

# Wedgwood

## ACADEMY NORTH

2022-2023

Wedgwood Academy North School (WAN) is excited for the upcoming 2022-2023 school year! Our full time program meets on Wednesdays and Thursdays. It starts at pre-k and goes through 12<sup>th</sup> grade, with our pre-k program as a ½ a day. We keep our classes small, most max out at 10 students. Our Elective program, for 1<sup>st</sup> through 12<sup>th</sup> grade, meets on Fridays, and will have STEAM, Art, Theater, and Music classes, along with 2 study halls and at least 1 recess.

As a home school co-op we work WITH our parents to ensure that each child is being taught at the correct level for each subject. We believe that being a team with our parents ensures that each student is working at the right level, allowing them to build their educational foundation stronger each year.

Registration for the 2022-2023 school year: For current students registration starts on March 1 and ends on March 15. Registration for new students starts on April 1 and spots will be filled in the order that registration paperwork and registration fees are turned in.

Registration fees, are per student are non refundable:

Returning students \$40

New students \$55

Facility Fee, per student:

1 day \$20

2 days \$30

3 days \$40

We offer 3 different programs:

Electives, \$100 Full Time, \$200 3 Days a week, \$ 265

Discounts:

10% off the second child 20% off the third child

*\*Our Dandelion Scholarship will be available to apply for starting on June 1 and ending on July 15. Please send any questions to Mrs. Kline at, [wedgwoodacademynorthschool@gmail.com](mailto:wedgwoodacademynorthschool@gmail.com).*

**Wedgwood Academy North School  
Registration Form 2022-2023**

**Student Information:**

Full name of student \_\_\_\_\_  
Academic Level (2022-2023) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Gender \_\_\_Male \_\_\_Female

**Registration Fee- Returning students-\$40 each New Students-\$55 each**

**Program Choice**

Elective Only Student (1<sup>st</sup>-12<sup>th</sup>) \_\_\_\_\_ (Friday only) **\$100/month**  
Full Time K-12 Academic Program \_\_\_\_\_ (Wednesday and Thursday only) **\$200/month**  
3 Day Program (1<sup>st</sup>-12<sup>th</sup>) \_\_\_\_\_ (Wednesday, Thursday and Friday) **\$265/month**  
(discount: 10% off 2<sup>nd</sup> child 20% off 3<sup>rd</sup> child)

**Parent Information:**

PARENTS: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widow \_\_\_  
Dr./Mr./Mrs./Ms. \_\_\_\_\_  
Home address \_\_\_\_\_  
City \_\_\_\_\_ Zip code \_\_\_\_\_  
Email address \_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Company name \_\_\_\_\_  
Occupation \_\_\_\_\_ 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 \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

-PREFERRED HOSPITAL OR CLINIC TO BE USED:

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

ADDRESS \_\_\_\_\_

PRIMARY INSURANCE COVERAGE

-COMPANY NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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

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

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

PARENT (s) SIGNATURE: \_\_\_\_\_

## **Code of Conduct**

An effective behavior management policy is essential to the teaching and learning process. At Wedgwood Academy North Campus (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, 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. Kline 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. This policy also includes parents.

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 will be terminated.

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

Parent(s) Signature

Student Signature

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**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 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** \_\_\_\_\_

**Families, we are a not for profit school and have contractual obligations to our teachers regarding their pay. We strive to keep our school affordable and at the same time, pay our teachers an hourly wage that is fair. With that in mind, we have the following policies, effective 2022-2023 school year:**

-Once the school year has started, if you signed up for three days a week but decide to drop the elective day, you will be required to pay the three day tuition for the remainder of the school year.

-We also ask each family to give thirty days notice/that months tuition paid before withdrawing.

**Parent(s) signature** \_\_\_\_\_

\_\_\_\_\_

## 2022-2023 LIABILITY RELEASE

Student's Name: \_\_\_\_\_  
Grade (2022-2023) \_\_\_\_\_  
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.

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**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 (specific) 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(s) signature \_\_\_\_\_

\_\_\_\_\_

## COVID/Virus Procedures and Waiver 2022-2023

Wedgwood Academy North (WAN) will not be requiring students or staff to wear masks. These decisions will be left to the parents/staff members. If parents would like their child/children to wear masks our staff will oblige and attempt to get students to keep it on. Please understand that the staff at WAN cannot promise anything. Kids are kids and this can be difficult. WE will do our best. If students do wear masks in class, they will need to take them off at recess and lunch.

Students will be encouraged to wash their hands (preferably) or use hand sanitizer upon entering the building and throughout the day. Multiple automatic hand sanitizer stations have been posted throughout the building for easy, non-touch use.

**We will be taking each staff member and child's temperature as they enter the building each day. If a child or staff member has a fever of 99 degrees or higher, they will be sent home immediately.**

As parents, we know that you are responsible adults. We have never had a major issue with parents sending their sick children to school. I just ask that you continue this practice. If your child does not feel well, please keep them at home. If they have thrown up or are running a fever, they are required to stay home until they have been fever-free etc. for 24 hours (this means fever free on their own...not medicated fever free). If a child mentions to a teacher/staff member that they are not feeling well, we will take their temperature immediately and if they have a fever above 99-degrees they will be sent home.

### **Waiver**

The CDC states that "Any interaction with others poses an inherent risk of exposure to COVID-19. People who show no symptoms can spread COVID-19 if they are infected. COVID-19 is a contagious disease that can lead to severe illness and death. The CDC advises that people of any age who have underlying medical conditions are especially vulnerable to severe illness from COVID-19."

By attending Wedgwood Academy North, you voluntarily assume all risks related to exposure of your family to COVID-19 or any other variant.

### **Notification**

If your child, or a member of your household is diagnosed with COVID-19 (or any variant), please notify Mrs. Kline so that WAN can make appropriate decisions for our school and WAN families. Mrs. Kline will keep the identity of the parties private. This simply allows us to make informed decisions on the best course of action.

**Closures due to Exposure**

We cannot give a one-size-fits-all answer to what will happen if we have someone diagnosed with COVID-19 (or any variants). Our decisions will be based on many factors. Families will be notified immediately that there has been exposure and we will make a decision at that time.

I understand and will comply with the guidelines set forth in this document. Additionally, I understand and accept the risk of exposure related to COVID-19 (or any variants) while attending WAN.

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Parent Signature

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Date