

# Wayne

## Christian School

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1201 Patetown Road • Goldsboro, NC 27530 • 919-735-5605 • [www.waynechristian.org](http://www.waynechristian.org)

### **Administrator**

Lynn Mooring

### **Administration**

Dean of Students  
(Preschool-6th grade)  
Kathy Sanders

Dean of Students  
(7th grade-12th grade)  
Reggie Kingsley

Dean of Academics  
Barbara Sheldon

Athletics  
Roger Longwell

Childcare  
Martha O'Hara

Development  
Paul Donica

Fine Arts  
Rick Moore

Student Activities  
Robin Price

### **Support Staff**

College/Career  
Advisor  
Susan Ford

Financial Manager  
Linda Peacock

Dear Prospective Parent,

Thank you for the interest you have shown in Wayne Christian School.

As a Christ-centered community school, we recognize that the primary responsibility for nurturing and training children falls upon the parents. Wayne Christian School is dedicated to providing a quality educational program that will support parents as they seek to “train up a child in the way he should go ...”, Proverbs 22:6.

Wayne Christian School is committed to developing in its students a proficiency in each subject while establishing a Biblical worldview that teaches students how to pursue and maintain a personal relationship with Jesus Christ.

We believe that each child is a unique creation of God and that each one has been endowed by Him with value, gifts, and talents. We also believe that students have their own unique styles of learning. Wayne Christian School seeks to provide a wide variety of learning experiences that are consistent with those individual learning styles and capabilities.

Wayne Christian School exists to complement the teaching in the home and church. Together we will strive to develop moral character, encourage spiritual growth, and provide opportunities for academic excellence. We encourage family involvement in the process through conferences, programs, social events, and other family ministries.

Thank you, again, for your interest in Wayne Christian School. Please prayerfully consider making it your family's school. Start by completing the student application packet and returning it the school office.

Developing Champions for Christ,

Lynn Mooring, Administrator  
Wayne Christian School

### **NEW STUDENT APPLICATION PROCESS 5 YEAR OLD KINDERGARTEN**

- Step One:** All sections of the student application must be completed, signed in all appropriate places (both parents or guardians required in some sections), and returned with one attached check for the processing fee of \$100.00 and the registration fee of \$200.00 for a total of \$300.00. These fees are non-refundable even if the student is placed on the waiting list or is not accepted.
- Step Two:** The secretary will set up an interview for the student(s) and the parents with the elementary principal.
- Step Three:** A Medical Form must be completed and returned within two weeks of the application. The medical form includes a physical form and an immunization record which is a North Carolina requirement.
- Step Four:** A copy of student's birth certificate must be included.
- Step Five:** A Pastor Reference Form will need to be completed and returned within one week to WCS.
- Step Six:** Once your child has been accepted a tuition installment plan (TIP) form must be completed and returned to the secretary.

**(An application cannot be processed if all information is not complete.)**

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### STUDENT APPLICATION

#### General Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth: M \_\_\_ D \_\_\_ Y \_\_\_\_\_

Student Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female Grade Applying to: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Information: (allergies, allergic to medications etc.) \_\_\_\_\_

OFFICE USE ONLY	
Amt of Check: \$ _____	Ck# _____
Date of Application: _____	
Date of Enrollment: _____	
Test Date: _____	
Date of Interview: _____	
Acceptance Date: _____	
Principal's Approval: _____	

#### Parent/Guardian and Family Information

Marital Status: Married Widower Separated Divorced Remarried

Custodial Status: NA Sole Joint w/ \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Lives w/Student (Y/N) \_\_\_ Receives Mail (Y/N) \_\_\_ Receives Bill (Y/N) \_\_\_

Marital Status: Married Widower Separated Divorced Remarried

Custodial Status: NA Sole Joint w/ \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Lives w/Student (Y/N) \_\_\_ Receives Mail (Y/N) \_\_\_ Receives Bill (Y/N) \_\_\_

#### Paternal Grandparents

Grandparent(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### Maternal Grandparents

Grandparent(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### Emergency Contact Information

Name of Contact: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact's Relation to Student:

Relative-Relationship: \_\_\_\_\_

Friend Guardian Other \_\_\_\_\_

Student's Doctor: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact's Relation to Student:

Relative-Relationship: \_\_\_\_\_

Friend Guardian Other \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Dentist's Phone: \_\_\_\_\_

**Complete the following information for all children in your family:**

1. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
2. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
3. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Church Attending: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Church Member: ( ) Yes ( ) No Attendance: ( ) Regular ( ) Seldom ( ) Never

**Family Information**

**To be completed by a parent or guardian:**

1. Who recommended WCS to you? \_\_\_\_\_
2. What are your goals for your children?  
\_\_\_\_\_  
\_\_\_\_\_
3. Share your reasons for applying to Wayne Christian School.  
\_\_\_\_\_  
\_\_\_\_\_
4. Does your child have any health problems?  
\_\_\_\_\_  
\_\_\_\_\_
5. Other schools your child has attended:  
\_\_\_\_\_  
\_\_\_\_\_
6. Has your child ever repeated a grade? \_\_\_\_\_ If yes, describe which grade and why.  
\_\_\_\_\_  
\_\_\_\_\_
7. If your child ever had modifications made in the classroom? \_\_\_\_\_
8. Has your child ever been administered psychological, behavioral, or academic testing to determine if he/she is gifted, has a learning disability, ADD, ADHD, behavioral, neurological, sensory, or emotional disorder? \_\_\_\_\_  
If yes, please provide dates and documentation.

**With my signature below, I certify that I have answered the above questions honestly and completely.**

**Signature of parent:** \_\_\_\_\_

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

# WCS STATEMENT OF COOPERATION

## PARENTAL COMMITMENT:

We understand our child(ren) is accepted on a general probationary status for the first quarter. We agree that we will in no case complain to other parents, but will register only necessary complaints with the teacher or administration following the Matthew 18 principle. We understand our responsibility to read the student handbook and agree to abide by its established policies. We are to support the school with our prayers and positive attitude. We understand that if at any time the school determines, in its sole discretion, that our actions do not support the ministry, or reflect a lack of cooperation and commitment to the home and school working together, the school has the right to request the withdrawal of our child(ren). We understand the school reserves the right to dismiss our student for lack of cooperation on the part of the student, parent and/or guardian.

Therefore, the parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the Biblical injunctions of 1 Corinthians 6: 1-8, Matthew 5:23 & 24, and Matthew 18: 15-20. Therefore, the parties agree that any claim or dispute arising out of, or related to, this agreement or to any aspect of the enrollment relationship, including statutory claims, shall be settled by Biblically based mediation.

If resolution of the dispute and reconciliation do not result from such efforts, the matter shall then be submitted to a panel of three arbitrators for binding arbitration. Each part to the agreement shall have the right to select one arbitrator. The two arbitrators selected by the parties shall jointly select the neutral arbitrator. If there is an impasse in the selection of the third arbitrator, the Association of Christian Conciliation Services shall be asked to provide the name of a qualified person that will serve in that capacity. The arbitration shall be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Association of Christian Conciliation Services. (406-256-1583)

## FINANCES:

I will make timely payments of my financial obligations. Further, I understand and agree to the following:

- Students with outstanding account balances will not be allowed to attend class until the account has been brought up to date. The account will be referred to the WCS School Board.
- If I withdraw my child from school for any reason, the school will exercise its prerogative by not releasing any records or report card if the account is not current.
- High school students will not be allowed to take mid-semester exams if their accounts are not paid through December or final exams if their accounts are not paid through May.
- Returned checks will incur a \$30.00 charge.
- Late payments will be assessed a fee of \$30.00 per month until account is paid in full.
- If I withdraw my child from school after classes have begun, I am responsible to pay tuition through the end of that month.
- Parents enrolling students in any given school month will be responsible for that month's tuition payment.

## PICTURES:

I authorize Wayne Christian School, or anyone authorized by Wayne Christian School, to use and reproduce all audio tapes and video tapes and photographs which Wayne Christian School takes of our child(ren) or any family member. Such reproductions will be used for school literature, advertisements, and promotional purposes without further compensation. All copies, masters, negatives, pictures and proofs shall constitute Wayne Christian School property, solely and completely.

Yes, I give authorization to WCS.

No, I do not give authorization to WCS.

## ACTIVITIES:

I give permission for our child(ren) to take part in any and all school activities, class field trips, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to us or our child because of any injury to us or our child at school or during any school activity. In case of emergency or serious illness, we request the school contact us first. If we are not available, please contact the designated emergency contact. If the emergency contact cannot be reached, the school has my permission to make whatever arrangements deemed necessary for our child(ren)'s treatment. If the emergency is life-threatening and we cannot be reached, the physician has permission to act accordingly absolving the school of any liability. This statement of cooperation will serve as a blanket permission slip from August 1, 2009 to July 30, 2010.

Yes, I give permission to WCS.

No, I do not give permission to WCS.

I have read all the Statement of Cooperation and marked my intentions for the school year 2009-2010.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## WCS STATEMENT OF FAITH

- *The BIBLE is the ONLY verbally inspired Word of God*, inerrant in the original writings and the final authority in faith and life.
- GOD is one God, eternally existing in three personalities: Father, Son, and the Holy Spirit.
- JESUS CHRIST is the unique Son of the Father, virgin born, sinless, died an atoning death, physically resurrected, ascended, exalted, presently the believer's High Priest, coming to receive His own, the church, and coming again literally and personally to establish the millennial kingdom.
- The HOLY SPIRIT indwells every believer, and instructs, corrects, and guides them in all truth and the Christian life. It is His *office* work not to direct attention to Himself, but to the Lord Jesus Christ. He fills, controls, and empowers those yielded to Jesus Christ as Lord of their lives, the evidence being the fruit of the Spirit.
- MAN is sinful through and through and everlastingly separated from God apart from personal faith in the gospel of Jesus Christ for salvation.
- The CHURCH is the Body of Christ that manifests itself locally through believers united for mutual edification and propagation of the gospel while awaiting God's Son from heaven. There are two ordinances: baptism and the Lord's Table. The Lord's Table is celebrated as a memorial until He comes, and baptism by immersion is a public confession of the believer's identification with Jesus Christ.
- SALVATION provided through the gospel of Jesus Christ as a gift is by grace through faith. All who receive Jesus Christ as Savior are born again into the family of God, sealed by the Holy Spirit and thereby possess eternal life.
- The RESURRECTION of the body will be physical: the saved unto eternal fellowship with God and the unsaved unto everlasting punishment and separation from God in the lake of fire.

I have read the Statement of Faith and I am willing for my child to receive training in these historic doctrines, and will support the school in its endeavors to encourage and to guide my child in applying these doctrines to life.

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Parent or Guardian Signature

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Date

Wayne Christian School admits students of any race, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarships, and athletic and other school administered programs.

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### Confidential Pastor Reference Form

To the Pastor:

The student named below is a candidate for Wayne Christian School. Please complete this form and return within one week to the address above (Admission Office), or Fax to (919)735-5229.

Name of applicant \_\_\_\_\_ Candidate for grade \_\_\_\_\_

How would you evaluate the parents in the following areas:

	Poor	Average	Good	Excellent
1. Their church relationship, attendance and loyalty				
2. Their personal relationship to Jesus Christ				
3. Their interest in having their child know and walk with the Lord				
4. Their command for respect and obedience from their children				
5. Their support of their children's spiritual development				
6. Their level of involvement in your church				

7. How well do you know the family? \_\_\_\_\_

8. Are you currently their pastor or associate pastor? \_\_\_\_\_

9. To your knowledge, has this applicant accepted Jesus Christ as Savior? \_\_\_\_\_

10. What are the first words that come to mind to describe this applicant? \_\_\_\_\_

11. I recommend this student:  without reservation  with reservation  could not recommend

12. Please use this space to give any additional information from above questions or other information which is pertinent.

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Church (full name and affiliation):	
Church Telephone:	Home Telephone:
Signature:	Date:
If there is further information you feel we should know but would prefer not to give in writing, please indicate the number and time to call you. <input type="checkbox"/> Church <input type="checkbox"/> Home Time of day:	

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### Student Medical Form

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

A. Medical History: (To be completed by the parent)

- a. Is your child allergic to anything? \_\_\_\_ Yes \_\_\_\_ No If yes, what?  
\_\_\_\_\_
- b. Is your child under a doctor's care? \_\_\_\_ Yes \_\_\_\_ No If yes, why?  
\_\_\_\_\_
- c. Any previous hospitalizations or operations? \_\_\_\_ Yes \_\_\_\_ No If yes, what?  
\_\_\_\_\_
- d. Is your child on any continuous medication? \_\_\_\_ Yes \_\_\_\_ No If yes, what?  
\_\_\_\_\_
- e. Any history of diseases or recurrent illness? \_\_\_\_ Yes \_\_\_\_ No If yes, what are they (diabetes, convulsions, heart trouble, etc.)?  
\_\_\_\_\_
- f. Does your child have any physical disabilities? \_\_\_\_ Yes \_\_\_\_ No If yes, please describe:  
\_\_\_\_\_
- g. Does your child have any mental disabilities? \_\_\_\_ Yes \_\_\_\_ No If yes, please describe:  
\_\_\_\_\_

B. Physical Examination: (To be completed by a licensed physician, a certified nurse practitioner, or a public health nurse)

Height \_\_\_\_% Weight \_\_\_\_% Head \_\_\_\_ Eyes \_\_\_\_ Ears \_\_\_\_ Nose \_\_\_\_ Teeth \_\_\_\_

Throat \_\_\_\_ Neck \_\_\_\_ Heart \_\_\_\_ Chest \_\_\_\_ Abd/GU \_\_\_\_ Ext \_\_\_\_ Skin \_\_\_\_

Neurological System \_\_\_\_\_ Should activities be limited? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain:  
\_\_\_\_\_

Results of Tuberculin Test, if given: Type \_\_\_\_ Date \_\_\_\_ Normal \_\_\_\_ Abnormal \_\_\_\_

Any other recommendations?  
\_\_\_\_\_

Examiner's signature/title \_\_\_\_\_

Date \_\_\_\_\_

C. Immunization History: A copy of the student's immunization record must be attached.

WCS has permission to seek medical care if necessary.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### 2009 – 2010 RATES

#### Tuition & Extended Care

Grade	Annual Tuition Fees not included. See chart below.	With Yearly Extended Care (Afternoon ONLY or Morning & Afternoon) Year based on school year not calendar year.	With Yearly Extended Care (Morning ONLY) Year based on school year not calendar year.
K5 -12 <sup>th</sup> Grade	\$4,000	\$5,400	\$4,560

#### Tuition Discounts

Second Student	15%
Third Student	15%

#### Fees (All fees are nonrefundable)

Registration (Paid at time of registration)	\$200
Late Registration For students not registered by March 2, 2009	\$100
New Student Processing	\$100
Books: Invoice will <b>NOT</b> be sent. 1 installment \$400.00 due by July 15, 2009 2 installment \$200.00 due by June 15, 2009 & \$200.00 due by July 15, 2009	\$400

#### Drop-In Extended Care

Morning only	\$5.00
Afternoon only	\$10.00

### Policies

**Financial Policy:** Returned Checks- Fee for returned checks is \$30.00. After receiving two returned checks, accounts will be notified by letter that they have been placed on a cash payment basis for the remainder of the current school year and thereafter, the school will accept only cashiers checks, money orders, or cash as payment for the school bills.

If a student is withdrawn from school after classes have begun, the parents are responsible to pay tuition through the end of that month.

**Extended Care:** If a student has not been picked up by 3:00 pm, the student will be sent to extended care and charged accordingly.

**Payments:** Payments are due by the 5<sup>th</sup> of each month. Any account not paid in full by the 5<sup>th</sup> will be assessed a \$30 late fee.

### Tuition Installment Plan (TIP)

To complete the registration process for the 2009-2010 school year, please select a Tuition Installment Plan and Extended Care Option (if applicable). **Return this form with your registration payment & enrollment form.**

#### Pre-School Enrollment Option : (4 yr. old kindergarten)

Full Day Student

½ Day Student

#### Tuition Installment Options:

1 Installment                      Pay in Full (On or Before August 1, 2009)

2 Installments                      Pay by Semester  
(On or Before August 1, 2009 & January 1, 2010)

10 Installments                      August 2009 through May 2010

*\*Accounts for graduating students must be paid in full by May 1, 2010.*

#### Annual Extended Care Options:

Mornings Only.....\$560.00

Afternoon Only.....\$1,400.00

Mornings & Afternoons.....\$1,400.00

Once your Tuition Installment Plan has been processed by the finance office, any change will incur a \$25.00 reprocessing fee.

Tuition installments will be due on the 5<sup>th</sup> of each month, and a late fee of \$30.00 will be assessed on the 6<sup>th</sup> of each month.

Student Name	2009-2010 grade

Parent or Guardian

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