.org) and Facebook page, which includes information about our school. May we include photos/videos of your student(s) on our sites? This may include, but not limited to: Social Media (Facebook, Instagram, etc.), Yearbook, and/or other school publications.

Please fill out for each student living in your home:

- Yes No **(Student's Name):** _____ **Grade:** _____
- Yes No **(Student's Name):** _____ **Grade:** _____
- Yes No **(Student's Name):** _____ **Grade:** _____
- Yes No **(Student's Name):** _____ **Grade:** _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Websterville Christian Academy (WCA) participates in various school activities to include but not limited to: intramural, interscholastic sports, school-sponsored trips away from school premises, and recreational activities during the school year. May we have permission for your student(s) to participate? By filling out the information below, you acknowledge that your student(s) has no known physical defects or conditions, which should prevent their participation in such activities. *If injury or illness is suffered by my/our student(s) during such activities, while traveling to or from the activities, and I/we cannot be contacted, Websterville Christian Academy is authorized to consent to any emergency medical, dental, surgical or optical treatments, operations or other procedures recommended. I/we authorize any such procedures and will pay, indemnify and hold harmless for the consequences of such procedures.*

Please fill out for each child living in your home:

- Yes No **(Student's Name):** _____ **Grade:** _____
- Yes No **(Students' Name):** _____ **Grade:** _____
- Yes No **(Student's Name):** _____ **Grade:** _____
- Yes No **(Student's Name):** _____ **Grade:** _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

WCA Medication Authorization (2020-2021)

1. Student's Name: _____ Grade: _____

- **List any prescription medications that need to be given on a regular basis while at school.**

Prescription: _____ Time of Day: _____

- **Does this student have any food, environmental or drug allergies? If yes, please list:**

- **I give permission for Websterville Christian Academy (WCA) staff to administer the following medication to my/our student listed above. (Please check all that apply)**

Ibuprofen <input type="checkbox"/>	Tylenol <input type="checkbox"/>	Cough Drops <input type="checkbox"/>	Benadryl <input type="checkbox"/>	Sunscreen <input type="checkbox"/>	Insect Repellant <input type="checkbox"/>
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2. Student's Name: _____ Grade: _____

- **List any prescription medications that need to be given on a regular basis while at school.**

Prescription: _____ Time of Day: _____

- **Does this student have any food, environmental or drug allergies? If yes, please list:**

- **I give permission for Websterville Christian Academy (WCA) staff to administer the following medication to my/our student listed above. (Please check all that apply)**

Ibuprofen <input type="checkbox"/>	Tylenol <input type="checkbox"/>	Cough Drops <input type="checkbox"/>	Benadryl <input type="checkbox"/>	Sunscreen <input type="checkbox"/>	Insect Repellant <input type="checkbox"/>
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3. Student's Name: _____ Grade: _____

- **List any prescription medications that need to be given on a regular basis while at school.**

Prescription: _____ Time of Day: _____

- **Does this student have any food, environmental or drug allergies? If yes, please list:**

- **I give permission for Websterville Christian Academy (WCA) staff to administer the following medication to my/our student listed above. (Please check all that apply)**

Ibuprofen <input type="checkbox"/>	Tylenol <input type="checkbox"/>	Cough Drops <input type="checkbox"/>	Benadryl <input type="checkbox"/>	Sunscreen <input type="checkbox"/>	Insect Repellant <input type="checkbox"/>
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4. Student's Name: _____ Grade: _____

- **List any prescription medications that need to be given on a regular basis while at school.**

Prescription: _____ Time of Day: _____

- **Does this student have any food, environmental or drug allergies? If yes, please list:**

- **I give permission for Websterville Christian Academy (WCA) staff to administer the following medication to my/our student listed above. (Please check all that apply)**

Ibuprofen <input type="checkbox"/>	Tylenol <input type="checkbox"/>	Cough Drops <input type="checkbox"/>	Benadryl <input type="checkbox"/>	Sunscreen <input type="checkbox"/>	Insect Repellant <input type="checkbox"/>
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WCA Medication Authorization (2020-2021) cont.

Medical Contacts:

Student's Physician: _____ Phone #: _____

Student's Dentist: _____ Phone #: _____

Hospital Preference: _____ Phone #: _____

Authorization:

We, as parents/guardians, take full responsibility for any side effects that may be caused by the medications we are authorizing to be administered. We understand that Websterville Christian Academy is only administering the medication at our request and will not be held responsible for any adverse reactions.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

**** FOR WCA USE ONLY **** (Medication Log)

Student's Name	Medication	Dosage	Date	Time	Initials

(STUDENT EMERGENCY INFORMATION / 2020-2021)

Student's Name: _____ Grade: _____ Teacher: _____

Home Address: _____

➤ Permission to include photos/videos of your student on our sites? Yes No
➤ List of food, environmental or drug allergies:

➤ List of Medications: _____

➤ Permission for Websterville Christian Academy (WCA) staff to administer the following medication to my/our student listed above. (Please check all that apply)

Ibuprofen <input type="checkbox"/>	Tylenol <input type="checkbox"/>	Cough Drops <input type="checkbox"/>	Benadryl <input type="checkbox"/>	Sunscreen <input type="checkbox"/>	Insect Repellant <input type="checkbox"/>
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Parent/Guardian's name: _____ Contact #: (____)____-____

Parent/Guardian's name: _____ Contact #: (____)____-____

Emergency Contact - to assume temporary care of you child if you CANNOT be reached:

Name: _____ Contact #: (____)____-____

In case of accident or illness, I request that the school contact me. If unable to reach me, I authorize school personnel to seek emergency medical care, including transportation to the emergency room. I authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

Parent Signature: _____ Date: _____

(STUDENT EMERGENCY INFORMATION / 2020-2021)

Student's Name: _____ Grade: _____ Teacher: _____

Home Address: _____

➤ Permission to include photos/videos of your student on our sites? Yes No
➤ List of food, environmental or drug allergies:

➤ List of Medications: _____

➤ Permission for Websterville Christian Academy (WCA) staff to administer the following medication to my/our student listed above. (Please check all that apply)

Ibuprofen <input type="checkbox"/>	Tylenol <input type="checkbox"/>	Cough Drops <input type="checkbox"/>	Benadryl <input type="checkbox"/>	Sunscreen <input type="checkbox"/>	Insect Repellant <input type="checkbox"/>
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Parent/Guardian's name: _____ Contact #: (____)____-____

Parent/Guardian's name: _____ Contact #: (____)____-____

Emergency Contact - to assume temporary care of you child if you CANNOT be reached:

Name: _____ Contact #: (____)____-____

In case of accident or illness, I request that the school contact me. If unable to reach me, I authorize school personnel to seek emergency medical care, including transportation to the emergency room. I authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

Parent Signature: _____ Date: _____