



# Life Way Christian School

351 W. Centerton Blvd. • Centerton, Arkansas 72719

479-795-9322 • [www.lwcsar.com](http://www.lwcsar.com)

**In consideration of the acceptance of this enrollment contract by Life Way Christian School, Inc., the parent or legal guardian (hereinafter “the Responsible Party”) agrees with LWCS as follows:**

**Registration Fee:** In order to secure enrollment, the Responsible Party agrees to pay and deliver with this Enrollment Contract the registration fee. Once paid, this registration fee is **NON REFUNDABLE**.

**Tuition:** Full tuition is due no later than the first week of August or payable in monthly option plans. If paying monthly, tuition is due by the 1<sup>st</sup>. Tuition is considered late after the 10<sup>th</sup> and your account will be accessed a late fee of \$15.00. I have read the current Tuition and Fee Schedule and I agree to be bound by said terms and conditions. Fee information attached.

**School Policies:** I understand that in signing this enrollment contract, I am agreeing to accept the rules and regulations of the school as stated in the current handbook and the rule concerning payments as referred to above. The school reserves the right to dismiss any student who academically or behaviorally proves not to be in harmony with the school standards or policies. This applies as well to conduct taking place outside the school’s jurisdiction which nonetheless suggests the student may not be a desirable member of the school community or which reflects adversely on the school’s reputation. Furthermore, I agree to the policy that student transcripts will not be released unless the student’s account is paid current.

**Medical Release:** The undersigned, being the Parent or Guardian of children enrolled in Life Way Christian School, hereby declares that in the event of a medical emergency involving my children, if reasonable efforts to reach me are not successful and if, in the opinion of a properly licensed and practicing physician, my children need medical or surgical treatment which would otherwise require my consent, Life Way Christian School, acting by and through its employees, is hereby authorized to act as my agent to give authorization or consent for such treatment to my children; and I hereby release any doctor, hospital or other provider of such emergency medical or surgical services from any liability which may otherwise occur as a result of providing such services in reliance upon this Authorization and Consent; and that any such person or entity may rely upon a photocopy of this Authorization and Consent as being fully effective and binding upon me as if it were an executed original.

**Immunization Policy:** In order to ensure the health of all our students, it is critical that each student receive proper immunizations required by law. If at any point during the school year it is determined that a student is in need of an immunization, he/she will be unable to attend school until it is administered.

**School Trips Waiver:** I agree and do hereby release and discharge Life Way Christian School, Inc. and any teacher, employee or other person in charge of school sponsored activities from all claims, present and future, known and unknown, in any manner arising out of the described activity for each trip. I further understand and agree that this release shall hold Life Way Christian School and any teacher, employee or other person engaged in the school sponsored trip harmless from any and all liability to my children and further, I agree to hold them harmless from any loss of property to my children that may occur during the trip activities.

**Internet Use:** Parent gives his/her permission for their child (ren) to use the internet as provided by Life Way Christian School. Students will, at times, use the internet for research to library sites and organizations that will enhance their learning and to meet the goals of our curriculum within the context of our mission statement. Parent also understands that though the internet offers access to a wealth of resources, it also contains ideas, points of view and images that are inappropriate. LWCS integrates technology protection measures to filter and block this inappropriate content. Parent understands, however, that it is impossible to block access to all inappropriate content. Parent agrees to hold LWCS and its employees harmless for any consequences resulting from the use of the internet. Parent further understands that LWCS will assume no cost, liability or damage caused by the use of the internet access.

**Student Image/Information Use:** Parent understands that their child (ren)'s likeness may be photographed or videotaped by the school in the course of school activities. These pictures may appear on LWCS's website, in the local newspaper, in the school yearbook, on television and/or in the school newsletter, etc. on different occasions for promotional and/or advertising purposes.

**YES**, Parent gives consent for pictures/videos of their child(ren) to be used for promotional and/or advertising materials, as well as school yearbook.

**NO**, Parent **DOES NOT** give consent for picture/videos of their child(ren) to be used for promotional and/or advertising materials, or in the school yearbook.

**Withdrawal Policy:** Life Way operates entirely on the tuition and fees received from families and the generous support of families and First Baptist Church of Centerton. It is understood that throughout the year a family may choose to withdraw due to reluctant financial, academic or behavioral issues. Life Way asks that families give a two-week notice for all withdrawals. Withdrawal fee equal to two weeks tuition will be assessed for any early withdrawal during the school year.

**Contract Coverage:** By signing this contract, I agree that this contract is valid as long as I have children at Life Way Christian School and includes all current and future children enrolled in the school. Future re-enrollment of current children or enrollment of additional children in my family via an online process shall not invalidate nor terminate this signed contract.

The undersigned agrees to release and hold harmless the school, its agents and employees from all claims, damages, or other liabilities for injury to my children, which are not the result of gross negligence by the school, its agents or employees. The undersigned also agrees to indemnify the school for damages by my children. To protect the health and safety of each student, I have completed the medical information on this contract and have indicated any restrictions which should be placed on my children's participation in competitive sports and/or activities. I agree to keep my children's medical information current via the Parents Web.

I certify that no information relevant to my children's application has been withheld and agree to the terms of this application and to the policy of the school. I understand that acceptance of this application by Life Way Christian School in no way guarantees enrollment. All applicants are considered in accordance with the official admission policy, and final decision will be made by the Admission Committee representing the administration of Life Way Christian School.

**BOTH PARENTS MUST SIGN**

\_\_\_\_\_  
Signature/Parent or Legal Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature/Parent or Legal Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature/Person Responsible for Fees (if different)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Student Signature/ 6-12<sup>th</sup> grade

**For Office Use Only:**

\_\_\_\_\_ Check #

\_\_\_\_\_ Cash

\_\_\_\_\_ Date

\_\_\_\_\_ Check #

\_\_\_\_\_ Cash

\_\_\_\_\_ Date



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## Medical Information

(Please fill out one form per child)

**Child's Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Blood Type** \_\_\_\_\_  
**Child's Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Insurance Carrier** \_\_\_\_\_ **Policy Number** \_\_\_\_\_  
 This child has permission to take \_\_\_\_\_  
 at school but is **allergic** to \_\_\_\_\_  
**Regular Medications** \_\_\_\_\_  
**Other medical information** \_\_\_\_\_  
 \_\_\_\_\_

Please indicate with an "X" if your child has had:

- \_\_\_\_\_ Measles
- \_\_\_\_\_ Mumps
- \_\_\_\_\_ Chicken Pox
- \_\_\_\_\_ Whooping Cough
- \_\_\_\_\_ Tuberculosis
- \_\_\_\_\_ German Measles

Please indicate with an "X" if your child has:

- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Heart Defects
- \_\_\_\_\_ Seizures
- \_\_\_\_\_ Fainting Spells
- \_\_\_\_\_ Sun Sensitivity
- \_\_\_\_\_ Physical Limitations

If your child currently struggles with any of the listed or others medical issues, please explain so that Life Way can be informed and better serve your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Emergency/ Pickup Contact**

List parents, friends, or relatives, including daytime and cell phone numbers, that can be contacted in case of emergency and can drop-off or pick-up your child from the school. Please list parent's information first as attempt will be made to contact Parent/Guardian first.

	<u>Name</u>	<u>Relationship to Student</u>	<u>Cell Phone</u>	<u>Home/Wk Phone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

(If additional space is needed, please continue on the back of this form or attach another form)

LWCS Board policy prohibits the self-administration of any prescription, over the counter, or non-prescription drug/ medicine. If any of the above must be used during the school day the item must be brought to school by the parents, in the required container, with complete instructions for administering and left with the school office staff.