



Enrollment (for returning students) Packet

“...I have come that they might have life, and that they might have it more abundantly.”

Jesus (John 10:10)

New Testament Christian Academy

10201 W. Bradley Rd

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
- Foreign language, music, Art, and Technology classes
- STEM/STEAM education and computer devices for students
- 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 Enrollment Checklist (Current students)

Dear NTCA Family,

Thank you for re-enrolling with NTCA. Please complete your online enrollment for the 2023-2024 school year through the FACTS Family Portal. It will give you the opportunity to:

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

Note: If you have a **NEW** student from your family, you **MUST** complete the **BLUE Admissions Checklist** which includes Income verification. If you have a **New** student from your family, please **STOP HERE** and fill out the **BLUE** Admissions Checklist, instead of this Enrollment checklist. Thank you!

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:

_____ A printout of the ONLINE 2023-2024 MPCP/WPCP Choice Application confirmation page.

_____ Proof of residency for MPCP or WPCP (Example: **Most recent** utility bill or lease agreement) **Note: Your name and address must match exactly to your Choice Application.**

_____ Supporting Documentation required by DPI

By state statute, we are **not** permitted to accept the Choice documents after the open enrollment period, which is typically the **20th of the month** for MPCP and the third Thursday of April for WPCP.

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

_____ Completed 2023-2024 Online enrollment through the **FACTS Family Portal (See NTCA Website)**

_____ 2023-2024 NTCA Parental / Guardian Commitment and Statement of Faith (included below)

_____ Enrollment Checklist (Completed) – **Return this Enrollment checklist with your materials**

If any changes have occurred in the past year, please submit updated forms for:

- _____ Immunization form / (included below) or print information at **www.dhfswir.org**
- _____ Health History Record and Emergency Care Plan (included below)
- _____ Authorization to administer Medication (included below)

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:
☐ YES _____ Year (Vaccine not required)
☐ 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)
☐ Varicella ☐ Measles ☐ Mumps ☐ Rubella ☐ 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

HEALTH HISTORY AND EMERGENCY CARE PLAN

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

dcf.wisconsin.gov

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/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	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Medical Facility Address	Telephone Number
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SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

- | | | |
|---|--|---|
| <input type="checkbox"/> No specific medical condition | | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Gastrointestinal or feeding concerns, including special diet and supplements |
| <input type="checkbox"/> Cerebral palsy / motor disorder | <input type="checkbox"/> Epilepsy / seizure disorder | <input type="checkbox"/> Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism |
| <input type="checkbox"/> Other condition(s) requiring special care – Specify. | | |

☐ 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 *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

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.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____

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

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 your 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 enrollment forms 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: _____