

**WOODCREST NAZARENE CHRISTIAN SCHOOL**10936 South Normandie Avenue  
Los Angeles, CA 90044  
Telephone: (323) 754-4933**RE-REGISTRATION FORM  
(2016-2017)**

Date Received \_\_\_\_\_

Student's  
Name

In Full \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Complete Address Grade (2016 -2017) \_\_\_\_\_

Address \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SIBLINGS PRESENTLY ATTENDING W.N.C.S. AND GRADE LEVELS**

Sibling \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling \_\_\_\_\_ Grade: \_\_\_\_\_

FATHER/GUARDIAN'S NAME

Home Address \_\_\_\_\_

Home Tel. # / \_\_\_\_\_ / \_\_\_\_\_

Place Of Work \_\_\_\_\_

Work Tel. # / \_\_\_\_\_ / \_\_\_\_\_

Pager # / \_\_\_\_\_ / \_\_\_\_\_

Cell # / \_\_\_\_\_ / \_\_\_\_\_

S. S. # \_\_\_\_\_

MAKE SURE TO INCLUDE THE AREA CODE.

MOTHER/GUARDIAN'S NAME

Home Address \_\_\_\_\_

Home Tel. # / \_\_\_\_\_ / \_\_\_\_\_

Place Of Work \_\_\_\_\_

Work Tel. # / \_\_\_\_\_ / \_\_\_\_\_

Pager # / \_\_\_\_\_ / \_\_\_\_\_

Cell # / \_\_\_\_\_ / \_\_\_\_\_

S. S. # \_\_\_\_\_

MAKE SURE TO INCLUDE THE AREA CODE.

**Person To Contact In Case Neither Parent Can Be Reached In An Emergency**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

**Additional Persons Who May Be Called In An Emergency**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

PHYSICIAN ADDRESS MEDICAL PLAN AND NUMBER TELEPHONE NUMBER

DENTIST ADDRESS MEDICAL PLAN AND NUMBER TELEPHONE NUMBER

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

 CALL EMERGENCY HOSPITAL  OTHER EXPLAIN: \_\_\_\_\_**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORITY FROM PARENT OR GUARDIAN)

NAME	RELATIONSHIP

Time Child Will Be Called For \_\_\_\_\_

Signature Of Parent Or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE NOTE:** The above information will not be changed without the written request from the parent. Verbal information given by a child will not be accepted.

**PARENTAL AGREEMENT**

**(1<sup>st</sup> - 6<sup>th</sup> Grade)**

I understand that Woodcrest Nazarene Christian School seeks to offer a strong academic and Christ-centered program geared to the needs of children.

I understand that the standards of Woodcrest Nazarene Christian School does not tolerate profanity, obscenity in words or actions, dishonor to the Holy Trinity, the Bible, or disobedience and disrespect to the personnel of the school.

I understand that uniforms will be required.

I understand that Sunday School attendance and Annual Sunday Class participation at Grace Church is part of my child's Bible grade. (You may attend the Sunday School of your choice.

I understand that Woodcrest Nazarene Christian School does not have a program for educationally handicapped children. If my child cannot adjust to a normal classroom situation, I agree that he/she may be dropped from the class list.

I understand that Woodcrest Nazarene Christian School does not discriminate against race, color, sex, religion, or national ethnic origin. Each student, however, must meet school requirements.

I will encourage obedience to school regulations. After reasonable effort has been made to discipline my child, and the child does not respond, I agree to withdraw my child from the school.

I understand my financial obligations must be met on the 1<sup>st</sup> of each month, and all payments are delinquent after the 5<sup>th</sup> of the month. A late fee of \$25.00 will be charged for tuition. (When the 5<sup>th</sup> of the month falls on a weekend or holiday, or if Monday the 5<sup>th</sup> falls on a day when the office is closed, payment must be made on the Friday or day before in order to avoid the late fee.) An additional fee of \$2.00 a day will be charged for tuition and day care payments made after the 5<sup>th</sup>.

I understand that my child will not be permitted in class if my tuition payment is not paid by the 10<sup>th</sup> of the month. A \$35.00 fee will be charged for returned checks. The school will not receive checks after one has been returned.

I understand that there are seven steps essential for the re-enrollment of my child.

1. A non-refundable re-registration/registration fee of \$200.00
2. A book fee due by June 1<sup>st</sup> (see price list for the amount)
3. The registration packet be completed and returned to office
4. A copy of current physical examination signed by your child's physician including updated immunization record and birth certificate
5. A \$100.00 Computer Fee due before the 1<sup>st</sup> day of school
6. Participate in (2) Mandatory Fundraisers or pay \$125.00 per fundraiser.
7. A \$50.00 Administration Fee due before the 1<sup>st</sup> day of school

Monthly rates would be the tuition fee of \$400.00, and Extended Day Flat Rate.

Parents who have not registered their children for Day Care and do not pick them up by 3:15 p.m. or bring them to school before 8:15 a.m. will be charged \$3.00 per hour or fraction thereof.

Children picked-up after 6:00 p.m. will be charged \$10.00 every 15 minutes or fraction thereof.

When these fees are paid, your child will be assured a place on the class list. Our classes will be open to new enrollees on March 1<sup>st</sup>.

Yearly tuition for 1<sup>st</sup> - 6<sup>th</sup> Grade students is \$4,000.00. There are (3) payment schedules. Please check below the schedule you will be using.

- \_\_\_ 1. Pay in full - Due by August 1<sup>st</sup>
- \_\_\_ 2. Two payments - 1/2 due by August 1<sup>st</sup> and 1/2 due by January 1<sup>st</sup>
- \_\_\_ 3. Ten payments - Due by the 1<sup>st</sup> of each month beginning August 1<sup>st</sup> and ending May 1<sup>st</sup>

There is a \$25.00 testing fee for all new students, 1<sup>st</sup> through 6<sup>th</sup> grade.

**I UNDERSTAND THAT THE FIRST AND LAST PAYMENTS MUST BE PAID BY MONEY ORDER OR CASHIER'S CHECK**

**PARENTS/GUARDIANS WHO VISIT OUR SCHOOL MUST FIRST CHECK INTO THE OFFICE BEFORE ENTERING THE CLASSROOM. THIS PROTECTS OUR STUDENTS.**

Your signature below indicates that you have read and understand the information contained in this agreement.

Father \_\_\_\_\_  
Mother \_\_\_\_\_  
(Father \_\_\_ Stepfather \_\_\_ Guardian \_\_\_)  
(Mother \_\_\_ Stepmother \_\_\_ Guardian \_\_\_)

Your signature below indicates that you have read and understand the information contained in this agreement.

Father \_\_\_\_\_  
Mother \_\_\_\_\_  
(Father \_\_\_ Stepfather \_\_\_ Guardian \_\_\_)  
(Mother \_\_\_ Stepmother \_\_\_ Guardian \_\_\_)

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR**

(I)(We), the undersigned parent(s) of \_\_\_\_\_, a minor, do hereby authorize Woodcrest Nazarene Christian School as agent(s) for the undersigned to consent to an X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provision of the Medicine Practice Act on the medical staff of **CENTINELA HOSPITAL**, whether such diagnosis is or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective until June of 2017, unless sooner revoked in writing delivered to said agent(s).

Father \_\_\_\_\_

Date \_\_\_\_\_

Mother \_\_\_\_\_

Guardian \_\_\_\_\_

