

Admissions Packet 2023-2024

".. I have come that they might have life, and that they might have it more abundantly." John 10:10

New Testament Christian Academy 10201 W. Bradley Road Milwaukee, WI 53224 (414) 365-1677

By God's grace, we have:

- A Christ-centered focus
- A four-star rating from the State of Wisconsin
- Students who have won ribbons and awards in math, spelling, and speech competitions
- A lovely and peaceful school environment
- Solid academics and "Exceeds Expectations" on our state report card
- A dedicated staff
- STEM/STEAM education and computer devices for students
- Foreign language, music, Art, and Technology classes
- Alumni who have attended some of the best high schools in the area
- Alumni who have received college scholarships and are working successfully in diverse careers, such as engineering and technology
- Learning, laughter, love, and FUN!

And we are a nationally award-winning school!

Join our New Testament Christian Academy family!
Admission begins February 1st, 2023

www.ntcacademy.org

NEW TESTAMENT CHRISTIAN ACADEMY (NTCA)

2023-2024 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. The admission process has two parts:

Part A - Se	curing a voucher to pay for tuition – Choice Application:
	or the Parental Choice Program, we must receive your Choice application along with the following:
A printou	t of the ONLINE 2023-2024 MPCP/WPCP Choice Application confirmation page.
Income v	erification (Provide a copy of your 2022 Income tax form. Must include the signature page.)
	residency for MPCP or WPCP (Example: <u>Most recent</u> utility bill or lease agreement) Note: You ss must match exactly to your Choice Application.
By state statute, w	ng Documentation required by DPI se are <mark>not</mark> permitted to accept the Choice documents after the open enrollment period, which is If the month for MPCP and the third Thursday of April for WPCP.
Part B – Se	curing a seat at NTCA (New Students) - NTCA Application:
NOTE: If you are within the FACTS Student's	ed 2023-2024 Online Admissions Application using FACTS. (ntcacademy.org/admission-forms) a current family with a NEW student, you need to use the Online Admissions Application Family Portal. (ntcacademy.org/family-portal) official birth certificate presented to NTCA nt Test administered by NTCA
2023-202	4 NTCA Parental / Guardian Commitment and Statement of Faith (included below) rade only:
Cop Cop	y of most recent report card y of most recent Standardized Test Scores from MAP or STAR testing y of IEP / Educational Plans
Private-Pa	ay families ONLY: Textbook fees due on the first day of school
	ay families ONLY: Non-refundable <u>\$50.00</u> Application Fee due with this application ns Checklist (Completed) – <u>Return this Admissions checklist with your materials</u>
1 -	ive this information through the FACTS online student application, please provide the
following docur	
	ration / Permission to access WIR (Included below) History Record and Emergency Care Plan(included below)
	zation to administer Medication (included below)

Please forward all of the items to the academy office for timely processing. School Office - (414) 365-1677

Note to all:

- If applying for K4, K5, or 1st, your child must have reached that age on or before September 1st.
- Transportation: Qualified families receive payments for transporting their children to school, a safer option!

PERSONAL DATA

Wis. Stat. §§ 252.04 and 120.12 (16)

Division of Public Health F-04020L (Rev. 6/2020)

Step 1

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.

PLEASE PRINT

	Student's Name	Birthdate (MM/DD/YYY	Y) Gender	School		Grade	School Year	
	Name of Parent/Guardian/Legal Custodian	Address (Street,	ddress (Street, City, State, Zip)		Telephone Nun		r	
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 DO MM/DD/YY				FIFTH DOSE MM/DD/YYYY	
	DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis	5)						
[Adolescent booster (Check appropriate box) Tdap Td							
	Polio							
[Hepatitis B							
	MMR (Measles, Mumps, Rubella)							
	Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:							
ŀ	Has your child had Varicella (chickenpox) disease	e? Check the	Has you	r child had a blood	d test (titer) that sho	ws immunit	y (had disease	
	appropriate box and provide the year if known:				any of the following	•		
	YES Year (Vaccine not required)			_	Mumps Rub	ена 💹 нер	atitis B	
_ [NO or Unsure (Vaccine required)		II YES,	provide laboratory	report(s)			
Step 3	REQUIREMENTS							
l	Refer to the age/grade level requirements for the	current school year to	determine if	this student meets	s the requirements.			
Step 4	STUDENT MEETS ALL REQUIREMENTS Sign at Step 5 and return this form to school.							
	STUDENT DOES NOT MEET ALL REQUIREME	NTS						
	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 resul		chool cour	t action and/or fo	rfeiture nenalty			
			•					
	WAIVERS (List in Step 2 above, the date(s) of	or any immunizations y	our child has	aiready received;	,			
	For health reasons this student should not	receive the following i	immunizatior	15				
	SIGNATURE Physician				Cianad			
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					eck all that	apply)	
Step 5	SIGNATURE							
	This form is complete and accurate to the best of my knowledge. Check one: (I do I do not I) 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 Sig	gned			

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION							
Name (Last, First, MI)			Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyy		ndance (mm/dd/yyyy)	
Home Address (Street, City, State, Zip Code)							
PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.							
Name	Primary Telephone Number V		Work Telephone Number		Secondary Telephone Number		
Name	Primary Telephone Number V		Work Telephone Number		Secondary Telephone Number		
PHYSICIAN / MEDICAL FACILITY INFORMATION	-						
Physician Name	Medical	Facility Address		Telephone		Telephone Number	
SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the Authorizations shall be reviewed periodically and updated as necessary. Polymer is a supplied to the control of the control							
Yes No I authorize the center to apply sunscreen to my child.		Brand Name			Ingredient Strength		
Yes No I authorize the center to allow my child to self-apply sunso	creen.						
Yes No I authorize the center to apply repellent to my child.		Brand Name Ingredient Strength				nt Strength	
Yes No I authorize the center to allow my child to self-apply repell							
HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach	any health	care plan information from	the child's physician, therapis	st, etc.			
 Check any special medical condition that your child may have. 							
No specific medical condition		_					
Asthma Diabetes Gastrointestinal or feeding concerns, including special diet and supplements							
☐ Cerebral palsy / motor disorder ☐ Epilepsy / seizure disorder ☐ Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism							
Other condition(s) requiring special care – Specify.		1					
 Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative. Food allergies – Specify food(s). 							
Non-food allergies – Specify.							

HEALTH HISTORY AND EMERGENCY CARE PLAN – CONTINUED

2.	Triggers that may cause problems – Specify.	
3.	Signs or symptoms to watch for – Specify.	
4.	Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form <i>Authorization to Adm Centers</i> should be attached to this form. Note: Group child care centers and day camps may use their own form.	inister Medication – Child Care
_		
5.	Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms. a. b. c.	
6.	When to call parents regarding symptoms or failure to respond to treatment.	
7.	When to consider that the condition requires emergency medical care or reassessment.	
8.	Additional information that may be helpful to the child care provider.	
SIG	GNATURE – Parent or Guardian	Date Signed (mm/dd/yyyy)
	view dates:	

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/	уууу)	
B. MEDICATION INFORMATION: Medication shall be in	the original container and labeled with						
Name – Medication	Dosage	Time(s) of Day to Administered		How to be dministered			
		AM				То	
			1				
		AM	PM				
		AM	PM				
		AM	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 / contraindicati	она — эрсону.						
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				
Old In The Principle of Old Indian			outo orginou				

DCF-F-CFS0059 (R. 04/2020)

NTCA Parental / Guardian Commitment and Statement of Faith

2023-2024 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.

2023-2024 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

Date:

Director: