[office only:

**Revised 12/2023** 



## The Following Information is Required and Must be Complete

As a parent/guardian...

Cell Phone Number:

Maternal/Guardian Signature and Date

- I have received, read, understand and will abide by all school policies in the Parent Handbook including the Health Policies.
- I have been provided in writing Western Branch Academy's policy for communicating an emergency situation with parents.
- I understand that once informed of my child's illness, he/she is to be picked up from Western Branch Academy as soon as possible.
- I will inform **Western Branch Academy** within 24 hours or the next business day after my child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Heath, except for life threatening diseases which must be reported immediately.
- I understand that I am to pick up my child from Western Branch Academy immediately in a natural or man-made emergency situation
- I grant permission for my child to be transported to a safe location in an emergency situation.
- I understand that it is my responsibility to inform Western Branch Academy of all changes that may occur to my child's registration forms.
- I affirm that my child can function in group care without being a detriment to himself/herself or others.
- I grant permission for my child to participate in the activities and in the use of the equipment at the school and on the adjacent church field.
- I grant permission for my child to be included in school pictures/videos and give permission for those pictures to be used by the center for **Western Branch Academy's** website, advertising, yearbooks, scrapbooks, trainings, etc.
- I understand that **Western Branch Academy** closes promptly at 6:00 p.m. If no one can be contacted within the half hour, social services and/or the local authorities may be contacted, at which time they will then inform the staff as to how to handle the situation.
- I acknowledge that all newsletters and general announcements will be sent via email. If I am not able to receive emails, then it is my responsibility to pick up a copy of the information from the office.
- In case of inclement weather or emergency procedures, **Western Branch Academy** will email and/or text message and will not be liable for text messaging charges.

Provider:

Cell Phone Number:	Provider:	[office only:
• I have received the <b>Tuition Schedule</b> an	d School Calendar.	
responsible for two week's tuition after r	ny child's last day of attendance in addit	. If a two week written notice is not received, I am tion to court fees, interest, and other finance charge ol year) or August 1 <sup>st</sup> (summer camp) tuition for the
My tuition payments for Summer Camp 20	25 will be:	
Paid on or before Monday of each we	ek in the amount of \$	
payments. Tuition payments are to be pla	aced in the tuition box located outsid	The SUMMER fee is divided into weekly le the office or paid electronically. Teaching Camp Registration fees are non-refundable
quent, an additional finance charge of 10 balance is paid in full. After two weeks,	% will be assessed on the balance due at the student may not be allowed to return Il first time check return or ACH return	chool on the date due. If the account remains delined will be added on the first of each month until the to school until full payment is received. Rewill be assessed at \$30.00. 2nd time check return or money order going forward.
		the thereafter that your child is in attendance after rn Branch Academy has the right to terminate
I agree to all policies and procedures stated ab	ove, as well as in the Parent Handbool	k.

Paternal/Guardian Signature and Date