WLCA **First day of School**
August 9, 2027
**subject to change*

Welcome

To Our WLCA Family

Returning Families

High School

2027-2028
School Year

Academic Excellence in a Christian Environment

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

Word of Life Christian Academy

Registration Packet Checklist

Returning Student

High School 2027-2028

Items to be RETURNED

- o Current Registration Form
- o Emergency Notification
- o Financial Agreement
- o Automatic Payment Authorization

Copies of the following needed:

- o Vaccine Records
  (updated vaccine record are required for Kindergarten, 7th & 12th grade students)
- o Court documents (child custody)

WORD OF LIFE CHRISTIAN ACADEMY

HIGH SCHOOL

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

Please fill out completely

Registration Form

☐ ***Returning Student***

Student Information (please print)

_____

First **Middle** **Last**

_____ _____

Date of Birth **Allergies**

Application is for the school year ***2027-2028*** for the grade indicated below:

High School: ____ **Ninth Grade** ____ **Tenth Grade** ____ **Eleventh Grade** ____**Twelfth Grade**

Please verify by initialing each statement, that you have read and understand the following:

____ **Address Change**: Yes or No

_____

_____

____ **Health Changes**: Yes or No **Please Note any Health Changes**:

_____

_____

____ **Immunizations**: Kindergarten, 7th, & 12th Grade students require updated vaccine records (please attach updated Immunization record)

____ **Other** pertinent changes or information the school should know?

_____

_____

____ If there are any changes in **Transportation Permission.** (Walk, ride bike or drive unescorted) Please see the office to complete a form.

____ 2027/2028 SY **Parent/Student Handbooks** will be emailed to you prior to the beginning of the new school year. Please acknowledge by signing and returning pages 58-60 of the handbook.

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 or Legal Guardian **Date**

WORD OF LIFE CHRISTIAN ACADEMY
Emergency Notification & Authorized Escorts Form
2027-2028

Please list your contacts to be notified in case of emergency or authorized escorts.
List in order of preference. (*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*

1. Name: _____
Relationship (to student): _____
Address: _____
_____
Phone #: _____

Check those that apply:
Authorized Escort ☐ Emergency Contact ☐

2. Name: _____
Relationship (to student): _____
Address: _____
_____
Phone #: _____

Check those that apply:
Authorized Escort ☐ Emergency Contact ☐

3. Name: _____
Relationship (to student): _____
Address: _____
_____
Phone #: _____

Check those that apply:
Authorized Escort ☐ Emergency Contact ☐

4. Name: _____
Relationship (to student): _____
Address: _____
_____
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 (pg. 1) | 2027-2028

I, _____, do hereby contract with Word of Life Christian Academy for the student(s) listed below.

1. Student Information

Student's Name	Birth Date	Grade Entering (K-12)	Student's Cell (if applicable)
1.			
2.			
3.			

Total number of students enrolled: _____ **Expected start date:** _____

2. Payment Selection & Schedule

Total Registration: $ _____ **Total Annual Tuition: $** _____

Selection	Payment Option	Due Date & Terms	Amount
[ ]	**Payment in Full**	Paid prior to August 1, 2027	$ _____
[ ]	**10 Monthly Payments**	Equal payments from August 1, 2027 to May 1, 2028	$ _____
[ ]	**12 Monthly Payments**	Equal payments from June 1, 2027 to May 1, 2028 (Valid until June 1, 2027)	$ _____

3. Tuition & Loyalty Discounts Reference Schedules:

***Please select which applies to you. (Schedule 1 or 2)**

Students enrolled prior to the 2025/2026 School Year **Schedule 1 [ ]**

Grade Level	Reg. Fee	Annual	10-Mo.	12-Mo.	Sibling (5%)	2nd+ (10%)	Tither (15%)	Mil/Fire (10%)
K – 5th	$675	$7,500	$750	$625	$7,125	$6750	$6375	$6,375
6th – 8th	$700	$7,900	$790	$658	$7505	$7,110	$6,715	$6715
9th – 12th	$725	$8,500	$850	$708	$8,075	$7,650	$7,225	$7,225

Students enrolled since 2026/2027 School Year **Schedule 2 [ ]**

Grade Level	Reg. Fee	Annual	10-Mo.	12-Mo.	Sibling (5%)	2nd+ (10%)	Tither (15%)	Mil/Fire (10%)
K – 5th	$675	$8300	$830	$692	$7885	$7470	$7055	$7470
6th – 8th	$700	$8700	$870	$725	$8265	$7830	$7395	$7830
9th – 12th	$725	$9300	$930	$775	$8835	$8370	$7905	$8370

WORD OF LIFE CHRISTIAN ACADEMY

Financial Agreement (pg. 2) | 2027-2028

(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 7:20 am (MS) 8:00am (ES), and 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 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

Word of Life Christian Academy

Automatic Payment Authorization

*Date:*_____

Billing Card Information:

*Name on card:*_____

*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:*_____

*Monthly credit card debit will take place on the 1st of each month or Select date (1st-10th) for the amount of $*_____*, beginning* ___/___/_____*Month/ Day/ Year and ending* ___/___/_____*Month /Day /Year*

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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