



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



GENERAL INFORMATION

APPLICATION TYPE: Sibling New Student GENDER: Male Female Applying for K3 K4
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: Mother's Name:
Address: Address:
City: State Zip City: State Zip
Employer's Name: Employer's Name:
Title: Occupation: Title: Occupation:
Work Address: Work Address:
Phone: Hm Wk Cell Phone: Hm Wk Cell
Email: Email:
Social Security # Social Security #
Years in High School: Years in College: Years in High School: Years in College:
Lives with student(Y/N) Receives Mail(Y/N) Receives Bill(Y/N) 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.
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? _____

 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 an "Authorization to Administer Medication" 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.*
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, Emergency and Medical Permission

We give permission for our child, _____, to take part in any and all school activities, class field trips, 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. 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, 2015 to July 30, 2016.

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 attend Parent-Teacher Fellowships?

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: _____

STATEMENT OF COOPERATION

FINANCES: We understand it is necessary that parents pay \$560.00 per month for the preschool tuition. If tuition payments are not received by the 5th of each month, a \$45.00 late charge will be added to the account. *Tuition not received by the 15th of each month will result in the student being withheld from attending school until such amounts due to SWA are made current.* A fee of \$45.00 will be charged for each returned check. All monthly tuition payments are required to be processed through a direct debit payment method and a nominal annual fee of up to \$50 per family will be charged for third party billing management services (FACTS). We further understand that there are no refunds or transfer of fees to other children or other school years for the Registration Fee. The full month's tuition is due for any month in which the student attends one school day. All fees are due in full and are non-refundable. Refunds are for tuition only, and will be made on accounts that are paid beyond the current month. We agree to give SWA a 30 day written notice if we choose to remove our child from the preschool or pay one additional month's tuition at the time of disenrollment. We understand that there are no discounts for absences, holidays or other days in which the SWA preschool is closed.

ANNUAL FUND SUSTAINING FEE: Tuition payments cover approximately 90% of the cost to educate a student at Strong Wall Academy. The remaining 10% is generated from donations and fundraising activities. Each year students and parents are encouraged to participate in SWA's Annual Fund Run campaign to raise the remaining 10% of the annual school budget. Payment of the required Annual Fund Sustaining Fee of \$300 per child (maximum of \$600 per family) may be partially or completely off-set by the family's participation in the Annual Fund Run campaign and other designated fundraisers throughout the year. Families or individuals are asked to make their tax-deductible Sustaining Fee contribution by September 5th, 2015 during our Annual Fund Run campaign, so funds may be applied in the current school year. By enrolling you agree to the Annual Fund Sustaining Fee payment of \$300 (maximum of \$600 per family) per child.

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 within a reasonable amount of time. 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. The certificate of immunization must be on a Georgia Department of Human Resources Form 3231. The immunization form and birth certificate must be turned in to the school office before the first day of school. 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 "Authorization to Administer Medication" 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.

PRESCHOOL HOURS OF OPERATION: The preschool is open Monday thru Friday from 6:30am to 6:30pm. Parents will be charged a late pick-up fee of \$2.00/minute/child if picked up after 6:30pm. The preschool follows the Strong Wall Academy academic school calendar.

SCHOOL ACTIVITIES: 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. Strong Wall Academy holds liability and student accident insurance policies for the school and its students. 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.

DISCIPLINE: We believe discipline is a necessary aspect of our child(ren)'s education. We give permission for our child(ren)'s teacher and/or administration to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in Scriptures. Specific discipline procedures are outlined in the Parent/Student Handbook. We understand that we have the responsibility to actively support the authority, philosophy, objectives, policies, procedures, and discipline of the school as established by the Board of Directors.

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. .
