

REGISTRATION
2017-2018



Ministry of Desert Highlands Baptist Church
Member of The Association of Christian Schools International
(ACSI)
40027 11th Street West
Palmdale, California 93551
(661) 947-7000
[Www.DHBC-WCS.com](http://www.DHBC-WCS.com)

*The non-refundable registration fee is required to complete our enrollment.

REGISTRATION 2017-2018

Westside Christian School



Ministry Of
Desert Highlands
Baptist Church

40027 11th Street West
Palmdale, CA 93551
Phone: 661-947-7000
Fax: 661-947-3417

For Office Use Only

Monthly Tuition

◇ If paying by cash/check:

Middle School	\$475.00
6th, 7th, & 8th	
First Student	\$460.00
Second Student	\$440.00
Third Student	\$415.00

◇ If paying by credit/debit card please add \$15.00 per month

MONTHLY TUITION TOTALS _____

Registration	
Feb/March registration	\$150
April registration	\$175
May registration	\$200
June registration	\$225

TOTAL \$ _____

Books & Materials	
Kindergarten	\$200
1st - 5th Grades	\$295
6th - 8th Grades	\$320

TOTAL \$ _____

____ Immunization Record
(K5, 1st, 7th)

____ Health Form (1st)

____ Birth Certificate (K5)

____ Registration Complete

____ FACTS

Grade Entering _____

Student's Last Name _____

First Name _____

MI _____

Age this student will be on December 1st of this year _____
Birthday _____

Student's Address _____

City _____ State _____

Zip _____

Home Phone _____ First number to call in emergency _____

Main Parent / Guardian Email _____

Attend WCS previously? Yes No When _____

Race/Ethnicity: (optional)

- White
 Hispanic
 African American

Gender:

- Female
 Male

Father's Name: _____

- Biological Stepfather Guardian

Occupation _____ Business Phone _____

Employer _____ Cell Phone _____

Mother's Name: _____

- Biological Stepmother Guardian

Occupation _____ Business Phone _____

Employer _____ Cell Phone _____

Marital Status:

- Married Divorced
 Single Separated
 Widowed Remarried

Student Lives With: Both Parents Mother Father Guardian

Other _____

Citizenship Information:

Is student had any difficulty with civil authorities? Yes No

If yes, please explain:

Has Student had any discipline problems in school? Yes No

If yes, please explain:

Detentions:

Suspension:

Expulsion:

Additional Information:

Has student accepted Jesus Christ as their personal Savior? Yes No

How did you hear about Westside? Ad Internet Word of Mouth Referral Email

Why have you chosen Westside Christian School for the education of your child?

Church Info:

Church Attending: _____

Pastor: _____ Phone: _____

Scholastic Information:

Has Student had any scholastic difficult in school? Yes No

If yes, please explain:

Is your student working at grade level? Yes No

Is your student taking some form of special education (tutoring, IEP, etc)? Yes No

What is his/her level of academic work? Above Average Average Below Average

New Student Admissions General Information:

(Application will not be accepted until all forms are complete)

After applications are reviewed, parents will be notified whether the child has been accepted into Westside Christian School. Some students may be required to have an interview with administration before the final decision is made. All sixth, seventh and eighth grades students may be ask to go through an interview process.

I have read the above statements

Emergency Information:

(FIRST PERSON TO CONTACT OTHER THAN PARENT/GUARDIAN)

Name _____ Relation _____ Daytime _____

Physician/Medical Group _____ Phone _____

Insurance _____ Insurance ID _____

Allergies/Medical Needs: _____

If your child has a fever or other symptoms of illness, they should not be sent to school. Upon recovering from a serious illness or skin disease, bring your child to the office before entering the classroom.

If for some medical reason your child is unable to participate in regular school activities, the school must be notified in writing as to the nature of the incapacity and the probable length of its duration. Parents may request that their child be kept inside during recess. They will be sent to the multi-purpose room for supervision.

According to state law, the school cannot administer any form of medication without a previously signed statement from the parents or legal guardians. Prescription medication requires notification, written and signed, by the child’s physician with the amount and time to be given. All medication will be kept and administrated in the school office.

I have read the above statements

There may be a time when we will need to give a pain or fever reducer to your child because of high fever or discomfort. Please indicate your preference and permission:

Acetaminophen (Tylenol, etc.)

Cough Drops

Tums

NO Medications

ABSOLUTELY NO Treatment

Emergency/Pick-up:

My child may be released to the following persons:

Name _____ Relationship to Child _____ Phone _____ Cell Home

Name _____ Relationship to Child _____ Phone _____ Cell Home

Name _____ Relationship to Child _____ Phone _____ Cell Home

Name _____ Relationship to Child _____ Phone _____ Cell Home

Name _____ Relationship to Child _____ Phone _____ Cell Home

PARENT NOTIFICATION AGREEMENT:

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children UNLESS a parent has a court order that indicates which parent has custody of the child/children.

The school **MUST HAVE A COPY OF THE COURT ORDER** on file; otherwise, either parent may check the child out of the school with proper identification. The ability to obtain information about the student is also indicated in such court orders. Without such orders the confidentiality and custody of the student can not be enforced by the school.

- I have read the above statements and it is non-applicable to me.
- I have read the above statements and plan to comply to your request.

AUTHORIZATION AND CONSENT AGREEMENT:

If there is a custody issue, please bring in all legal documents and restrictions. All persons not on this list will require parental permission and identification before the student is released.

- 1) I hereby grant permission for my child to use all the play equipment and participate in all the activities of the school.
- 2) I hereby grant permission for my child’s picture to be included in the schools web site, evaluations and publications connected with the school program.
- 3) I understand that Westside Christian School does not carry accident insurance for students. In the event of a medical emergency in which the parents or guardians cannot be reached, (I, We) as the parent(s) or guardian(s) of the undersigned do hereby authorize in advance a representative of Westside Christian School to consent to any 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 surgeon licensed in the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. This authorization given to provide authority and power on the part of Westside Christian School to give specific consent to any and all such diagnosis, treatment, or hospital care deemed advisable, and neither said representative of Westside Christian School or any organization involved assumes any financial responsibility for exercising this action. In accordance with Section 25.78 of the Civil Code of California this authorization shall remain effective until revoked in writing and delivered to said organization.,
- 4) I hereby agree to comply with the policies and procedures of Westside Christian School regarding attendance, standards of conduct, discipline, health, dress standards, academics, philosophy and other items specified in the Student/Parent Handbook appropriate to the program in which the student is enrolled.
- 5) I understand the administration has full authority for grade or section placement.
- 6) I understand the school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.
- 7) I understand that the services of the school are engaged by mutual consent, and that either I, or the school reserve the right to terminate this agreement at any time.

I have read the above statements

EMERGENCY INFORMATION AGREEMENT:

I/we hereby authorize Westside Christian School to call for emergency services in case of an accident or acute illness and to arrange for necessary medical and surgical care in case I/we are not immediately available. It is understood that a conscientious effort must be made to notify me/us before such action is taken. I/we also agree to accept responsibility for the cost of medical services.

I have read the above statements

Parent’s/Guardian’s Name

Parent’s/Guardian’s Signature for all Agreements

Date

The non-refundable registration fee is required to complete enrollment. Please visit www.dhbc-wcs.com/login.htm to make your payment. Thank You.

GENERAL INFORMATION AND AGREEMENT:

I understand that Westside Christian School reserves the right to refuse entrance into our school or a specific grade level if we receive inaccurate or misleading information from this application. I verify that all statements on the application are valid and true. I understand that my child will be placed on a permanent class list ONLY when all registration papers, including immunization records are on file in the office. My child will be placed on a waiting list if these requirements are not met by the due dates.

I have read the above statements

OFF-CAMPUS ACTIVITIES CONSENT AND AGREEMENT:

I give consent to have my child participate in field trips supervised by the staff of Westside Christian School to points of interest away from the school grounds. This includes, if on a school sports team, to all away games and tournaments. I understand that I will be informed of all off campus activities/field trips before the date such activities take place.

I have read the above statements

TUITION AND EXTENDED CARE PAYMENT POLICY AGREEMENT:

For your convenience, the annual tuition fee has been divided into 10 monthly payments. A full monthly payment is still due and payable for the months in which school is not in session due to legal and/or school holidays (Example: Thanksgiving, Christmas, Easter, Teacher Convention, etc.). Each monthly payment is due on the first of every month, with the first payment due in September and the last payment due in June.

- ◇ A \$25.00 late fee will be assessed if the monthly tuition payment is not received by the fifth day of the month. A \$35.00 late fee will be assessed if thirty or more days late.
- ◇ Failure to respond to a thirty day late notice will jeopardize my child’s enrollment.
- ◇ Failure to cooperate with administration will result in an automatic withdrawal of any student!
- ◇ Checks returned unpaid by any financial institution will be subject to a \$30.00 fee.

I understand that **MONTHLY BILLS ARE NOT MAILED FOR TUITION BUT YOU WILL RECEIVE A STATEMENT AT THE BEGINNING OF EACH MONTH. ALL TUITION PAYMENTS MUST BE MADE THROUGH YOUR FACTS ACCOUNT.**

If the tuition or extended care balance goes past sixty days late, I will be asked to withdraw my child from school and/or extended care until the balance is paid in full.

I have read and agree to adhere to the terms set fourth in the Westside Christian School Tuition and Payment Policy.

I have read the above statements

NEW STUDENT ADMISSIONS AGREEMENT:

I authorize all prior schools to release information to Westside Christian School regarding academics, student recognition, discipline, and tuition payment history. I understand that any discrepancies in the information given during the registration process may constitute a denial or rescinding of admission. I declare that all previous information provided in pages one and two is complete and accurate.

I have read the above statements

Parent’s/Guardian’s Name

Parent’s/Guardian’s Signature for all Agreements

Date

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SPECIAL REQUEST FOR EDUCATION & HEALTH RECORDS

Ministry of Desert Highlands Baptist Church

40027 11th Street West, Palmdale, CA93551

661-947-7000

Official Request for Education & Health Record for:

Student's First Name: _____ Last Name: _____

Birthday: _____

Parent's/Guardian's First Name: _____ Last Name: _____

Last School Attended: _____ Last Grade Attending: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please release the Official Education Record of the above student, including identifying information, courses, grades, attendance records, standardized test results, teacher evaluations, health record and other information which may be helpful (particularly special education records) in planning and implementing the student's school program.

Parent's/Guardian's Name Parent's/Guardian's Signature for Request Date

Name of School Official Signature of School Official Date

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