

WOODCREST NAZARENE CHRISTIAN SCHOOL10936 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

(Pre School For The K-2, K-3, K-4, and K-5 Classes)

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.

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 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 uniforms are not required for the Pre-K-2 and K-3 Classes. However, I understand that uniforms are required for the Pre-K-4/K-5 Classes.

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 understand that Woodcrest Nazarene Christian Pre-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 my financial obligations must be met on the 1st of each month, and all payments are delinquent after the 5th of the month. A late fee of \$25.00 will be charged for tuition. For those paying bi-monthly a late fee of \$15.00 will be charged after the 5th and after the 20th of the month. (When the 5th or 20th of the month falls on a day when the office is closed or a holiday, 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 5th or 20th.

I understand that after my account is delinquent five (5) days, my child will not be admitted to class. For those paying by the month a late fee of 25.00 will be charged after the 5th of the month. For those paying bi-monthly a late fee of \$15.00 will be charged after the 5th and after the 20th of the month. A \$35.00 fee will be charged for returned checks. The school will not receive checks after one has been returned. Payments must be made by CHECK, MONEY ORDER OR CASHIER'S CHECK ONLY!

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 1st(see price list for the amount)
3. The registration packet be completed and returned to office
4. Copies of a current health examination report and physician's report signed, dated and stamped by your child's physician (including updated immunization record) and birth certificate
5. Participate in (2) Mandatory Fundraisers or pay \$125.00 per fundraiser
6. A \$100.00 Computer Fee due before the 1st day of school (K-4/K-5 Students)
7. A \$50.00 Administration Fee due before the 1st day of school

Monthly rates would be the tuition fee of \$475.00

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 1st.

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

Yearly tuition for K-2, K-3, K-4, and K-5 students is \$4,450.00. There are (4) payment schedules. Please check below the schedule you will be using.

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

- ___ 1. Pay in full – Due by August 1st
- ___ 2. Two payments – 1/2 due by August 1st and 1/2 due by January 1st
- ___ 3. Twenty Bi-monthly payments-Due the 1st and 15th of each month
- ___ 4. Ten payments – Due by the 1st of each month beginning August 1st and ending May 1st

___ Full payment (\$4,750.00) ___ 1/2 Payment (\$2,375.00)
 ___ Monthly Payment (\$ 475.00) ___ Bi-Monthly (\$ 237.50)

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

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

Father _____
(Father Stepfather Guardian)

Mother _____
(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 _____

