

Word of Life Christian School
2009/2010

Emergency Agreement

I (we) grant permission for authorized school personnel to take whatever steps necessary to obtain medical care for my child if warranted. These steps may include, but are not limited to:

- A. Attempt to contact parent or guardian.
- B. Attempt to contact emergency contact through any person listed on the Emergency Health Form you completed at the time of enrollment.
- C. If the school cannot contact parent or emergency contact, the school may call 911 for necessary medical attention.
- D. Expenses may not be covered by the school's basic insurance policy and some cost may be incurred by the family.
- E. The school will not be responsible for anything that may happen as a result of false information given at time of enrollment or if you do not keep the school updated on changes.

Child's Name

Parent's Printed Name

Parent's Signature

Date

Photo Agreement

I grant permission for my child to be included in any photos the school may use for school newsletters, yearbooks, promotions, etc.

Child's Name

Parent's Printed Name

Parent's Signature

Date

**Word of Life Christian School
Surprise, AZ 85374**

2009/2010 School Calendar

August

3 Mon Fall Semester Begins

September

7 Mon Labor Day – NO SCHOOL/NO EXTENDED CARE

October

9, 12 Fri & Mon Columbus Day/Fall Break – NO SCHOOL/
NO EXTENDED CARE

22-23 Thurs-Fri Parent/Teacher Conferences
➤ 1/2 day for FT students (extended care available for FT
students)
➤ NO SCHOOL for PT students.

November

11 Wed Veterans Day – NO SCHOOL/NO EXTENDED CARE

26-27 Thurs-Fri Thanksgiving Break – NO SCHOOL/
NO EXTENDED CARE

December

21-Jan 1 Christmas Break – NO SCHOOL/NO EXTENDED CARE

January

4 Mon School Resumes for All Students

18 Mon MLK Jr. Day – NO SCHOOL/NO EXTENDED CARE

February

15 Mon Presidents' Day – NO SCHOOL/NO EXTENDED CARE

March

11-12 Thurs-Fri Parent/Teacher Conferences
➤ 1/2 day for FT students (extended care available for FT
students)
➤ NO SCHOOL for PT students.

15-19 Mon-Fri Spring Break – NO SCHOOL/EXTENDED CARE
AVAILABLE

April

2 Fri Good Friday – NO SCHOOL/NO EXTENDED CARE

4 Sun Easter Sunday

May

27 Thurs Last Day of School for all students

WORD OF LIFE CHRISTIAN SCHOOL Elementary Enrollment 2009-10

As dedicated teachers and staff of Word of Life Christian School, we are honored to be a partner with you in your child's education!

When enrolling your child, please be sure the following items are completely filled out and/or provided. Turn your packet in to the School Office as soon as possible to ensure placement. Thank you!

- | | |
|--|--|
| <input type="checkbox"/> Enrollment Form | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> Emergency Agreement | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> Estimated Time Sheet | <input type="checkbox"/> Enrollment Fee \$125 (non-refundable) |
| <input type="checkbox"/> Blue Emergency Information Card | |



Word of Life

Word of Life Christian School
17525 W. Bell Road
Surprise, AZ 85374
623-544-4608
www.wordoflifeaz.org

Word of Life Christian School

(E) Student Enrollment Form 2009/2010

Student's Full Name _____ Nickname _____ Male ___ Female ___
 Address _____ City/State _____ Zip Code _____
 Home Phone Number _____ Child's Age _____ Birth Date _____ (need verification)
 Email address _____
 Father's Name _____ Work/Cell Phone _____
 Mother's Name _____ Work/Cell Phone _____

Child lives with: Both parents _____ Mother _____ Father _____

Sibling(s), Name(s), Age(s) _____

Which Church do you regularly attend? _____

Is this child baptized? Yes _____ No _____

Would you like information about church membership at Word of Life? _____

Would you like information about baptism for your child/ren? _____

Does this child have physical limitations? Yes ___ No ___ If yes, explain: _____

Does this child have special education needs? Yes ___ No ___ If yes, explain: _____

Previous school, address, and phone _____

Kindergarten for 09/10 SY:

Check one from the following:

_____ School Hours (8:30am-3:00pm) \$430/month

***Note: Classroom is closed outside of class times.**

_____ School Hours plus extended care (anytime between 6:00am-6:00pm) \$580/month

On days that WOL is closed, will you need full day child care? Yes _____ No _____

Are you interested in full day care during weeklong breaks and/or during the summer? Yes _____ No _____

Non-Refundable Enrollment Fee: \$125.00

Signature of Parent/Guardian

Date

Word of Life Christian School admits students of any race, religion, color, or national or ethnic background to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. It does not discriminate in the administration of its educational policies, admission policies, and other school-administered programs.

FOR OFFICE USE ONLY

() Emerg Agreement () Birth Cert. () Blue Card () Immunization Verified () Enrollment Fee Paid

Check Number: _____ Check Amount: _____ Cash: _____

Class Assigned _____ Teacher _____

Word of Life Christian School

Estimated Extended Care Need

ELEMENTARY

Regular Elementary School hours are 8:30 a.m. – 3:00 p.m. If you anticipate the need for extended care before school or after school, please indicate your estimated need below.

Student Name: _____ Date: _____ Estimated Hours Per Day: _____

Place an “x” in the appropriate time slot that you wish to utilize WOL extended care:

	6:00-7:00 a.m.	7:00-8:30 a.m.	3:00-4:00 p.m.	4:00–5:00 p.m.	5:00–6:00 p.m.
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Note: Full-time tuition entitles you to have your child in extended care any time during the hours of 6:00 a.m. – 6:00 p.m. on the days your child is in class. (see tuition costs on Student Enrollment Form). Extended care is available at an additional cost of \$150 per month.