

**PRESCHOOL CAMPUS**

1616 West Street
Woodland, CA 95695
Phone: 530-662-0994
FAX: 530-406-0900

ELEMENTARY SCHOOL

1787 Matmor Road
Woodland, CA 95776
Phone: 530-666-6615
FAX: 530-406-0900

MIDDLE SCHOOL

1787 Matmor Road
Woodland, CA 95776
Phone: 530-406-8800
FAX: 530-406-0900

HIGH SCHOOL

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WWW.WOODLANDCHRISTIAN.ORG

2017–2018 RE-ENROLLMENT FOR RETURNING STUDENTS ENTERING K–12

2017—2018 RE-ENROLLMENT FEES FOR RETURNING STUDENTS

Grades K*–12
\$75.00 per student

Re-enrollment fees and the first month's tuition are non-refundable and only hold your student's place if re-enrollment deadlines are met. The first month's tuition is due by June 1, 2017 for K–12; this reserves your student's place in the class. If the first month's tuition is not paid by June 10, 2017, a place may not be available for your student.

Re-enrollment will not be processed without payment and all required signatures.

Re-Enrollment Fees and Forms are due by February 2 , 2017.

**Kindergarten students entering from Woodland Christian Preschool (WCPS) may use this re-enrollment form and the fees above. New Kindergarten students not coming from the WCPS program need to complete the new-student application. Applications are available in the school offices.*

WOODLAND CHRISTIAN SCHOOL

2017–2018 TUITION AND FEE INFORMATION

2017-2018 WCS Application/Registration Fees

Grade	New Student Application Fee (Non-Refundable)	New Student Registration Fee (Non-Refundable)	Returning Student Early Re-Enrollment Fee Due by February 28, 2017 (Non-Refundable)
Grades K–12	\$90	\$75	\$75
International	\$150	\$400	\$75

2017–2018 Published Tuition Rates & Student Fees (Tuition + Student Fees = Annual School Fees)

*Discounts cover published tuition only, NOT Student Fees

Tuition Rates					
Child	Kindergarten Half Day	Kindergarten Full Day	Elementary Grades 1–5	Middle School (6–8)	High School (9–12)
First	\$3865	\$5370	\$5370	\$5975	\$6360
Second	\$3480	\$4830	\$4830	\$5370	\$5710
Third +	\$1855	\$1855	\$1855	\$1855	\$1855
International	\$5865	\$7900	\$7900	\$8745	\$9355

Student Fees				
Grade	Student Fee	Activities Fee	Camp/Retreat Fee	Total Fees
Kindergarten	\$275	\$70	—	\$345
Grades 1–3	\$275	\$60	—	\$335
Grade 4	\$275	\$60	\$330	\$665
Grade 5	\$275	\$80	—	\$355
Middle School	\$305	—	\$350	\$655
High School	\$325	—	\$250	\$575

Additional Information

Re-Enrollment Fee: The returning student early enrollment fee is \$75 per student. This is non-refundable and is due February 28, 2017. Beginning March 1, 2017, the re-enrollment fee will be \$150.00.

New Student Application Fee: This fee is \$90 per new student and is submitted at the time of initial application. This fee is non-refundable. New-student applicants who have been tested and interviewed will not receive official acceptance until after March 1, 2017, which allows our current students to secure their placement.

New Student Registration Fee: Upon acceptance, a registration fee of \$75 per student is due to secure each student's placement. This fee is non-refundable.

Student Fee: This fee covers textbooks, workbooks, classroom and art supplies, achievement testing, building use, and computer equipment.

Elementary Activities Fee: This fee covers class field trips, promotion supplies, and art projects. It is non-optional and is billed along with your tuition and other fees.

Camp/Retreat Fees: Special camps and retreats are planned each year for fourth-grade, middle-school and high-school students. The camps and retreats are a part of their learning experience, and attendance is considered non-optional.

- **Fourth Grade 49er Camp:** The fourth-grade classes participate in a three-day California history 49er camp, centered around learning what life was like during the Gold Rush days in California. The cost of the camp is \$165 and is billed along with your tuition and other fees (\$330 total, which includes student and one parent).

- **Middle School Alliance Redwoods Retreat:** Middle-school students attend a week-long Alliance Redwoods retreat during the early fall. They participate in a diverse, challenging program that includes inspiring worship, Biblical teaching, and outdoor education. Sixth graders follow a creation-based science curriculum emphasis, while 7th and 8th graders participate in a combined program of outdoor education and individual/team-building challenges. The cost for the middle school five-day retreat is \$350 and will be billed along with your tuition and other fees.

- **High School Alliance Redwoods Retreat:** High-school students attend an annual three-day retreat to Alliance Redwoods. This spiritual retreat has become a key component of our school year. Students participate in a number of activities such as zip-lining, wall climbing, swimming and team-building games that help them grow in their relationships with the Lord, their teachers, and their peers. The cost for the high-school three-day retreat is \$250 and is billed along with your tuition and other fees.

Payments: The student fees are charged per student, per year. The fees are added to the annual tuition and apportioned according to your choice of payment plan. Payments are made to the school and are due on the first of each month. School payments are established by choices made on the enrollment agreement. The first payment is due June 1, 2017. This payment is non-refundable.

Payment Plans: There are five payment plans available: payment in full; payment by semester; or 10, 11, or 12 equal monthly payments made by check or cash, ACH Direct Debit, or Credit Card Auto Debit. The first payment is due June 1, 2017. The remaining payments start in July, August, or September depending on which monthly plan you choose. All accounts must be paid in full by May 31 of each year.

Discounts: Families that return (all children) will receive a 2.5% discount off of published tuition rates. This discount also applies to children who go from WCS preschool to WCS kindergarten. Families who refer a new, full-time (K–12) student will receive a one time \$600 tuition credit per new student (\$200 for part-time students). This discount only applies if the child is accepted and attends WCS. The credit will be pro-rated if the new student starts after September 1. Discounts cover published tuition only, not Student Fees, camp/retreats, or class fees.

Parent Service Hours: Each family with a child enrolled in grades 1–12 is required to serve 30 hours per year. Single-parent families as well as families with a child enrolled in preschool or kindergarten are required to serve 15 hours per year. Families with a parent serving in the armed forces overseas are required to serve 15 hours per year. Parents can log their volunteer hours by sending an email to www.parenthours@wcs-k12.org or by turning them in to the office. Hours can be fulfilled in many ways, including but not limited to: serving on a committee, helping in the classroom, yard duty, copying papers, driving on field trips, or serving on a campus beautification day. Grandparents, as well as adult aunts and uncles, can also serve the hours. Hours served during the summer will count toward the upcoming year.

In lieu of fulfilling the service hours, families may opt to pay \$15 per each hour of the requirement (\$450) or opt to serve a portion of the hours and pay \$15 per hour for any unserved hours. At the end of the year, hours will be tallied and a bill will be sent out for any unserved hours.

Financial Aid: A limited amount of financial aid is available. These grants are based on financial need. Even if you have received financial assistance in the past, you must submit a new application for the new academic year. All applications should be submitted by March 15, 2017 for the 2017–2018 school year. If approved, notification will be sent out during the month of May or upon acceptance to WCS. Information on how to apply online is available in the school office.

Billing: The accounts receivable policy for all families is as follows:

- High-school students are not allowed to take semester exams if financial, athletic and library accounts are not current.
- Accounts must be current at the end of each quarter for families to receive a report card, have access to the online grade book, and continue with WCS in the following quarter.
- All accounts are charged a \$25 late fee per family if payment is received later than the tenth of the month.
- Accounts with returned checks are charged a \$25 fee, which is in addition to the late fee.
- Records are not released to parents unless all accounts are current.

PLEASE RETAIN THIS INFORMATION FOR YOUR RECORDS



2017-2018 EXTENDED CARE INFORMATION GRADES K-5

PRESCHOOL CAMPUS

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Extended Care is a service for parents who need supervision for their children before and/or after school. Extended Care is an extension of the school day, opening at 7:00 AM and closing at 6:00 PM. Playground supervision and a homework room are provided from 4:00 to 5:00 PM. This time is designed for children to work alone on their homework. It is the child's responsibility to use this time when needed. An afternoon snack is provided at 3:15 PM. No outside food or drinks are permitted in Extended Care.

If you arrive prior to 7:00 AM, please wait with your children in the car until Extended Care opens. Supervisors will sign your child in. At 8:00 AM, students are sent to class. Kindergarteners and first graders will be walked to class by a supervisor.

After school Extended Care staff will sign children in. Parents are responsible for signing children out at the end of the day. Parents are charged according to the sign-in sheet. If parents are not able to pick their child(ren) by 3:00 PM, students will be signed into Extended Care for their safety. The charge for any child signed in after school until 3:30 PM is \$3 and this will be billed to you by the WCS bookkeeper.

Children going to Extended Care may bring clothes to change into after school. They must wear socks if they wear sandals. No spaghetti straps, no bare midriffs, no spandex shorts; and no inappropriate printing on t-shirts are permitted.

Toys may be brought from home, but please realize that Extended Care staff is not responsible for lost, broken, or stolen items. All cubbies and hanger areas must be cleaned out daily. Nothing should be left in Extended Care.

Please feel free to contact Extended Care Staff if you have any questions.

2017-2018 EXTENDED CARE RATES FOR GRADES K-5 DURING THE ACADEMIC YEAR

MORNING

Before School	7:00 AM-8:00 AM	\$3 per child
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AFTERNOON

Minimum After School	2:45 PM - 3:30 PM	\$3 per child
Half Afternoon	2:45 PM - 6:00 PM	\$13 per child

MINIMUM DAYS

Half Afternoon	12:00 noon - 3:30 PM	\$13 per child
Full Afternoon	12:00 noon - 6:00 PM	\$24 per child
Full Day (<i>more than six hours</i>)	7:00 AM - 6:00 PM	\$26 per child

AFTER 6:00 PM

Every 5 minutes	\$5 per child
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There is a \$2 discount per day for half afternoons and/or full afternoons for two children.

PAYMENT POLICY: Extended Care fees are due and payable at the end of each month. Check with an Extended Care staff member or the school office for your balance. A copy of your bill is available on request.

OFFICE USE ONLY

Date Received: ____/____/____

Fee: \$ _____

Paid by: Cash Credit Card CK# _____

Received By: _____

____ RenWeb _____ Google Doc

____ Excel _____ QB

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2017-2018 RE-ENROLLMENT FOR RETURNING STUDENTS

Elementary (entering grades K-5)	Student's Name	2017-2018	Please Circle						
RE-ENROLLMENT FEES GRADES K (ENTERING FROM WCPS)-5 \$75.00 per student See RE-ENROLLMENT INFORMATION DUE BY FEBRUARY 28, 2017		Entering Grade	K-a.m.	K-full	1	2	3	4	5
		Entering Grade	K-a.m.	K-full	1	2	3	4	5
		Entering Grade	K-a.m.	K-full	1	2	3	4	5
Middle School (entering grades 6-8)									
RE-ENROLLMENT FEES GRADES 6-8 \$75.00 per student See RE-ENROLLMENT INFORMATION DUE BY FEBRUARY 28, 2017		Entering Grade	6	7	8				
		Entering Grade	6	7	8				
		Entering Grade	6	7	8				
High School (entering grades 9-12)									
RE-ENROLLMENT FEES GRADES 9-12 \$75.00 per student See RE-ENROLLMENT INFORMATION DUE BY FEBRUARY 28, 2017		Entering Grade	9	10	11	12			
		Entering Grade	9	10	11	12			
		Entering Grade	9	10	11	12			

PHOTOGRAPHY USE AGREEMENT: Woodland Christian School has permission to use any photo in which my child is pictured for school newsletters, web pages, promotions, etc. ☐ Yes ☐ No ☐ Conditional Yes, (picture only, do not publish name)

☐ My information is the same as that which is currently on file with WCS. (Please log on to your ParentsWeb to verify and/or update.)

FATHER/GUARDIAN 1: Marital Status: _____ Spouse's Name, if different than Mother/Guardian 2: _____

Legal Name (First, Middle, Last)

Home Phone

☐ unlisted

Mailing Address (If different than what is currently on file)

City

State

Zip

☐ Business

☐ Personal

E-mail Address (for communication of grades, personal notes from teachers, weekly announcements, and billing)

☐ My information is the same as that which is currently on file with WCS. (Please log on to your ParentsWeb to verify and/or update.)

MOTHER/GUARDIAN 2: Marital Status: _____ Spouse's Name, if different than Father/Guardian 1: _____

Legal Name (First, Middle, Last)

Home Phone

☐ unlisted

Mailing Address (If different than what is currently on file)

City

State

Zip

☐ Business

☐ Personal

E-mail Address (for communication of grades, personal notes from teachers, weekly announcements, and billing)

FOR OFFICE USE ONLY
 _____ Annual Amount
 _____ Monthly Amount

WOODLAND CHRISTIAN SCHOOL
 2017-2018 TUITION AGREEMENT
Please read and sign

FOR OFFICE USE ONLY
 _____ Excel _____ Invoice
 _____ Mem _____ Reg

Financial Responsibility: This agreement must be completed and signed by the person(s) accepting responsibility for charges incurred by the student(s) listed on the Enrollment Application or Re-Enrollment Form.

Married spouses or parents sharing financial responsibility must provide information and signatures for both individuals. Each signatory is jointly and severally obligated to pay all charges as billed regardless of marital status. Woodland Christian School may enforce its rights under the Tuition Agreement against each signatory individually or jointly, meaning each signatory may be required to pay ALL charges owed regardless of any sharing agreement or arrangement between the signatories. Woodland Christian School may release or waive enforcement of this Tuition Agreement with respect to one signatory, and such a waiver or release will not extend to or extinguish the liability of the other signatory.

In the case of students with multiple sets of parents sharing financial responsibility, both parents must sign the Tuition Agreement and contact the bookkeeper at WCS to make payment-plan arrangements. Each parent is jointly and severally obligated to pay all charges as billed as described above. By signing the Tuition Agreement, each parent authorizes Woodland Christian School to disclose to the other responsible party any payment delinquency in excess of 30 days that may jeopardize the student's enrollment.

Tuition Agreement: *This Tuition Agreement must be completed and signed by the person(s) accepting responsibility for charges incurred by the student(s) listed below. Married couples must provide signatures from both spouses. Addresses must be provided for person(s) responsible for financial obligations.*

I agree to be responsible for the financial charges for the student(s) listed below and on the Re-Enrollment Form and will abide by the conditions of the Financial Information and Tuition Agreement.

Delinquent Accounts: Students whose accounts become 30 days delinquent may not be allowed to attend classes until the account is paid in full or arrangements have been made with the bookkeeper. Families with delinquent accounts will not be permitted to utilize Extended Care services.

All accounts must be paid in full prior to readmission. Three or more late payments during the school year will make it necessary to pay first and last month's tuition prior to readmission for the following year.

Early Withdrawals: If a family withdraws students during the school year, the family is responsible for tuition through the end of the month. The family will receive a prorated refund of tuition only.

PRINT FULL NAME(S):	1.	2.
TELEPHONE #(S):	1.	2.
HOME ADDRESS(ES):	1.	2.
MAILING ADDRESS(ES):	1.	2.
EMAIL ADDRESS(ES):	1.	2.

TUITION PLAN: I (we) choose the following tuition schedule (please check one):

- ☐ **Plan A:** Full tuition paid in advance.
- ☐ **Plan B:** Payments by check or cash due on the first of each month.
- ☐ **B-10:** (First payment June 1, 2017, second payment September 1 to May 1, 2018) *
- ☐ **B-11:** (First payment June 1, 2017, second payment August 1 to May 1, 2018) **
- ☐ **B-12:** (First payment June 1, 2017, second payment July 1 to May 1, 2018) ***
- ☐ **Plan C:** ACH Direct Debit payments. *(Complete enclosed form, side "C.")*
- ☐ **C-10:** (First payment June 5, 2017, second payment September 5 to May 5, 2018) *
- ☐ **C-11:** (First payment June 5, 2017, second payment August 5 to May 5, 2018) **
- ☐ **C-12:** (First payment June 5, 2017, second payment July 5 to May 5, 2018) ***
- ☐ I/We are enrolled in ACH Direct Debit for the 2016-2017 Academic year. Please continue to use this account information with the new 2017-2018 tuition rates and the chosen **C** plan above. Please initial: _____/_____
- ☐ **Plan D:** Credit Card Automatic Debit payments. *(Complete enclosed form, side "D.")*
- ☐ **D-10:** (First payment June 5, 2017, second payment September 5 to May 5, 2018) *
- ☐ **D-11:** (First payment June 5, 2017, second payment August 5 to May 5, 2018) **
- ☐ **D-12:** (First payment June 5, 2017, second payment July 5 to May 5, 2018) ***
- ☐ I/We are enrolled in Credit Card Auto Debit for the 2016-2017 Academic year. Please continue to use this account information with the new 2017-2018 tuition rates and the chosen **D** plan above. Please initial: _____/_____
- ☐ **Plan E:** First semester paid in advance (by June 1, 2017, second semester due by January 1, 2018)

*Tuition will be prorated according to the student's start date.

**Not available after 7/15/2017

***Not available after 6/15/2017

PLEASE NOTE: A \$25 late fee will be added if payment is not received by the tenth of the month. There will be a \$25 charge on any returned item (check or ACH). Accounts with multiple returned checks/debits may be required to make all payments with a Cashier's Check or cash.

SIGNATURE(S)	1.	2.
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I (We) plan on applying for financial aid (grades K-12): ☐ Yes ☐ No Must be submitted by March 15, 2017. Apply online, go to www.woodlandchristian.org, then Admissions, next Financial Assistance. Click on the link to FAST website and follow the instructions. If you had financial aid for 2016-2017 you will need to reapply for 2017-2018.

This Tuition Agreement must be complete, signed and returned with your registration fees.

PARENT/GUARDIAN STATEMENT OF COOPERATION AND ACKNOWLEDGEMENT OF POLICIES

Please initial each section, then sign at the bottom. If student lives with both parents/guardians or there is joint custody, both parents/guardians must initial and sign.

PLACEMENT POLICY FOR KINDERGARTEN THROUGH 12TH GRADE:

Woodland Christian School places a great deal of importance on the individual. We know the value of children being confident that their teachers genuinely care for them and are committed to making them successful. When there is more than one class per grade level, the staff determines class lists, making sure each class is balanced by the number of boys and girls and by academic ability. Each child is individually evaluated and placed with his/her best interest at heart. **We do not accept requests for placement**, but much thought and prayer will go into the formation of classes, and into who best will meet each student's needs. We believe strongly that each student should have the opportunity to build on existing strengths and to be encouraged when developing areas of weakness. This emphasis should be recognized in the academic, spiritual, social, and physical aspects of our program.

I (We) have read and agree to the Placement Policy: _____

STATEMENT OF COOPERATION:

- I (We) give permission for my/our child to take part in all school activities, including school-sponsored trips away from the school premises.
- I (We) will support the standards of Woodland Christian School that do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, or disrespect to the personnel of the school.
- I (We) herewith agree to authorize Woodland Christian School to employ disciplinary actions consistent with its philosophy and policies.

Realizing that my (our) attitude toward teachers and policies of Woodland Christian School affects the emotional and academic stability of my (our) child,

- I (We) will support and uphold the ideals of the school in every way and will abide by the discipline and regulations of the administration.
- It is my (our) understanding that complete support and cooperation must be maintained in order for my (our) child to remain enrolled at Woodland Christian School.
- Should any dispute arise that cannot be satisfied through the school's internal appeals process, I (we) agree to have the matter resolved through mediation, utilizing the services of Peacemakers Ministries.

I (We) have read and agree to the Statement of Cooperation: _____

TUITION AND FEE INFORMATION AND POLICY:

I (We) have read and understand the Tuition and Fee Information and Policy: _____

NONDISCRIMINATORY POLICY:

Woodland Christian School admits students of any race, color, religion, or national or 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, religion, or national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, athletic programs, or other school-administrated programs.

I (We) have read and understand the Nondiscriminatory Policy: _____

I (WE) CERTIFY THAT THE INFORMATION SUPPLIED IS TRUE AND COMPLETE:

Parent/Guardian Signature

Printed Name (First, Middle, Last)

____/____/____
Date

Parent/Guardian Signature

Printed Name (First, Middle, Last)

____/____/____
Date

Woodland Christian School

PLAN "C"

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ACH Debit Authorization Agreement

PLEASE CHECK ONE:

☐ Enroll

☐ Withdraw

☐ Change Bank Account

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **Woodland Christian School** (herein referred to as "WCS")

Address: **1787 Matmor Road, Woodland, CA 95776**

I (we) hereby authorize WCS to initiate debit entries to my (our):

_____ Checking Account

_____ Savings Account

Please debit my (our) account for our monthly tuition payment in the amount of \$ _____ on the fifth day of each month **with the last payment being May 2018**, indicated at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law. *If the fifth day of the month should fall on a weekend or holiday, the ACH Debit Transaction will take place on the next business day.*

Depository/Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until WCS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCS and DEPOSITORY a reasonable opportunity to act on it.

Account Title
(as it appears on your bank account): _____

Print Name _____ Joint Tenant Name _____

Signature _____ Signature _____

Date _____ Date _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Student Information

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Account holder is required to verify bank account data and attach a voided check here.

-Attach voided check here-

ABC BUSINESS
1234 Park Avenue
Anytown, CA

PAY TO THE ORDER OF _____ \$ XXX.XX
DOLLARS

Anywhere Bank
U.S.A.
MEMO _____ Not Negotiable

1 2 3
1 133404567 1234561304 1044

- 1 Routing Number (requires 9 digits)
- 2 Bank Account Number (not to exceed 17 digits)
- 3 Check Number

Woodland Christian School

PLAN "D"

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Credit-Card Debit Authorization Agreement

PLEASE CHECK ONE:

☐ Enroll

☐ Withdraw

☐ Change Bank Account

AUTHORIZATION AGREEMENT FOR DIRECT CREDIT CARD PAYMENTS

Company Name: **Woodland Christian School** (herein referred to as "WCS")

Address: **1787 Matmor Road, Woodland, CA 95776**

Please debit my (our) account for our monthly tuition payment in the amount of \$ _____ on the fifth day of each month **with the last payment being May 2018**, indicated at the depository credit financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of Auto Debit transactions to my (our) account must comply with the provisions of US law.

Payment/Authorization Information:

Accepted Payment Methods: MasterCard, Visa

Card Number _____ (enter number without spaces)

Expiration Date (MM / YY) _____ Security Code # _____ (3-digit code on back of card)

Amount Each Month: \$ _____

Customer Billing Information:

Last Name _____ First Name _____

Company _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone (_____) _____ Fax (_____) _____

E-mail: _____

This authorization is to remain in full force and effect until WCS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCS and DEPOSITORY a reasonable opportunity to act on it.

Print
Name _____

Joint
Tenant Name _____

Signature _____

Signature _____

Date _____

Date _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY
NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Student Information

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY

GRADES TK/K–12



Requirements by Age and Grade Before Entering:

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above	7-17 Years Old Elementary or Secondary School	7th Grade*
Polio (OPV or IPV)	4 doses (3 doses OK if one was given on or after 4th birthday)	4 doses (3 doses OK if one was given on or after 2nd birthday)	
Diphtheria, Tetanus, and Pertussis	5 doses of DTaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)	4 doses of DTaP, DTP, DT, Tdap, or Td (3 doses OK if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7th birthday for all 7th-12th graders.)	1 dose of Tdap (Or DTP/DTaP given on or after the 7th birthday.)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (Both given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	1 dose (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	2 doses of MMR or any measles-contain- ing vaccine (Both doses given on or after 1st birthday.)
Hepatitis B (Hep B or HBV)	3 doses		
Varicella (chickenpox, VAR, MMR-V, or VZV)	1 dose	1 dose for ages 7-12 years. 2 doses for ages 13-17 years.	

*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten **through** 12th grade and all students advancing to 7th grade before entry.

1. Notify parents of required immunizations and collect immunization records.
2. Copy the date of each vaccine from the child's immunization record to the California School Immunization Record (Blue Card, CDPH-286) and/or supplemental Tdap sticker [PM 286 S (01/11)] or enter into an approved electronic system that prints a Blue Card.
3. Compare number of doses on the Blue Card to the requirements above.
4. Determine whether child can be admitted.

Continued on next page.



ADMIT A CHILD UNCONDITIONALLY WHO:

- Has all immunizations required for their age or grade, or
- Entered Transitional Kindergarten with
 - a valid personal beliefs exemption (PBE) for missing shot(s) that was signed within 6 months prior to entry and filed before January 1, 2016 and
 - immunization records with dates for all required shots not exempted, or
- Is entering 1st–6th grade or 8th–12th grade and submits a valid PBE **filed at a prior California school** for missing shot(s) and immunization records with dates for all required shots not exempted. **The PBE must have been filed before January 1, 2016 and is only valid for the current grade span (TK/K through 6th or 7th through 12th grade).** For complete details, visit ShotsforSchool.org, or
- Submits a licensed physician's written statement of a permanent **medical exemption** for missing shot(s) and immunization records with dates for all required shots not exempted.

The immunization requirements do not prohibit pupils from accessing special education and related services required by their individualized education programs.

A CHILD WHO IS MISSING REQUIRED SHOTS MAY BE ADMITTED CONDITIONALLY IF HE/SHE:

- Is missing a dose(s) in a series, but the next dose is not due yet. This means the child has received at least one dose in a series and the deadline for the next dose has **not** passed, according to the table below.
- Has a temporary medical exemption to certain vaccine(s) and has submitted immunization records for vaccines not exempted. The statement must indicate which immunization(s) must be postponed and when the child can be immunized.

SCHOOLS NEED TO FOLLOW UP AFTER ADMISSION IF:

- Child was admitted conditionally. Notify parents of the deadline for missing doses. Review records every 30 days until all required doses are received.
- Awaiting records for transfers from within California or another state. School may allow up to 30 school days before exclusion.

When Missing Doses Can Be Given:

Vaccine	Age (Years)	Missing Dose	Earliest Date After Previous Dose	Deadline After Previous Dose
Polio		2nd	6 weeks	10 weeks
		3rd	6 weeks	12 months
	4–6	4th	If the 3rd dose was given before the 4th birthday, one more dose is required before admission.	
	7–17	4th	If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.	
DTaP, DTP, or DT	Under 7	2nd or 3rd	4 weeks	8 weeks
		4th	6 months	12 months
		5th	If the 4th dose was given before the 4th birthday, one more dose is required before admission.	
DTaP, DTP, DT, Tdap, or Td	7 & Older	2nd	4 weeks	8 weeks
		3rd	6 months	12 months
		4th	If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.	
MMR		2nd	1 month	3 months
Hep B	4–6	2nd	1 month	2 months
		3rd	2 months after 2nd dose and at least 4 months after 1st dose	6 months after 2nd dose
Varicella	13–17	2nd	4 weeks	3 months

DO NOT ADMIT A CHILD WHO:

Does not fit one of the previous categories. Refer parents to their physician with a written notice indicating which doses are needed.

Maintain a list of unimmunized children (exempted or admitted conditionally), so they can be excluded quickly if an outbreak occurs.

STUDENT HEALTH HISTORY

STUDENT HEALTH INFORMATION: TO BE COMPLETED BY THE PARENT(S), ONE PER CHILD

NAME OF STUDENT _____

PARENTS' NAMES _____

FAMILY DOCTOR _____ CITY _____ PHONE: _____

MEDICAL HISTORY: PLEASE CHECK ANY OF THE FOLLOWING YOUR CHILD HAS OR HAS HAD:

_____ Diabetes	_____ Polio	_____ Whooping Cough
_____ Epilepsy	_____ Pneumonia	_____ Measles (regular - 10 day)
_____ Heart Disease	_____ Chicken Pox	_____ Rheumatic Fever
_____ German Measles (3 day)	_____ Mumps	_____ Scarlet Fever
_____ Tuberculosis	_____ Tuberculosis Contact	_____ Asthma
_____ Allergies – (Please explain):		

Other (i.e., nosebleeds): _____

Surgeries or other serious restrictions: _____

Have any special recommendations been made by your physician concerning the school life of this child? _____

Has he/she ever worn glasses? _____ Does he/she at this time? _____

Has he/she ever had any hearing loss? _____ If so, please explain _____

Are there any physical conditions requiring special attention? If so, please explain: _____

Is your child on any special medications? (Please list medications and reasons needed.)

Does your child have any needs or concerns that Woodland Christian School should know about? _____

❖ BOTH THIS HEALTH FORM AND THE REPORT OF HEALTH EXAMINATION FOR SCHOOL MUST BE COMPLETED ❖

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street		City	SCHOOL
ZIP code			

PART II TO BE FILLED OUT BY HEALTH EXAMINER**HEALTH EXAMINATION**

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTp/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)**and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Fill out if patient or guardian has signed the release of health information.

☐ Examination shows no condition of concern to school program activities.

☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.