



# 2021-2022 Re-Enrollment Contract

## Francis Hugh Wardlaw Academy

1296 Columbia Road Johnston, S.C. 29832

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www.Wardlawacademy.com

**Office Use Only**

Revd By: \_\_\_\_\_

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

Amt Rcvd: \_\_\_\_\_

***Please complete one application per student.***

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

Grade Entering: \_\_\_\_\_ Home Telephone (area code): \_\_\_\_\_

Parent's/Guardian's Name: (circle one) \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_

Name/Best number to call during school hours: \_\_\_\_\_

Current Email Address: \_\_\_\_\_

If parents are separated or divorced, please indicate to whom all correspondence is to be sent: (Attach court documents.)

\_\_\_\_\_

Who has legal guardianship? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list the individuals who are authorized to pick up your child from school:

\_\_\_\_\_

Does applicant have any physical or emotional health problem of which the school should be made aware?

\_\_\_\_\_

If yes, please describe condition: \_\_\_\_\_

Please list all medications applicant is currently taking: \_\_\_\_\_

\_\_\_\_\_

Grandparent's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Grandparent's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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In signing this enrollment contract, I understand and agree to accept the regulations of F.H. Wardlaw handbook, and I further understand that:

- A health form indicating immunizations must be completed and returned to the school by opening day in order for my child to enter the School.
- If my account is past due, I will be denied access to RenWeb and will be unable to view my child's grades and/ or report card.
- I hereby authorize and grant permission to the School to hospitalize and/or secure treatment for my child (or ward) in case of medical surgical emergency, provided that the School is unable to contact me. If unable to contact my child's physician, a substitute may be made in an emergency.
- I hereby give permission for my child (or ward) to participate in all school activities and attend all scheduled field trips and travel within 50 miles. School will give 24 hour notice for such field trips. I absolve and release the School, its officers, trustees, staff, faculty, employees, agents, and representatives from liability to my child or to me or any other parent, guardian, or sponsor of the child because of injury sustained at school during any school activity or during travel to and from any school activity.
- I hereby give the School permission to use my child's name, photo, film footage and any of his/her work for any news release. This includes television, website, and yearbook.
- I hereby give permission for my child (or ward) to have full access to the school network/internet for research and education as specified in the current handbook.
- If I cancel my child's enrollment for whatever reason prior to the end of the school year, I agree to pay the prorated amount for days attended plus the \$500 withdrawal fee. I understand any unpaid balance becomes payable immediately upon termination of enrollment.

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

In consideration of being allowed to wear flip flops to FH Wardlaw Academy, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from school activities does exist.
- Knowing this, I freely assume any such risk and responsibility for my child's participation.
- I, therefore, RELEASE AND HOLD HARMLESS FH Wardlaw Academy, Head of School, their officers, and its employees, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

***I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.***

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

(Participant's Signature)



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<b>Tuition: 2021-2022</b>	
<b>K3 (Until 2:30)</b>	<b>\$4000.00</b>
<b>K4/K5</b>	<b>\$4700.00</b>
<b>One Child (1<sup>st</sup>-12<sup>th</sup>)</b>	<b>\$6050.00</b>
<b>Two Children (1<sup>st</sup>-12<sup>th</sup>)</b>	<b>\$10,625.00</b>
<b>Three Children (1<sup>st</sup>-12<sup>th</sup>)</b>	<b>\$13,620.00</b>
<b>Four Children (1<sup>st</sup>-12<sup>th</sup>)</b>	<b>\$15,875.00</b>

**If tuition is paid in FULL by April 15, 2021, there will be a 2% discount.**

I have reviewed the Tuition & Payment Plan Options for the 2021-2022 Academic Year and will pay tuition for above student as indicated below.

- \_\_\_\_\_ Annually Due **April 15, 2021**
- \_\_\_\_\_ Semi-Annually Due **June 5, 2021** (1st semester) and **December 5, 2021** (2nd semester)
- \_\_\_\_\_ Quarterly Due **June 5, 2021; September 5, 2021; December 5, 2021; and March 5, 2022**
- \_\_\_\_\_ 10 Months: Due by the 5th of these months; **June 2021 - March 2022**
- \_\_\_\_\_ 11 Months: Due by the 5th of these months; **June 2021 - April 2022**
- \_\_\_\_\_ 12 Months: Due each month for 12 months beginning **June 5, 2021**

**\*\*\* Payments received after the 10th of each month will be charged a \$50.00 late fee.\*\*\***

### **Optional Payment Opportunities:**

1) If you would like **automatic draft**, please include a voided check from your banking institution.

2) If you would like to pay with a **credit card**, please include the credit card number, the expiration date, the 3-digit code on the back of the card, and your zip code.

(All credit cards will include a 4% convenience charge.)

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ 3-Digit Code \_\_\_\_\_ Zip Code \_\_\_\_\_

### **3) Work Credit towards tuition:**

A max of \$400.00 can be worked off at school-approved activities at \$8 per hour. Any such credit will be applied to the last payment of the year.

### **Registration Fees (non-refundable):**

K3 - Grade 12: **\$250.00** if paid **before March 1st**; **\$350.00** if paid **March 1<sup>st</sup> or after**.

### **Returned Check Charge:**

A \$35.00 returned check charge will be applied when the bank returns a check for insufficient funds.

### **Athletic Fee (5<sup>th</sup>-12<sup>th</sup>):**

This yearly \$125.00 fee per athlete is due prior to the student participating in work-outs or practices.

### **Withdrawal Fee:**

There is a withdrawal fee of \$500 per student who is withdrawn after June 30th, 2021.

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***\*I certify that I have disclosed all my child's educational and social history including special needs to the school by signing this contract.***

Tuition accounts 45 days past due will be turned over from the School Business Office to the Finance Group. At that time, the Finance Group will contact account holders to schedule a meeting.

I have read and understand the above agreement and agree to the terms and conditions.

**Signatures of All Parents/Guardians who are financially responsible for Student:**

Parent/Guardian (*circle one*)

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

Accepted: F. H. Wardlaw Academy

\_\_\_\_\_

Date

\_\_\_\_\_

Head of School

*Wardlaw Academy does not discriminate in regard to race, sex, creed, religion, color, age, or national and ethnic origin in the administration of its educational policies, applications, admissions, and all other programs.*

2021-2022 Student Health Form (Required)

Forms must be completed by all Wardlaw Academy Students before entering school on the first day of the 2021-2022 school year

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

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

Father/Guardian: \_\_\_\_\_

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

Emergency Contacts: (if parents/guardians cannot be reached)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Medical History: (Please check all that apply. Provide additional information as needed.)

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Muscle weakness/paralysis	<input type="checkbox"/> Fainting
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Seizures	<input type="checkbox"/> Other
<input type="checkbox"/> Depression	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Vision Problems	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney/bladder	<input type="checkbox"/> Migraines/headaches	

Additional Information: \_\_\_\_\_

Allergies: (medications, food, insects, environmental – please be specific) \_\_\_\_\_

Has your child been prescribed an EpiPen?  yes  no

Has your child been prescribed an inhaler?  yes  no

Does your child take any medications?  yes  no If yes, explain \_\_\_\_\_

**Consent for Over the Counter Medications:**

I give permission for Wardlaw Academy School Staff to give the age appropriate dose of the following over the counter medications:

Acetaminophen (Tylenol Equivalent)	<input type="checkbox"/> yes <input type="checkbox"/> no	Antacids (Tums)	<input type="checkbox"/> yes <input type="checkbox"/> no
Ibuprofen (Motrin/Advil Equivalent)	<input type="checkbox"/> yes <input type="checkbox"/> no	Antibiotic Ointment	<input type="checkbox"/> yes <input type="checkbox"/> no
Antihistamine for allergic reaction (Benadryl)	<input type="checkbox"/> yes <input type="checkbox"/> no		

**Authorization and Consent for Medical Treatment**

Understanding that my child may need emergency medical treatment during school hours while attending Wardlaw Academy, I authorize the School through the School's Administrative Staff and Faculty, to administer first aid or other medical treatment, as deemed best under the circumstances. I consent for my child to receive such treatment. I understand the School will attempt to notify me (or other parent/guardian named on this form), in the event of an emergency requiring immediate medical care for my child. If the School is unable to notify me, in case of a serious injury/illness, the School has my permission to arrange transportation to and treatment by a duly qualified physician at the nearest appropriate emergency hospital or clinic.

Signature of Parent/Guardian: \_\_\_\_\_