

Welcome

To Our WLCA Family



Elementary

2024-2025
School Year

**Academic Excellence in
a Christian Environment**



Word of Life Christian Academy

Registration Packet Checklist

Elementary 2024-2025

Items to be RETURNED

- Current Registration Form
- Emergency Notification
- Financial Agreement
- Automatic Payment Authorization
- WLCA's Christ-Centered Culture Statement
- Student Honor Code
- Statement of Cooperation
- Internet Usage Policy
- Video Policy
- Safe Key Enrollment
- Parental Transportation Permission
- Transfer Records Request
- Photo ID Policy
- Past/Present Health Conditions

Copies of the following also needed:

- Birth Certificate (if returning student, copy is on file)
- Shot Records (if returning student, copy is on file)

**Please Note: Kindergarten and 7th Grade require updated shot records*



WORD OF LIFE CHRISTIAN ACADEMY

ELEMENTARY

3510 N. Buffalo Drive
Las Vegas, NV 89129
Phone (702) 645-1180
Fax (702) 396-0293
www.wlcalv.com

Serving Pre-K thru 12th Grade

Must be filled out completely

Registration Form

Please check the box that applies

- New Student
- Returning Student

Student Information (please print)

First Middle Last

Home Address City State Zip

Home Phone Date of Birth Social Security #

Place of Birth Male Female Allergies

Student's ethnic origin (this information is not used to determine admissibility.) WLCA does not discriminate on the basis of race, color, gender, national or ethnic origin.

American Indian or Alaska Native Asian Black/African American Hispanic/Latino Middle Eastern Native Hawaiian or Pacific Islander
 Other Two or more Races White

Application is for the school year **2024-2025** for the grade indicated below:

Kindergarten	_____	<u>Elementary</u>	Third Grade	_____
First Grade	_____		Fourth Grade	_____
Second Grade	_____		Fifth Grade	_____

Name Primary Parent Name Parent/Guardian 2

Address Address

City St. Zip City St. Zip

Home Phone # Home Phone #

Cell Phone # Cell Phone #

Social Security # Social Security #

Employer Employer

Address Address

Occupation/Title Occupation/Title

Work Phone # Ext. Work Phone # Ext.

E-Mail E-Mail

School Last Attended

School Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Grade _____

Has your child repeated any grade? _____ If so, what grade? _____

Does this child have a learning disability or limitation that might require special professional assistance? _____
(MUST establish a conference with Administration before the Registration process can be completed)

If yes, please describe

Reason for selecting this school?

How did you hear about Word of Life Christian Academy?

Special Information

Do you attend church regularly? _____ If so, give the name of church _____

Custody Information

Parents are _____ Married _____ Mother deceased _____ Mother remarried _____ Separated
_____ Divorced _____ Father deceased _____ Father remarried _____ Other

Who has legal physical custody of this child? _____

***What are the legal parameters for the non-custodial parent to see or pick up child? _____

*** (A copy of the legal paperwork provided by the court must be given to the school.)***

If parents are divorced or separated to whom should school correspondence be sent? _____

Who is financially responsible for this child? _____

What days of the week are spent with Dad? _____

What days of the week are spent with Mom? _____

Word of Life Christian Academy, is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act."

Signature of Parent/Legal Guardian **Date**

WORD OF LIFE CHRISTIAN ACADEMY
Emergency Notification & Authorized Escorts Form
2024-2025

Please list in order of preference to be called (*Exclude Primary Parent and Parent Guardian 2*):

Returning students:

Please check box if all existing Emergency Contacts and Authorized Escorts
on file should remain the same YES NO

Name _____

Address _____

Relationship _____ Home Phone # _____

Work Phone # _____ Cell Phone # _____

Check those that apply: Authorized Escort Emergency Contact

Name _____

Address _____

Relationship _____ Home Phone # _____

Work Phone # _____ Cell Phone # _____

Check those that apply: Authorized Escort Emergency Contact

Name _____

Address _____

Relationship _____ Home Phone # _____

Work Phone # _____ Cell Phone # _____

Check those that apply: Authorized Escort Emergency Contact

In the event of an accident or illness to the child, I hereby authorize the operator of Word of Life Christian Academy to secure any necessary medical aid from nearest medical facility and/or treatment from:

Doctor: _____
Name Address Phone

Hospital/Clinic: _____
Name Address Phone

In the event I cannot be contacted immediately for notification or shall fail or refuse to remove the child affected with a communicable disease or other valid reason after notification of illness and request for removal of the child – I understand that the appropriate authorities may remove my child from the premises of Word of Life Christian Academy. Furthermore, I agree to be directly responsible for all cost and expenses connected with the examination, diagnosis, treatment and removal of my child.

Date _____ Signature of Parent/Legal Guardian _____

WORD OF LIFE CHRISTIAN ACADEMY
Financial Agreement
2024-2025

I, _____, do hereby contract with Word of Life Christian Academy for my child(ren).

Student's Name _____ Birth Date _____

Student's Name _____ Birth Date _____

Student's Name _____ Birth Date _____

Grades Needed

Kindergarten ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th ___

Total # of students enrolled _____

Student(s) will begin on _____ Student's Cell # _____

Payment Schedule

Total Registration \$ _____

Total Annual Tuition \$ _____

I would like the following payment schedule:

_____ Payment in full \$ _____
Prior to August 1, 2024

_____ Ten equal monthly payments \$ _____
Beginning August 1, 2024 and ending May 1, 2025

_____ Twelve equal monthly payments \$ _____
Beginning June 1, 2024 and ending May 1, 2025
Option ONLY VALID UNTIL June 1, 2024

(Please initial at the beginning of each statement after you have read and understand them)

_____ I agree that the fees for all services are due in advance, or on the day that service is provided, and that the following policies are in effect at that time. This agreement is not an all-inclusive list of all school policies, and I am responsible for reading and adhering to all polices outlined in the Word of Life Christian Student School Handbook.

_____ I agree that annual tuition fees do not include days when school is not in session: Teacher In-Service, ACSI Teacher Convention, Christmas Break, Easter Break, and other holidays. Tuition is based on a 180-day school year.

_____ I agree that if I choose the 12-month payment plan that my tuition payments start on June 1st and are non-transferable and non-refundable if I choose to withdrawn my child before the school year begins.

_____ I agree that if my student is withdrawn before the school term begins or ends, the monthly tuition payment will not be prorated, nor can there be any transfer or refund of tuition or registration fees. I will notify the school to stop auto-payment account, if applicable.

_____ I agree that an annual registration fee to include Spirit Pack fee NON-REFUNDABLE/ TRANSFERABLE unless my student is refused enrollment by the administration is due at the time of registration. The fee must be paid at the time of enrollment for the upcoming school term to assure my student's space in his/her class.

_____ I agree that no vacation credit will be applied to school tuition.

_____ I agree that tuition is paid on the FIRST school day of the month, August 1st to May 1st, for ten (10) months, or June 1st to May 1st for twelve (12) months to WLCA with no deductions for absences and/or withdrawals.

_____ I agree that a \$50.00 late fee will be charged for payments received after the 10th of each month or past the electronically scheduled due date.

_____ I agree that WLCA can and will legally refuse service on the first day of the second month that tuition and late fees are not paid. (Strictly enforced)

_____ I agree that should a check be returned, a penalty of \$25.00 per returned check will be added to my account. After one check has been returned due to non-sufficient funds, I will be required to make all future payments, (tuition and otherwise) by money order, cashiers check, credit or debit card for the rest of my student's tenure at WLCA.

_____ I agree that the tuition rate is subject to increase at the beginning of each new school term.

_____ I agree that if my student is not picked up at the close of school (2:55 pm MS, 3:15 pm ES) they will automatically be taken to Safe Key and charged the Safe Key rate. If a child is dropped off before 8:00am (ES), and before 7:20 am (MS) they will be signed in to Safe Key and charged the Safe Key rate.

_____ I agree that if I currently have an account at WLCA, the account must be at a ZERO balance in order to be considered for re-enrollment for the following school year.

_____ I agree that I must have an account with a ZERO balance in order to receive refunds from other accounts and before receiving any Federal Tax information.

_____ I agree that if I withdraw my student from WLCA, my balance must be paid in full or my student's transcripts or school records will **not** be released. In the event any account goes to a collection agency, I will be responsible for all fees incurred, such as a 40-50 % collection agency fee (this fee will be in addition to my current balance), attorney's fees, court costs, mailing and any fees the collection agency charges. My student will not be permitted to participate in any year-end activities (i.e. graduation) if my balance is not paid in full.

_____ Delinquent accounts will accrue interest at the contract rate of 24% per annum (2% per month), until paid in full.

_____ I agree to pay a detention fee of \$25.00 for 1 hour and \$50 for 2 hours, when my student is scheduled for detention. (Grades 6-12 only)

_____ I agree that all tuition payments are paid electronically, on a monthly recurring basis.

1st Parent/Legal Guardian Signature

Date

2nd Parent/Legal Guardian Signature

Date

Automatic Payment Authorization

Word of Life Christian Academy

Date: _____

Billing Card Information:

Name on card: _____

Address: _____

City: _____ *State:* _____ *Zip Code:* _____

Home Phone: _____ *Cell Phone:* _____

Student Name/s: 1) _____

2) _____

3) _____

4) _____

Please charge my *MasterCard* *VISA* *Discover* *American Express*

Card #: _____ - _____ - _____ - _____ *CVV#* _____

Expiration Date: _____

Monthly credit card debit will take place on the 1st of each month for the amount of \$ _____, beginning
____/____/____ Month/ Day/ Year and ending ____/____/____ Month /Day /Year

=====

Terms and Conditions

I authorize monthly tuition payments only to be automatically debited, I understand I am responsible for making other payment arrangements for any safekey charges and any other miscellaneous charges to my school account.

All transactions will take place on the first of the month (or the next business day) unless other arrangements have been made in writing with the Financial Advisor.

Any transactions which cannot be completed due to insufficient funds/credit amount will result in your account being charged a \$25.00 NSF fee along with all applicable late fees, as outlined in our handbook.

All rules for non-payment of tuition will apply, as outlined in our handbook.

This authorization will be valid until you provide the WLCA office with written notification.

I have read, understand, and agree to the above terms and conditions.

Signature

Date



Word of Life Christian Academy

WLCA's Christ-Centered Culture Statement

It is important that families who are part of Word of Life Christian Academy clearly understand the culture that has guided our PreK-12th school from our inception in 1999. WLCA is a branch of Word of Life Christian Center and is registered with the State of Nevada as a faith-based, exempt school. Our school ministry enjoys many religious freedoms from being organized in this manner; therefore WLCA is not simply a private school.

Our Academy is committed to follow the way of Jesus and the clear teachings of the Christian faith found in the Bible. Although our nation had its roots in Christianity, many people in the current American culture are not fully aware of the specific teaching of the Christian faith or they may not personally embrace Christian values. To have a solid partnership with our families, it is important to address the WLCA Christ-Centered Culture that your child will experience as a student.

Below is a list of essential beliefs that the WLCA faculty and staff will teach:

- There is one true God, Creator of all and the source of all Truth. God has revealed himself through his creation, in the Bible, and through Jesus Christ! *1 Corinthians 8:6*
- God created human beings as his image-bearers. This means that humans carry the image of God and are designed to worship. *Exodus 20:3-6*
- “Love God with my whole heart. Love one another” (*Matthew 22:37-40*)
- Humans are distinctly created as male and female, genders that are equally valuable, but complementary in their relationship to one another. *Matthew 19:4-5*
- God created marriage to be a lifelong union between a man and a woman and it is the only relationship wherein God approves sexual intimacy. Marriage is the ideal family environment for children to be added and raised whether by birth or adoption. *1 Corinthians 7:1-3*
- Life is part of God’s sacred design, but human life in particular bears God’s image and is to be protected and valued. *Psalms 139:13-14*
- God’s love for humans is shown through the gift of free will – giving us the choice to freely love him. Free will introduced sin. God lovingly gave us a plan through creation, fall and a plan for reconciliation. *Romans 12:2*
- Jesus Christ freely offers every human being the rescue from their personal sin. Those who accept God’s rescue are born-again in Jesus. *John 3:16 & Romans 10:9*

- Because all people are equally created in God’s image, evils of inequality such as racism, sexism, etc. have no place in a Christ-Centered Culture. Followers of Jesus are one single unified family wherein true unity prevails. *Galatians 3:28*
- We are entrusted as stewards in this world – to pursue justice, to stand against evil and to transform our culture as we strive to be good citizens of earth. *Ephesians 2:10*

These teaching directly impact the culture of WLCA and your child by...

- Providing a peaceful and protective climate for everyone. Among the WLCA community, we seek peace and protect it as we honor Jesus.
- Protecting the physical environment that your child experiences by prohibiting dangers such as drugs, alcohol, weapons, and inappropriate media on our campus or at campus activities.
- Nurturing a loving, safe and secure emotional and social environment where healthy relationships of community flourish as Christian virtues are embraced.
- Promoting the importance of each family being part of a church community that values God’s design for us as human beings and for the world He created. We hope families have a church community that encourages people of all ages to encounter Jesus, to grow together, and to live His way.

We understand that some things within this overview of WLCA’s main cultural tenets are controversial issues in our current times. Please be assured that WLCA has always been a school ministry that welcomes those that do not follow Jesus as their Savior. However, as we forge a strongly united Christ-centered community that desires partnership with all parents of our WLCA children we disclose our position for your consideration and acknowledgement. **Please see the WLCA Honor Code for information regarding conduct expectations of WLCA students.**

By signing below you are acknowledging that you have received the WLCA Christ-Centered Culture Statement, have an overall understanding of it, and agree that WLCA has permission to teach the beliefs in this statement to the student listed below.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

WORD OF LIFE CHRISTIAN ACADEMY
Honor Code

(For Students Entering Grades 3 through 12)
2024-2025

The Elementary Honor Code was developed to ensure that staff, parents, students, and our church will have an environment conducive to learning and spiritual growth at WLCA. We are committed to teach the students to love and to respect one another through God's Word. Discipline is the process of teaching a student how to change negative behavior into positive behavior. Our goal is to teach students self-control that will lead to the right choices. It is very important to set a standard for the school so that the students know what is expected of them. We feel very strongly that by teaching morals and Christian values the students will develop life skills that will shape them into honorable adults. Every student in grades 3rd and up, must read over this contract with his or her parent(s), must sign it and adhere to the Elementary Honor Code. The parents will also be asked to sign this agreement so that school and home will be in unity.

1. I will respect and be kind to all students, my teachers and my parents.
2. I will obey all of WLCA's rules, wherever I am. (In the lunchroom, in the office, in the parking lot, on church property, at recess, in the halls, bathrooms, classrooms, on fieldtrips, during programs, and other WLCA events.)
3. I will work diligently in my classes, finish all of my homework, and be prepared for tests.
4. I will not participate in destructive language or behavior: (Offensive talk, swearing, lying, making fun of others, mocking, abuse to property, smoking, drinking alcohol, using drugs, fighting, threatening or other inappropriate language behaviors.)
5. I will not participate in any inappropriate/destructive language via email, instant messaging, text messages or any modes of communications on or off school premises.
6. I will not lie, cheat, or steal and will help my classmates not to lie, cheat, or steal.
7. I will treat members of the opposite sex with respect and purity.
8. I will not have inappropriate physical contact of any kind.
9. I will go to church at least once a week and read my Bible daily.
10. I will do my best to walk in the Fruits of the Spirit: love, joy, peace, long-suffering, kindness, goodness, faithfulness, gentleness, and self-control (Galatians 5:22-23).
11. ***I understand that WLCA has a zero tolerance for any weapons or drugs on school or church grounds and if I am found involved in either behavior I will be asked to withdraw from the school.***
12. ***No Humor Zone – I will not gesture, talk, joke, or pretend in any way about guns or other instruments that could be used as weapons.***
13. I will not wear baggie clothing.
14. As a parent I will speak to a teacher or a member of the administration when I have a concern. I will not share information with another parent.
15. I will follow the school's policy on tardiness and absences.
16. I will respect the detention fee of \$25.00 without question. (Grades 6-12)
17. I will use the internet with all purity and respect for myself and others.
18. I will respect all policies and procedures established for the student body.

I have read, and agree to abide by the above Honor Code.

Student Signature _____ Date _____

I have reviewed the Honor Code with my child.

Parent/Legal Guardian Signature _____ Date _____

WORD OF LIFE CHRISTIAN ACADEMY
Statement of Cooperation
2024-2025

_____ It is understood that my student's admittance is a privilege and not a right; and that if at any time his/her conduct, academic progress, or cooperation with the school's authorities are not in compliance with the school's requirements, the school reserves the right to terminate, at its discretion, my student's enrollment.

_____ I give permission for my student to take part in all school activities including sports programs and school-sponsored trips away from the school premises. I absolve the school from all liability in the event my student is injured at school or during any school activity. I agree with the school's effort to train my student in the Bible and will encourage my student in this and in all other phases of instruction.

_____ I pledge not to interfere with the school in its efforts to administer discipline to my student in accordance with the standards the school sets. As a parent I will speak to a teacher or a member of the administration when I have a concern. I will not share information with another parent.

_____ If my student is voluntarily withdrawn or is requested to withdraw by the school, it is understood and accepted that no refund of registration fee or tuition will be made.

_____ I give my permission for Word of Life Christian Academy to use my student's picture, portrait, or photograph in materials to be published by WLCA. I grant Word of Life Christian Academy a non-exclusive, royalty-free license to use the photographs in all forms and media, including composite or digitally enhanced modifications, for the purpose of advertising, trade or any other lawful purposes. I waive the right to inspect or approve the final product, and understand that no royalties or any other type of monetary compensation will be awarded to any individuals involved.

_____ Word of Life Christian Academy, "is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act."

Father/Guardian's Signature _____ Date _____

Mother/Guardian's Signature _____ Date _____

By signing this application, I am granting WLCA permission to:

- Use my student's picture in any WLCA yearbook, publications, and advertisements in local newspaper, television, etc.
- Request copies of the academic and behavioral records of my student from his/her current school.

Signature of Parent/Legal Guardian

Date

WORD OF LIFE CHRISTIAN ACADEMY

Internet Usage Policy

2024-2025

Acknowledging the numerous benefits that the Internet has to offer our students, Word of Life Christian Academy has created the following policy to utilize Internet resources efficiently, ethically, and appropriately. Within the context of the WLCA Mission Statement, the Internet connection will be used to meet the goals of our school.

What WLCA will provide:

A reliable connection. Supervision of students while using the Internet. Training for a student that clearly defines appropriate/inappropriate sites; as well as how to search, save, print, and make citations. Internet password systems and safe-search software, that makes students accountable to the sites they visit and prevents them from accessing inappropriate material.

WLCA Student & Parental responsibility:

The Internet user is held responsible for his/her actions whenever using the Internet. Unacceptable uses of the network will result in the suspension or revocation of these privileges.

1. Using the network for any illegal activity.
2. Using the network for financial gain or initiating any financial transactions.
3. Degrading or disrupting the equipment or system performance. Any security problems must be reported to the technology coordinator and not shared with other users.
4. Vandalizing the data of another user.
5. Wastefully using finite resources, after being warned and instructed on their proper use.
6. Gaining unauthorized access to resources, including attempting to get around censor ware installed on a computer with Internet access.
7. Invading the privacy of individuals including reading mail that belongs to others without their permission.
8. Using an account owned by another user – with or without that user’s permission.
9. Posting personal communication without the author’s consent or information, which is not meant to be made public.
10. Posting rude or inappropriate messages.
11. Downloading viruses or attempting to circumvent virus protection programs.
12. Violating the spirit of the Mission Statement of Word of Life Christian Academy.
13. Plagiarism – using another’s words or ideas as ones own.
14. Any other usage that the WLCA Staff, Faculty & Administration deems inappropriate.
15. I will use the internet & email in purity and respect to others.

The Internet user must meet all academic and spiritual policies in order to use an Internet station. The user and his/her parents understand that use of the Internet is at the user’s own risk. Considering these provisions mentioned above, WLCA will not assume responsibility for:

1. The reliability of the content of a source received by a user. Students must evaluate and cite appropriately.
2. Cost that the students incur if they request a product or service.
3. Any consequences of disruption in service that may result in lack of resources. Though every effort will be made to ensure a reliable connection, there may be times when the Internet service is down or there is a conflict with teachers, classes, or other students.
4. Guaranteeing privacy of mail. Though we do support privacy of e-mail, users must not assume that this is guaranteed. The technology coordinator and the Administrative Staff reserve the right to investigate possible misuses and to monitor any e-mail that comes through WLCA computers.

By signing this consent and waiver form, the student agrees to abide by these restrictions. The student and parent (or guardian) must sign after they have discussed these rights and responsibilities together.

I have read the Internet Usage Policy of WLCA. I agree to follow the rules contained in this policy. I understand that if the WLCA student violates the rules, their privileges can be terminated and they may face other disciplinary measures. WLCA parents agree that their son or daughter will be held liable for violations of this policy.

Student Signature

Date

Parent/Guardian Signature

Date



**Word of Life Christian Academy
Video Policy 2024-2025**

Classroom Video Policy:

Movies and educational videos related to course content will be used in class. Movies with a “G” or “PG” rating with parent consent may be used. Some educational programs are not rated and history documentaries may include some violence. The teacher will appropriately edit programs when necessary. If you would not like your child to view certain film types, alternative arrangements will be made during that time with no loss of credit. A notice will be sent home each time before a movie is shown. You may view the movie in advance if needed. (all movies can be found in most video stores or libraries)

Please check the types of video your child may view in the classroom:

“G” rated	_____yes	_____no
“PG” rated	_____yes	_____no
Educational	_____yes	_____no

Please sign below to indicate you have had an opportunity to read this form and have given your permission to view the above rated videos.

Parent Signature

Student Name/Grade

Date

**Word of Life Christian Academy
Elementary School
Safe Key Program
2024-2025**

Fees: Are due weekly (after the 1st day of the weeks' charges) by Monday of each week. Please see your Gradelink account to view your charges each week.

Before School Hours: 6:30am-8:00am.

The students enrolled in the before school program can be dropped off between 6:30-8:00am. If your child is dropped off before 6:30am you will be charged \$1.00 per minute per child until 6:30am then your regular fee will be added to that. If your child is signed in at any time between 6:30am and 8:00am you will be charged a full \$13.00 per child.

After School Hours: 3:15pm-6:00pm.

Between the close of school, at 3:00pm, to the beginning of the After Care program, at 3:15 pm, students will wait outside in their prospective lines for parent pick up. If your child is signed into safe key at any time between 3:15pm and 6:00pm you will be charged a full \$18.00 per child. The students enrolled in the After Care program must be picked up by 6:00pm at which time, if your child has not been picked up, a \$1.00 per minute per child fee will be added to your regular hourly or weekly fee. If your child is not picked up by 6:30 pm juvenile authorities will be contacted. The students will work on homework, play board games, do scheduled crafts, draw, color, and play outside.

If your child is left after 3:15pm and is not enrolled in the After Care program your child will automatically go to After Care and will be charged a full hour of \$18.00. Two or more days will automatically be charged for a 3-day minimum.



Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

(Please check those that apply)

Before School (only) _____ Monday _____

After School (only) _____ Tuesday _____

Before and After School _____ Wednesday _____

Friday _____

No Before or After School care needed _____

Parent/Legal Guardian Signature

Date

**Word of Life Christian Academy
Elementary School
Safe Key Program
2024-2025**

***Fees:** Are due weekly (after the 1st day of the weeks' charges) by Monday of each week. Please see your Gradelink account to view your charges each week.*

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The students enrolled in the before school program can be dropped off between 6:30-8:00am. If your child is dropped off before 6:30am you will be charged \$1.00 per minute per child until 6:30am then your regular fee will be added to that. If your child is signed in at any time between 6:30am and 8:00am you will be charged a full \$13.00 per child.

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If your child is left after 3:15pm and is not enrolled in the After Care program your child will automatically go to After Care and will be charged a full hour of \$18.00. Two or more days will automatically be charged for a 3-day minimum.



Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

(Please check those that apply)

Before School (only) _____ Monday _____

After School (only) _____ Tuesday _____

Before and After School _____ Wednesday _____

Friday _____

No Before or After School care needed _____

Parent/Legal Guardian Signature

Date

WORD OF LIFE CHRISTIAN ACADEMY
Parental Transportation Permission
2024-2025

I, _____ give permission for my
 (Parent's name)
child, _____, in _____ grade,
 (Child's name)
_____ class to:
 (Teacher's name)

_____ I give **permission** for my child to **walk** to and/or from
home **unescorted** by WLCA school staff

_____ I give **permission** for my child to **ride his/her bike** to
and/or from home unescorted by WLCA school staff

_____ I give my **permission** for my child **to drive** to and/or
from school unescorted by WLCA staff

_____ **I DO NOT give permission**, my child is **not allowed** to
leave WLCA property unescorted by WLCA staff.

Parent/Legal Guardian Signature

Date



**WORD OF LIFE CHRISTIAN ACADEMY
REQUEST FOR TRANSFER OF
EDUCATIONAL RECORDS BETWEEN SCHOOLS
2024-2025**

Instructions to Registrars:

The following student has registered for admission to Word of Life Christian Academy.

Please send copies of the following records for the student listed below:

- Transcript of grades
- Test data including Achievement Test score, if applicable
- Health/Vaccine records
- Confidential records
- Birth Certificate

(Parents please fill out)

Student Name: _____ **Date of Birth:** _____

Previous School Information:

School Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please send appropriate documents to:
Word of Life Christian Academy
3510 N. Buffalo Drive
Las Vegas, Nevada 89129
(702) 645-1180
Fax (702) 396-0293

I acknowledge notification of this transfer of records as required by the Family Education Rights and Privacy Act of 1974 and understand that I have the right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without consent.

Signature Parent/Legal Guardian

Date



Word of Life Christian Academy

Photo ID Policy

In an effort to maintain a high level of security for our students, WLCA has implemented a new Photo ID Policy.

Every parent, volunteer, and authorized escort must present either a WLCA-issued Photo ID or a WLCA-issued Visitor Badge while on campus. Teachers will not release any student without presenting a WLCA Photo ID or verification from the Front Office. WLCA will provide one Photo ID card, badge cover, and clip. Photos will be taken by WLCA Staff in the Front Office.

By signing below you agree to the following WLCA Photo ID Policy:

- Personal Photo IDs (driver's license) are not a substitute for a WLCA-issued Photo ID card.
- A WLCA-issued Photo ID or WLCA Visitor Badge must be clearly visible at all times while on school grounds and must show it at any time the WLCA Staff requests.
- Anyone without a WLCA Photo ID must go to the Front Office to receive a Visitor's Badge.
- Visitor Badges will be issued at the Front Office. In order to receive a WLCA Visitor Badge, all visitors must leave a driver's license or keys while on campus.
- Replacement Photo ID cost is \$10.
- Students may be dropped off without reporting to the Front Office during the following times: Middle/High School – 7:20am to 7:30am and Elementary – 8:00am to 8:30am.
- Kinder – 8th grade students must be picked up from each corresponding grade line on the blacktop. (Drive through pick up)
- If you visit the school between the hours of 8:30am and 2:50pm, you must still check-in with the Front Office before proceeding to any classroom.

Signature

Date

Printed Name

Student's Name

Grade

PAST & PRESENT HEALTH CONDITIONS

Student Name: _____

D.O.B. _____

Date: _____

1. No Yes **Attention Deficit Disorder (ADD/ADHD)** *Please explain and document only medications...*

2. No Yes **Allergies**

Food Insect bites/sting Pollens Animals- Medication (please document...)

Will student have an EpiPen at School? Yes NO

3. No Yes **Asthma**

Please document any medication. Will student have an inhaler at school?

Yes No

4. No Yes **Bone/Muscle Condition**

Please explain and document any medication...

5. No Yes **Diabetes**

Please explain and document any medications... Is insulin and glucometer needed at school?

Yes No

6. No Yes **Chronic Ear or Throat Infections**

Please explain History and treatment...

7. No Yes **Emotional Problems**

Please document counseling and any medications...

8. No Yes **Fainting/sudden loss of consciousness**

Please explain ...

9. No Yes **Frequent Headaches or Migraines**

Please explain history and treatment...

PAST & PRESENT HEALTH CONDITIONS (continued)

Student Name: _____

10. No Yes **Head Injuries or any major accidents**

Please explain history and treatment...

11. No Yes **Hearing Loss**

Please explain history and treatment...

12. No Yes **Heart, Blood Disease or High Blood Pressure**

Please explain history and treatment...

13. No Yes **Physical Handicap**

Please explain and describe any accommodations needed...

14. No Yes **Seizure disorder**

Please explain type and medications...

15. No Yes **Skin Problems**

Please explain history and treatment...

16. No Yes **Urinary/Bowel condition**

Please explain history and treatment...

17. No Yes **Vision Problems**

Glasses Contacts Wears all of the time

18. **Hospitalization & Operations**

Please explain ...

19. No Yes **Are there any other concerns?**
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