

NEW TESTAMENT CHRISTIAN ACADEMY (NTCA)

2022-2023 Enrollment Checklist (Current students)

Dear NTCA Family,

Thank you for “re” enrolling with NTCA. We hope you will find our online enrollment for the 2022-2023 school year through the FACTS Family Portal an easy process. It will give you the opportunity to:

- Update address, phone, and contact information
- Update any medical changes we need to be aware of
- Add new contacts for Emergency Contact or Authorized to pick up

As you enroll online there are also some items to be completed as outlined below:

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 **20th of the month** for MPCP and April 15th for WPCP.

Part B – Securing a seat at NTCA (current students) – NTCA Enrollment:

- _____ Completed 2022-2023 Online enrollment through the **FACTS Family Portal**
- _____ If any changes have occurred in the past year, please submit updated forms for:
 - _____ Immunization / Permission to access WIR (included below)
 - _____ Authorization to administer Medication and Child Care Centers (included below)
- _____ 2022-2023 NTCA Parental / Guardian Commitment and Statement of Faith (included below)
- _____ Enrollment Checklist (Completed) – **Return this Enrollment checklist with your materials**

ENROLLMENT APPLICATIONS CANNOT BE ACCEPTED WITHOUT ALL OF THE AFORMENTIONED ITEMS

After the information has been received your enrollment 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

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

Step 1 PERSONAL DATA

PLEASE PRINT

Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number	

Step 2 IMMUNIZATION HISTORY

List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, Tdap, or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE MM/DD/YYYY	SECOND DOSE MM/DD/YYYY	THIRD DOSE MM/DD/YYYY	FOURTH DOSE MM/DD/YYYY	FIFTH DOSE MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine <i>Vaccine is required only if your child has not had chickenpox disease. See below:</i>					
Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input type="checkbox"/> YES _____ Year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)	Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If YES, provide laboratory report(s)				

Step 3 REQUIREMENTS

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

Step 4 COMPLIANCE DATA

STUDENT MEETS ALL REQUIREMENTS

Sign at Step 5 and return this form to school.

____ Or _____

STUDENT DOES NOT MEET ALL REQUIREMENTS

Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

- Although my child has **NOT** received **ALL** the required doses of vaccine, the **FIRST DOSE(S)** has/have been received. I understand that the **SECOND DOSE(S)** must be received by the 90th school day after admission to school this year, and that the **THIRD DOSE(S)** and **FOURTH DOSE(S)** if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

- For health reasons this student should not receive the following immunizations _____

SIGNATURE - Physician

Date Signed

- For religious reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Tdap, Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

- For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Tdap Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

Step 5 SIGNATURE

This form is complete and accurate to the best of my knowledge. Check one: (I do I do not) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student

Date Signed

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 <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> AM <input type="checkbox"/> PM <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> AM <input type="checkbox"/> PM <hr style="border-top: 1px dashed black;"/> <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: _____

NEW TESTAMENT CHRISTIAN ACADEMY (NTCA)

2022-2023 Admissions Checklist (New Students)

Dear CURRENT NTCA families with NEW students applying for admission,

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 **20th of the month** for MPCP and April 15th for WPCP.

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

- _____ Completed 2022-2023 Admissions Application using the **FACTS Family Portal**
- _____ Immunization / Permission to access WIR (Included below)
- _____ 2022-2023 NTCA Parental / Guardian Commitment and Statement of Faith (included below)

- _____ Student's official birth certificate
- _____ 1st – 8th 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 1st
- _____ **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 1st**.
- 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!

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