

Medicine Administering Procedure/Consent:

All medicine **MUST** be in the original container. Prescription medication **MUST** have the child's name on it. All medicine will be administered by the office staff/teacher. A note **MUST** be sent with the medicine giving us instructions and permission to give that particular medication. Please sign below giving WCS permission to administer over the counter medications (Tylenol, Motrin, etc... for headaches or first aid) when needed.

I give WCS staff permission to administer medicine to _____ when needed.

I do not give WCS staff permission to administer medicine to _____ when needed, only medicine that is sent from home can be administered.

My child is allergic to the following medications: _____

Please list any physical or mental handicaps, limitations, allergies, or health problems: _____

Parent's signature

Date

Parent's Statement

For your convenience in meeting your financial obligations, tuition is divided into **9 monthly payments**. The first payment is due on or before the first day of school, and the last payment is due May 1st.

I hereby pledge to pay my financial obligations to the school on the date due and understand that late fees will be charged if payment is received **after the 10th of the month**. (Please note that if the 10th falls on a weekend or a holiday, you must make arrangements to have your payment in the office before this date. Any payment received after the 10th will be considered late and a late charge will be added.) I understand that my child's records will not be released or transferred unless my school bill is paid in full.

I give permission for my child to take part in all school activities, including trips away from the school premises.

I appreciate the stand of the school and agree to support all regulations of the school in the applicant's behalf and authorize this school to employ such discipline, as it deems wise and expedient for the training of my child.

I further agree to hold the school and agents harmless of any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action for any reason, be taken against Westgate Christian School or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay the attorney's fees, court fees, damages or other costs that Westgate Christian School or its agents should incur to defend itself against such actions.

I understand that if my child is not picked up by 5:30 I will be charged a fee of \$10.00 until 5:45 and will also be charged an additional \$1.50 per minute after 5:45.

I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations or whose financial obligations remain unpaid.

Father's Signature

Date

Mother's Signature

Date