



West-Mont Christian Academy 2011- 2012 Admission Procedure for New Students


The following timetable will help guide you through the WCA Admissions process:

- Schedule a tour.** (A great opportunity to meet staff members and ask questions!)
- Complete the Family Registration Form accompanied by:**
 - Registration Fee of \$100.00 for each child.
 - If paying tuition in full be sure to note this on first page of registration form. Discounts available if paid early – see Financial Contract for information.
 - New student essay(s) for students, grades 6-12

The Admissions Process will  if any of the above is missing!

- Schedule an appointment with the Administrator for Admissions Interview.**

This meeting will be scheduled when the office has received all paperwork listed above.

 - Children from grades 6 –12 will attend this meeting along with parents.
 - If possible, please bring student transcripts and current report card.
 - Please refrain from bringing small children to the Administrator’s meeting, so that parents and administrator may communicate more effectively.
 - Upon Admission** the following must be in our school office prior to the student attending:
 - A copy of Health Immunization card to school
 - Request from previous school all your child’s records including health, academic, discipline, testing scores, etc.
 - Complete the Student Emergency Card, Bus Transportation Form and Computer Usage Form.
 - If monthly payment plan has been chosen: complete *Facts* form. Monthly payments must begin in July 2011. After July, parents will need to bring account current paying WCA directly for missed payments.
 - At this point, families wishing to apply for Scholarship Aid may do so by downloading the Private School Aid Service from our website and forwarding it to the PSAS office in Ohio. Complete information and instructions are on the application.*
-  Please, DO NOT send the PSAS application to WCA.
- Review WCA calendars** for days off and important Parent Meeting throughout the year.

Please remove this top sheet and keep for your records

West-Mont Christian Academy Tuition & Fee Schedule 2011- 2012

For parent reference – do not return with registration

<u>Grades 1-12</u>	<u>Yearly</u>	<u>12 Monthly Payments</u>
1st Child	\$6,600	550.00 (does not include fees)
2nd Child	\$5,750	480.00 (does not include fees)
3rd Child	\$4,800	400.00 (does not include fees)
Each additional child in the same family	\$3,850	321.00 (does not include fees)

Kindergarten

Half-Day Rate	\$4,000	334.00 (does not include fees)
Full-Day Rate	\$5,250	438.00 (does not include fees)

Special Needs Fees

NILD Therapy + Tuition	\$12,600	1,050.00 (does not include fees)
R.R.+Tuition (1 class/day)	\$11,350	946.00 (does not include fees)
R.R.+Tuition (2+ classes/day)	\$13,150	1,096.00 (does not include fees)

Individualized Instruction

	<u>Billed through WCA</u>
Individual Tutor Session	\$20 per session
Group Tutor Session	\$16 per session
Exception Ed Group Session	\$16 per session
Individual Instrumental Lessons	\$16 per session
Group Instrumental Lessons*	\$11 per session

Extended Care

	<u>Billed through WCA</u>
Hourly Fee - Contracted	\$5.00 (Billed in 1/2 hr. time increments)
Hourly Fee - Non-Contracted	\$12.00 (Billed in 1/2 hr. time increments)

Non-Refundable Fees

	<u>Billed through WCA</u>
Re-Registration Fee (per student)	\$50 (Paid upon registration)
New Registration Fee (per student)	\$100 (Paid upon registration)
Book Fee (per student)	\$130 (Paid with tuition)
Technology Fee (per family)	\$130 (Paid with tuition)
Home School Registration (per student)	\$100 (Paid upon registration)
Full-Battery Testing	\$300

*There is no charge for Group Instrumental Lessons that are part of our required Fourth and Fifth Grade Curriculum.

Tuition Payment Options

Two Payments Options are available to parents – (A) Full year or (B) FACTS Payment Plan. West-Mont Christian Academy offers several payment options thru the FACTS Tuition Program. Electronic transfers for monthly payments, credit card payments, and special long range funding may available through this tuition service. (A separate agreement must be signed to utilize the FACTS program.) Book Fees and Technology may be placed on the FACTS agreement along with the tuition.

Discounts for Full Year Payment – If the full family tuition is paid by February 1, 2011 there will be a 5% discount. If paid by March 1, 2011 - a 4% discount. If paid by April 1, 2011 - a 3% discount. If paid by May 1, 2011 - a 2% discount. Discounts apply to the tuition only. Fees are not applicable.

Athletic/Physical Education Fees :

Grades 6 - 12	Gym Uniforms (approx. \$35.00) (due upon receipt)
Grades 6 - 12	Athletic Uniform Fees vary depending upon the sport. (Due before item is ordered.)

West-Mont Christian Academy

(Accredited by ACSI and Middle States)

873 South Hanover Street, Pottstown, Pennsylvania 19465 (610) 326-7690

Registration Form & Financial Contract for 2011-2012 School Year

New Family Information - Very Important! Read and complete the front and back of each sheet.

Father's Name _____

Father's Address _____ City _____ State _____ Zip _____

Father's Home Phone (____) _____ Father's E-Mail _____

Father's Place of Employment _____ Work Phone (____) _____

Father's Occupation _____ Pager/Cell # (____) _____

Father's Home Church _____ Pastor's Name _____

Mother's Name _____

Mother's Home Phone (____) _____ Mother's E-Mail _____

Mother's Address _____ City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone (____) _____

Mother's Occupation _____ Pager/Cell # (____) _____

Mother's Home Church _____ Pastor's Name _____

Please list any students (in K – Grade 5) for whom you will be contracting after school extended care services at WCA:

	<u>Father</u>	<u>Mother</u>
Have you made a commitment of your life (or lives) to Christ and accepted Him as your Lord and Savior (yes or no)?	_____	_____
Do you agree to follow the expectations listed in the Parent/Student Handbook?	_____	_____
Do you agree to allow your student(s) to be taught our "Statement of Faith" (see handbook)?	_____	_____
Do you agree to follow the "Statement of Cooperation" (see handbook)?	_____	_____
Do you owe tuition to any other school?	_____	_____

How do you anticipate paying tuition for this school year? The two options available are as follows:

Check one only

Full Payment Paid by ____/____/____ (Must be paid by August 1, 2011)

FACTS (Electronic Withdrawal)

Parent/Family Information

Please give a brief summary of the primary reason(s) for sending your student(s) to West-Mont Christian Academy:

Please give a brief summary of your philosophy of Christian Education

Are all school age students attending West-Mont Christian Academy (Yes or No – If no, please Explain): _____

Please tell us about your involvement in your local church including ministries and volunteer work.

Please communicate any concerns (or suggestions) that you have about WCA’s policies (see handbook):

West-Mont from time to time recruits willing parents to volunteer with certain tasks as the needs arise. We ask that you list the types of assignments you would most appreciate (what specialized skills do you have – i.e. typing, plumbing, electrical, construction, landscaping, marketing, etc.):

Notice of Non-Discriminatory Policy To Students

West-Mont Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally afforded 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 or other school-administered programs.

Publishing Rights

West-Mont Christian Academy reserves the right to use photos of students for various publications such as, yearbook, newsletters and public relations purposes, etc. Parents who wish to withhold this permission may do so by contacting the school office.

West-Mont Christian Academy
New Student Information (Important! Complete one page for each new student)

Student's Name _____ S.S.# _____ - _____ - _____ (Necessary)

Student lives with: Father ____ Mother ____ Both Parents ____ Birth Date ____/____/____ Gender _____

Name of Church Student Attends or Youth Group Involved with _____

Expected Grade Level for Sept. 2011: _____ Kindergarten Students: Five Full Days ____ Five Half Days ____

Previous School: Name: _____

Address: _____

Phone # _____

The School District where this student resides: _____
(If student is being bused be sure to fill out the Act 372 Form enclosed with registration form.)

Has an educator or other professional suggested that your student receive additional learning support or an educational evaluation/testing? **Circle one: Yes No**

If yes, please state area(s) of need? _____

Please list student interests (sports, arts, music abilities, hobbies, etc.)

Is there anything beyond detentions listed on your child's discipline records, i.e. suspension, expulsion.
ANSWER REQUIRED, Circle one: Yes or No If yes, please list occurrence(s) below in detail.

Please note that **new students enrolling in grades 6 through 12 must submit a handwritten essay.** (1) expressing their reasons for coming to WCA, (2) communicating their present spiritual position (local church involvement, acceptance of Christ as savior, etc.), (3) list any concerns that they would have about the expectations listed in the Parent/Student Handbook (especially in reference to the dress code, classroom expectations, and discipline policies).

Attach separate paper for this essay. Registration is not complete without this form.

Records Release Form

This form will be sent to the previous school after student has been accepted to WCA, to obtain official records. It is suggested, however, that parents bring your child's most recent report card(s) to the interview. **When transferring your child during the school year, any current transcripts must accompany parents to interview.** Please Note: Parents will be required to pay an additional evaluation fee for any required testing for students whose records are not made available to WCA.

Permission is given to the previous school listed above to have the following records sent to West-Mont Christian Academy to include - but are not limited to – student immunization records, health screenings, medical history, educational testing, student transcripts, and disciplinary record.

Parent Signature: _____ Date _____

West-Mont Christian Academy
New Student Information (Important! Complete one page for each new student)

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Tuition Discount for Full-Year Payment

Full family tuition paid by February 1, 2011 will receive a 5% discount. Tuition paid by March 1, 2011 will receive a 4% discount (April 1, 2011 - 3% discount, May 1, 2011 - 2% discount, no discounts given after May 1).

Please Note: Fees are not eligible for the Tuition Discount.

How do you anticipate paying tuition for this school year? The two options available are as follows:

Check one only

- Full Payment Paid by ____/____/____ **(Must be paid by August 1, 2011)**
- FACTS** (Electronic Withdrawal) (Current parents must submit their renewal FACTS form with this registration form. The registration process will be delayed if form is not included. If you would like information for the FACTS program, please email Derek Major (DMajor@West-Mont.org).

I will pay all Technology and Book Fees **by check** **through FACTS.**

I (we) confirm that I (we) have read and will support the school in carrying out the guidelines set forth in the Parent/Student Handbook. I (we) further agree to pay all tuition payments, book fees, and other charges as per the financial policies on the back of this page.

_____/_____/_____
 Father (or Legal Guardian) Signature Mother (or Legal Guardian) Signature Date

Registration papers will be returned if proper signature(s) are not present.

West-Mont Christian Academy Financial Policies: 2011-2012

1. The choice of Tuition Payment Plan must be determined at the time of registration. A \$25.00 administrative fee will be charged for changing the type of payment plan a family selects at the time of registration.
2. All payments that are charged to a family account (books, gym uniforms, etc.) are due the first of each month. Tuition payments are due on the date established by the financial contract through FACTS. If any payment is not paid on time, your account will be charged a late fee of \$25.00 or 1.5% of the balance (whichever is greater). If any account is overdue more than 60 days, students will likely not be permitted to attend school until the overdue portion is paid.
3. Tuition Refunds will be given no earlier than one week after a student withdraws from West-Mont Christian Academy. The refund is based on the withdrawal date (date parents sign the appropriate form). Refunds are given as a credit to the account toward any unpaid balance. Tuition refunds (not books, registration, or other fees) will be given, based on the full-year payment of tuition, if the student is withdrawn by:

90% refund/credit is given -	Time of (re-) or registration through Aug. 14, 2011
80% refund/credit is given -	Aug. 15 through Sep. 14, 2011
70% refund/credit is given -	Sep. 15 through Oct. 14, 2011
60% refund/credit is given -	Oct. 15 through Nov. 14, 2011
50% refund/credit is given -	Nov. 15 through Dec. 14, 2011
40% refund/credit is given -	Dec. 15 through Jan. 14, 2012
30% refund/credit is given -	Jan. 15 through Feb. 14, 2012
20% refund/credit is given -	Feb. 15 through Mar. 14, 2012
10% refund/credit is given -	Mar. 15 through Apr. 14, 2012
There is no refund/credit -	After April 15, 2012
4. If tuition fees or charges are due at the close of the school year, report cards will not be issued, nor records released, nor will re-enrollment be possible until the payments are made in full. Quarterly Progress reports will also be delayed if account balances are not up-to-date.
5. If a student is enrolled during the course of the year, tuition is calculated on the number of school days remaining for the school year.
6. If a student is expelled during the course of the year, the refund of the tuition will be based on the date of expulsion.
7. Parents are responsible to have adequate hospitalization and insurance coverage for students during school and school-sponsored activities, including interscholastic sports.
8. Tuition and fees do not cover the total cost of education for the students at West-Mont Christian Academy. Each year a large portion of the cost must come through gifts from parents and friends of our school. Therefore, each family is asked to pray about a possible tax-deductible pledge of what they can give during the year to make Christian education possible for their children. (This is requested at the annual "School Dinner".)
9. Existence of all programs is dependent upon the enrollment or funding to adequately sustain them.
10. The school will assess a charge of \$25.00 for any check returned for insufficient funds and require immediate payment in cash to replace the check.

**West-Mont Christian Academy
873 South Hanover Street
Pottstown, PA 19465**

Dear Parent or Guardian:

State legislation authorizes the loan of textbooks and instructional materials by the Secretary of Education to children enrolled in kindergarten through grade 12 in nonpublic schools. Our school is now in process of requesting the specific textbooks and materials to be loaned to your child(ren).

It is required, however, that a parent of each child attending the nonpublic school individually request a loan of textbooks and instructional materials. We are, therefore, enclosing the individual request form. Please sign the form, date it, and return it to school immediately.

Thank you for your continued assistance and cooperation.

In Him,

Dr. James Smock
Administrator

Please sign certificate below. This form will be kept on file at our school.

**Certificate of Individual Request for
Loan of textbooks and Instructional Materials**

I hereby request the loan of textbooks and instructional materials in accordance with the Pennsylvania School Code of 1949 for my child(ren) attending West-Mont Christian Academy.

Parent or Guardian Signature

____/____/____
Date

This program is available only to Pennsylvania residents.

TITLE ONE FAMILY SURVEY 2011

This form should be filled out only if your income is below the annual gross income charted below.

This information is requested from parents who may qualify for Title One and other Federally-funded programs.

<u>FAMILY SIZE</u>	<u>ANNUAL GROSS INCOME</u>
ONE*	\$ 15,448
TWO*	\$ 20,813
THREE*	\$ 26,178
FOUR*	\$ 31,543
FIVE*	\$ 36,908
SIX*	\$ 42,273
SEVEN*	\$ 47,638
EIGHT* **	\$ 53,003

*This may include a foster child, an emancipated youth or a special education child over age 18.

**For each additional family member, add \$5,365.

Find your family size and the annual gross income level listed beside it on the chart printed above. Continue by answering the following question

- 1. Is your annual gross income less than this amount? Yes _____ No _____
Yes _____ No _____
- 2. Is your family eligible to receive food stamps? Yes _____ No _____
- 3. Are you a Temporary Assistance for Needy Families (TANF) household? Yes _____ No _____
- 4. Do you have a foster child? Yes _____ No _____

OTHER CRITERIA:

- A. Are you receiving assistance under the Aid to Families with Dependent Children program (public assistance)? Yes _____ No _____
- B. Are any of your children eligible to receive medical assistance under the Medicaid program? Yes _____ No _____
- C. Are you eligible for Supplementary Security Income (SSI)? Yes _____ No _____
- D. Are you eligible for federal public housing assistance or Section 8 (administered by the Department of Housing and Urban Development)? Yes _____ No _____
- E. Are you eligible for the Low-Income Home Energy Assistance Program (LIHEAP)? Yes _____ No _____

Family name (please print): _____

Address: _____

School District: _____

West-Mont Christian Academy *Student Emergency Information 2011-2012*

*Please complete one set of forms for each child enrolling. (Please Print Clearly)

Name _____ Home Phone _____

Current Medical Conditions: _____

Allergies (including any drug allergies) _____

Current Medications: _____

Doctor: _____ Phone:(_____)_____

Dentist: _____ Phone: (_____)_____

Health Insurance _____ I.D.# _____

In case of an emergency, illness, or accident, please contact (in the order of desired action):

Please list names including your own.

	Name	Relationship	Daytime Phone	Cell Phone
1.	_____	_____	(____)_____	(____)_____
2.	_____	_____	(____)_____	(____)_____
3.	_____	_____	(____)_____	(____)_____

I hereby give permission that if a parent cannot be reached in an emergency, my/our child may be taken to the nearest Hospital or, if possible, to (preferred) _____ hospital.

Date: _____ Signature of Parent/Guardian: _____

West-Mont Christian Academy *Request for Transportation Act 372*

Parents: Please fill in form if you will need bus transportation for your child. Be sure to include district you reside in.

Child's Name _____ Grade _____

Child's Address(if rural address, give specific location)

Public School District in which child resides _____

If child received Public School District Transportation from above district last year, please indicate Bus Number _____

Signed: _____ Date _____ Phone (____)____ - _____

(Parent or Guardian)

Parent's Names (please print) and Phone numbers:

Mother

Father

West-Mont Christian Academy *Student Emergency Information 2011-2012*

*Please complete one set of forms for each child enrolling. (Please Print Clearly)

Name _____ Home Phone _____

Current Medical Conditions: _____

Allergies (including any drug allergies) _____

Current Medications: _____

Doctor: _____ Phone:(_____)_____

Dentist: _____ Phone: (_____)_____

Health Insurance _____ I.D.# _____

In case of an emergency, illness, or accident, please contact (in the order of desired action):

Please list names including your own.

	Name	Relationship	Daytime Phone	Cell Phone
4.	_____	_____	(_____)_____	(_____)_____
5.	_____	_____	(_____)_____	(_____)_____
6.	_____	_____	(_____)_____	(_____)_____

I hereby give permission that if a parent cannot be reached in an emergency, my/our child may be taken to the nearest Hospital or, if possible, to (preferred) _____ hospital.

Date: _____ Signature of Parent/Guardian: _____

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Signed: _____ Date _____ Phone (_____)_____-_____

(Parent or Guardian)

Parent's Names (please print) and Phone numbers:

Mother

Father
