



# WESLEYAN ACADEMY

## RE-ENROLLMENT APPLICATION

Recent  
Photo

RE-ENROLLMENT APPLICATION FOR \_\_\_\_\_ SCHOOL YEAR

Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Account #: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address

Please fill box if missing, changed or incorrect.


### TELEPHONES *(only if changed)*

If parents are separated or divorced, please indicate which parent has custodial rights by placing checkmark(s) in the box below. CUSTODY CASES AND COURT DECISIONS MUST BE REPORTED TO THE SOCIAL WORKER.

**Father/Guardian:** ☐ Yes ☐ No

Mobile:
Home:
Work:
E-mail:

**Mother/Guardian:** ☐ Yes ☐ No

Mobile:
Home:
Work:
E-mail:

### OTHER INFORMATION *(only if changed)*

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widow
Occupation:
Employer:

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widow
Occupation:
Employer:

### FOR STATISTICAL PURPOSE

Church:
Denomination:
Race:
Annual Income:

### SIBLINGS AT WESLEYAN

Name:	Grade:
Name:	Grade:
Name:	Grade:

### FOR OFFICE USE

Registrar's Office:	Date:
Business Office:	Date:

\_\_\_\_\_  
Parent/Guardian *(please print name)*

\_\_\_\_\_  
Parent/Guardian Signature

Wesleyan Academy does not discriminate in any of its policies, practices, or procedures on the basis of race, class, color, national or ethnic origin, sex or handicap as defined by law.

Revised 2/3/2020





# WESLEYAN ACADEMY

## RE-ENROLLMENT TUITION AND FEES CONTRACT 2020-2021

TUITION		One Payment 7% disc. (on or by July 15)	Two Payments 5% disc. (1 <sup>st</sup> – on or by July 15 2 <sup>nd</sup> – on or by Dec. 15)	Ten Payments (Due the 15 <sup>th</sup> of each month. From July 1 <sup>st</sup> to April 15 <sup>th</sup> )
Pre-Pre Kinder	\$5,000.00	\$4,650.00	\$2,375.00	\$500.00
Pre-Kinder	\$5,100.00	\$4,743.00	\$2,422.50	\$510.00
Kinder through 2 <sup>nd</sup> grade	\$5,350.00	\$4,975.50	\$2,541.25	\$535.00
3 <sup>rd</sup> through 6 <sup>th</sup> grade	\$5,400.00	\$5,022.00	\$2,565.00	\$540.00
7 <sup>th</sup> through 9 <sup>th</sup> grade	\$5,450.00	\$5,068.50	\$2,588.75	\$545.00
10 <sup>th</sup> through 12 <sup>th</sup> grade	\$5,500.00	\$5,115.00	\$2,612.50	\$550.00

### Annual Fees (FEES ARE NON-REFUNDABLE)

Re-Enrollment Fee Schedule	By May 30 <sup>th</sup>	By June 15 <sup>th</sup>	By June 30 <sup>th</sup>	After Jul 1 <sup>st</sup>
Pre-Kinder	\$600.00	\$675.00	\$725.00	\$750.00
Kinder – 12 <sup>th</sup> Grade	\$675.00	\$750.00	\$800.00	\$825.00
Online One-Year Licenses (7 <sup>th</sup> – 12 <sup>th</sup> grade) are required to be paid with the enrollment. Refer to attached list of prices.				

#### Building & Maintenance Fund - Due on or before July 15 (per family, fee varies upon re-enrollment)

Per Family \$875.00

#### OTHER SCHOOL FEES - Due on or before July 15

ANNUAL FAMILY FEE PTSO & YEARBOOK	\$65.00
ANNUAL STUDENT FEES Athletic, Wellness, Natural Disaster, Family Scholarships Contribution, Standardized Test (1st - 11th) and Technology Fee	\$25 (PPK – Kinder) / \$125 (1 <sup>st</sup> – 6 <sup>th</sup> ) / \$150 (7 <sup>th</sup> – 11 <sup>th</sup> ) / \$100 (12 <sup>th</sup> )
GRADUATION (Kinder and Seniors)	\$130.00

#### RETREATS/SPECIAL ACTIVITIES - Due on or before July 15 (per student fee)

Growth & Development Activity (6 <sup>th</sup> grade)	\$25.00
Retreat - 8 <sup>th</sup> to 11 <sup>th</sup> Grade	\$75.00
School Without Walls [Guajataka] (7 <sup>th</sup> & 12 <sup>th</sup> grade)	\$275.00

#### CHILD CARE SERVICE

- Child Care from PPK-2 <sup>nd</sup> (7:00am to 6:00pm / before and after school) - Cancha Care from 3 <sup>rd</sup> -12 <sup>th</sup> (until 6:00pm / after school only)	
First Child	\$4.75 per hr / \$2.75 fraction
Second Child	\$4.25 per hr / \$2.75 fraction
Monthly Flat Fee per student	\$150.00

#### CAFETERIA MONTHLY MEAL PLAN - Mandatory service for grades PPK – 3<sup>rd</sup> (amounts include IVU)

Pre Pre-Kinder & Pre-Kinder	\$39.00
Elementary (Kinder - 6 <sup>th</sup> grade)	\$73.00
High School (7 <sup>th</sup> - 12 <sup>th</sup> grade)	\$87.00

Tuition & Cafeteria fees are to be paid in ten (10) equal installments and a month in advance no later than the 15th of each month; beginning on July 1, 2020 and ending on April 1, 2021. Automatic deduction from bank account or credit card (Visa, MC or Amex) is required for ten (10) equal installments. Parents must provide bank or credit card information at the time of the enrollment. A \$20.00 LATE FEE PER STUDENT will be charged to any account not paid by the 15th of the month. The charge for returned transactions due to insufficient funds will be \$30.00. Tuition refunds will be made if the student is officially withdrawn because of relocation outside of Puerto Rico before the 5th of the month.





# WESLEYAN ACADEMY

## RE-ENROLLMENT TUITION AND FEES CONTRACT 2020-2021

Accounts which are not up-to-date, including before and after school program, will result in the following (WA -4000):

1. Application for readmission will not be considered.
2. Student will not be permitted to begin the semester (August or January).
3. Transcripts, official documents, records, report cards, etc. will not be released.
4. Final semester exams will not be given to students whose accounts are delinquent.
5. Students with accounts over 60 days past due will be suspended from classes and will not be able to see report cards in Plus Portal until the account is settled.
6. Kinder and Senior students with past due balances will not participate in the graduation.
7. The Academy may refer the past due account over 60 days to a collection agency and the signee will be responsible for paying the collection agency service fee.

The following discount applies to families with three or more children at Wesleyan Academy: 5% for the second child, 7% for the third child and 9% for the fourth child.

Financial Assistance may be given according to the need of the family by approval of the Financial Aid Committee. Application for financial aid must be received before May 15, prior to the school year for which the discount is requested. (New parents do not qualify for this benefit.)

Wesleyan Academy reserves the right to make final decisions about the assignment of a student to a grade section.

I have read the policy regulating the payment of fees and tuition and recognize that by enrolling my child at Wesleyan Academy, I commit myself to fulfilling the financial responsibilities and obligations indicated.

Person responsible for payment	Signature	Date
E-mail:		
Mailing Address:	Home Address:	
Mobile Phone:	Work Phone:	Home Phone:
Number of children to be enrolled at Wesleyan Academy for 2020-2021:		
Student's Name(s):		Grade(s) Applying to:

### NONDISCRIMINATION POLICY

It is the continuing aspiration of the sponsoring body, the administration, and the faculty and staff of WA to maintain the opportunity for students to receive an education which is truly dedicated to the glory of God and the betterment of humankind.

Wesleyan Academy admits students of any race, class, color, national and ethnic origin, sex, and handicap, as defined by law, to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The Academy does not discriminate in any of its policies, practices, or procedures on the basis of race, class, color, national and ethnic origin, sex, or handicap as defined by law.

Account Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ B.O. Initials: \_\_\_\_\_ Date: \_\_\_\_\_





# WESLEYAN ACADEMY

## EMERGENCY & MEDICAL INFORMATION/AUTHORIZATION

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Address: \_\_\_\_\_

City: \_\_\_\_\_, PR Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Work: \_\_\_\_\_

Home: \_\_\_\_\_ Home: \_\_\_\_\_

EMERGENCY INFORMATION: Person to call if parents cannot be reached in case of emergency.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Tel: \_\_\_\_\_

Primary Dentist: \_\_\_\_\_ Tel: \_\_\_\_\_

Primary Psychologist / Psychiatrist: \_\_\_\_\_ Tel: \_\_\_\_\_

**EMERGENCY TREATMENT AUTHORIZATION when parent is unavailable. INDICATE CONSENT OR REFUSAL**

☐ **I give my consent to the administration to**

a	provide treatment by listed physician/dentist	Yes	No
b	procure treatment by another physician/dentist if listed unavailable	Yes	No
c	administer first aid	Yes	No
d	procure medical aid and or ambulance service	Yes	No
e	Contact, provide and/or receive information from mental professional	Yes	No

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_ Tel: \_\_\_\_\_

☐ **I do not consent to emergency treatment of my child.**

**MEDICAL HISTORY:** Please describe major illnesses, surgery or psycho-educational and/or psychometric conditions if any, during past year. \_\_\_\_\_

Present medical treatment and medications.

Condition: \_\_\_\_\_ Medicine: \_\_\_\_\_

Other conditions: \_\_\_\_\_ Medicine: \_\_\_\_\_

**Allergies (PLEASE SPECIFY):** \_\_\_\_\_

**Family Medical History:** If living, state present health status. If deceased, please state cause of death.

Check those that have occurred (✓) and star (*) those occurred in the last 5 years.			
Boils	Migraine	Heart Disease	Bone Joint Disease
Mumps	Hypoglycemia	Pneumonia	Tuberculosis
Chicken Pox	Jaundice	Tonsillitis	Infantile Paralysis
Epilepsy/Convulsions	Asthma/bronchial spasms	Kidney Disease	Scarlet Fever
Menstrual Disorders	Diabetes	Measles	Nephritis
Hypertension	Sexually Transmitted Diseases	Hernia	Dizzy spells
Others			

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Brother: \_\_\_\_\_ Sister: \_\_\_\_\_

### HIPAA LAW AUTHORIZATION

Your child's medical history is confidential and is protected under the federal "Health Insurance Portability and Accountability Act of 1996." Please indicate the person or persons you authorize to receive medical information concerning your child. We will give information (vaccination records, medical certificates, or other confidential medical reports) only to those persons named below (use an additional sheet if necessary).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Legal Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# WESLEYAN ACADEMY

## EMERGENCY & MEDICAL INFORMATION/AUTHORIZATION

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

### AUTHORIZED PERSONS FOR STUDENT PICK -UP & WALK HOME PERMISSION

Wesleyan Academy is interested in safeguarding your child/children while under our supervision. We are conscious that at times situations arise that obligate you to find alternative methods or persons to pick up your child/children from school.

Please understand that we will not release ANY student unless authorized in one of the following ways mentioned:

- Authorized list
- Note with authorized signature
- Fax with authorized signature

To facilitate the release of your child, list the persons you authorize to pick up your child. Please include family members, friends, or others that you know and trust.

All persons will be required to show a valid ID card with photo.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Relationship

Please list any persons who are **NOT** authorized to pick up or have contact with your child. .  
CUSTODY CASES AND COURT DECISIONS **MUST BE REPORTED** TO THE SOCIAL WORKER.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Relationship

My child has permission to walk home: \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_

Name (print)

Date \_\_\_\_\_



# WESLEYAN ACADEMY

## CAFETERIA ANNUAL AGREEMENT 2020-21

Dear Parents:

As part of the enrollment documents, the Cafeteria Annual Agreement must be completed. The cafeteria meal plan works as follows:

### PPK to 3rd Grade

The meal plan is mandatory from PPK to 3rd grade. The meal includes a regular meal plate and a 12 oz. juice. The only exception for a student not to participate in the plan is a medical condition or a special diet, in which case the parent is responsible for providing lunch for the student every day for the entire year. If this is your case, please mark below with an "X". Please note that the cafeteria will be provided with a list of the students not participating in the meal plan, and no lunch will be served to them. The monthly cost of the meal plan is as follows:

- PPK & PK: \$39.00 and Kinder - 3rd grade: \$73.00 (including IVU).

\_\_\_\_\_ My child will NOT participate in the meal plan and will bring lunch every day.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Account #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### 4th to 12th Grade

The meal plan is optional. If you want your child to participate in the meal plan, please mark with an "X" on the space provided below. Please note that if your child will not participate in the plan, you will need to deposit money in your child's cafeteria account for him/her to be able to enjoy lunch as usual, or you may send a packed lunch with your child. The money you deposit in the student cafeteria account will be debited each time your child purchases lunch. No credit sales will be granted in the cafeteria. **This is a yearly agreement; if for any reason you do not wish to continue for the second semester, our offices must receive notice on or before December 1. The only exception that will be made is when a student requires a special diet due to a health condition. In this case, the cafeteria agreement needs to be updated in the Business Office, and a new student ID needs to be purchased.** The monthly cost of the meal plan is as follows: 4th - 6th grade is \$73.00; and 7th - 12th grade is \$87.00 (including IVU).

\_\_\_\_\_ My child WILL participate in the meal plan.

\_\_\_\_\_ My child WILL NOT participate in the meal plan.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Account #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Note to all meal plan participants:** The meal plan will be automatically charged to the family account one month in advance, on the 1st of the month, and must be paid in full by the 15th of each month. Just as tuition, the first payment of this charge is due on July 15 and the last payment on April 15. The charge is calculated based on the school contact days and divided in ten equal installments.





# WESLEYAN ACADEMY

## PARENT AND STUDENT RESPONSIBILITY AGREEMENT

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

### PARENT AND STUDENT RESPONSIBILITY AGREEMENT

Please initial that you have received, read, understand, accept, and will uphold:

Parent / Guardian	4-12 Students	Agreement
		WA Parent/School Community Handbook with Policy and Procedures <i>(provided in our Internet Address – Revised February 2020)</i>
		Life at Wesleyan Pledge
		Drug & Locker Policy
		Cell Phone Policy
		Internet Policy
		Military Service Opt-out (10th-12th)
		WA Vision, Mission, Statement of Philosophy, Expected Student Outcomes

**SIGNING THE PARENT AND STUDENT RESPONSIBILITY DOCUMENT SIGNIFIES THAT PARENTS/GUARDIANS AND STUDENT WILL COMPLY WITH WA POLICIES, REGULATIONS, DISCIPLINE RULES AND SANCTIONS.**

**This document maintains validity of all permissions signed during years of student's enrollment in WA.** Although considered valid during years of enrollment, the Life at Wesleyan Pledge, Drug & Locker and Cell Phone Policies will be reviewed and discussed the first week of school. These documents are subject to revision and/or change. Any changes will be notified and distributed during next enrollment period.

\_\_\_\_\_  
Parent or Guardian *(please print name)*

\_\_\_\_\_  
Student (4-12) *(please print name)*

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

\_\_\_\_\_  
Student Signature (4-12)

Grade \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

This document is the property of Wesleyan Academy and will be placed in the student's file. Copies of all documents signed will be made available upon request.

**Failure to sign and return original forfeits the student's enrollment.**




Wesleyan Academy does not discriminate in any of its policies, practices, or procedures on the basis of race, class, color, national or ethnic origin, sex or handicap as defined by law.

Revised 2/3/2020

## DIRECT DEBIT AUTHORIZATION

Name (please print): \_\_\_\_\_ WA Account Number: \_\_\_\_\_

I authorize Wesleyan Academy to register debit entries the 15<sup>th</sup> of the month from my bank account in the financial institution mentioned below for the following payments mark with ✓ in the checkbox 

✓	<b>PLEASE CHECK THE AUTOMATIC TRANSACTIONS THAT APPLY</b>
<input type="checkbox"/>	1) Re-Enrollment
<b>2) CHOOSE ONE PAYMENT FROM BELOW</b>	
<input type="checkbox"/>	1 payment Tuition (7% disc. / on or July 15)
<input type="checkbox"/>	2 payments Tuition Plan (5% disc. / 1 <sup>st</sup> deduction on or by July 15 and 2 <sup>nd</sup> deduction on or by Dec. 15)
<input type="checkbox"/>	10 payments Tuition Plan (Due the 15 <sup>th</sup> of each month. From July 1 <sup>st</sup> to April 15 <sup>th</sup> )
<input type="checkbox"/>	3) Building Fund (Due on or before July 15 <sup>th</sup> )
<input type="checkbox"/>	4) Annual Family Fee (Due on or before July 15 <sup>th</sup> )
<input type="checkbox"/>	5) Annual Student Fees (Due on or before July 15 <sup>th</sup> )
<input type="checkbox"/>	6) Graduations (Due on or before July 15 <sup>th</sup> )

Bank Name:	
------------	--

Bank Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Routing & Transit #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Type:	<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings
---------------	--------------------------	----------	--------------------------	---------

I understand that Wesleyan Academy reserves the right to terminate this payment method and my participation in this program.

I understand that if the debit is returned by the bank, Wesleyan Academy will charge a \$30.00 fee and will request that you use an alternate payment method to replace the payment.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_



## CREDIT CARD AUTOMATIC PAYMENT CONSENT FORM 2020-2021

WA Account Number: \_\_\_\_\_

I, \_\_\_\_\_  
(PRINT NAME) authorize Wesleyan Academy to automatically process payments from my:

☐ AMEX ☐ VISA ☐ MC; for the following charges:

<input checked="" type="checkbox"/>	<b>PLEASE CHECK THE AUTOMATIC TRANSACTIONS THAT APPLY</b>
<input type="checkbox"/>	7) Re-Enrollment
<input type="checkbox"/>	<b>8) CHOOSE ONE PAYMENT FROM BELOW</b>
<input type="checkbox"/>	1 payment Tuition (7% disc. / on or July 15)
<input type="checkbox"/>	2 payments Tuition Plan (5% disc. / 1 <sup>st</sup> deduction on or by July 15 and 2 <sup>nd</sup> deduction on or by Dec. 15)
<input type="checkbox"/>	10 payments Tuition Plan (Due the 15 <sup>th</sup> of each month. From July 1 <sup>st</sup> to April 15 <sup>th</sup> )
<input type="checkbox"/>	9) Building Fund (Due on or before July 15 <sup>th</sup> )
<input type="checkbox"/>	10) Annual Family Fee (Due on or before July 15 <sup>th</sup> )
<input type="checkbox"/>	11) Annual Student Fees (Due on or before July 15 <sup>th</sup> )
<input type="checkbox"/>	12) Graduations (Due on or before July 15 <sup>th</sup> )

ALL PAYMENTS WILL BE PROCESSED ON THE DAY THE CHARGE IS DUE, IF FOR ANY REASON THE CREDIT CARD DOES NOT ACCEPT THE CHARGE THE CARDHOLDER WILL BE RESPONSIBLE FOR ANY LATE FEES.

Credit Card Number:	
Expiration Date:	
Security Code:	
Contact Phone Number:	
Cardholder Signature:	



# WESLEYAN ACADEMY

## PARKING PERMIT

Name of Student or Employee:		
Date:	Account Number:	
VEHICLE DESCRIPTION		
Make and Model:		
Year:	Color:	License Plate:
Name of Driver:		
Driver's License Number:		
FOR BUSINESS OFFICE USE ONLY		
Decal Color:	Decal Number:	



# WESLEYAN ACADEMY

## PARKING PERMIT

Name of Student or Employee:		
Date:	Account Number:	
VEHICLE DESCRIPTION		
Make and Model:		
Year:	Color:	License Plate:
Name of Driver:		
Driver's License Number:		
FOR BUSINESS OFFICE USE ONLY		
Decal Color:	Decal Number:	