

WESTSIDE CHRISTIAN ACADEMY

2022 -2023 School Year Student Re-enrollment
Packet

9540 Bramell Street
Detroit, MI 48239
www.westsideca.org
ph. 313-255-5760
fax 313-255-0809



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Re-enrollment Form

Today's Date: _____

Child #1 Name: _____ DOB: _____ Grade entering: _____

Student resides with: Mother Father Guardian Other: _____

Child #2 Name: _____ DOB: _____ Grade entering: _____

Student resides with: Mother Father Guardian Other: _____

Child # 3 Name: _____ DOB: _____ Grade entering: _____

Student resides with: Mother Father Guardian Other: _____

Child #4 Name: _____ DOB: _____ Grade entering: _____

Student resides with: Mother Father Guardian Other: _____

Parents' Marital Status: Married Widowed Divorced Separated Remarried Single

Father / Guardian 1

Mother / Guardian 2

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Name of Employer: _____

Name of Employer: _____

Step-Mother (If applicable) _____

Step-Father (If applicable) _____

Work Phone: _____

Work Phone: _____

Cell/Home: _____

Cell/Home: _____

INFORMATION CONCERNING TUITION

Who is responsible for the payment of tuition & fees? _____

If different than parent or guardian listed above, please list contact number and address here: _____



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Tuition & Fees

<i>STUDENT(S)</i>	<i>ANNUAL RATE</i>	<i>MONTHLY PAYMENT (9 MONTHS: Sep. 1 – May 1 or Aug. 1 – Apr. 1)</i>
One child	\$4279	\$476
Two siblings	\$7,491	\$833
Three siblings	\$10,263	\$1141

<i>FEES</i>	<i>AMOUNT</i>	<i>DUE</i>
*Enrollment Fee	\$325.00 – 1 Student \$460.00 – 2 Students \$595.00 – 3 Students \$730.00 – 4 Students \$865.00 – 5 Students	Payment is due at the time of paperwork submission. Jan 10 – Mar 28, 25% is acceptable. Mar 29 – Jun 30, 50% is acceptable. After Jun 30, 100% is required.

Remaining Enrollment Fee Balance		50% by Mar 30 and 100% by Jun 30
Kid Kare Registration	\$10.00 (K3-5 th)	Due at the start of the school year
Late Tuition Payment	\$25.00	As incurred
Returned Check Fee	\$32.00	As incurred
K5 Graduation Dues	\$65	Feb. 1
8 th Gr Graduation Dues	\$100	March. 1

*The enrollment fee is NON-REFUNDABLE. This fee includes the processing of the application, the rental of textbooks, purchase of consumable workbooks, supplemental material technology fees, etc. **Lost and/or damaged school-related materials (such as Chromebooks, laptops, & calculators) will be an additional charge to your account.**



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Re-enrollment Contract

To remain a WCA Warrior, students must

- Have no outstanding balance from the previous school year.
- Complete the Re-enrollment Form.
- Submit the Re-enrollment fee (see page 2).

Please read over this entire contract initial items, and sign at the bottom of the page.

1. Tuition

- Yearly: Payment in full for the year, 15% discount. July 1 deadline for re-enrolling students
- Monthly Payment: September – May. Payments due by the 1st of each month
- Monthly Payment: August – April. Payments due by the 1st of each month

2. Internet Agreement: Part of the program of studies WCA involves the use of computer technology including Internet use. I understand that my child will use the internet for educational purposes under the direct supervision of a teacher.

Parent Initial _____

3. Photographs: Unless requested by me in writing apart from this contract, WCA has permission to use photographs/video of my child as a student in school newspapers, yearbook publications, and on the WCA website as appropriate and common for school communication and publicity.

Parent Initial _____

4. Handbook: Agree to read and abide by school policies as stated in the parent/student handbook.

Parent Initial _____

5. Lost/Damaged Textbook fee: \$35 or price of replacing the book.

Parent Initial: _____

6. Payment Policies and Procedures: Any returned check made to WCA will result in a \$25.00 fee by WCA. Payment received after the due date will result in a late charge of \$25.00. Late fees will be assessed after the 10th of the month. Students will not be allowed to continue school if payment arrangements are not made with the school. After 3 NSF, payment will require future payments to be made in the form of cashier's check. Tuition and fees are non-refundable. I the parent/guardian have read and agree to abide by the stipulations as set forth in the WCA Tuition and Fee policies.

Parent Initial: _____

This contract becomes effective once signed and fees are paid.

Parent Signature: _____

Date: _____



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Partial Tuition Assistance Application

Please ensure that you fully complete this form and attach all required documentation

This information will also be used as Free and Reduced Price School Meals Family Application, may be shared with Title 1 and other Federal Programs.

Names of all students in the household:

Name	School	Grade	Does this child receive assistance
_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>

Please check the annual tuition amount that applies to your family

- \$4279.00 for one child
 \$7491.00 for two children
 \$10,263.00 for three children

Is this your first year requesting a partial tuition assistance at WCA: **Yes** **No**

Total Household Gross Income – Please list the annual income amount for each person earning income in your household. All reported income must be accompanied with supporting documents. You also must present your most recent tax return.

Name	Earning from work	Other Income	Total
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Signature: _____ **Date:** _____

***** **FOR OFFICE USE ONLY** *****

Amount Awarded: _____ **Approved by:** _____ **Date:** ____/____/____

Annual Tuition \$ _____ **Monthly Payment Amount: \$** _____



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Student Pick-up Authorization – **This may also be updated in Blackbaud!!!**

If you plan to have someone else other than you pick up your child/children, please fill out this form. **ONLY PERSONS NAMED ON THE FORM WILL BE ALLOWED TO PICK UP YOUR CHILD**, with you, the parent/guardian, calling the school first. Please note proper identification (Driver’s License/ID) will be required.

Parent/Guardian Names: _____ (Please Print)
 _____ (Please Print)

Parents are automatically authorized for pick up

Student Name(s): _____

INDIVIDUALS AUTHORIZED FOR STUDENT PICK UP

Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions
Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions
Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions

INDIVIDUALS UNAUTHORIZED FOR STUDENT PICK UP

Name of Unauthorized Person(s):	Relationship to Student:
Please note that any parent who has legal custody (either shared or full) shall have legal authorization to pick up child unless legal documents to the contrary are presented to the school. DOCUMENT ON FILE: <input type="checkbox"/> YES <input type="checkbox"/> NO	

By filling out this form you authorize Westside Christian Academy to release your child to any authorized person listed.

Parent/Guardian Signature: _____ Date: _____