

## Wilmington Junior Academy Registration Checklist

Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Forms to be reviewed or completed in this packet:

### **New and Returning Students**

- ▽ Enrollment Form
- ▽ Medical Examination Form (Immunization/Physical)
- ▽ Medical Examination Form II (Acknowledgment of DE Immunization)
- ▽ Emergency School Closing & Contact / Consent to Treat Form
- ▽ Estimated Costs Worksheet
- ▽ Computer and Internet Use Rules
- ▽ Media Usage Consent Form

Additional forms to be distributed or completed after students are registered.

- ▽ Before and After School Care Registration
- ▽ Tuition Contract
- ▽ FACTS Self-Registration Informational Sheet

### **New Students Only**

- ▽ Birth Certificate – *copy for school records*
- ▽ Records Release for Transferring Students – *signature required*

### **School Use Only**

- Copy of Before and After Care Form to Treasurer
- Copy of Estimated Costs Worksheet to Treasurer
- Copy of Tuition Contract Form to Treasurer

From time to time, additional forms may need be distributed and signed detailing new policies that are required by the state of Delaware, our Conference, or the school itself.

# Wilmington Junior Academy Enrollment Form

## **Student Information**

Name _____			Date _____
_____	_____	_____	Male _____ Female _____
<small>Last</small>	<small>First (Legal)</small>	<small>Middle (Complete)</small>	
Address _____			
_____			
<small>Street</small>			
_____			Home Phone _____
_____	_____	_____	
<small>City</small>	<small>State</small>	<small>Zip</small>	
Date of Birth _____	Age _____	(As of Sept. 1 <sup>st</sup> )	Grade _____
	<small>Years</small>	<small>Months</small>	
Religious Affiliation _____		Church Attending _____	
School Last Attended _____			
_____		_____	
<small>Name</small>		<small>Address</small>	

## **Family Information**

*Please check those who should receive a copy of official school notifications and documents.*

_____ Mr. & Mrs. _____	_____ Mrs. _____
_____ Mr. _____	_____ Ms. _____

*Please fill in blanks only when different from student information*

**Father's Name** \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail address \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail address \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Church Attending \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Church Attending \_\_\_\_\_

Other children in your household (Names in order of birth):

Name	Date of Birth	Age	Boy	Girl
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### **Medical Information**

Parents will automatically be notified in case of an emergency. Please provide another emergency contact person.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### **Continuing Consent to Treatment and Authorization to Release Information**

We, the undersigned parents or guardian of the afore-mentioned student, a minor, do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of our doctor or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Wilmington Junior Academy or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor. We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the school insurance service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A Photostat copy of this authorization shall be considered as effective and as valid as the original.

\_\_\_\_\_  
(Father)

\_\_\_\_\_  
(Mother)

\_\_\_\_\_  
(or Legal Guardian)

Dated: \_\_\_\_\_

### **Student Contract**

I agree with the objectives, standards, and policies of this school. I will try at all times to uphold the Christian standards of the school and to respect staff members.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

### **Parent/Guardian Contract**

I agree with the objectives, standards, and policies of Wilmington Junior Academy. I will support the school and staff, and I accept full financial responsibility for the above student.

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

\_\_\_\_\_  
Date

**Wilmington Junior Academy**  
**Medical Examination Form**

for students of

**Chesapeake Conference of Seventh-day Adventist**  
**K-12 Office of Education**

Student Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

City, St. Zip: \_\_\_\_\_ Grade \_\_\_\_\_

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

Name of Doctor: \_\_\_\_\_

Date of examination: \_\_\_\_\_

**Immunization Status**

Give the date of each immunization or date of blood test to prove immunity.

	First Dose	Second Dose	Third Dose	Fourth Dose	Fifth Dose	Additional doses needed at this time?	
DtaP, DTP, DT Circle Choice						Yes	No
Polio					<i>Not Applicable</i>	Yes	No
Td				Three doses required for pupils 7 or older	<i>Not Applicable</i>	Yes	No
Measles			2 doses of live virus vaccine	Doses must be given after first birthday	<i>Not Applicable</i>	Yes	No
Rubella		1 dose of live virus vaccine	Vaccine must have been given	On or after first birthday	<i>Not Applicable</i>	Yes	No
Mumps		1 dose of live virus vaccine	Vaccine must have been given	On or after first birthday	<i>Not Applicable</i>	Yes	No
Haemophius Influenzae type b		1 dose of live virus vaccine	Vaccine must have been given	On or after first birthday	<i>Not Applicable</i>	Yes	No
Hepatitis B		1 dose of live virus vaccine	Vaccine must have been given	On or after first birthday	<i>Not Applicable</i>	Yes	No
Chickenpox		1 dose of live virus vaccine	Vaccine must have been given	On or after first birthday	<i>Not Applicable</i>	Yes	No

Has student received a smallpox immunization?      Yes    No      If "yes", date: \_\_\_\_\_

Are there medical reasons for this child to be exempted from any of the above immunization?    Yes    No

If "yes", explain. \_\_\_\_\_

Results of Tuberculin test (circle one)    Positive    Negative      Type of test: \_\_\_\_\_

Explain any Pos. results: \_\_\_\_\_

Additional Questions:

1. Is the child subject to conditions that may cause classroom emergencies such as diabetes, fainting, allergies, asthma, etc.? Yes No

Explain \_\_\_\_\_

2. Have there been any illnesses, accidents, operations, or any other condition that limits this child's participation in classroom activities or PE? Yes No

Explain \_\_\_\_\_

3. Are there any vision or hearing impairment that limits this child's participation in classroom activities or PE? Yes No

Explain \_\_\_\_\_

4. Are there any other impairments for which the school could help by seating or other action? Yes No

Explain \_\_\_\_\_

5. Is there evident need for dental care? Yes No

Explain \_\_\_\_\_

6. Is there any reason for which this child should remain under a physician's periodic observation? Yes No

Explain \_\_\_\_\_

7. Physician's recommendations to school: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Address: \_\_\_\_\_  
Street City State Zip

Phone number: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

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

**Wilmington Junior Academy**  
**Medical Examination Information Form II**  
**Delaware Required Immunizations**

State of Delaware Source: <https://www.doe.k12.de.us/Page/2871>

- 5 or more doses of DTaP or DTP Td vaccine (unless 4th dose was given after the 4th birthday)
- 4 doses of IPV or OPV (unless 3rd dose was given after the 4th birthday)
- 3 doses of Hepatitis B vaccine
- 2 doses of Measles, Mumps and Rubella vaccine
- 2 doses of Varicella or a written disease history by a licensed healthcare provider
- In August 2016, entering 9th Graders must additionally have 1 dose Tdap (adult booster) and 1 dose meningococcal.
  - o In 8/2017 - Grades 9-10
  - o In 8/2018 - Grades 9-11
  - o In 8/2019 - Grades 9-12

\_\_\_\_\_ has the required immunizations to enter school as required by the  
(student name) state of Delaware.

Signature of Physician: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

# Wilmington Junior Academy

## Emergency School Closing & Contacts

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Student's Name (Include siblings)

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Date

**The first two contacts listed should be parents.** By putting down a contact person, you are stating that you are giving him/her permission to make a decision regarding your child's safety and to sign your child out from school. *Please notify us as soon as possible of any changes to these contact names/numbers.*

Contact Name	Home Number	Work Number	Cell Number
1. (Parent #1)			
2. (Parent #2)			

In the event we cannot reach the contact people listed above or no one is available to pick up your child, they may be placed in after school care at the current rate per hour or the usual care fee if signed up for monthly care. (This service is available only if the daycare is open at the time of school closing)

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### Medical Information & Consent to Treatment

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Physician's Name

Phone #

Name of Practice or Address

**Allergies:** \_\_\_\_\_

In case of an accident or serious illness the school will try to contact me at the numbers given above. If the school is unable to contact me, I hereby authorize a schoolteacher, principal or nurse to take my child to the physician indicated in the emergency information. If it is impossible to contact this physician, the school representative may take my child to the nearest available hospital or to the person listed as an emergency name.

We, the parents or guardian of the afore-mentioned student, a minor, do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of our doctor or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that a reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Wilmington Junior Academy or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor. We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the school insurance service, or its representative, any and all information with respect of any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A Photostat copy of this authorization shall be considered as effective and as valid as the original.

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(Parent's Signature)

Student(s): \_\_\_\_\_

## Estimated Costs Worksheet for 2025 – 2026

**Tuition:**

1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	Total
\$5,875.00	\$5,375.00	\$4,875.00	<u>          </u>

Less Scholarship (if applicable) - \_\_\_\_\_

Less Full Payment Discount (5% if applicable)	-
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**Total Tuition** *(Before/After Care billed separately)* \_\_\_\_\_

\_\_\_\_\_ (per month)

### Registration & School Supply Fee:

### Enrollment Total Costs:

**DUE ON OR BEFORE REGISTRATION**

**Registration Fee** \$200 x \_\_\_\_\_ = \_\_\_\_\_  
(each student)

**School Supplies Fee:**

Grades K-2      \$50 x      = \_\_\_\_\_

Grades 3-5      \$55 x      = \_\_\_\_\_

Grades 6 -8      \$60 x      = \_\_\_\_\_

Total Due \_\_\_\_\_

Registration Fee: \_\_\_\_\_

**School Supplies Fee:** \_\_\_\_\_

**1<sup>st</sup> Month/ August Tuition:** \_\_\_\_\_

**Total Due at Enrollment** \_\_\_\_\_



# **Wilmington Junior Academy**

## **Computer and Internet Usage Agreement**

Wilmington Junior Academy desires to provide computer/internet access for educational purposes to all of its students. This access is a privilege, not a right, and will depend upon the student following the guidelines stated here and as they are updated throughout the year.

These guidelines apply to both school supplied devices as well as any devices that students are permitted to bring and use in class.

### **Cell Phones/Electronics/ General Guidelines:**

1. Electronics not specifically designated for scholastic use, including cell phones or smart watches, are not to be used or seen on campus during school hours, including aftercare.
2. Any electronics should be turned in to the teacher, and devices will be returned to the student at the end of the day.
3. Earpieces (headphones, earphones, earbuds, etc.) are not permitted. Unapproved devices that are seen during the day will be taken from the student and given to the office (principal) where it can be retrieved at the end of the school day.
4. If a student has a need that requires them to contact parents, they may call from the school office.
5. Students may receive permission to bring and/or use electronic devices, but students must follow the guidelines listed below and use the device as outlined by the instructor.

### **General Computer Guidelines:**

1. Students must follow the guidelines posted in each classroom.
2. If using a school computer, screen colors, icons, and/or windows will not be changed without permission.
3. Any username and passwords assigned to the user are not to be shared outside of the school. Violation of this rule could result in suspension.
4. Although the network has virus screening software, the school is not responsible for viruses that may spread.
5. Students should use only public files and their personal files. Teachers have the right to look at, modify, or delete any file on the school's computers.
6. Students should not load any software, apps, or files (personal or school related) to school or personal computers without permission.
7. Students must observe copyright laws.
8. Students must not access or attempt to access unauthorized areas of the school network or try to bypass password-protected files.
9. Deliberate or careless damage to hardware or software is considered vandalism according to the student code of conduct and may result in loss of privileges, fines, and/or other action by the administration.

**Online Guidelines:**

1. Students are not allowed to use computers or access the internet without staff authorization and without supervision. Online access will be the result of a specific assignment.
2. The school will have blocking software installed, but it must be noted that this software is not totally effective in blocking objectionable material.
3. Information deemed objectionable or inappropriate by school standards must not be accessed (sexual in content, violent, demeaning to any group of persons, against Seventh-day Adventist beliefs, etc.).
4. Communication, if authorized by the staff, with others online must be done with respect and courtesy. Demeaning remarks, obscenity, bullying, harassment, discriminatory remarks, and other anti-social behaviors will not be tolerated.
5. Students are never to give out home or school phone numbers, addresses, or other personal information while online.
6. New guidelines will be posted in the classroom and parents will be notified should it become necessary to add additional computer usage policies and procedures.

**Violations:**

Individuals who violate any of the above guidelines or rules shall be subject to the following consequences and any other disciplinary action deemed appropriate by the administration as guided by the student code of conduct.

- Payment for expenses incurred due to damage caused by unauthorized use
- Use of computer and/or network only under direct supervision
- Suspension or revocation of computer and network privileges
- Suspension or expulsion from school

As a user of the school's computer system, I agree to comply with the above stated guidelines.

Printed Name \_\_\_\_\_

Student Signature \_\_\_\_\_

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

As the parent or legal guardian of the above-signed student, I grant permission for my child to use the school's computer system for educational activities including online access. I understand that individuals and families may be held liable for any inappropriate behavior and disciplinary action may be taken. I accept responsibility to work with the school in the guidance of online use and setting and conveying standards for my child to follow when selecting, sharing, or exploring information and media online.

Printed Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

# **Wilmington Junior Academy**

## **Parental/Guardian Media Usage Consent Form**

The purpose of this parental consent form is to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the school web site and school literature.

**As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as a school would like to celebrate and recognize your child and his/her work and presence in our school. The law requires that we ask for your permission to use information about your child.**

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes photo, video, derivatives, and/or other digital reproductions or physical likenesses. The setting for these photos, videos, derivatives will take place on campus and during class trips.

If you, as the parent or guardian, wish to rescind this agreement at any time, you may do so in writing by sending a letter to the principal of Wilmington Junior Academy and such rescission will take effect upon receipt by the school.

**Please check one of the following choices:**

\_\_\_\_\_ I/We GRANT permission for Wilmington Junior Academy to photograph/video my child and use the photo, video, derivatives, and/or other digital reproductions or physical likenesses for publication and promotional purposes for the school, whether electronic, print, digital, or internet. I understand that student confidentiality and safety are of utmost importance to the school.

\_\_\_\_\_ I/We DO NOT GRANT permission for Wilmington Junior Academy to use photo, video, derivatives, and/or other digital reproductions or physical likenesses for publication or promotional purposes for the school, whether electronic, print, digital or internet.

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

Parent/Guardian: (print) \_\_\_\_\_

Signature of Parent/Guardian: (sign) \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Date: \_\_\_\_\_