



Word of God Christian Academy

"Impacting the World for Christ, One Child at a Time."

An Outreach Ministry of Word of God Fellowship Church
 PO Box 14408 Raleigh, NC 27620
 3000 Rock Quarry Rd. Raleigh, NC 27610
 phone: 919-834-8200 fax: 919-899-3640

2010-2011 Re-Enrollment Form

Date: _____

Name of Student: _____ Grade (for 2010-2011): _____

Parent/Guardian Information	
Father's Full Name: _____	Mother's Full Name: _____
Home Address: _____	Home Address: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Business Phone: _____	Business Phone: _____
Email address: _____	Email address: _____
Cell phone: _____	Cell Phone: _____
Parent's Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried <input type="checkbox"/> Single <input type="checkbox"/>	
Yearly household income: > \$15K <input type="checkbox"/> \$15-\$20K <input type="checkbox"/> \$21-\$25K <input type="checkbox"/> \$26-\$30K <input type="checkbox"/> \$31-\$36K <input type="checkbox"/> \$36-\$40K <input type="checkbox"/> \$40-\$50K <input type="checkbox"/> <\$50K <input type="checkbox"/>	
Number of people in household: _____	
Person/Agency with legal custody of child: _____	Relationship to student:: _____

WORD OF GOD CHRISTIAN ACADEMY AND DAYCARE STATEMENT OF COOPERATION

I give WORD OF GOD FELLOWSHIP CHURCH/WORD OF GOD CHRISTIAN ACADEMY & DAYCARE permission for my child to take part in all Daycare/Academy activities, including: bus trips, sports activities and Daycare/Academy-sponsored trips away from the school premises. I give permission for my child to be videotaped and broadcast for use at the discretion of the school in accordance with local, state and federal laws. I also believe that discipline is necessary for the welfare of each student, as well as for the entire Daycare/Academy. I give permission for my child's teacher and/or agent of this ministry to make and enforce classroom regulations in a manner that is consistent with Biblical principles. I understand that I may be called at work and required to come discipline my child. I agree to do this and understand that failure to fulfill this requirement may result in losing the privilege for my child to be served by WORD OF GOD CHRISTIAN ACADEMY & DAYCARE, ministries of WORD OF GOD FELLOWSHIP CHURCH. I have been personally informed of these procedures. I further agree to hold the Academy and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against WORD OF GOD CHRISTIAN ACADEMY & DAYCARE or any agent thereof because of any injury to my child. Should legal action, for any reason, be taken against WORD OF GOD CHRISTIAN ACADEMY & DAYCARE or any employee or agent thereof, on my "child's" behalf, and the Daycare/Academy or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that WORD OF GOD CHRISTIAN ACADEMY & DAYCARE or its agent should incur to defend itself against such action. I understand that WORD OF GOD CHRISTIAN ACADEMY & DAYCARE does not carry any type of accident insurance. All injuries must be filed through each family's health insurance policy.

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This form is required to be completed for re-enrollment at Word of God Christian Academy. All fees and/or monies, including book fees paid for registration and tuition are non-transferable and non-refundable.

This statement of cooperation will be in effect for as long as my child (ren) listed (or other to be enrolled) attends this Academy. I understand that should my marital status change that it is my responsibility to have a corrected Statement of Cooperation signed, updated, and delivered to WORD OF GOD CHRISTIAN ACADEMY& DAYCARE. **I understand that ALL MONIES PAID for registration are NON-TRANSFERABLE AND NON-REFUNDABLE.**

ACCEPTANCE OF STUDENTS

WOGCA reserves the right to accept or reject the admission of any student and to place that student in the grade level or subjects judged most appropriate for his/her school experience. The Admissions Office and the Board of directors may render this judgment based on the completed application, student/parent interview, testing (if deemed necessary), previous school and achievement and behavior history.

Notice of Non-discriminatory Policy Regarding Students

WOGCA affords students of any race, color, nationality and ethnic origin to all of 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, nationality and ethnic origin in administration of its education policies, admissions policies, financial aid and loan programs, athletics or other school programs.

MOTHER _____

DATE _____

FATHER _____

DATE _____

PRINCIPAL _____

DATE _____

FOR OFFICE USE ONLY

Additional Comments

Finance Office X _____

Date _____

Academy Office X _____

Date _____

Interview Date	Registration Fee	Admission Decision	Records Requested
/ /		Accepted Denied	/ /

Introductory Fees	
Records Received	
File	

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