



Admissions Packet 2026-2027

“..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 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
- STEM/STEAM education and computer devices for students
- Foreign language, Music, Physical Education, 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 2nd, 2026

www.ntcacademy.org

NEW TESTAMENT CHRISTIAN ACADEMY (NTCA)

2026-2027 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 – 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:

- _____ A printout of the ONLINE 2026-2027 MPCP/WPCP Choice Application confirmation page.
- _____ Income verification (Provide a copy of your 2025 Income tax form. Must include the signature page.)
- _____ Proof of residency for MPCP or WPCP (Example: **Most recent** utility bill or lease agreement)
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/WCPC.

Part B – Securing a seat at NTCA (New Students) – NTCA Application:

- _____ Completed 2026-2027 Online NTCA Admissions Application using FACTS. **NOTE:** If you are a Current family with a NEW student, you must use **FACTS Family Portal**. (ntcacademy.org/family-portal)
- _____ Student's official birth certificate presented to NTCA
- _____ Placement Test administered by NTCA
- _____ 1st – 8th grade only:
 - _____ Copy of most recent report card
 - _____ Copy of most recent Standardized Test Scores from MAPS, STAR, or iReady testing
 - _____ Copy of IEP / Educational Plans, if applicable
- _____ **Private-Pay families ONLY:** Textbook fees due on the first day of school
- _____ **Private-Pay families ONLY:** Non-refundable **\$50.00** Application Fee due with this application
- _____ Admissions Checklist (Completed) – **Return this Admissions checklist with your materials**

Please review the following health information regarding your child:

- _____ Immunization History: Give permission for NTCA to access WIR within the FACTS application **Or** provide a printed copy of the WIR
- _____ Health History Record and Emergency Care Plan (included below)
- _____ Authorization 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!
"Train up a child in the way he should go, and when he is old, he will not depart from it." Proverbs 22

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)
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.

- ☐ 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	

☐ 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.					
2.					
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28.					

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