



WEBSTERVILLE CHRISTIAN ACADEMY

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REGISTRATION FORM

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: _____

Name: _____ Relationship: _____

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

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____



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Medical Contacts:

Student's Physician: _____ Phone #: _____

Student's Dentist: _____ Phone #: _____

Hospital Preference: _____ Phone #: _____

STEP 3 (STUDENT'S INFORMATION)

1. Student's Name: _____ DOB: _____

Grade to Enter:

2. Student's Name: _____ DOB: _____

Grade to Enter:

3. Student's Name: _____ DOB: _____

Grade to Enter:

4. Student's Name: _____ DOB: _____

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): _____

Form Revised 2/8/2024



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ANNUAL HEALTH UPDATE & EMERGENCY AUTHORIZATION FORM

PURPOSE: To enable parents/caregivers to AUTHORIZE emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached. Upon completion, parents/caregivers must return this form to the school. The original form and any copies thereof may be used to identify the medical options of the undersigned parent. The original form stays with the front office administration.

Student's Full Name

Last	First	Middle initial	Age	Grade
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Student's Doctor's Name:	Phone:
	Today's Date:
Prescription Medication Information: *Any medication that needs to be dispensed at school must have a matching prescription label and doctor's order.* PLEASE COMPLETE THE SEPARATE PRESCRIPTION MEDICATION FORM	
Student's Dentist:	Phone:
Hospital Preference:	Phone:

STUDENT'S MEDICAL HISTORY:

- **ALLERGIES: Food, Medication, other: (please describe)** _____

Do they require an EpiPen? Yes or No

- **ASTHMA:** Has a doctor, nurse, or other health professional EVER said that your child has asthma?

_____ Yes _____ No _____ Don't know/not sure

- **If yes, does your child STILL have asthma?**

_____ Yes _____ No _____ Don't know/not sure

- **DIABETES? Yes ___ NO ___**
- **SEIZURES? Yes ___ NO ___**
- **USE CORRECTIVE LENSES? YES ___ NO ___ HEARING AIDS? YES ___ NO ___**

IN CASE OF AN EMERGENCY INVOLVING MY CHILD, WHEN I CAN NOT BE REACHED: I hereby give consent to transport my child for medical care and authorize the providers and hospital to give any reasonable and customary medical and health care deemed necessary at my expense. It is understood that I will be financially responsible for all emergency care.



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Please indicate if student has had or is currently under treatment for any of the following conditions:

- BLEEDING DISORDERS _____
- EAR/HEARING PROBLEMS _____
- HEART PROBLEMS _____
- HIGH BLOOD PRESSURE _____
- MENTAL HEALTH CONDITION and treatment _____
- (Please explain): _____
- MUSCULAR WEAKNESS OR PARALYSIS _____
- MIGRAINE HEADACHES _____
- OTHER allergies: (Please list) _____

****Please be aware that any student who presents with a fever of 100°F or higher, will be required to be picked up from school as soon as possible. Students may return to school ONLY if they have had no temperature for 24hrs. WITHOUT a fever reducer (I.e; Tylenol, Motrin).**

Siblings: [this section is for optional inclusion in school emergency health form]			
<u>Last Name</u>	<u>First Name</u>	<u>Middle</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing this authorization the parent/guardian is agreeing that the above medical information is correct and current for the above named student. The parent/guardian agrees to provide Websterville Christian Academy with the appropriate medical paperwork for Emergency Medication such as inhalers. The parent/guardian also agrees that until such medical paperwork for Emergency Medication is provided, their student will not be allowed to attend classes at WCA.

 Signature – Parent or Guardian Relationship to student Date

 Signature – Parent or Guardian Relationship to student Date

Form Revised 2/8/2024



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NON-PRESCRIPTION MEDICATION FORM

Name of child: _____ DOB: _____ Grade: _____ Date: _____

All medication to be administered at school must comply with the following school policies:

1. The school nurse or designated staff member **must have this completed form** before medication will be given at school. Your physician may fax this form to WCA at (802) 476-7834.
2. A **parent/adult** must bring the medication to school in the **original manufacturer's container**. Loose medication in plastic bags **Will Not** be accepted.
3. The school nurse or designated staff member must approve and administer the first dose of any medication given at school.
4. The school nurse or designated staff member may delegate administration of subsequent doses to another school staff member.
5. **All medicine must be kept in the office under lock and key.**

Medication Order:

Medication: _____ Strength: _____

Dosage/Route/Time: _____

Start Date: _____ End Date: _____

Reason for Giving: _____

Signature of Parent/Guardian: _____ Date: __/__/__

Date Received: _____

Signature of School Nurse/Designated Staff Member _____ *non-prescription medication will only be administered according to the manufacturer's label or prescription medication order and permission form will be necessary.

Vermont Department of Health ~ Vermont Standards of Practice: School Health Services

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Name of child: _____ DOB: _____ Grade: _____ Date: _____

All medication to be administered at school must comply with the following school policies:

1. The school nurse or designated staff member **must have this completed form** before medication will be given at school. Your physician may fax this form to WCA at (802) 476-7834.
2. The school nurse or designated staff member must approve and **administer the first dose** of any medication given at school.
3. The school nurse or designated staff member may delegate administration of subsequent doses to another school staff member.
4. A **parent/adult** must bring the medication to school in an appropriately labeled pharmacy container.
5. All medicine **must be kept in the office under lock & key** unless the health care provider, parent and administrator have given permission for the student to keep the medication for self-administration.

Medication Order:

Medication: _____ Strength: _____

Dosage/Route/Time: _____

Start Date: _____ End Date: _____

Reason for Giving: _____

Physician: _____ Phone number: _____

Parent's Permission: I give permission for _____ to share information with WCA concerning
Healthcare Provider
my child's Healthcare Provider medication(s).

I give permission for the medication prescribed to be given to my child at school by the school nurse or designated staff member.

Signature of Parent/Guardian: _____ Date: __/__/__

Vermont Department of Health ~ Vermont Standards of Practice: School Health Services

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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.

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.*

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: _____

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WEBSTERVILLE CHRISTIAN ACADEMY

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Susan Hunt

Head of School

Cesar Trigos

Vice Principal

Authorization to Release Records

Sending School: _____

Address: _____

Phone: _____ FAX: _____

Email: _____

The following student(s) has/have enrolled with our school here at Websterville Christian Academy.

Students Name: _____ Grade: _____

Students Name: _____ Grade: _____

Please send all records including transcripts, health, special education, test scores, and any other information that may be helpful. If necessary, please enclose an explanation of your marking system.

Please also include the student's Vermont State ID Number (if applicable)

I hereby give permission to send all records regarding my child named above to Websterville Christian Academy.

Parent/Guardian: _____ Date: _____

Note: Federal Law 99.31, 1-78 = No parent signature required for educational records sent to another educational agency.

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State Placed & IEP/504 Plan 2024-2025

Student Name: _____

STEP #1 (DCF INFORMATION)

Is the student in DCF custody? Yes / No (If no, proceed to Step #2 & #3)

If yes, DCF district office: _____ Case Manager: _____ Phone: _____

Is the student in the care of another child placing agency? Yes / No

If yes, which agency? Name: _____ Phone: _____

Who is the legal guardian/custodian? _____ Phone: _____

Who is the educational surrogate? _____ Phone: _____

Where do the student's parents live?

Mother's Name: _____ Town: _____

Father's Name: _____ Town: _____

STEP #2 (IEP/504 PLAN)

Is the student on an IEP or 504 Plan? Yes / No

Where did the student last attend school, and where was the last educational placement?

Name of Last School attended: _____

Location: _____

Contact Name: _____ Phone: _____

STEP #3 (AUTHORIZATION)

Legal Guardian's Name (Printed): _____

Legal Guardian's Signature: _____ Date: _____

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2024-2025 Transportation, Fundraisers, and Other Activities

WCA does not own buses or vans for transportation to and from school therefore, parents must arrange for their children’s transportation.

In the event of a **field trip** and when possible, WCA may seek the rental of a school bus which may cost upwards of \$700 round trip depending on location. Most of the time transportation to field trips is done on a voluntary basis from parents and teachers.

To cover other operating expenses and to continue with an affordable tuition, WCA conducts a series of fundraisers to collect the needed funds. **All parents are requested to participate in these fundraising events.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

DROP OFF AND CLOSED DOOR POLICY

- ☑ WCA recognizes the dangers that we face in today’s social environment and we take the safety of your children and our staff very seriously.
- ☑ Drop off and pick up will be done at the front of the building.
- ☑ **Doors will be locked at 8:00 AM.** After this time parents must come to the front door and either ring the bell or call the front office at #802-479-0141 to be allowed inside.
- ☑ For the safety of all students at WCA, parents are not allowed anywhere inside the school building without first checking in the school office, signing into the visitor log book and obtaining a **“Visitor’s Pass”**.
- ☑ **Students will be escorted to the classroom by an administration official** unless the parent needs to speak directly to the teacher in which case, the parent must obtain a **“Visitor’s Pass”**
- ☑ Parents are **NOT PERMITTED** to retrieve students at any location without expressed permission from administration. ALL students who are dropped off or picked up outside normal drop-off and pick up times must do so at the front office.

I/we the undersigned attest that I (we) have read and understood the agreement above and pledge to abide by the guidelines outlined therein.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____