**Wedgwood Academy North**

**Registration Form**

**2020-2021**

**Student Information:**

Full name of student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Level (2020-2021)\_\_\_\_\_\_ Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Gender \_\_\_Male \_\_\_\_Female

**Program Choice**

Elective Only Student \_\_\_\_\_ (Monday only) **$75/month**

Full Time Academic Program \_\_\_Wednesday and Thursday only) **$165/month**

3 Day Program \_\_\_\_\_ (Monday, Wednesday and Thursday) **$225/month**

**Parent Information:**

PARENTS: Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_

Dr./Mr./Mrs./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIBLING INFORMATION - AGE, SCHOOL ATTENDING:**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PEOPLE WITH PERMISSION TO PICK STUDENT UP:**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Information**

PLEASE LIST ANY MEDICATIONS YOUR CHILD IS TAKING AT HOME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AS PRESCRIBED BY A DOCTOR, MY CHILD IS TO TAKE THE FOLLOWING AT SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I GIVE MY PERMISSION FOR WEDGWOOD ACADEMY NORTH TO ADMINISTER MY CHILD’S MEDICATION AS IS DIRECTED ON THE MEDICINE BOTTLE.

PARENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YOUR CHILD HAS ANY **ALLERGIES**, PLEASE LIST BELOW:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medical Condition for which the student is being treated:

Diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Symptoms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treating Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF EMERGENCY IN WHICH THE PARENTS CANNOT BE REACHED, PLEASE CALL:

NAME RELATIONSHIP PHONE #

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEDGWOOD ACADEMY NORTH HAS PERMISSION TO ADMINISTER:

\_\_\_\_\_IBUPROFEN (ADVIL) \_\_\_\_\_ACETAMINOPHEN (TYLENOL)

\_\_\_\_\_ BENADRYL

IF SUCH AN EMERGENCY ARISES WHERE TREATMENT AT A HOSPITAL, CLINIC, OR PHYSICIAN’S OFFICE IS NECESSARY, PLEASE CONTACT THE FOLLOWING:

PHYSICIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREFERRED HOSPITAL OR CLINIC TO BE USED:

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY INSURANCE COVERAGE

COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF INSURED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GROUP/POLICY NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS IS A RELEASE AND MEDICAL TREATMENT FORM. IF ANY CHANGE OCCURS IN THE ABOVE INFORMATION, NOTIFY THE SCHOOL IMMEDIATELY.

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Code of Conduct**

An effective behavior management policy is essential to the teaching and learning process. At Wedgwood Academy North (WAN) we have established an educational environment where the students can comfortably learn at their own level and pace. Each student has the right to learn and play in a safe, positive environment. Our goal at WAN is to assure that each child achieves success academically, socially and spiritually. We believe that you, as parents, are an integral part in that process.

The staff at WAN is committed to teaching and reinforcing appropriate behaviors. Courtesy and respect will be practiced by all staff members and students and parents. Students are expected to consistently follow the school rules of conduct, set a positive example for others, and be conscious of how their behavior affects others. The four overarching rules at WAN are:

Walk in Love

Speak Kindly

Listen and Follow Directions

Do your Best.

In the event that a particular student needs additional help in behavior control, a conference may be held between the parents, student and classroom teacher. In the event of repeated issues or extreme behaviors, Mrs. Hima will attend the conference as well.

There are many different rewards used by teachers at different levels. One reward is electronics time. After ALL class work is completed at the beginning of each class day, free time to participate on electronic devices is allowed at the first recess ONLY. After that time, in grades K-8, electronics will be put up until the end of the day. (High schoolers do much of their work on their laptops/tablets so their class rules on electronics differ).

WAN has a strict NO BULLY policy. If it is determined that a student has bullied another student or teacher, they will receive a warning and a parent/teacher conference will occur. If there is a second occurrence the student’s enrollment will be terminated.

If a student at any time becomes a threat to anyone, shows no will to follow the school rules, or makes the learning environment unsafe or consistently unpleasant for the other students or staff members, the student’s enrollment with be terminated.

I have read and understand the Code of Conduct and agree to abide by these rules.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Student Signature­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

**As parent(s) of a student enrolled at Wedgwood Academy North, I have read and agree to the school policies and code of conduct. I will communicate regularly with the school to encourage the progress of my student. I will provide testing records to facilitate academic evaluation and support the judgment of the school in academic placement. I will be responsible for supervising homework assignments and will assist in organization and study skills. I understand that if my child is a full time student they will receive 3 full days of work to be completed at home each week. This work needs to be completed on a consistent basis. If my child does not complete his/her work during 3 or more 3 consecutive weeks their full-time enrollment will be terminated and they may enroll as an elective only student if there is a slot available. I will explain policies, goals, etc. to my child and expect his (her) support of them.**

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

WEDGWOOD ACADEMY NORTH HAS PERMISSION TO PHOTOGRAPH MY CHILD FOR PRINTED AND ELECTRONIC MATERIALS**.**

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2020 – 2021 LIABILITY RELEASE**

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade (2020-2021) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorization is hereby granted, by the undersigned, to Wedgwood Academy North, its representatives or its agents, under any circumstances considered to be an emergency by Wedgwood Academy North to transport the above-named student to any hospital, clinic, or physician’s office and to agree to and sign for any emergency medical treatment deemed necessary. The under signed further agrees to pay for all medical expenses associated with such emergency medical treatment and further releases from liability and agrees to hold harmless Wedgwood Academy North from any and all suits, claims, causes of action or demands of any kind or character whatsoever arising out of any damage, injury, or death occasioned at Wedgwood Academy North, or activities under its supervision, and during travel to and from any such activities or emergency medical treatment as authorized under this release or at the hospital, clinic, or physician’s office during treatment.

 **I hereby give my consent for the above named student to participate in School approved physical activities, and travel with representatives of the school on any trips.**

I have set out below **any special concerns** that I have regarding participation in any school activity in which I would like to limit the above-named student.

 **The undersigned further acknowledges familiarity with the dangers involved to the above-named student in school events or recreational.**

 **I have set out below certain medical conditions of the above named student that are known to me which may be of importance should the above named student require medical attention.**

(List Conditions and include **detailed information** on stated condition and treating physician) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**(Attach a separate page if needed)**

**Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**