

# NEW TESTAMENT CHRISTIAN ACADEMY (NTCA)

## 2022-2023 Admissions Checklist

Dear Prospective NTCA Family and current NTCA families with NEW students applying for admission,

Thank you for applying to NTCA. Our goal is to help all our students reach their highest potential in Christ and academically. We aim to partner with parents to achieve these goals. You have started the process of admission at our school. This process has two parts:

### **Part A – Securing a voucher to pay for tuition – Choice Application:**

If you are applying for the Parental Choice Program, we must receive your Choice application along with the following:

- \_\_\_\_\_ Income verification (Provide signed copy of your 2021 income taxes)
- \_\_\_\_\_ Proof of residency for MPCP or WPCP (Example: **Most recent** utility bill or lease agreement)
- \_\_\_\_\_ Supporting Documentation required by DPI

By state statute, we are **not** permitted to accept the Choice documents after the open enrollment period, which is the **20<sup>th</sup> of the month** for MPCP and April 15<sup>th</sup> for WPCP.

### **Part B – Securing a seat at NTCA (new students) – NTCA Application:**

- \_\_\_\_\_ Completed 2022-2023 Online Admissions Application form using FACTS
- \_\_\_\_\_ Immunization / Permission to access WIR (Included below)
- \_\_\_\_\_ 2022-2023 NTCA Parental / Guardian Commitment and Statement of Faith (included below)

- \_\_\_\_\_ Student's official birth certificate
- \_\_\_\_\_ 1<sup>st</sup> – 8<sup>th</sup> grade only:
  - \_\_\_\_\_ Copy of most recent report card
  - \_\_\_\_\_ Copy of most recent Standardized Test Scores from MAP or STAR testing
  - \_\_\_\_\_ Copy of IEP / Educational Plans
  - \_\_\_\_\_ Authorization to administer Medication and Child Care Centers (included below)

- \_\_\_\_\_ **Private-Pay families ONLY:** Textbook fees due before August 1<sup>st</sup>
- \_\_\_\_\_ **Private-Pay families ONLY:** Non-refundable **\$50.00** Application Fee due with this application
- \_\_\_\_\_ Admissions Checklist (Completed) – **Return this Admissions checklist with your materials**

**ADMISSIONS APPLICATIONS CANNOT BE ACCEPTED WITHOUT ALL OF THE AFORMENTIONED ITEMS**

#### **Note to all:**

- If applying for K4, or K5, your child must have reached that age **on** or **before September 1<sup>st</sup>**.
- The school **does not** provide transportation for students. Instead, most of our parents get paid for transporting their children, which is a safer option!

After the information has been received your admissions application will be processed. Please forward all the above items to the academy office as soon as possible. If you are unable to print the requested documents, please contact our school for pre-printed forms. If you have any questions, please feel free to contact the Academy Office at 414-365-1677. Thank you!

**“Train up a child in the way he should go so that when he is old, he will not depart from it.” Proverbs 22:6**



# AUTHORIZATION TO ADMINISTER MEDICATION

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

dcf.wisconsin.gov

## AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS MEDICATION INFORMATION AND AUTHORIZATION

**A. FACILITY AND CHILD INFORMATION**

Name – Child Care Center

Name – Child

Birthdate (mm/dd/yyyy)

**B. MEDICATION INFORMATION:** Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.

Name – Medication	Dosage	Time(s) of Day to be Administered	How to be Administered	Dates – Medication Time Period	
				From	To
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			

Yes  No Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted? If "Yes," I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation.

Name – OTC Medication

Parent Initials

Additional information / special instructions / contraindications – Specify.

**C. AUTHORIZATION**

I hereby authorize administration of the above medication to my child by staff of the child care center listed above.

SIGNATURE – Parent or Guardian

Date Signed

# NTCA Parental / Guardian Commitment and Statement of Faith

## 2022-2023 PARENTAL/GUARDIAN COMMITMENT

As a NTCA parent,

I/we give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises.

I/we give permission for photos and videos to be taken of my child for educational and school marketing purposes. Exceptions to the above will be provided in writing to the school by the parent or guardian.

I/we agree to relieve the school and its employees from any liability in connection with these activities.

I/we agree that if our child should become involved in any trouble at school, or we disagree with any policy set by the school, we will in no case complain to any parent, but in the love of Christ and with prayer, we will register only necessary complaints with the teacher or principal.

I/we pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times. (Romans 13:8, I Corinthians 12:12-14, 13:1-13, Galatians 5:13-15, 25-26 and Ephesians 4:1-7)

I/we hereby invest authority in the school to discipline our child as necessary; we further agree that we will cooperate and discipline our child in the home as needed. (Proverbs 13:24, 19:18, 22:6, 23:13-14, 29:15 and 29:17; Ephesians 6:1-2, Colossians 3:20 and Hebrews 12:6)

I/we understand that assessments will be made to cover damage to school property caused by our child (including but not limited to breakage of windows, abuse of equipment or books, etc.)

I/we have completed the application and I am willing to abide by the NTCA rules, handbook and aforementioned principles and beliefs as long as my child is a student at NTCA.

## 2022-2023 STATEMENT OF FAITH

The basis of the New Testament Christian Academy shall be the Word of God as interpreted by the following Statement of Faith:

1. I/we believe the Bible to be the inspired and only infallible authoritative Word of God.
2. I/we believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. I/we believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. I/we believe that man is sinful by nature and that regeneration by the Holy Spirit is essential for his salvation.

5. I/we believe in the continuing ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.

6. I/we believe in the resurrection of both the saved and the lost; they who are saved unto life, and they who are lost unto damnation.

7. I/we believe in the Genesis account of creation.

I/we have read the Parental/Guardian Commitment and Statement of Faith and subscribe to them.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

Please return application to:

New Testament Christian Academy  
10201 W. Bradley Road  
Milwaukee, WI 53224  
Phone: 414-365-1677  
Fax: 414-365-5611

*After determination of student acceptance, notification of acceptance will be conveyed to the parent by mail or phone.*

For Office Use Only

Application Received \_\_\_\_\_

*Student Acceptance*

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