

Williamsburg Classical Academy

New Family Registration Forms

Revised July 2018

Please fill out all paperwork completely. Sign and date all forms.

Please do not print forms out front to back.

Things that are often missed on forms:

Information Form:

- 1) Fill out one form per student enrolled
- 2) Please check “give” or “don’t give” on the Digital Media/Photo Policy Acknowledgement and sign it.
- 3) Mark Yes or No and initial the question regarding student drivers

Medical Treatment Authorization Form

- 1) Fill out one form per student enrolled
- 2) Check “emergency action plan attached” or “emergency action plan not needed”
- 3) Attach emergency action plan if needed

Enrollment Contract

- 1) Students and parents sign and date contract

Youth Waiver and Release of Liability Form

- 1) Fill out one for every child participating in co-op

Adult Waiver and Release of Liability Form

- 1) Fill out one for each adult who will volunteering at WCA in any capacity

Release of Liability Form

- 1) ALL family members – parents and children - need to be listed on the top of the form

If you have a student who will be driving themselves or others, please fill out a Student Driver Form, located on the WCA website in the forms section, or you may request a printed copy. Please note that student drivers can only drive immediate family members living in the same household.

INFORMATION FORM

Please note: We need at least 2 phone numbers in case of an emergency.

Date: _____

Home Phone: _____

Mom's Daytime/Cell Phone: _____

Dad's Daytime/Cell Phone: _____

E-mail Address: _____

Personal Information:

(Please fill out one of these Information Forms per student)

Child's Full Name: _____

Child's preferred name: _____ Month and Year of birth: _____ M _____ Y

Mother's Name _____ Father's Name _____

Home address _____ City: _____ Zip code _____

Names and ages of child's siblings:

_____ age: _____ _____ age: _____

_____ age: _____ _____ age: _____

EMERGENCY CONTACTS other than the parents, please list others who are emergency contacts:

Name: _____ Daytime/cell phone number: _____

Name: _____ Daytime/cell phone number: _____

Medical Information (please also read and sign our "Medical Treatment Authorization Form")

List any allergies your child has (foods, medicines, environmental, etc.):

List any medical or emotional concerns/situations, chronic or otherwise, that we should be aware of:

Digital Media/Photo Policy and Acknowledgement (Please read thoroughly)

1. I **GIVE** **DON'T GIVE** permission for my child's image to be used in WCA promotional materials used online or by other electronic or printed means. The yearbook, however, is exempt from this permission. By registering with the co-op, I agree that images that may include my child(ren) may be taken for, as well as used for, the yearbook.
2. I acknowledge, understand and agree that personal photos are permitted to be taken by students or parents on co-op campus without the specific consent of the photo subjects' parents.
3. I have read, understand and agree to the Digital Media/Photo Policy as stated in the latest WCA Parent and Student Handbook (dated April 2015).

Signed _____ Date _____

Printed Name _____

Other Information: How did you hear about the Academy? _____

Will your student be driving themselves or others? **YES** **NO** **Initials** If yes, please see the Student Driver Form located on the WCA website (or you can request a printed copy) for complete information, rules and liability notices. This form must be filled out and signed by you and your child before he/she drives to or from co-op without an adult. Please note, minors can only drive their immediate family members living in the same household.

MEDICAL TREATMENT AUTHORIZATION FORM

I/We, _____, the parent(s)/guardian(s) of _____ authorize any Teacher or Volunteer at Williamsburg Classical Academy to give minor medical care (including, but not limited to, washing and putting band-aids on, using ice packs for bumps, etc.) as needed while my child(ren) is at the Academy. This is at the teacher's or volunteer's sole discretion. I/we also authorize any Teacher or Volunteer at WCA to obtain immediate care in the case of a medical emergency as determined solely by them, in the event that I/we cannot be consulted or located, or if the care is believed to be so urgent that there is no time for consultation with the parents/guardians. I/we understand that I/we will be solely responsible for, and will promptly pay any expenses, which may be incurred in providing treatment to my child.

If needed, please attach to this form an **Emergency Action Plan** for Allergies and/or other Pre-existing Medical Conditions (a step by step plan of what someone should do in a medical emergency caused by an allergic reaction or pre-existing medical condition). This plan is for the Academy staff's, volunteers' and caregiver's information only; it doesn't create an obligation to follow it, although we make efforts to follow it. I have also read and understand and have signed the WCA Release of Liability Form. I understand the Williamsburg Classical Academy assumes no responsibility for any treatment or actions in response to medical incidents, medical emergencies or medical conditions. I understand I am responsible for promptly providing a detailed emergency action plan with this paperwork if one is needed. (Please consult your doctor for information about how to make an Emergency Action Plan for your child.)

Please check one:

☐ **Emergency Action Plan Attached**

☐ **Emergency Action Plan Not Needed**

Doctor and Insurance info - if you care to give it for use in an emergency only. We may or may not be able to contact the doctor; this is only for extra information to possibly help in an emergency.

Child's Primary Physician's Name: _____ Office Phone: _____

Office Address: _____

Health Insurance Company (if any) _____

I have read and understand this document and am signing on behalf of myself and for all family members:

Parent Signature _____ Date _____

Printed Name _____

ENROLLMENT CONTRACT

We are enrolling our homeschooled child(ren) in a supplemental class or classes for the current school year at Williamsburg Classical Academy. We understand that our commitment is for the school year, as decisions to offer classes are based upon enrollment, and WCA must plan for classroom space and organizational expenses.

We have read and understand the *Williamsburg Classical Academy* **Statement of Inclusiveness** and agree to respect these as the beliefs upheld by the faculty and leadership.

We have read and understand the *Williamsburg Classical Academy* **Parent and Student Handbook**.

We have read and understand the *Williamsburg Classical Academy* **Tuition Policies**. We agree to pay all tuition in accordance with these policies. We understand that if we withdraw our children or they are dismissed from co-op, we are still responsible for the semesters' tuition we contracted for as explained in the policies.

We have read and understand the *Williamsburg Classical Academy* **Service Requirement Policies**.

We have read, understand, and **agree to abide by** the *Williamsburg Classical Academy* **Discipline and Conduct Policies**.

We have read, understand, and have signed the *Williamsburg Classical Academy* **Medical Treatment Authorization Form**.

We have read, understand, and have signed the *Williamsburg Classical Academy* **Release of Liability Forms**.

I am signing this document on behalf of myself and all family members.

Parent Signature _____ Date _____

Printed Name _____ **Date** _____

We, the students, have read, understand, and **agree to abide by** the *Williamsburg Classical Academy* **Discipline and Conduct Policies**.

Student's Signature

Date

Student's Signature

Date

Student's Signature

Date

Student's Signature

Date

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RELEASE OF LIABILITY FORM

Please print two copies. Sign and date both copies. Keep one for your records and submit one with registration paperwork.

In consideration of being permitted to participate in Williamsburg Classical Academy, we (*please list all family members on these lines*):

Mother _____ Father _____

Child _____ Child _____

Child _____ Child _____

Any other children/family members (step parents, etc.) not listed above _____

[all listed above hereinafter referred to as "Family"] agree to the following:

Release:

1. Release, covenant not to sue, waive, and discharge Williamsburg Classical Academy, their independent teachers, their affiliated teachers, advisors, administrators, board members, volunteers, participants or other family members, or the hosting church, their officers, employees, board members, administrators, teachers, volunteers, participants or other families participating in Williamsburg Classical Academy or hosting church (hereinafter referred to as "Releasees") from all liability for any loss or damage and any claim or damage on account of injury to the person or property or resulting in death of a Family member while Family is participating in Williamsburg Classical Academy activities or any other activities on the premises of the hosting church.

Assumption of Risk:

2. Family agrees to indemnify Releasees from any loss, liability, damage or cost Family may incur due to the presence of Family in or on the premises of the hosting church. Family realizes transportation to and from Williamsburg Classical Academy or any time off campus is the Family responsibility. Family also realizes that times between classes, gaps in schedules, before and after classes, and days and hours that teachers are absent are the Family responsibility. Leaving your children at any time with Williamsburg Classical Academy and/or on the premises of the hosting church without supervision is at the sole risk of the Family.
3. Family assumes full responsibility for and risk of bodily injury, death or property damage while in or on the premises of Williamsburg Christian Church and/or while working for any purpose participating in the co-op activities.
4. Family expressly agrees that this release waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Virginia and that, if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
5. Family, in consideration of being permitted to participate in Williamsburg Classical Academy, for Family, and Family's heirs, executors, administrators, and assigns, releases and forever discharges all Releasees, and their heirs, administrators, and executors of and from any and every claim, demand, action, of whatsoever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage participation in Williamsburg Classical Academy or any activities in connection with Williamsburg Classical Academy or on the host church's property.
6. Family releases all hosting church and WCA officials, professional personnel, teachers, volunteers and all others listed as "Releasees" above from any claim whatsoever on account of first aid, treatment or service rendered to the Family during participation in Williamsburg Classical Academy. I understand that I will be solely responsible for and will promptly pay any expenses which may be incurred in providing treatment to the Family.

Acknowledgement of Understanding:

7. Family states that Mother and/or Father of Family have carefully read the above release and know and understand the contents of the release and their significance and sign this release as Family's own free act.
8. This agreement shall be binding on each member of the Family, their personal representatives, assigns, heirs, and next of kin.
9. This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

Parent Signature _____ Date _____

Printed Name _____

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*****Please fill out one of these forms for every child participating in WCA*****

YOUTH WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in **Williamsburg Classical Academy** related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) of the participant should inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc.) of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Williamsburg Classical Academy its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releasees," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Member/Participant (print) _____

Name of Parent/Guardian (print) _____

Parent/Guardian Relationship (print) _____

Signature of Parent/Guardian _____

Address of Member/Participant _____

Telephone Number of Parent or Guardian _____

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***** Please fill out this form for every adult family member who is volunteering in any capacity at Williamsburg Classical Academy*****

ADULT WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in **Williamsburg Classical Academy** related events and activities, the undersigned:

1. Agree that the member/participant should inspect the facilities and equipment to be used, and if the member/participant believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc.) of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Williamsburg Classical Academy its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releasees," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Member/Participant (print) _____

Signature of Member/Participant _____

Address of Member/Participant _____

Telephone Number of Member/Participant _____

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NEW FAMILY INTRODUCTION FORM

We welcome new families to Williamsburg Classical Academy home schooling cooperative, and we look forward to getting to know you and your children. In order to begin that process, please provide the following information. Thank you! (Returning families do not need to fill this out again unless providing additional information.)

Parents' First and Last Names: _____

Child(ren)'s first name(s): _____, _____, _____,
_____, _____, _____, _____.

Please provide school background information for each of your child(ren) enrolling in WCA.
Where has your child been schooled?

How many years have you been home schooling? Please briefly summarize your reasons for home education as the schooling choice for your family.

Has your child(ren) ever required formal disciplinary action by a school, or been suspended or expelled? If yes, please explain. Use the back of this sheet if necessary.

Please tell us how you found us or if you were recommended by a current WCA Family or teacher:

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Williamsburg Classical Academy
Student Driver Form Minor Student Driver Permission and Acknowledgment
Policies Regarding Minors Driving Themselves to and from Williamsburg Classical Academy Campus
and Williamsburg Classical Academy Sponsored Events

All drivers (student, staff, and visitors) are required to comply with all driving laws, and Williamsburg Classical Academy and their Hosting Church driving and parking regulations: obey a 10 MPH speed limit on campus, obey all stop and directional signs, yield to pedestrians and drive in a reasonable and safe manner. Students under age 18 are prohibited by law from using a cellular device while driving. This includes “hands-free” cellular devices. Virginia law also prohibits all texting while driving. If instructed to stop your vehicle by any co-op member, you must do so. Failure to abide by these rules may result in suspension of your driving and parking privilege. In complying with all Virginia state driving laws, drivers are responsible for vehicle insurance and accident reporting.

All drivers and vehicles must be properly registered and insured in accordance with state laws. Williamsburg Classical Academy and their hosting church will not be liable for drivers or passengers as they travel to or from classes or WCA sponsored events, or while driving on campus. The undersigned acknowledges that before and after their child(ren)’s WCA classes and/or WCA sponsored activities, WCA and their hosting church/location venue are not responsible for the undersigned’s children and those who drive with them.

Neither Williamsburg Classical Academy nor their hosting church/hosting venue shall assume any responsibility for damage to or theft from vehicles or other items of personal property left in the vehicle, while parked on campus or event property. Students are reminded to insure that their vehicles are locked at all times while parked.

By signing this form, I acknowledge, understand and will abide by the following guidelines: - I give my permission for my minor child(ren) to drive themselves and other immediate family members in my household to and from Williamsburg Classical Academy classes and WCA sponsored events and therefore allow them to arrive at and depart from the WCA campus and/or other WCA sponsored events without a legal adult.

- I understand that before my child(ren)’s classes begin and after my child(ren)’s classes end, as well as before and after WCA sponsored activities, Williamsburg Classical Academy is not responsible for my child(ren).

- My child is never to take any child(ren) other than immediate family members living in my household and Williamsburg Classical Academy shall not be held responsible if they do.

- I understand that I must provide liability insurance for the cars that my child drives to and from the WCA campus and other WCA sponsored events, and that all claims having to do with auto liability will not be covered by Williamsburg Classical Academy, but by the family's insurance.

Student Acknowledgment: I, _____ (please print neatly), am requesting permission to drive myself to and from WCA campus and WCA sponsored functions. I affirm that I have a valid Virginia driver’s license. I agree to and understand that I am never to take any child(ren) to or from WCA and other WCA sponsored events other than immediate family members living in my household. I acknowledge, agree to and understand all rules stated on this document.

Student’s Signature _____ Date: _____

Printed Name: _____

Parent Acknowledgment: I, _____ (please print neatly), the parent or legal guardian of the above named student, approve of this application and understand the rights and responsibility of this privilege for my child.

I affirm that the vehicle my child will be driving to and from WCA campus and other WCA sponsored activities has liability insurance and that my child has a valid Virginia driver’s license. I give my permission for my minor child to drive themselves and other immediate family members living in my household to and from the WCA campus and WCA sponsored activities and therefore allow my child(ren) to arrive at and depart from WCA campus and WCA sponsored activities without an adult. I acknowledge, understand and agree to abide by all terms set forth in this document.

Parent or Legal Guardian Signature _____ Date _____

Parent or Legal Guardian Name _____ Contact phone Number _____

TIME & TALENT VOLUNTEER SURVEY

We offer many ways to participate in the co-op. When a family member performs at least 3 hours of service per semester, then the \$25 volunteer deposit is returned to you at the end of the school year.

Please check off all jobs you may be willing to do. We will try to select one job for you that accommodates your preferences.

- **Help clean** rooms/halls, put back tables at the end of day, etc (usually in 15-30 minute blocks running from about 1:30-3:30 pm) (**Highest Need**)
- **Help set up rooms** and clean up rooms as needed throughout the day (various rooms and times of day, but especially early in the morning – 8:45-9 am)
- **Hall monitor/Front desk Duty** (Refer to WCA Parent and Student handbook for list of duties.)
- **Helping in the classroom:**
 - Preschool
 - Ooey Gooey Science
 - Art Class
 - Other classes TBD
- **Pot Luck Coordinator** (we have potlucks at the beginning and ending of each semester)
- **Pot Luck Worker** (set up/take down/clean up potluck, help with potluck as it goes on, as needed)
- **End of Year Awards Coordinator or helper** – Plan or help with an awards ceremony for special students
- **Substitute Teach** (Teachers leave you a detailed lesson plan.) Would you be willing to sub-teach:
 - Only with advance notice (24 hours or more)
 - That morning's noticeWhich classes would you be willing to sub for:

Other talents you would like to share (or others in your family would like to share):

Preferred volunteer job(s):

You will be contacted by the person(s) in charge of your volunteer duty. If you have multiple choices, you may be contacted by more than one person.

Name of Parent(s):

Phone Number(s):

Email:

Name of Child/Class(es):

Dates NOT Available: (out of town, etc.)

Times/Days available:

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WCA Time and Talent Volunteer Tracking Sheet

Semester:

Name:

Home Phone

Cell Phone:

Email:

To earn \$25 off your registration fee, you need to work 3 hours total over the course of each semester.

Volunteer Responsibility:	Times/Days assigned	Time Spent	Contact person	Initials

Keep this card in your family's file in the hanging folder box on the front entry table. **Please get your contact person to initial that you have completed your volunteer hours.** You will need to have a card for each semester; each one showing 3 hours of service each semester. If you attend only one semester, you need only volunteer 3 hours for that semester.

WCA Time and Talent Volunteer Tracking Sheet

Semester:

Name:

Home Phone

Cell Phone:

Email:

To earn \$25 off your registration fee, you need to work 3 hours total over the course of the semester.

Volunteer Responsibility:	Times/Days assigned	Time Spent	Contact person	Initials

Keep this card in your family's file in the hanging folder box on the front entry table. **Please get your contact person to initial that you have completed your volunteer hours.** You will need to have a card for each semester; each one showing 3 hours of service each semester. If you attend only one semester, you need only volunteer 3 hours for that semester.