



Westfall Academy



REGISTRATION PACKAGE *2019-2020*

727 Westfall Road, Rochester, NY 14620 Tel: (585)442-0120 Fax: (585)442-9948



Dear WFA Parents or Guardian or Prospective Parents:

To complete your child's registration, you will need the following:

- A copy of the child's birth certificate
- A copy of the social security card
- Immunization record that show that your child had:
 - DPT immunizations, 4 doses with one dose given on or after the 4th birthday
 - Polio (Tri-Valent) 3 doses with one dose given on or after the 4th birthday
 - Measles
 - German Measles (Rubella) immunizations
 - Mumps immunization
 - Hepatitis B immunization
 - Varivax (Chicken Pox) immunization
- A proof of a physical examination performed after March 1, 2019 from your child's physician or at a local clinic
- Dates of illnesses or serious accidents if any
- Please fill out all forms provided with the registration package:
 - Registration Form
 - Student Information Form
 - Medical/ Permission/ Release Form
 - Release of Records Form (for new students)

*** Note: Any child who does not meet the December 1st, 2019 cut-off date (must be 3 years old by December 1, 2019) will not be able to attend Pre-Kindergarten this year.**



Westfall Academy

727 Westfall Road, Rochester, NY 14620
 Tel: (585)442-0120 Fax: (585)442-9924

Office Use Only:

FKG: Yes No
 R/N: RET NEW
 FPKG: Yes No
 WFA I.D. #:
 Signed by:

Registration Form

Student's Name									
Last			Middle			First			
Last Grade Attended			Student's Grade Level for 2018-2019						
New Student					Returning Student				
Last School Attended									
Social Security #				Date of Birth (MM/DD/YEAR)					
Place of Birth			Age by Dec 1 st 2019			Sex		M	F
Address				City		State	Zip		
Father's Last Name				First Name					
Mother's Last Name				First Name					
Home Phone #				Work Phone#					

Non-Refundable Registration Fee: \$ 100.00 per child (N)						ACH ***		<input type="text"/>	
\$50.00 per child (R)						Check		<input type="text"/>	
Name of the Credit Card						CC No.		Credit	
<input type="text"/>				<input type="text"/>		Expiration Date		<input type="text"/>	
Parent's Signature			Date		Principal's Signature				

ACH ***: For Direct Deposit (**STRONGLY RECOMMENDED**) – please ask the office admin for an appropriate form to complete and sign. Please return the completed form back to the office for processing.

MEDICAL/ PERMISSION AND RELEASE FORM

Student Name		Age		Date of Birth					
Address		City		State		Zip			
In Case of Emergency Notify									
Tel No.		Cell No.							
Family Physician		Tel #							
Family Insurance Company		Tel #							

Please check if received: Immunizations

TETANUS	Y	N	POLIO BOOSTER	Y	N	MEASLES	Y	N	MUMPS	Y	N	HEPATITIS SERIES	Y	N
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PAST MEDICAL HISTORY

(Check giving appropriate information)

Asthma	Y	N	Sinusitis	Y	N	Bronchitis	Y	N	Kidney Trouble	Y	N
Heart Trouble	Y	N	Diabetes	Y	N	Dizziness	Y	N	Stomach Upset	Y	N
Hay Fever	Y	N	Stomach Ulcer	Y	N	Cancer	Y	N	Other		

Allergies	Food	
	Penicillin or other drugs (specify)	
	Insect sting/ bites	
	Poison sumac, oak, ivy, etc.	

Previous operations or other serious illnesses	
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Any <u>CURRENT</u> medications: (List)													
Childhood Diseases	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Chicken Pox</td> <td style="width: 5%;">Y</td> <td style="width: 5%;">N</td> <td style="width: 20%;">Measles</td> <td style="width: 5%;">Y</td> <td style="width: 5%;">N</td> </tr> <tr> <td>Mumps</td> <td>Y</td> <td>N</td> <td>Other</td> <td>Y</td> <td>N</td> </tr> </table>	Chicken Pox	Y	N	Measles	Y	N	Mumps	Y	N	Other	Y	N
	Chicken Pox	Y	N	Measles	Y	N							
Mumps	Y	N	Other	Y	N								
Additional Medical Information													

PERMISSION FOR TREATMENT

My permission is granted for Westfall Academy designee in charge to obtain necessary medical attention and/ or hospitalization in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above-mentioned information is correct, and I do hereby release and forever discharge all sponsors and Westfall Academy from any all claim, demands, actions, past, present, or future arising out of any damage or injury while on field trips or in sports activities.

Dated this day of 2019

State _____

City/Zip

Signature _____

Printed Name _____



Westfall Academy

727 Westfall Road, Rochester, NY 14620

Tel: (585) 442 – 0120

Fax: (585) 442 – 9924

RELEASE OF RECORDS

To: _____ **Date:** _____
(Previous School)

(Street Address) (City/ State/ Zip Code)

Student Name: _____ **Grade:** _____ **D.O.B.** _____

The student listed above has enrolled at Westfall Academy. Please send the academic records, health records, standardized test scores to the above address, and any confidential file. If the student left during a grading period, please indicate withdrawal grades earned for that period.

Thank You for your cooperation

Principal Signature: _____ **Date:** ____/____/____

I hereby authorize _____ to transfer all the school records of my son/ daughter _____ to Westfall Academy.

Parent's Signature _____ **Date:** _____



TUITION AND TEXT BOOKS

(This policy is subject to change every year)

Full payment of tuition fees is vital to the school's operation. Tuition payments for the year 2019/2020 school year begin in September 2019, are for 10 months ending in June 2020. Tuition rates are set in accordance with the regulations set forth by the WFA Westfall Academy Education Committee (WAEC). Tuition payments are to be made directly to the **Westfall Academy (WFA) at 727 Westfall Road, Rochester, NY 14620**. Parents are required to pay the full monthly tuition even if the child attends only one day of school.

A late fee of \$65 will be charged for tuition fee paid after the 5th of each month, after 15th of the month a surcharge of \$100 will be added, after 25th of the month, student will be considered inactive and won't be allowed to sit in the classroom.

Pre-K	Per month/child		
	Regular Hours	Extended Hours	Afterschool Hours
Program Duration	8:00am-1:00 pm	1:00-3:30 pm	3:30-5:30 pm
Tuition Fees/month	\$500.00	\$100.00	\$100.00
10 months Tuition/child based on selected program	8:00 am-1:00pm	8:00am-3:30pm	8:00am-5:30pm
	\$5000.00	\$6000.00	\$7000.00

Kindergarten	Per month/ child	Per 10 months/ child
Per student	\$455.00	\$4,550.00
Grades 1-5	Per month/ child	Per 10 months/ child
Per student	\$455.00	\$4,550.00

A \$20 per child discount will be given for each additional child enrolled at WFA.

Additional Charges:	
Parents are required to pay the following fees at the time of registration:	
Registration Fees	\$100.00 (New Student) \$50.00 (Returning Student)

Textbook Fee	\$300 (PreK) \$300 (KG) \$300 (grades 1-5)

Graduation	\$50/graduating student (PreK, KG, and 5th grade)