

First Day of School  
August 10, 2025

# *Welcome*

## *To Our WLCA Family*

**Pre-School**

**2026-2027**

**School Year**

Academic Excellence in  
a Christian Environment

3510 N. Buffalo Las Vegas, NV 89129 (702)645-1180 Fax (702)396-0293  
[www.wlcalv.com](http://www.wlcalv.com)





# WORD OF LIFE CHRISTIAN ACADEMY

## Pre-School

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

### Registration Form

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

Application is for the school year **2026-2027** for the days indicated below:

**Students Schedule: Please be aware, schedules can not be changed w/out speaking with the director.  
Each family is only granted one schedule change per school year.**

\_\_\_\_ 5 Full days  
\_\_\_\_ 5 Half days  
\_\_\_\_ 3 Full days  
\_\_\_\_ 2 Full days

\_\_\_\_ Monday  
\_\_\_\_ Tuesday  
\_\_\_\_ Wednesday  
\_\_\_\_ Thursday  
\_\_\_\_ Friday

Father/Guardian Name \_\_\_\_\_

Mother/Guardian 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 \_\_\_\_\_

**Pre-School 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? We do not accept students with IEPs or Speech IEPs. We cannot accommodate these students at this time. Our teacher-to-student ratio in pre-school is 1 teacher for every 13 students. Also, your child must be completely potty trained. We are not a potty training facility.*

Reason for selecting this school? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Word of Life Christian Academy? \_\_\_\_\_

**Should you leave our school and you have a balance owing on your account, we will not forward your records.**

**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 \_\_\_\_\_

**List Allergies** \_\_\_\_\_

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 school activities including Christmas programs, awards programs and graduation ceremonies. I absolve the school from all liability in the event my child is injured at school or during any school activity. I agree with the school'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 school 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 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 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.

Word of Life Christian Academy "is operated as an exempt school under the provisions 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



WORD OF LIFE CHRISTIAN ACADEMY

Pre-School

Emergency Notification Form

2026-2027

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**

**Pre-School**

**Allergies/Pesticides Form**

**2026-2027**

Pesticides are regularly used on the premises of Word of Life Christian Academy to help with the control of insects. If your child has any abnormal health issues concerning their lungs, skin, etc. or may be otherwise sensitive to chemicals that cause irritants please be sure this is indicated below. In the event that someone is called to spray pesticides at our school you will be notified in advance in a flyer or letter form. Plug-in and spray air fresheners as well as disinfectants, in spray and wipe forms, are also used daily in our classroom, however, parents will not be notified in advance for their usage.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Signs of a reaction: \_\_\_\_\_

What to do if child has a reaction: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Medical Contact Name & Number: \_\_\_\_\_

Parent/Guardian Signature

Date



WORD OF LIFE CHRISTIAN ACADEMY

Pre-School

Health Statement

2026-2027

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Street Address

P.O. Box

City

State

Zip

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

**TO BE COMPLETED BY A PHYSICIAN OR RN and STAMPED BY THE OFFICE:**

Status of Child's Health: \_\_\_\_\_ Satisfactory \_\_\_\_\_ Other

Allergies \_\_\_\_\_

List any known conditions under treatment:

Signature of Physician or RN \_\_\_\_\_ Date \_\_\_\_\_

Physician's Address \_\_\_\_\_ Phone \_\_\_\_\_

Office Stamp 



**WORD OF LIFE CHRISTIAN ACADEMY**

**Pre-School**

**Financial Agreement**

**2026-2027**

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**

Annual Registration \$ 200.00 \_\_\_\_\_

Annual Graduation Fee \$ 50.00 \_\_\_\_\_ Due December 1<sup>st</sup>

Total Weekly Tuition \$ \_\_\_\_\_

I would like the following payment schedule:

- |                   |                 |
|-------------------|-----------------|
| _____ 5 Full Days | _____ Monday    |
| _____ 5 Half Days | _____ Tuesday   |
| _____ 3 Full Days | _____ Wednesday |
| _____ 2 Full Days | _____ Thursday  |
|                   | _____ Friday    |

**Over**



# WORD OF LIFE CHRISTIAN ACADEMY

## Pre-School

### Automatic Payment Authorization

### 2026-2027

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Name/s: 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

Please charge my  MasterCard  VISA  Discover  American Express

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CVV# \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

### You must check one

\_\_\_\_\_ Weekly credit card/debit will take place on the 1<sup>st</sup> day of each week beginning \_\_\_\_\_, 2026,  
And ending on \_\_\_\_\_, 2027 in the amount of \_\_\_\_\_.  
\_\_\_\_\_ Monthly credit card debit will take place on the 1<sup>st</sup> of each month beginning \_\_\_\_\_, 2026  
And ending on \_\_\_\_\_, 2027 in the amount of \_\_\_\_\_.  
\_\_\_\_\_ Bi-Weekly credit/debit will take place beginning \_\_\_\_\_, 2026, and ending on  
\_\_\_\_\_, 2027 in the amount of \_\_\_\_\_.

### Terms and Conditions

I authorize weekly/monthly tuition payments only to be automatically debited, I understand I am responsible for making other payment arrangements for any extended care charges and any other miscellaneous charges to my school account. All transactions will take place on the first day of the week/month (or the next business day) unless other arrangements have been made in writing with the Office Manager. 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 school office with written notification.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



**WORD OF LIFE CHRISTIAN ACADEMY**

**Pre-School**

**Information Release**

**2026-2027**

I understand that the time my child, \_\_\_\_\_ is in the facility, which the director may be asked for information regarding my child.

\_\_\_\_\_ I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

\_\_\_\_\_ I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that the Bureau of Services for Child Care has access to my child's record as the licensing agent and may view the record upon BSCC facility inspection.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

-----  
**and**  
-----

Parent/Guardian Notification of NRS.178:

I, \_\_\_\_\_, (Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's enrollment.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**



**WORD OF LIFE CHRISTIAN ACADEMY**

**Pre-School**

**Photograph Release**

**2026-2027**

I understand that during the time my child \_\_\_\_\_ is in care at Word of Life Christian Academy, photographs may be taken and used for the promotion of the school and/or pre-school classrooms.

I hereby give my permission to release photographs of my child to official persons employed by the school/church only. I understand that these pictures may only be used for the positive promotion of Word of Life Christian Academy and Pre-school.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

-----  
**or**  
-----

I DO NOT give permission to release photographs for the aforementioned statement to Word of Life Christian Academy School and/or Church employees.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# WORD OF LIFE CHRISTIAN ACADEMY

## Pre-School

### *Biting Policy*

*2026-2027*

Biting is a natural action of toddlers. It is not pleasant for anyone involved in this situation. Toddlers do not have the verbal skills to express themselves so sometimes they use their hands, feet and teeth to communicate. This is not a normal behavior for Pre-School aged children and will not be tolerated with this age group.

Please know it is our goal at Word of Life Christian Academy to have the safest facility possible. We do our best by having low teacher to child ratios and an age appropriate environment. We don't want any child to get hurt in our care, but children do bite and it is possible that your child could get bit or bite someone at school. The following steps are taken when biting occurs.

- An ice pack will be applied and a lot of love (TLC) is given.
- If the skin is broken, it will be cleaned with water and peroxide and parents of both children will be called. Some doctors like to see the child if the skin is broken.
- We will evaluate the situation to find out why this happened.
- The caregiver will stay close to the biting child because of the tendency to bite.
- If the biting occurs again the parent of the biting child will be called into a meeting with the director. We will try to find a solution or the child will have to leave our school for the safety of the whole group. It is our goal to do everything we can to solve the situation and not have the child leave our school.

---

Parent/Guardian Signature

Date