Word of God

Christian Academy

800 N 18thAve Melrose Park, IL 60160

708-407-6077 Valentin Chavez

2022-2023

FAMILY APPLICATION

**Please circle one: Re-Enrollment New-Enrollment**

**Registration Fee: $50 per family through June 5th $100 starting June 6th**

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

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| **FAMILY**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Last Name | Home Phone | | Address | | Postal Code | | Are both parents living with children? Yes  No 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? Attend Regularly?  Yes  No Yes  No | | Church or community involvement | | | Father’s Cell Phone Number: | | | | |
| **MOTHER**   |  |  |  |  | | --- | --- | --- | --- | | First Name | Employer | | Business Address | | Business Phone | Occupation | | E-mail Address | | Church Member? Attend Regularly? Yes No Yes No | | Church or community involvement | | | Mother’s Cell Phone Number: | |  | | |

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| **CHILDREN**   |  |  |  |  | | --- | --- | --- | --- | | **Names** | **Birthdates** | **Expected Grade** | **Sex** | |  |  |  | F  M | |  |  |  | F  M | |  |  |  | F  M | |  |  |  | F  M | |  |  |  | F  M | |
| **REASONS (MUST FILL OUT)**  Please explain your reason for wanting to enroll your children in a Christian School, and any concerns you may have.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_