

Word of God

Christian Academy

800 N 18th Ave Melrose Park, IL 60160

708-407-6077 Valentin Chavez



FAMILY APPLICATION

Please circle one: Re-Enrollment New-Enrollment

Registration Fee: \$50 per family through April 27th \$100 starting April 28th

Diagnostic Fee: \$50 per Child (All New enrollments require a Diagnostic Test)

FAMILY			
Last Name	Home Phone	Address	Postal Code
Are both parents living with children? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, please explain non-custodial parent's involvement, and attach a copy of the Legal Custodial Agreement.			
Church	Church Address	Church Phone	
Prior Christian School Involvement:			
School Name	Address	Phone	
FATHER			
First Name	Employer	Business Address	
Business Phone	Occupation	E-mail Address	
Church Member? Yes <input type="checkbox"/> No <input type="checkbox"/>	Attend Regularly? Yes <input type="checkbox"/> No <input type="checkbox"/>	Church or community involvement	
Father's Cell Phone Number:			
MOTHER			
First Name	Employer	Business Address	
Business Phone	Occupation	E-mail Address	
Church Member? Yes <input type="checkbox"/> No <input type="checkbox"/>	Attend Regularly? Yes <input type="checkbox"/> No <input type="checkbox"/>	Church or community involvement	
Mother's Cell Phone Number:			

CHILDREN

Names	Birthdates	Expected Grade	Sex
			F <input type="checkbox"/> M <input type="checkbox"/>
			F <input type="checkbox"/> M <input type="checkbox"/>
			F <input type="checkbox"/> M <input type="checkbox"/>
			F <input type="checkbox"/> M <input type="checkbox"/>
			F <input type="checkbox"/> M <input type="checkbox"/>

REASONS (MUST FILL OUT)

Please explain your reason for wanting to enroll your children in a Christian School, and any concerns you may have.

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DECLARATIONS

Please carefully read the following statements and sign below, *if you agree with them*:

1. I hereby certify that the foregoing statements are true and complete to the best of my knowledge.
(Falsified applications are grounds to deny the application or remove children from school)
2. I hereby grant the Word of God Christian Academy the right to verify these statements through inquiry with employers, pastors, previous schools, etc.
3. I hereby agree that should a dispute or legal claim ever arise between the undersigned and Word of God Christian Academy or its representatives, I/we will not take the issue before a court of law, but will resolve it before Christian believers.

Father's signature:

Mother's signature:

OFFICE USE ONLY

Having interviewed the parents and the children of this family, we recommend that they:

BE ACCEPTED NOT BE ACCEPTED for enrollment

Admissions Committee Member	Date	Chairman or Principal	Date
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PARENTAL AGREEMENT OF UNDERSTANDING

As parents in partnership with Word of God Christian Academy, we accept our responsibility and privilege of training up the children God has given us. We commit ourselves to support Word of God Christian Academy in providing a quality Christian education. We agree and understand . . .

1. The value the Academy places on prayer, Bible reading, and the benefits of fellowship within a body of Christian believers;
2. The objectives of the Academy with joint consideration of the program together with our child/children;
3. The authorization of the school staff to provide emergency treatment when necessary unless otherwise indicated on the emergency form accompanying the application;
4. That our child/children has/have our permission to take part in all school activities, including sports and school sponsored trips away from the premises providing reasonable care has been taken, absolving the school from liability to us or our child/children because of injury at school or during any school activity.
5. Our responsibility to pay our nonrefundable New Enrollment diagnostic fee of \$50 per child.
6. Our responsibility to pay our nonrefundable book fee.
7. Our responsibility for paying our child’s tuition by the 15th of each month Aug-May.

We, as parents/guardians of the applicant(s) fully understand these commitments and agree to accept our responsibility to work together with Word of God Christian Academy.

Together with Christ:

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____