



### **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 Fax (414) 365-5611**

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 2nd, 2026

**[www.ntcacademy.org](http://www.ntcacademy.org)**

# NEW TESTAMENT CHRISTIAN ACADEMY (NTCA)

## 2026-2027 Enrollment Checklist (Current students)

Dear NTCA Family,

Welcome to our **Continuous Enrollment** program, we hope this will make the Enrollment process easier.

**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 participate in the Continuous Enrollment program 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 2026-2027 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 **20<sup>th</sup> of the month** for MPCP/WPCP.

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

Done \_\_\_\_\_ Continuous Enrollment Complete! No need to use FACTS Family Portal to enroll your current child for next school year.

\_\_\_\_\_ Enrollment Checklist – **Return this Enrollment checklist with your materials**

Please review and submit updated forms with this Enrollment Checklist:

- \_\_\_\_\_ Immunization information printed 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 re-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**

Health History and Emergency Care Plan

**Use of form:** This form is voluntary and meets the requirements in 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 may 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)
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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)(n)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.
- ☐ No specific medical condition
  - ☐ Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
  - ☐ Asthma
  - ☐ Cerebral palsy / motor disorder
  - ☐ Diabetes
  - ☐ Epilepsy / seizure disorder
  - ☐ Gastrointestinal or feeding concerns, including special diet and supplements

HEALTH HISTORY AND EMERGENCY CARE PLAN (CONTINUED)

☐ 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.

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**

Child Care Center Name

Child Name

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.

OTC Medication Name

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



**Authorization to Administer Medication – Child Care Centers  
Documentation of Medication Administration – Certified Child Care Providers**

**Instructions:** This section is to be completed only by **certified child care providers** to document the actual administration of the medication. Lines should not be skipped.

	Name of Medication	Date Administered	Time Administered	Dosage	Signature / Initials of Person Who Administered the Medication
1.					
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5.					
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28.					

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_____
<i>Student Acceptance</i>	
Director: _____	Date: _____

01/05/2026