



## STUDENT ADMISSIONS PACKET CHECKLIST

**Prior to submitting a student enrollment packet to Watch-Care Academy, parents are required to thoroughly review the forms and complete the following checklist for each student. Incomplete enrollment packets will not be accepted. Complete student enrollment packets should be submitted to:**

Watch-Care Academy  
3545 Fairfax Street  
Denver, CO 80207  
(303) 320-4346  
Fax (303) 333-0822

*This page is for Parent and Watch-Care Academy use only and must accompany all enrollment packets submitted to Watch-Care Academy*

### **PARENT CHECKLIST** *(for Parent use only)*

Financial Information  
Student Information  
Family Information  
Emergency Contact  
Enrollment Acceptance  
Excursion Permission  
Photo/Video Release Information  
Student Withdrawal/Records Release Form  
Free/Reduced Lunch Program Form  
Copy of Birth Certificate  
Current Proof of Residency  
Copy of Report Card  
Immunization Record or Signed Exemption Waiver

Completed by \_\_\_\_\_

### **WATCH-CARE ACADEMY CHECKLIST** *(for Watch-Care Academy use only)*

Financial Information  
Student Information  
Family Information  
Emergency Contact Form  
Enrollment Acceptance  
Excursion Permission  
Photo/Video Release Information  
Student Withdrawal/Records Release Form  
Free/Reduced Lunch Program Form  
Copy of Birth Certificate  
Current Proof of Residency  
Copy of Report Card  
Immunization Record or Signed Exemption Waiver

Completed by \_\_\_\_\_

Student Last Name/First Name
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**STUDENT INFORMATION**

Student's Legal Name: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_ (as of 10/1/06) Date of Birth: \_\_\_ - \_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Student lives with  Mother  Father  Legal Guardian  Other

Student Home Phone \_\_\_ - \_\_\_ - \_\_\_ Parent/Guardian Cell Phone \_\_\_ - \_\_\_ - \_\_\_

Grade Level of Enrollment \_\_\_\_\_ *Watch-Care Academy administers knowledge assessments to all students at the beginning of each academic year to insure that each student is assigned appropriate curriculum.*

**PRIOR SCHOOL INFORMATION**

*Type of school student attended most recently during the past academic year:*

Public  Charter School  Private  Other

Name of Last School Attended: \_\_\_\_\_

Address of Last School Attended: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Date student enrolled in the above school: Month \_\_\_\_\_ Year \_\_\_\_\_

Withdrawal Date: Month \_\_\_\_\_ Year \_\_\_\_\_



**FAMILY INFORMATION**

Mother/Legal Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Father/Legal Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Hone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**EMERGENCY CONTACTS**

Student's Legal Name: \_\_\_\_\_

In case of emergency, contact:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_



**EMERGENCY CONTACTS CONTINUED**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

**ENROLLMENT ACCEPTANCE**

**ACKNOWLEDGEMENTS**

Please accept this signed and completed document to enroll \_\_\_\_\_  
(student's name) into Watch-Care Academy for the \_\_\_\_\_ academic year.  
I understand that completion of this enrollment form does not guarantee admission into Watch-Care Academy. If student is accepted and admitted into Watch-Care Academy for the above stated academic year, it is understood that all obligations and financial agreements incurred are legal and binding for the entire school year.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

**STATEMENT OF EDUCATION EQUALITY**

Watch-Care Academy is committed to education equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to race, color, religion, gender, sexual preference, national origin, marital status, ancestry, disability, or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act or the Individuals with Disabilities Education Act is directed to contact:

Watch-Care Academy, 3545 Fairfax Street, Denver, CO 80207



**STUDENT WITHDRAWAL AND RECORDS RELEASE FORM**

Dear Registrar:

On the Date of \_\_\_\_\_ my child, \_\_\_\_\_, withdrew from your school. Please release my child's academic and health records to Watch-Care Academy.

**PRIOR SCHOOL INFORMATION**

Name of Prior School: \_\_\_\_\_

Name of Prior School District: \_\_\_\_\_

School's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

School's Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**STUDENT'S INFORMATION**

Student's Legal Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Teacher: \_\_\_\_\_

Print Parent's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send records to:

Watch-Care Academy  
3545 Fairfax Street  
Denver, CO 80207



**PHOTO/VIDEO RELEASE INFORMATION**

Throughout the year, there are occasions when Watch-Care Academy may want to take pictures/videos of your student participating in activities related to the school. We may use, duplicate, broadcast, distribute and display these pictures/videos in Watch-Care Academy publications, local newspapers, websites, public establishments and/or advertising. We request that you sign this photo/video release for your student to allow us to record on film, tape or otherwise to edit such items as desirable or necessary, and to use the student's name, likeness, image, voice, and performance as outlined above. Thank you in advance for your support and understanding.

Student's Name \_\_\_\_\_

\_\_\_\_\_ I give my consent for Watch-Care Academy to use pictures/video of my student.

\_\_\_\_\_ I do NOT give my consent for Watch-Care Academy to use pictures/video of my student.

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**FIELD TRIPS PERMISSION**

During the academic year, we will participate in several field trips and other educational activities that require the pupil to leave the campus for several hours. When a field trip is taken, a letter will be sent home explaining the details of the trip. This blanket permission slip entitles each student to participate and will be kept on file for the entire school year.

I give my permission for (student's name) \_\_\_\_\_ to participate in the field trips taken during the 20\_\_/20\_\_ academic year. If a field trip is scheduled and I do not wish my child to attend, I will notify the school in writing.

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_



## **FINANCIAL INFORMATION**

### **REGISTRATION FEE**

After you have completed a student application and enclosed a \$250 *registration fee* for each K-3<sup>rd</sup> grade student and/or \$300 for each 4<sup>th</sup> - 8<sup>th</sup> grade student, return the entire packet to the admissions office. The registration fee covers administrative costs, books and a starter uniform.

The admissions director will contact you to schedule an interview. The interview provides a great opportunity to ask additional questions concerning WCA. If you decide at the interview to attend WCA, a contract and any other necessary forms will be completed and signed. If you decide that WCA is not the place for your student, the fee is refunded. Otherwise it will be used for the purpose intended and becomes non-refundable.

### **TUITION NOTES**

- Tuition                                 \$5000 Annually (payable annually, bi-annually, monthly)
- Full Scholarship                     No additional parent payment
- Partial Scholarship                 Parent payments due monthly

### **BOOSTER CLUB**

Parent participation in activities which raise funds sponsored by the Booster Club may apply a portion of those funds towards tuition balance.

