



Preparing Leaders...Honoring God...Impacting the World



GENERAL INFORMATION

APPLICATION TYPE: ___ Sibling ___ New Student GENDER: ___ Male ___ Female Applying for class: ___
Last Name: ___ First: ___ Middle: ___
Preferred Name: ___ Race/Ethnicity: ___ County: ___
Home Address: ___
City: ___ State: ___ Zip: ___
Home Phone: ___ Guardian Email Address: ___
Birthdate: ___ mo. ___ day ___ yr. Student Social Security Number: ___
Previous Preschool: ___ Days a week attended: ___

PARENT/GUARDIAN AND FAMILY INFORMATION

Marital Status: (___)Married (___)Widower (___)Separated (___)Divorced (___)Remarried
Father's Name: ___ Address: ___ City: ___ State ___ Zip ___
Employer's Name: ___ Title: ___ Occupation: ___
Work Address: ___ Phone: Hm ___ Wk ___ Cell ___
Email: ___ Social Security # ___
Years in High School: ___ Years in College: ___
Lives with student(Y/N)___ Receives Mail(Y/N)___ Receives Bill(Y/N)___

If parents are separated or divorced, who has legal custody? ___
Child's living arrangement if not with both parents: ___
In the event of sole primary custody, the school requires copies of the custodial legal documents to be provided to the Admissions Office at the time of application.

EMERGENCY CONTACT & AUTHORIZATION FOR PICK-UP

Please list below an emergency contact other than the parents/guardians that we can contact in the event of an emergency. Under no circumstances will Strong Wall Academy release child to anyone other than the parents or those identified below. SWA must have written authorization from the parent in order for any other person to pick up the child.

Name of Emergency Contact: ___ Phone: ___ Cell: ___
Contact's relation to you: (___) Relative-Relationship: ___ (___) Friend (___) Guardian (___) Other: ___
Authorized to Pick-up Child: [] Yes [] No
Additional Person(s) Authorized for Pick-Up:
Name: ___ Phone: ___ Cell: ___
Contact's relation to you: (___) Relative-Relationship: ___ (___) Friend (___) Guardian (___) Other: ___
Name: ___ Phone: ___ Cell: ___
Contact's relation to you: (___) Relative-Relationship: ___ (___) Friend (___) Guardian (___) Other: ___

List names, ages, grades and schools attending (including preschoolers) of all school-aged children in your family:

1. ___ Age: ___ Grade: ___ School: ___
2. ___ Age: ___ Grade: ___ School: ___
3. ___ Age: ___ Grade: ___ School: ___

MEDICAL HISTORY

Medical History (To be completed by the parent)

1. Is your child allergic to anything? ___ Yes ___ No If yes, what? _____

ALLERGIES: Strong Wall Academy requires a written statement from the child's physician regarding allergies that require modification of the daily schedule. This statement will be kept in the child's file. Annual updates may be required. For the safety of the children, Allergy Lists will be posted in each classroom as well as in the kitchen unless otherwise specified in writing. If your child has a food allergy, the school will also complete a Food Allergy Action Plan with the parent(s).

2. Is your child under a doctor's care? ___ Yes ___ No If yes, why? _____

3. Any previous hospitalizations or operations? ___ Yes ___ No If yes, what? _____

4. Is your child on any continuous medication? ___ Yes ___ No If yes, what? _____

**We will need to have a Medication Authorization form completed and on file at the school in order to administer any medications to the child during school hours. All prescription medication must be in labeled original containers. A new authorization is required every two weeks for ongoing medication.*

5. Any history of diseases or recurrent illness? ___ Yes ___ No If yes, what are they (diabetes, heart trouble, seizures, etc.)? _____

6. Does your child have any physical disabilities? ___ Yes ___ No If yes, please describe: _____

7. Does your child have any mental disabilities? ___ Yes ___ No If yes, please describe: _____

8. Does your child have any neurological or sensory disorders? ___ Yes ___ No If yes, please describe: _____

9. Has your child ever been tested for a learning disability and/or attention deficit disorder? ___ Yes ___ No
If yes, what was the outcome of the testing? _____

10. Has your child ever been evaluated by Babies Can't Wait? ___ Yes ___ No

11. Is there any evidence of:
Hearing loss or difficulties? _____
Vision difficulties? _____
Speech difficulties? _____

12. Does your child have any limitations due to health issues? _____

Has your child had any of the following: (please check all that apply)

___ Measles ___ Mumps ___ Chicken Pox ___ Whooping Cough ___ Flu ___ Meningitis ___ Convulsions

Physician Information

Medical Doctor _____ Phone # _____

Dentist _____ Phone# _____

Hospital Preference _____

Insurance Carrier _____ Phone # _____

Policy # _____ Group # _____

Activity/General Authorizations and Emergency/Medical Permissions

We give permission for our child, _____, to take part in any and all school activities, class field trips, water-related activities supervised by Strong Wall Academy, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to us or our child because of any injury to us or our child at school or during any school activity. Strong Wall Academy leases facilities from Lawrenceville Church of God. Enrolling families agree to hold harmless and release Lawrenceville Church of God from all liability and claims resulting from their child's attendance and participation of academic and related activities at Strong Wall Academy. Also, we understand that in order to participate as a volunteer for school activities we will abide by the guidelines set forth in the volunteer policy and complete any necessary forms. We likewise, authorize SWA, or anyone authorized by SWA, to use and reproduce all audio and video tapes and photographs which SWA takes of our child(ren) or any family member produced for school literature, advertisements, and promotional purposes without further compensation. All copies, masters, negatives, pictures and proofs shall constitute SWA property, solely and completely.

In case of emergency or serious illness, we request the school contact us first. If we are not available, please contact the designated emergency contact. If the emergency contact cannot be reached, the school has our permission to make whatever arrangements deemed necessary for our child's treatment. If the emergency is life-threatening and we cannot be reached, the physician has permission to act accordingly absolving the school of any liability. This statement of cooperation will serve as a blanket permission slip from August 1, 2016 to July 30, 2017.

Signature of Parent/Guardian _____ Date _____

MISSION STATEMENT

“Strong Wall Academy, a Christ-centered college preparatory Pre-K-12 school, exists as a strategic ally to the Christian home by leading students in developing a biblical worldview and preparing them as leaders to impact their world for Jesus Christ.”

YES NO

_____ _____ Do you understand and agree with the above Mission Statement of SWA?
_____ _____ Will one parent participate in the Cavalier Parent Service Organization?

PARENT QUESTIONNAIRE & COMMITMENT

1. How did you hear about SWA? _____
2. Considering the goals for your child, why would you like your child to attend SWA? _____

3. Has your child had disciplinary difficulty in his/her previous preschool or daycare facility? _____

4. Is there any additional information that SWA should be aware of when considering your child for enrollment? _____

5. What church does your family attend? _____
6. Are you a member of this church? _____ if so, for how long? _____

How often does each member attend? Regularly (3-4 Sundays per month), Occasionally (once or twice per month), Rarely (4 times per year)

Father: Regularly Occasionally Rarely **Mother:** Regularly Occasionally Rarely **Child:** Regularly Occasionally Rarely

7. What activities or responsibilities are you and your family involved in at your church? _____

8. Please describe prayer time and Bible study in your home. _____

9. Please give a brief statement summarizing your beliefs as it relates to:
Jesus Christ _____

The Bible _____

10. Please give a brief testimony of your personal salvation experience:

Father _____

Mother _____

We certify that the above answers are true and are made with no reservations:

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

ENROLLMENT POLICIES & AGREEMENT

Initial and continued enrollment will be at the discretion of STRONG WALL ACADEMY based upon the best interests of the child, the expectation that he/she will benefit from the program and the welfare of the other enrolled children. A copy of this enrollment application and agreement will remain with the files of STRONG WALL ACADEMY so long as the child remains actively enrolled at the school and shall be available for inspection by the parent at any time, upon request. All information, written or otherwise shared, will remain confidential. INFORMATION IN CHILD'S FILE MUST BE KEPT CURRENT. The parent is required by state law to update information as necessary, with changes initialed and dated by the parent and the Director. Parents agree to notify the school immediately of any change in phone numbers, work locations, emergency phone numbers, family physician, etc.

PRESCHOOL HOURS OF OPERATION: Strong Wall Academy preschool is open year round from January thru December. The hours of operation are from 6:30am to 6:30pm, Monday thru Friday. Parents will be charged a late pick-up fee of \$2.00/minute/child if picked up after 6:30pm. STRONG WALL ACADEMY PRESCHOOL will be closed in observance of the eight (8) major national holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after, Christmas Eve and Christmas Day), **and** days of inclement weather when closing is determined necessary by Strong Wall Academy. Closings will be posted on the Strong Wall Academy website and television stations carrying our emergency closings information. If uncertain, please call the school before bringing your child. There is no tuition discount for those days on which Strong Wall Academy is closed.

HEALTH POLICY: For the well-being and health consideration of all our students and staff, parents are asked to keep home any student with fevers and contagious illnesses. Students who become ill during school hours will need to be picked up by a parent or guardian as soon as possible but no longer than ninety (90) minutes from initial contact with the parent. In the event that a child has a communicable disease, a medical release from the child's physician will be necessary before the child can come back to school. It is a policy that a student must stay home with:

- Fever-any temperature greater than 99.9 degrees is considered a fever (24 hours free)
- Vomiting (24 hours free)
- Flu symptoms
- Diarrhea
- Persistent cough
- Strep Throat (24 hours on medication)
- Pinkeye (24 hours on medication)

Immunizations, Birth Certificate and Medications:

Georgia state law requires SWA to have on file current immunizations, medical records and birth certificate for each student. In order to comply with state law, parents are required to supply STRONG WALL ACADEMY with an immunization report (Form 3231) and birth certificate within 30 days of enrollment. Regular updated reports will be required as they are due. The certificate of immunization must be on a Georgia Department of Human Resources Form 3231. Please keep your child's records up to date with the school office. All medications (prescription or over-the-counter) must be administered by the school office personnel. The parent must furnish the medication and complete the "Medication Authorization" form provided by SWA indicating the date, dosage, and time to be administered. Medications must be in original packaging and in a labeled zip-lock bag with instructions.

PERSONAL BELONGINGS: Children may not bring toys, food, or money into the preschool. Our toys and equipment have been carefully selected to provide a safe and stimulating environment and they are shared by all children. Personal items are not to be brought from home unless it is specifically requested by the school or by your child's teacher for a project, learning activity, or a special event. Please choose those items wisely and keep in mind, Strong Wall Academy cannot be responsible for loss or damage of personal belongings.

MEALS: Nutritious meals are prepared on-site by a cook with food preparation, food service, and nutrition training. A morning "breakfast snack", hot lunch, and an afternoon snack will be served daily. All meal components and portions meet and exceed USDA requirements.

COMMUNICATION: Communication is one of the most important aspects in your child's care and education. Respect and open communication is of utmost importance in our environment. Our open door policy encourages families to discuss any situation with an SWA Administrator at any time at the school. Our SWA Administrators are also available by phone and e-mail.

PARENTAL COMMITMENT: We agree that we will in no case complain to others, but will resolve all conflicts with the teacher or administration following the Matthew 18 principle. We have read and agree with the SWA Statement of Faith. We pledge our full cooperation to keep doctrinal controversy out of the school. We agree to support the school with our prayers and positive attitude. We understand that if at any time the school determines, in its sole discretion, that our actions do not support the ministry, or reflect a lack of cooperation and commitment to the home and school working together, the school has the right to request the withdrawal of our child(ren). We understand that the school reserves the right to dismiss our student(s) for lack of cooperation on the part of the student, parent and/or guardian. Admission to Strong Wall Academy is a privilege and not a right. It is a privilege granted with the understanding that parents and students will be committed to biblical principles and actions. Conduct exemplary of developing young Christians is expected. As an SWA family, we will commit to the principle of the sanctity of marriage between a man and a woman.

By signing this application to Strong Wall Academy, you are certifying that at least one parent in the home is submitting to the Lordship of Jesus Christ, attending a local church, and that you are in agreement with our Statement of Faith and Cooperation and agree to abide by SWA stated policies.

Father's Signature/Guardian

Date

Mother's Signature/Guardian

Date

PRINT Father's/Guardian Name

PRINT Mother's/Guardian Name

Strong Wall Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

FINANCIAL POLICIES & AGREEMENT

PROGRAM ASSIGNMENT		
SCHOOL YEAR	ASSIGNED CLASSROOM	FIRST DATE OF ATTENDANCE
20_____ - 20_____		
ENROLLMENT STATUS (Circle One)	If Part-Time, list days of attendance	
Full-Time Part-Time Registered Drop-In		
WEEKLY TUITION FEE	REGISTRATION FEE	REGISTRATION FEE DATE PAID

The child will be assigned to the classroom above until the completion of the school year, unless it is mutually determined by all parties that it is in the best interest of the child to be reassigned to another program within the school. I understand that my child may be in a program with children who are slightly younger and/or older than my child or with children who display different levels of ability.

REGISTRATION FEES: An Initial Registration Fee of \$150.00 shall be paid for the first child at the time of enrollment along with \$75.00 for each additional child. An Annual Renewal Registration Fee of \$75.00 shall be charged for each child each year thereafter, and shall be due and payable May 1st of each school year. Registration Fees are non-refundable and are not subject to prorating. If at any time enrollment and payment of tuition is suspended, an Initial Registration Fee will be due prior to re-enrollment. Re-enrollment will be based on availability of space, and an additional registration fee will be required.

TUITION: Our tuition is based on an annual amount and deduction made for holidays and school closings. Tuition is payable weekly or monthly. Payments are due each Monday by 6:30pm. Our general policy is to adjust our fees annually, if necessary. Parents will receive at least a month's notice, in writing, of any fee adjustment.

The parent agrees to pay the weekly tuition fee in the amount of \$_____ in advance, on or before 6:30pm each Monday. Monthly payments are charged and due on the 1st day of each month.

LATE CHARGES AND PENALTIES: All Registration Fees and Tuition Payments are considered late after Monday at 6:30pm of the week they are due. A late charge of \$20.00 will be automatically added to the charges due for that week and for each week thereafter that a balance is carried forward. Enrollment may be terminated if the account is more than one week past due.

- Parents will be charged a late pick-up fee of \$2.00/minute/child if picked up after 6:30pm.
- A \$45.00 non-sufficient funds fee (NSF) will be assessed for every check returned to Strong Wall Academy by the bank. The Financial Director may then require credit card or cash payments for the remainder of the enrollment period.

WITHDRAWALS: The obligation for full payment of tuition and other fees will continue until the date indicated by the parent. The parent agrees to furnish Strong Wall Academy with at least two (2) weeks of advance written notice of such date of withdrawal. If the parent fails to provide written notice, the parent remains responsible for the full tuition for the two (2) weeks after the child's last day of attendance plus any late charges and/or penalties which shall accrue until full payment is received.

ABSENCES AND VACATIONS: Tuition and other fees must be paid in full without deduction for absences of any duration or for any cause, and without substitution of any other days of attendance as "make-up" days. Notice of planned absence and payment is due prior to the absence. However, when a child is absent for at least one full week (Monday thru Friday consecutively), an exception will apply providing the proper procedure is followed as described below. This exception to this policy shall be limited to two (2) weeks during each calendar year.

- **PLANNED ABSENCE/VACATION:** The parent shall give written notification to the Director in advance of the child's planned absence or vacation. In addition, an advanced payment equal to one-half (1/2) of the regular tuition shall accompany such notification. If either, advance notice or advance payment, is not received, the full tuition and applicable charges will be due.
- **ILLNESS:** In most situations, the parent will not be able to give the Director advance notice of the child's illness, therefore credit will be given the week following the extended illness. On the Monday following the absence, the parent's account will be credited one-half (1/2) of the regular tuition for that current week. In order to receive this credit, the full tuition must be paid, on time, the week the child is absent.

This exception to the policy concerning "Absences and Vacations" shall be limited to two (2) weeks during each calendar year.

ENROLLMENT AGREEMENT: I(We) have specifically reviewed each of the provisions of this Enrollment Application and Contract, including the Financial Policies & Agreement, and hereby agree to comply with all provisions hereof.

Father's Signature/Guardian

Date

Mother's Signature/Guardian

Date

PRINT Father's/Guardian Name

PRINT Mother's/Guardian Name