



**PRESCHOOL**  
1787 Matmor Road  
Woodland, CA 95776  
Phone: 530-662-0994  
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**ELEMENTARY SCHOOL**  
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**MIDDLE SCHOOL**  
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**HIGH SCHOOL**  
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[WWW.WOODLANDCHRISTIAN.ORG](http://WWW.WOODLANDCHRISTIAN.ORG)

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# 2024–2025 ENROLLMENT FOR CURRENT PK STUDENTS ENTERING KINDERGARTEN

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## 2024–2025 RE-ENROLLMENT FEES FOR RETURNING STUDENTS

\$155.00 per student

Re-enrollment fees and \$500 of the first month's tuition are non-refundable. Re-enrollment will not be processed without payment and all required signatures.

**Re-Enrollment Fees and Forms are due by February 27, 2024.**

*\*Kindergarten students entering from Woodland Christian Preschool (WCPS) may use this re-enrollment form and the fees above.*

*\*\*New additional siblings not currently attending WCS need to complete the new student application in addition to this re-enrollment form.*



# WOODLAND CHRISTIAN SCHOOL

## 2024–2025 TUITION AND FEE INFORMATION

### 2024-2025 WCS Application/Registration Fees

Grade	New Student Application Fee (Non-Refundable)	New Kinder & New Student Enrollment Fee (Non-Refundable)
Grades K–12	\$95	\$155
International	\$200	\$450

### 2024–2025 Published Tuition Rates & Student Fees (Tuition + Student Fees = Annual School Fees)

\*Discounts cover published tuition only, NOT Student Fees

Tuition Rates			
Child	Elementary Grades K–5	Middle School 6–8	High School 9–12
First	\$7550	\$8400	\$8610
Second	\$6785	\$7550	\$7735
Third +	\$2775	\$2775	\$2775
International	\$11,110	\$12,290	\$12,645

Student Fees				
Grade	Student Fee	Activities Fee	Camp/Retreat Fee	Total Fees
Kindergarten	\$365	\$75	—	\$440
Grades 1–3	\$365	\$65	—	\$430
Grade 4	\$365	\$65	\$300	\$730
Grade 5	\$365	\$85	—	\$450
Middle School	\$400	—	\$570	\$970
High School	\$420	—	\$410	\$830

### Additional Information

**New Student Application Fee:** New student applications will be accepted beginning March 6, 2024. The non-refundable fee is \$95 per new student and is submitted at the time of initial application. New student applicants will be contacted by administrative personnel to schedule testing and interviews.

**New Kinder/New Student Registration Fee:** Upon acceptance, a registration fee of \$155 per student is due to secure each student’s placement. This fee is non-refundable.

**Student Fee:** This fee covers textbooks, workbooks, classroom and art supplies, building use, and computer equipment.

**Elementary Activities Fee:** This fee covers class field trips, promotion supplies, and art projects. It is non-optional and is billed along with your tuition and other fees.

**Camp/Retreat Fees:** Special camps and retreats are planned each year for fourth-grade, middle-school and high-school students. The camps and retreats are a part of their learning experience and attendance is considered non-optional.

- **Fourth Grade 49er Camp:** The fourth grade classes participate in a two-day California history 49er camp, centered around learning what life was like during the Gold Rush days in California. The cost of the camp is \$150 and is billed along with your tuition and other fees (\$300 total, which includes student and one parent).
- **Middle School Retreat:** Middle school students attend a three-day retreat during the early fall. They participate in a diverse, challenging program that includes inspiring worship, Biblical teaching, and a number of activities that help them grow in their relationship with the Lord, their teachers, and their peers. The cost for the middle school three-day retreat is \$570. If your child is not planning on attending retreat, please inform your principal as soon as possible. The retreat fee is non-refundable after August 1.
- **High School Retreat:** High school students attend an annual three-day retreat. This spiritual retreat has become a key component of our school year. Students participate in a number of activities such as zip-lining, wall climbing, swimming and team-building games that help them grow in their relationships with the Lord, their teachers, and their peers. The cost for the high school three-day retreat is \$410. If your child is not planning on attending retreat, please inform your principal as soon as possible. The retreat fee is non-refundable after August 1.

**Payments:** The student fees are charged per student, per year. The fees are added to the annual tuition and apportioned according to your choice of payment plan. Payments are made to the school and are due on the first of each month. School payments are established by choices made on the enrollment agreement. The first payment is due June 1, 2024. \$500 of this payment is non-refundable.

**Payment Plans:** There are five payment plans available: payment in full; payment by semester; or 10, 11, or 12 equal monthly payments made by check or cash, ACH Direct Debit, or Credit Card Auto Debit. The first payment is due June 1, 2024. The remaining payments start in July, August, or September depending on which monthly plan you choose. All accounts must be paid in full by May 10th of each year.

**Discounts:** Families that return (all children) will receive a 2.5% discount off of published tuition rates. This discount also applies to children who go from WCS preschool to WCS kindergarten. Families who refer a new, full-time (K–12) student will receive a one time \$600 tuition credit per new student (\$200 for part-time students). This discount only applies if the child is accepted and attends WCS. The credit will be pro-rated if the new student starts after September 1. Discounts cover published tuition only, not Student Fees, camp/retreats, or class fees.

**Parent Service Hours:** Each family with a child enrolled in grades 1–12 is required to serve 30 hours per year. Single-parent families as well as families with a child enrolled in preschool or kindergarten only are required to serve 15 hours per year. Families with a parent serving in the armed forces overseas are required to serve 15 hours per year. Parents can log their volunteer hours via RenWeb. Hours can be fulfilled in many ways, including but not limited to: serving on a committee, helping in the classroom, yard duty, copying papers, driving on field trips, or serving on a campus beautification day. Grandparents, as well as adult aunts and uncles, can also serve the hours. Hours served during the summer will count toward the upcoming year. In lieu of fulfilling the service hours, families may opt to pay \$15 per each hour of the requirement (\$450) or opt to serve a portion of the hours and pay \$15 per hour for any unserved hours. At the end of the year, hours will be tallied and a bill will be sent out for any unserved hours.

**Financial Aid:** A limited amount of financial aid is available. These grants are based on financial need. Even if you have received financial assistance in the past, you must submit a new application for the new academic year. All applications must be submitted by March 15, 2024 for the 2024-25 school year. If approved, notification will be sent out during the month of May or upon acceptance to WCS. Information on how to apply online is available on the school website.

**Billing:** The accounts receivable policy for all families is as follows:

- High school students are not allowed to take semester exams if financial accounts are not current.
- Accounts must be current at the end of each quarter for families to receive a report card, have access to the online grade book, and continue with WCS in the following quarter.
- All accounts are charged a \$25 late fee per family if payment is received later than the tenth of the month.
- Accounts with returned checks are charged a \$25 fee, which is in addition to the late fee.
- Records are not released to parents unless all accounts are current.

PLEASE RETAIN THIS INFORMATION FOR YOUR RECORDS





# CONTINUOUS ENROLLMENT INFORMATION

Woodland Christian School utilizes Continuous Enrollment, a more convenient and efficient way for our families to re-enroll from year to year. Continuous Enrollment is an "opt-out" process. In other words, once you have enrolled at WCS for the 2024-2025 school year, you will never have to complete the re-enrollment packet again. We want your children to receive a Gospel Centered education for many years to come and will make their continued enrollment as easy and seamless as possible.

## **FREQUENTLY ASKED QUESTIONS:**

As a family maintains their continuous enrollment, each student's information (i.e. address, phone, email, emergency contacts, driving status and medical information) is continuous from grade to grade in FACTS/RenWeb. WCS will help to maintain the database by reminding parents to update their demographic information through FACTS Family Portal.

### **What is continuous enrollment?**

Continuous Enrollment simply means that when you complete an enrollment agreement for your student you are enrolling from that date until your child graduates, or until you let us know otherwise, by submitting an "Intent to Withdraw Form".

### **Why continuous enrollment?**

At Woodland Christian School, we recognize the value in a sustained, long-term partnership with families in the education of their children. A seamless transition from Elementary through High School provides consistent, thorough progression through academic coursework. When students are continuously enrolled, from their initial enrollment until they graduate from WCS, it is a more efficient and convenient method of re-enrollment for both parents and school alike, saving time and eliminating unnecessary tasks for the parents.

### **What happens during future enrollment seasons?**

In future years, tuition and fees will be posted on our Tuition Rates page in February. Your student is already enrolled for the following year, and your Enrollment Fee will be processed automatically in March. Your new payment plan will use your prior year selections; however, you may change to a different payment plan by contacting the Business Office. If your child will not be returning for the next academic year, you will need to submit an "Intent to Withdraw Form" by February 22nd to avoid owing the Enrollment Fee.

### **What if I pay the enrollment fee, but later decide to withdraw my student?**

The enrollment fee is non-refundable. While many private schools require a minimum tuition payment, WCS will prorate your tuition based on the months the student was enrolled, including the month of withdrawal.

### **If my child is continuously enrolled, can the school choose to unenroll my child?**

Yes, Woodland Christian School continues to reserve the right to withdraw a student at any time due to student performance or behavior issues - or if families have delinquent financial obligations.

### **What about policy and tuition changes?**

Policies are detailed in our handbook, which can be found on the school app. Tuition will be published on the website in February prior to the Intent to Withdrawal deadline. It is the parents' responsibility to review the handbook for any policy changes.



# 2024–2025 EXTENDED CARE INFORMATION

## GRADES K–5

### **PRESCHOOL CAMPUS**

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Extended Care is a service for parents who need supervision for their children before and/or after school. Extended Care is an extension of the school day, opening at 7:00 AM and closing at 6:00 PM. Playground supervision and an area to work on homework is provided. Students will be given an opportunity to work on their homework at designated tables. This time is designed for children to work alone on their homework. It is the child’s responsibility to use this time when needed. We have an afternoon snack time where the children can eat whatever is left in their lunches. We encourage parents to pack extra snack items that can stay in their lunches for after school.

If you arrive prior to 7:00 AM, please wait with your children in the car until Extended Care opens. Supervisors will sign your child in. At 8:00 AM, students are sent to class. Kindergarteners and first graders will be walked by a supervisor.

After school, Extended Care staff will sign children in. Parents are responsible for signing children out at the end of the day. Parents are charged according to the sign-in sheet. If parents are not able to pick up their child(ren) by 3:00 students will be signed into Extended Care for their safety. The charge for any child signed in after school until 3:30 PM is \$5 and this will be billed to you by the WCS bookkeeper.

Children going to Extended Care may bring clothes to change into after school. They must wear socks if they wear sandals. No spaghetti straps, no bare midriffs, no spandex shorts; and no inappropriate printing on t-shirts are permitted.

Toys may be brought from home, but please realize that Extended Care staff is not responsible for lost, broken, or stolen items. All cubbies and hanger areas must be cleaned out daily. Nothing should be left in Extended Care. Please feel free to contact Extended Care Staff if you have any questions.

## **2024–2025 EXTENDED CARE RATES FOR GRADES K-5 DURING THE ACADEMIC YEAR**

### **MORNING**

Before School	7:00 AM–8:00 AM	\$5 per child
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### **AFTERNOON**

After School	2:45 PM - 3:30 PM	\$5 per child
	2:45 PM - 6:00 PM	\$15 per child

### **MINIMUM DAYS**

Half Afternoon	12:00 noon - 3:30 PM	\$15 per child
Full Afternoon	12:00 noon - 6:00 PM	\$26 per child
Full Day ( <i>more than six hours</i> )	7:00 AM - 6:00 PM	\$28 per child

### **AFTER 6:00 PM**

First 5 minutes	\$6 per child
Every 5 minutes after	\$12 per child

There is a \$2 discount per day for half afternoons and/or full afternoons for two children.

**PAYMENT POLICY:** Extended Care fees are due and payable at the end of each month. Check with an Extended Care staff member or the school office for your balance. A copy of your bill is available on request.





**OFFICE USE ONLY**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Fee: \$ \_\_\_\_  Cash  CC  Ck # \_\_\_\_  
Testing/Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Received by: \_\_\_\_  Cum Requested



**OFFICE USE ONLY**

\_\_\_\_ RenWeb      \_\_\_\_ Google Doc  
\_\_\_\_ Excel      \_\_\_\_ QB

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# 2024–2025 RE-ENROLLMENT FOR KINDERGARTEN

**STUDENT INFORMATION**

Full Legal Name \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Preferred First Name  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender:  M  F  
Primary Address (All school mailings will be sent to this address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary E-mail Address \_\_\_\_\_ Primary Cell Phone \_\_\_\_\_

**PARENT INFORMATION**

Parent information is the same as that which is currently on file with WCS. (Please log on to your ParentsWeb to verify and/or update.)

FATHER/GUARDIAN 1: Marital Status: \_\_\_\_ Spouse's Name, if different than Mother/Guardian 2: \_\_\_\_\_  
\_\_\_\_\_  
Legal Name (First, Middle, Last) \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address (If different than what is currently on file) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
E-mail Address (for communication of grades, personal notes from teachers, weekly announcements, and billing) \_\_\_\_\_

MOTHER/GUARDIAN 2: Marital Status: \_\_\_\_ Spouse's Name, if different than Father/Guardian 1: \_\_\_\_\_  
\_\_\_\_\_  
Legal Name (First, Middle, Last) \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address (If different than what is currently on file) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
E-mail Address (for communication of grades, personal notes from teachers, weekly announcements, and billing) \_\_\_\_\_

**PHOTOGRAPHY USE AGREEMENT:** Woodland Christian School has permission to use any photo in which my child is pictured for school newsletters, web pages, promotions, etc.  Yes  No  Conditional Yes (picture only, do not publish name)

FOR OFFICE USE ONLY  
 \_\_\_\_\_ Annual Amount  
 \_\_\_\_\_ Monthly Amount

**WOODLAND CHRISTIAN SCHOOL**  
 2024–2025 TUITION AGREEMENT  
*Please read and sign.*

FOR OFFICE USE ONLY  
 \_\_\_\_\_ Excel \_\_\_\_\_ Invoice  
 \_\_\_\_\_ Mem \_\_\_\_\_ Reg

**Financial Responsibility:** This agreement must be completed and signed by the person(s) accepting responsibility for charges incurred by the student(s) listed on the Enrollment Application or Re-Enrollment Form.

Married spouses or parents sharing financial responsibility must provide information and signatures for both individuals. Each signatory is jointly and severally obligated to pay all charges as billed regardless of marital status. Woodland Christian School may enforce its rights under the Tuition Agreement against each signatory individually or jointly, meaning each signatory may be required to pay ALL charges owed regardless of any sharing agreement or arrangement between the signatories. Woodland Christian School may release or waive enforcement of this Tuition Agreement with respect to one signatory, and such a waiver or release will not extend to or extinguish the liability of the other signatory.

In the case of students with multiple sets of parents sharing financial responsibility, both parents must sign the Tuition Agreement and contact the bookkeeper at WCS to make payment-plan arrangements. Each parent is jointly and severally obligated to pay all charges as billed as described above. By signing the Tuition Agreement, each parent authorizes Woodland Christian School to disclose to the other responsible party any payment delinquency in excess of 30 days that may jeopardize the student’s enrollment.

**Tuition Agreement:** *This Tuition Agreement must be completed and signed by the person(s) accepting responsibility for charges incurred by the student(s) listed below. Married couples must provide signatures from both spouses. Addresses must be provided for person(s) responsible for financial obligations.*

I agree to be responsible for the financial charges for the student(s) listed below and on the Re-Enrollment Form and will abide by the conditions of the Financial Information and Tuition Agreement.

**Delinquent Accounts:** Students whose accounts become 30 days delinquent may not be allowed to attend classes until the account is paid in full or arrangements have been made with the bookkeeper. Families with delinquent accounts will not be permitted to utilize Extended Care services.

All accounts must be paid in full prior to readmission. Three or more late payments during the school year will make it necessary to pay first and last month’s tuition prior to readmission for the following year.

**Early Withdrawals:** If a family withdraws students during the school year, the family is responsible for tuition through the end of the month. The family will receive a prorated refund of tuition only.

PARENT FULL NAME(S):	1.	2.
TELEPHONE #(S):	1.	2.
HOME ADDRESS(ES):	1.	2.
MAILING ADDRESS(ES):	1.	2.
EMAIL ADDRESS(ES):	1.	2.

**TUITION PLAN: I (we) choose the following tuition schedule** (please check one):

- Plan A:** Full tuition paid in advance.
- Plan B:** Payments by check or cash due by the first of each month.
  - B-10:**(First payment June 1, 2024, second payment September 1 to May 1, 2025)
  - B-11:**(First payment June 1, 2024, second payment August 1 to May 1, 2025)\*\*
  - B-12:**(First payment June 1, 2024, second payment July 1 to May 1, 2025)\*\*\*
- Plan C:** ACH Direct Debit payments (*Complete enclosed form, side "C"*)
  - C-10:** (First payment June 5, 2024, second payment September 5 to May 5, 2025)
  - C-11:** (First payment June 5, 2024, second payment August 5 to May 5, 2025)\*\*
  - C-12:** (First payment due June 5, 2024, second payment July 5 to May 5, 2025)\*\*\*
- Plan D:** Credit/Debit Card Automatic Debit payments (*Complete enclosed form, side "D"*)
  - D-10:** (First payment June 5, 2024, second payment September 5 to May 5, 2025)
  - D-11:** (First payment June 5, 2024, second payment August 5 to May 5, 2025)\*\*
  - D-12:** (First payment June 5, 2024, second payment July 5 to May 5, 2025)\*\*\*
- Plan E:** First semester paid in advance by June 1, 2024, second semester due by January 1, 2025.

\*\* Not available after 7/15/2024

\*\*\* Not available after 6/15/2024

I/We understand that if we attend Summer Preschool/Daycare, there will be double payments (Preschool & Kindergarten) in June, July and/or August depending upon the payment plan selected above. Please initial: \_\_\_\_\_/\_\_\_\_\_

SIGNATURE(S)	1.	2.
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**I (We) plan on applying for financial aid (grades K-12):**  Yes  No \*Must be submitted by March 15, 2024. Apply online, go to [www.woodlandchristian.org](http://www.woodlandchristian.org), then Admissions, then Financial Assistance. Click on the link to the FAST website and follow the instructions.

**This Tuition Agreement must be completed, signed and returned with your registration fees.**

# PARENT/GUARDIAN STATEMENT OF COOPERATION AND ACKNOWLEDGEMENT OF POLICIES

Please initial each section, then sign at the bottom. If student lives with both parents/guardians or there is joint custody, both parents/guardians must initial and sign.

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## PLACEMENT POLICY FOR KINDERGARTEN THROUGH 12TH GRADE:

Woodland Christian School places a great deal of importance on the individual. We know the value of children being confident that their teachers genuinely care for them and are committed to making them successful. When there is more than one class per grade level, the staff determines class lists, making sure each class is balanced by the number of boys and girls and by academic ability. Each child is individually evaluated and placed with his/her best interest at heart. **We do not accept requests for placement**, but much thought and prayer will go into the formation of classes, and into who best will meet each student's needs. We believe strongly that each student should have the opportunity to build on existing strengths and to be encouraged when developing areas of weakness. This emphasis should be recognized in the academic, spiritual, social, and physical aspects of our program.

I (We) have read and agree to the Placement Policy: \_\_\_\_\_

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## STATEMENT OF COOPERATION:

- I (We) give permission for my/our child(ren) to take part in all school activities, including school-sponsored trips away from the school premises.
- I (We) will support the standards of Woodland Christian School that do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, or disrespect to the personnel of the school.
- I (We) herewith agree to authorize Woodland Christian School to employ disciplinary actions consistent with its philosophy and policies.

*Realizing that my (our) attitude toward teachers and policies of Woodland Christian School affects the emotional and academic stability of my (our) child(ren),*

- I (We) will support the ideals of the school and will abide by the discipline and regulations of the administration.
- It is my (our) understanding that support and cooperation must be maintained in order for my (our) child(ren) to remain enrolled at Woodland Christian School.
- Should any dispute arise that cannot be satisfied through the school's internal appeals process, I (we) agree to have the matter resolved through mediation, utilizing the services of Peacemakers Ministries.

I (We) have read and agree to the Statement of Cooperation: \_\_\_\_\_

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## TUITION AND FEE INFORMATION AND POLICY:

I (We) have read and understand the Tuition and Fee Information and Policy: \_\_\_\_\_

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## CONTINUOUS ENROLLMENT INFORMATION:

I (We) have read and understand the Continuous Enrollment Information: \_\_\_\_\_

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## NONDISCRIMINATORY POLICY:

Woodland Christian School admits students of any race, color, religion, or national or 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, religion, or national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, athletic programs, or other school-administrated programs.

I (We) have read and understand the Nondiscriminatory Policy: \_\_\_\_\_

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## I (WE) CERTIFY THAT THE INFORMATION SUPPLIED IS TRUE AND COMPLETE:

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

\_\_\_\_\_  
Printed Name (First, Middle, Last)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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

\_\_\_\_\_  
Printed Name (First, Middle, Last)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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## ACH Debit Authorization Agreement

PLEASE CHECK ONE:       Enroll                       Withdraw                       Change Bank Account

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **Woodland Christian School** (herein referred to as "WCS")

Address: **1787 Matmor Road, Woodland, CA 95776**

I (We) hereby authorize WCS to initiate debit entries to my (our):

Checking Account

Savings Account

Please debit my(our) account for our monthly tuition payment in the amount of \$ \_\_\_\_\_ on the fifth day of each month with the **last payment being May 2025**, indicated at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my(our) account must comply with the provisions of US law. *If the fifth day of the month should fall on a weekend or holiday, the ACH Debit Transaction will take place on the next business day.*

Depository/Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

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

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until WCS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCS and DEPOSITORY a reasonable opportunity to act on it.

Account Title  
 (as it appears on your bank account): \_\_\_\_\_

Print Name \_\_\_\_\_ Joint Tenant Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Student Information

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

**Account holder is required to verify bank account data and attach a voided check here.**

- Attach voided check here -

ABC BUSINESS  
1234 Park Avenue  
Anytown, CA

PAY TO THE ORDER OF \_\_\_\_\_ \$ XXX.XX  
DOLLARS

Anywhere Bank  
U.S.A.  
MEMO \_\_\_\_\_ Not Negotiable

⑆ 133404567 ⑆ 1234561304 ⑆ 1044

1 Routing Number (requires 9 digits)

2 Bank Account Number (not to exceed 17 digits)

3 Check Number

**I(we) would like ALL charges (extended care, emergency lunches, etc.) to be debited from my account as they occur.**  
 Initials \_\_\_\_\_



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## Credit-Card Debit Authorization Agreement

PLEASE CHECK ONE:       Enroll       Withdraw       Change Bank Account

AUTHORIZATION AGREEMENT FOR DIRECT CREDIT CARD PAYMENTS

Company Name: **Woodland Christian School** (herein referred to as "WCS")

Address: **1787 Matmor Road, Woodland, CA 95776**

Please debit my (our) account for our monthly tuition payment in the amount of \$ \_\_\_\_\_ on the fifth day of each month **with the last payment being May 2025**, indicated at the depository credit financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of Auto Debit transactions to my(our) account must comply with the provisions of US law.

**Payment/Authorization Information:**

Accepted Payment Methods: MasterCard, Visa, Discover

Card Number \_\_\_\_\_ (enter number without spaces)

Expiration Date (MM / YY) \_\_\_\_\_ Security Code # \_\_\_\_\_ (3-digit code on back of card)

Amount Each Month: \$ \_\_\_\_\_

**Customer Billing Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

This authorization is to remain in full force and effect until WCS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCS and DEPOSITORY a reasonable opportunity to act on it.

Print Name \_\_\_\_\_ Joint Tenant Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**Student Information**

Name _____	Grade _____	Name _____	Grade _____
Name _____	Grade _____	Name _____	Grade _____

**I (we) would like ALL charges (extended care, emergency lunches, etc.) to be debited from my account as they occur.**      **Initials** \_\_\_\_\_





Grade	Number of Doses Required of Each Immunization <sup>1, 2, 3</sup>				
<b>K-12 Admission</b>	<b>4 Polio<sup>4</sup></b>	<b>5 DTaP<sup>5</sup></b>	<b>3 Hep B<sup>6</sup></b>	<b>2 MMR<sup>7</sup></b>	<b>2 Varicella</b>
<b>(7th-12th)<sup>8</sup></b>	<b>K-12 doses</b>	<b>+ 1 Tdap</b>			
<b>7th Grade Advancement<sup>9,10</sup></b>		<b>1 Tdap<sup>8</sup></b>			<b>2 Varicella<sup>10</sup></b>

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.) One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

### Instructions:

California schools are required to check immunization records for all new student admissions at TK / Kindergarten through 12th grade and all students advancing to 7th grade before entry. See [shotsforschool.org](http://shotsforschool.org) for more information.

**Unconditionally Admit** a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil’s age or grade as defined in the table above:

- Receipt of immunization.
- A permanent medical exemption.\*

**Conditionally Admit** any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil’s grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in the Conditional Admission Schedule, column entitled “Exclude If Not Given By”), or
- A temporary medical exemption from some or all required immunizations.\*



## Conditional Admission Schedule for Grades K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

Dose	Earliest Dose May Be Given	Exclude If Not Given By
<b>Polio #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>Polio #3<sup>1</sup></b>	4 weeks after 2nd dose	12 months after 2nd dose
<b>Polio #4<sup>1</sup></b>	6 months after 3rd dose	12 months after 3rd dose
<b>DTaP #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>DTaP #3<sup>2</sup></b>	4 weeks after 2nd dose	8 weeks after 2nd dose
<b>DTaP #4</b>	6 months after 3rd dose	12 months after 3rd dose
<b>DTaP #5</b>	6 months after 4th dose	12 months after 4th dose
<b>Hep B #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>Hep B #3</b>	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
<b>MMR #2</b>	4 weeks after 1st dose	4 months after 1st dose
<b>Varicella #2</b>	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
<b>Varicella #2</b>	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

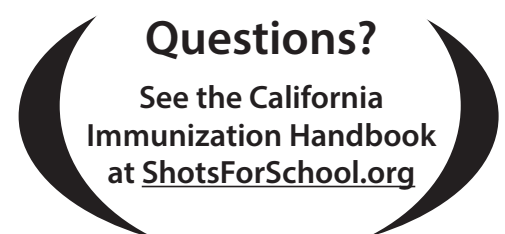
1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

**Continued attendance** after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

\* In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.



# ❖ For Entering Kindergarten Students Only ❖

## REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

### PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ BIRTH DATE—Month/Day/Year \_\_\_\_\_

ADDRESS—Number, Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ SCHOOL \_\_\_\_\_

### PART II TO BE FILLED OUT BY HEALTH EXAMINER

#### HEALTH EXAMINATION

**NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.**

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

#### IMMUNIZATION RECORD

**Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record.  
**Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTp/DTTd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

### PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

### and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

#### RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

Name, address, and telephone number of health examiner \_\_\_\_\_

Signature of health examiner \_\_\_\_\_

Date \_\_\_\_\_

**If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.**

CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)