

Way of Faith Christian Academy

2021-2022 Enrollment Packet

Thank you for your interest in our school!

Please feel free to call us with any further questions or to set up an appointment/tour ([703-573-7221](tel:703-573-7221)).

We look forward to serving your family!



WAY OF FAITH CHRISTIAN ACADEMY

3040 Chichester Lane, Fairfax, VA 22031

Current Grade Levels Offered:
Kindergarten

School Hours: 8:00 a.m. to 3:00 p.m.

After School Care Available

3:00 P.M. to 6:00 P.M.

Our programs are taught using the Abeka curriculum, to include:
Phonics, Writing, Numbers, Science, Language, and Bible.

Music & Movement, Art, Group Sharing, Story Time and Free Play
are all a part of our daily schedule.

Our goal is to provide each child a positive, fun-filled learning experience
within a loving Christian environment.

For More Information Contact Us At:

[\(703\)-573-7221](tel:(703)573-7221)
Info@WayofFaith.net

Fees and Tuition:

TUITION: The tuition will be **\$800/month** *

FULL PAYMENTS will be spread over 10 months: September - June.

Registration Fee \$100.

This is due at enrollment to reserve a place for your child. **NON-REFUNDABLE!**

Book/Supplies Fee: \$300/year

** 10% Military and First-Responders Discount Available*

Monthly payments are due on the first of each month. Checks should be made payable to **Way of Faith CTC**. Please have your child's name written on the check. Please note that no refunds are made for parent's vacations or school holidays.

General Clothing Policy:

During the colder months (weather permitting) we will continue to go outside. Please be sure your child has the appropriate outer wear for those cooler days - jacket/sweater, coat, hat and mittens/gloves.

Policy Matters:

- **Interview:** Parents are to bring the child to be enrolled in order to meet the Director prior to acceptance into the school.
- **Shot Record:** Parents are to provide children's shot records prior to acceptance into the school.
- **Birth Certificate:** Parents are to provide children's birth certificate prior to acceptance into the school.
- **Sickness:** As a health precaution for all concerned, parents must keep children at home if they are sick, have an elevated temperature, or have a contagious illness. If they come to school with a fever or vomiting and diarrhea, they will be sent home. Your child must be fever free, no vomiting, and no diarrhea for 24 hours before returning to school.
- **Special Needs / Disabilities:** While every effort will be made to provide a safe and high-quality experience for each of our children, we do not have resources available to accommodate children who require specialized care or treatment. We want what is best for your child and their future.

Enrollment Information

Child's Full Name: _____ Nickname: _____

Home Phone _____ Age: _____ Sex: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

Father/Legal Guardian _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone: _____

Employer _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Does the child live with the father/legal guardian? (circle one) Yes No

Mother/Legal Guardian _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone: _____

Employer _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Does the child live with the mother/legal guardian? (circle one) Yes No

Enrollment Information - Continued

Who has legal custody of this child? _____

List any known allergies: _____

Please provide the following information for any other adults who live with the child:

Name: _____

Relation to Child _____ Phone Number: _____

Name: _____

Relation to Child _____ Phone Number: _____

Name: _____

Relation to Child _____ Phone Number: _____

Health Information:

List/Detail any chronic illnesses / hospitalizations / injuries

List/Detail any special dietary needs

List/Detail any physical disabilities

List/Detail any long-term medications

List/Detail any allergies (food / pet / medicine)

(If there are food allergies, please contact the preschool office for additional paperwork)

List/Detail any special needs your child has

Child's Physician *(If different from medical emergency contact):* _____

PHONE: _____ ADDRESS: _____

Any additional information we should know that will help us in working with your child?

Way of Faith Christian Academy
3040 Chichester Lane, Fairfax, VA 22031
(703) 573-7221

Field Trip Release/Emergency Medical Form
2021-2022

This form will be on file at the Way of Faith School office for the current school year. An additional Permission Slip will be sent home prior to each off-campus trip.

I give my permission for _____, to participate in all school-sponsored trips away from the school premises throughout the 2021-2022 school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given prior notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the Director more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I agree to hold harmless Way of Faith Christian Academy, its affiliated organizations, employees, agents, and representatives, including volunteers and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I give permission for school staff to immediately call paramedics and then contact me as soon as possible thereafter.

I authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of these services being provided. I also agree to be financially responsible for emergency transportation.

Father/Guardian's Signature Date Mother/Guardian's Signature Date

Name Printed: _____ Name Printed: _____

(If the child lives with both parents/guardians, the release must be signed by both parents/guardians.)

Medical Health Insurance Information *

Child's Name: _____ Date of Birth: _____

Child's Doctor: _____ Phone No. _____

Child's Dentist: _____ Phone No. _____

Health Insurance Company: _____

Subscriber: _____ Relationship: _____

Policy No. / Identification No. : _____

Allergies (including reactions to medication):

Date of last tetanus shot: _____

Medication being taken: _____

Physical or medical conditions: _____

Student's home address: _____

Student's home phone number: _____

Father's/Legal Guardian's employment:

Work phone: _____ Cell phone: _____

Mother's/ Legal Guardian's employment:

Work phone: _____ Cell phone: _____

In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work?

Name: _____ Relationship: _____

Phone: _____

**It is the Parent's/ Legal Guardian's responsibility to keep the school informed of any changes and/or updates.*

Emergency Contact Form*

Child's full name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Child's Physician: _____

Address: _____ Phone: _____

Names and phone numbers of people authorized to pick up your child in case of emergency when parent or guardian cannot be reached.

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO CHILD: _____ PHONE: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO CHILD: _____ PHONE: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO CHILD: _____ PHONE: _____

*Parents/Guardians are responsible for keeping emergency contact information up to date.

Authorization for Pick-Up Release Form*

Name of Child: _____

The following people are ALLOWED to pick-up child from Way of Faith Christian Academy.

1. Name: _____ Relation: _____

Address: _____ Phone: _____

2. Name: _____ Relation: _____

Address: _____ Phone: _____

3. Name: _____ Relation: _____

Address: _____ Phone: _____

The following people MAY NOT pick-up child from Way of Faith Academy.

1. Name: _____ Relation: _____

Address: _____ Phone: _____

2. Name: _____ Relation: _____

Address: _____ Phone: _____

***Note:** Any person unfamiliar to the staff of Way of Faith Christian Academy will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.*

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

**It is the parent's/guardian's responsibility to notify the school in writing of any changes.*

Photo Permission Form

We hereby give Way of Faith Christian Academy permission to include photographs of my child on their website, publications/brochures and in their yearbook (*circle one*).

YES

NO

Child's Name: _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Before & After Care Information

CHILD'S NAME: _____

I would like to enroll my child in the following extended care program(s) for the 2021-2022 school year:

Before School Care: 7:30 – 8:00 A.M. **YES** **NO**

After School Care: 3:00 – 6:00 P.M. **YES** **NO**

Parent/Guardian Signature **Date**

Parent/Guardian Signature **Date**

NOTE:

Before School Care is from 7:30-8:00 A.M. and is a flat rate of \$3.50 a day. After School Care begins at 3:00 p.m. at a flat rate of **\$7/hour** per child and is an **automatic enrollment** for those children not picked up from kindergarten by 3:00 p.m. If your child is picked up after the top of the hour, the whole next hour will be charged.

Way of Faith
Christian Academy Contract
3040 Chichester Lane, Fairfax, VA 22031

- It is understood by all parties hereto that this agreement is a legal contract
- Full time tuition for the 2021-2022 school year will be _____
- Other fees due will be mentioned below
- All information here will be kept in confidence

Ten-Months Payment Plan

A payment of _____ will be due the first week of each month

Cancellation and Refund policy

- If there is an emergency need for withdrawal we will work with your family.
- Vacation time will not be refunded or prorated.

Tuition Summary:

- Tuition is due the first week of each month – September - June.
- If tuition is not paid, the student will not be allowed to attend school the following month until payment is made.
- Monthly tuition = _____ each month.
- Registration fee of \$100 due at enrollment
- Book/Supplies fee of \$300 is due with September payment.

Parents acknowledge that this agreement becomes a legally binding instrument upon signing this document.

Parent/Guardian Signature: _____ Date: _____