



WORD OF LIFE CHRISTIAN ACADEMY

3510 N. Buffalo Drive
Las Vegas, Nevada 89129
Phone (702) 645-1180
Fax (702) 396-0293

Registration Form

Camp Begins June 2nd

Student Information (please print)

First Middle Last

Home Address City State Zip

Home Phone Date of Birth Social Security #

Place of Birth Male Female Race Allergies

Application is for the school year **2025** for the days indicated below:



Student's grade for the 2025 – 2026 school year _____

Pre-K & Kinder Reg Fee \$65
\$210 per week 5 full days
\$175 per week 5 ½ days
\$160 per week 3 full days
\$125 per week 2 full days

1st grade – 6th grade Reg Fee \$95
\$150 per week
\$40 per day

____ Monday
____ Tuesday
____ Wednesday
____ Thursday
____ Friday

Father/Guardian 1

Mother/Guardian 2

Name _____

Name _____

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. _____

Email _____

Email _____

Summer Camp Last Attended

School Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Grade _____

Does this child have a learning disability or limitation that might require special professional assistance? _____

If yes, please describe _____

Reason for selecting this Summer camp? _____

How did you hear about our Summer Camp Program? _____

Should you leave our camp and you have a balance, your account will be forwarded to our collection agency.

History Information

Is this child under regularly supervision of a physician? _____ yes _____ no

If so, please explain _____

Does the child take prescription medicine regularly? _____ yes _____ no

If so, please list medication, frequency, and condition requiring it _____

Has the child been hospitalized within the past year? _____ yes _____ no

If so, please give dates and reasons _____

Has the child ever been treated for any nervous, mental, or emotional disorder? _____ yes _____ no

If so, give the name of doctor or facility providing care and dates of care _____

List the approximate dates your child has had the following illnesses:

Chicken Pox _____ Asthma _____ Mumps _____ Rheumatic Fever _____

3-Day Measles _____ Hay Fever _____ Whooping Cough _____ Epilepsy _____

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?
 Mother Father Both

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? _____

Authorized Escorts *(someone other than parents)*

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Statement of Cooperation

It is understood that my child's attendance 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 child's enrollment.

I give permission for my child to take part in all summer camp activities including water play, messy art, drama, music, movies, snacks, food preparation, etc. I absolve the camp from all liability in the event my child is injured in summer camp or during any camp activity.

I agree with the camp's effort to train my child in the Bible and will encourage my child in this and in all other phases of instruction.

I pledge not to interfere with the summer camp in its efforts to administer discipline to my child in accordance with the standards the school sets.

If my child is voluntarily withdrawn or is requested to withdraw by the summer camp program, 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 Summer Camp Program to use my child's picture, portrait, or photograph in materials to be published by Word of Life Christian Academy. 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.

Also, please be notified that Word of Life Christian Academy 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

Summer Camp
Emergency Notification Form

2025

Please list in order of preference to be called: *(please list someone other than parents)*

Name _____

Address _____

Relationship _____ Home Phone # _____

Work Phone # _____ Cell Phone # _____

Name _____

Address _____

Relationship _____ Home Phone # _____

Work Phone # _____ Cell Phone # _____

Name _____

Address _____

Relationship _____ Home Phone # _____

Work Phone # _____ Cell Phone # _____

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 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



Allergies Form

2025

Child's Name: _____ Date: _____

Allergies: _____

Signs of a reaction: _____

What to do if child has a reaction: _____

Cell Number: _____

Work Number: _____

Home Number: _____

Emergency Contact Name & Number: _____

Parent/Guardian Signature

Date

WORD OF LIFE CHRISTIAN ACADEMY

Summer Camp **Financial Agreement** 2025

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

Child's Name _____ Birth Date _____

Child's Name _____ Birth Date _____

Child's Name _____ Birth Date _____

Total # of children enrolled _____

Child(ren) will begin on _____

Payment Schedule

Preschool & Kinder

Total Registration \$ 65.00 Registration Date _____

Weekly Tuition \$ 210.00 5 days \$ 175.00 5 half days \$ 160.00 3 days \$ 125.00 2 days

1st Grade – 6th Grade

Total Registration \$ 95.00 Registration Date _____

Total Weekly Tuition \$ 150.00 Daily \$ 40.00

I would like the following payment schedule: (Preschool weekly only)

_____ Daily
_____ Weekly

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday

(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 policies outlined in the Word of Life Christian Academy *Summer Camp Parent Handbook*.

_____ I agree that weekly tuition fees do include individual days when school is not in session.

_____ I agree that a registration fee, which is NON-REFUNDABLE and NON-TRANSFERABLE unless my child 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 summer term to assure my child's space in his/her camp.

_____ I agree that vacation credit (half tuition) will be applied to summer tuition for one week a year only and only for full-time enrolled students.

_____ I agree that sick credit (half tuition) will be applied to school tuition for one week a year only and only for full-time enrolled students.

_____ I agree that tuition is paid on the FIRST camp day of the week, to WLCA with no deductions for absences and/or daily holidays and that a \$5.00 per day late fee will be added to my account until payment is made.

_____ I agree that a \$5.00 fee will be added to my account for every time my child is not signed in and/or out for the day.

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

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

_____ I agree that WLCA does not under any circumstances accept cash payments over \$100. This policy will be strictly enforced.

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

_____ I agree that if my child is withdrawn before the summer term ends, there will be no transfer or refund of tuition or registration fees.

_____ I agree that if my child is at WLCA and is not picked up by 5:30p.m I will be charged \$1.00 per minute and if he/she is not picked up by 6:00p.m. Juvenile authorities will be contacted to care for my child(ren).

_____ 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 summer and/or school year.

_____ I agree that if I currently have an account at WLCA, the account must be at a zero balance in order to be given any federal tax information.

_____ I agree that if I withdraw my child from WLCA, my balance must be paid in full or my child's records will not be released. In the event my account goes to a collection agency, I will be responsible for all fees incurred, such as attorney's fees, court costs, mailing and any fees the collection agency charges.

Parent/Legal Guardian Signature

Date

Social Security No.

Parent/Legal Guardian Signature

Date

Social Security No.