THE WORSHIP ACADEMY

School of The Arts

WHO CAN REGISTER A STUDENT

Parents or court appointed guardians living in the city of Harrisburg, borough of Highspire or the borough of Steelton may enroll a student. The parent/guardian must come into our office in person to complete the enrollment process. (Note: Exceptions apply to homeless youth according to the McKinney-Vento Act, migrant and foster students.) A student living with someone other than a parent will be registered in accordance with guidelines set by PA Public School Code section 24 P.S. 13-1302. Residents will be asked to sign an affidavit stating where you and the student reside on a full-time basis.

WHAT TO BRING TO YOUR REGISTRATION APPOINTMENT

You need to bring the following required documents to your appointment in order to register your child. On that date your child(ren) will also be interviewed for admission.

- **Proof of your child's age.** Any one of the following constitutes acceptable documentation: original birth certificate, notarized copy of birth certificate, a valid passport or notarized/certified record showing the date of birth.
- **Immunizations required by law.** Acceptable documentation includes: the child's immunization record, a written statement from a former school district or medical office, verbal assurances from the former school that the required immunizations have been completed with records to follow.
- **Proof of residency.** Acceptable documentation includes: a deed, lease, sales agreement, notarized statement from landlord or mortgage information. If residing with a district property owner, the property owner must sign a notarized "multiple occupancy form."
- **Photo Identification.** This is required in order to notarize documents at the registration appointment such as sworn statement attesting if the student has been or is suspended or expelled for offenses involving drugs, alcohol, weapons, infliction of injury or violence on school property.
- **Other documents:** Report cards/transcripts, all special education documents (IEP, ER, RR, NOREP), attendance records, any other records relevant to your child's education.

WHY DO WE CONDUCT STUDENT INTERVIEWS?

Our mission is to provide a rich, arts integrated learning environment for children which kindles, cultivates and nurtures their passion for learning and leading. At The Worship Academy School of the Arts, education is about expanding the knowledge of our students, creating life-long connections and preparing them to be leaders in their future endeavors. We offer an arts integrated curriculum that is personalized, engaging and challenging. Interviewing each student upon registration gives us the opportunity to get to know them, answer any of their questions and begin the framework for a successful year.

THE WORSHIP ACADEMY

School of The Arts

Our Response to Covid-19

We plan to operate during the 2020-2021 academic year with proactive policies and precautions to prevent the spreading of germs, viruses, and illnesses. *

The following practices will be in place:

1. During orientation all students and staff will take a COVID-19 awareness/safety training to enhance our ability to maintain a clean environment.
2. Class sizes will be limited to 16 students maximum. All meals will be eaten in classrooms.
3. Dance/Art areas will have air purifiers installed.
4. Temperatures will be taken via a touch free thermometer at the start of each day.
5. Hand washing upon entry of the building and before lunch time.
6. Classrooms/workstations will be sanitized between uses and at the end of each day.
7. Sanitizing stations will be set up in each room (Monthly Commercial Cleaning).
8. Each student will receive a clip on personal sized hand sanitizer for their back pack at orientation.
9. Children who don't feel well are asked to complete school work from home (please refer to the student handbook for attendance reporting procedures).
10. Disposable 3ply masks will be made available for anyone who needs one, at the discretion of the staff and students.

**These practices may be updated at anytime to ensure the safest practices are in place for our student body.*

THE WORSHIP ACADEMY

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Student Enrollment

First Name	Middle Name	Last Name
Residing Address		
City	State / Zip	County
Parent/Guardian 1	Phone	Email
Parent/Guardian 2	Phone	Email
Student Resides with: ☐ Parent 1 ☐ Parent 2 ☐ Both 1 and 2 ☐ Other _____		
Emergency Contact Name 1	Phone	Email
Emergency Contact Name 2	Phone	Email
Former School	Previous Grade	Completed Y / N (*circle*)

Medications
Allergies
Health Condition/Limitations/Diagnosis

Race and Ethnicity: (Both Part A and Part B of the question must be answered)
Part A: Is the student Hispanic/Latino? ☐ Yes ☐ No (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)
The above question is about ethnicity, not race. The following question indicates what you consider you child's race.
Part B: What is the student's race? (Choose one or more)
☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America,
including Central America, and who maintain tribal affiliation)
☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including
Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
☐ Black or African American (A person having origins in any of the black racial groups of Africa)
☐ Native Hawaiian/Other Pacific Islander (A person having origins in any of the original people of Hawaii, Guam, Samos, or
Pacific)
☐ White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Military Family:

Does your child reside with a parent or legal guardian who is on active duty in the Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)? ☐ Yes ☐ No

Special Services Information

Has the student ever had a 504 Plan? ☐ Yes ☐ No

Has the student ever received special education services that require an Individual Education Plan (IEP) and special education services? ☐ Yes ☐ No Does the student have a current IEP? ☐ Yes ☐ No

If yes, select from the following any services the student has received and provide a copy of current IEP.

☐ Speech ☐ Social Work ☐ Categorical/Resource Room ☐ Physical/Occupational Therapy ☐ Other

The undersigned hereby acknowledges that the information on this form is true and accurate. Incorrect information could be grounds for revoked enrollment. The undersigned understands that it is his/her responsibility to inform the school office if and when any of the information set in this form changes.

Parent/Guardian Name_____

Parent/Guardian Signature _____ Date_____

THE WORSHIP ACADEMY
School of The Arts

Parental Registration Statement

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Telephone Number _____

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child was_____ was not _____ previously suspended or expelled , or is _____ is not _____ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled:

_____

Dates of suspension or expulsion:

_____

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) _____

_____
(Signature of Parent or Guardian)

_____
(Date)

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

THE WORSHIP ACADEMY
School of The Arts

HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name: _____

Child's family name: _____

Child's Date of Birth: _____
(Month/Day/Year)

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? ☐ No ☐ Yes (language) _____
2. Does your child communicate in a language other than English? ☐ No ☐ Yes (language) _____
3. What is the language that your child first learned to speak? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided ☐ No ☐ Yes

pennsylvania
DEPARTMENT OF EDUCATION

REQUEST AND AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

USE BLACK INK ONLY

THE WORSHIP ACADEMY
School of The Arts

STUDENT INFORMATION

Legal Last Name:	Legal First Name:	Legal Middle Name:	Suffix:

Grade:	Gender: ☐M ☐F	Birth Date:	Social Security Number/FTE Number:

SCHOOL RECORDS ARE REQUESTED FROM

Name of School: The Worship Academy School of the Arts	School Address:	
City: Harrisburg	State: PA	Zip Code:
Phone: (including area code)	Fax Number: (including area code)	

RECORDS TO BE RELEASED

Mail the following records of the above named student: * *Only checked items will be fowarded/released*

- ☐ Cumulative record including grades and attendance
- ☐ Report Cards with current grade averages and academic transcript
- ☐ Immunization and health/medical records
- ☐ Standardized test scores
- ☐ Discipline Records
- ☐ Special placement records and reports (including IEP's)
- ☐ Other (Specify) _____

RELEASE SCHOOL RECORDS TO

Name of School / Person / Company:	Address:	Phone: (including area code)

City:	State:	Zip Code:

PARENT/LEGAL GUARDIAN SIGNATURE

I, the parent/legal guardian of the above named student, hereby authorize the above named school to release any of the listed school records to the indicated school. I further authorize this receiving person or agency to release to the personnel of the school district any or all information regarding the student which pertains to his/her educational, physical and social adjustment in school. I further understand that I may review the transferred records by making such request of the principal, and may also have all or any part of these records properly interpreted as necessary by appropriate school personnel.

Parent/Legal Guardian Signature: *(Required)*	Relationship to Student:	Date:

Signature of Witness:	Business Phone of Witness:	Date:

Business Address of Witness:	City/State/Zip:

* If over 18 years of age, the student has the releasing authority.
* Signature and copy of identification required.

THE WORSHIP ACADEMY
School of The Arts

Waiver of Liability

I understand and agree that in participating in any dance classes, workshops, rehearsals or performances, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of The Worship Academy School of the Arts' (TWA) sessions, rehearsals, performances, trips or activities. I also exempt, release, and indemnify The Worship Academy School of the Arts, its owners, its lease property owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by The Worship Academy School of the Arts. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold The Worship Academy School of the Arts, its owners, its lease property owners, agents, volunteers, assistants, employees, guest artists, faculty members, facility owners, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my child's physical limitations and agree not to exceed them. Permission is granted to The Worship Academy School of the Arts and its affiliates to use photographs of students for publicity purposes. I understand that my child may be offered food and beverages and that The Worship Academy School of the Arts is not liable for any reactions caused by these items as I certify that all of my child's information is complete and accurate to the best of my knowledge and all allergy and physical limitation information is listed on the registration documents. I understand that I or my child may be released from TWA at any time for such reasons as: behavioral issues, consistently defying session protocol, destruction of worship tools, bullying of other dancers, disrespectful behaviors, etc. at the discretion of the staff. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights. If I am signing this form and do not have the legal right to waive these rights, I agree to take full liability if any injury or loss occurs as mentioned in this waiver.

My signature indicates that I have read, understood and agree to be legally bound to the above waiver of liability.

Student's Name:_____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date:_____

THE WORSHIP ACADEMY
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Media Release

1) I, the undersigned, hereby authorize The Worship Academy Dance and Arts Center LLC (TWA) to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

2) I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational, social media and other public media as may be deemed appropriate by TWA (I understand that I may be identifiable from such photographic or electronic reproduction)

Agreed and accepted by:

Participant's Full Name _____

Signature (Parent/Guardian if under 18 years of age)_____

Internet Use Permission

STUDENT/PARENT AGREEMENT I understand that internet access is designed solely for educational purposes, and that it is intended that these resources are used only for educational purposes. The Worship Academy School of the Arts has taken reasonable precautions to supervise internet usage by students. I have read and understand the Guidelines for Telecommunications Use (see reverse side of this form).
PARENTAL CONSENT – (Required if student is less than 18 years of age.) As a parent or guardian, I recognize that it is impossible for the district to control access by the students to all information or materials available on the internet; it is likewise impossible to limit disclosure of information related to school internet websites or publications by the larger internet public. I will not hold the school responsible for materials acquired, contact made, or for any limit on the educational privacy of my child as a result of the disclosure of information on the internet. I accept full responsibility for supervision of my child outside the school setting. BASIC INTERNET ACCESS I hereby consent for my child to utilize the school internet services, and for disclosure of the following information when related to an activity or an academic assignment within The Worship Academy School of the Arts, in accordance with the Family Educational Rights and Privacy Act, 20 USC §1232g.

Check yes or no to indicate whether permission is given or not: I do___ do not___ grant permission for my child to utilize the school internet services I certify that the information contained on this application is true and correct to the best of my knowledge and belief. (Students over 18 years of age may sign for themselves.)

Parent/Guardian Signature _____ Date _____

THE WORSHIP ACADEMY

School of The Arts

Trips, Events and Program Permissions

Student's Name:_____ Date of Birth_____

I _____as his/her legal parent or guardian, hereby give permission for the above-named student to participate in all activities at or sponsored by The Worship Academy School of the Arts including but not limited to all school sponsored trips. Such trips may involve transportation and activities at a location other than the premises of The Worship Academy School of the Arts.

Allergies/Physical Limitations ☐ **None** ☐ **Yes (Please list in detail below)**

In case of injury or severe illness to the student above, I may be reached at the following phone numbers:

Home:_____ Work:_____

Other:_____

*If I cannot be reached, I grant permission for the following Emergency Contact to respond in my absence:

Name:_____ Phone_____

Parent/Guardian Name_____ Date_____

Parent/Guardian Signature_____ Date_____

THE WORSHIP ACADEMY
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Partial Scholarship Agreement

I am requesting that my child, _____, be awarded a Tuition Discount of **$4,250**. This is a partial scholarship for the next academic year of 2020-2021. I acknowledge that the balance of **$5,000** will be owed on my child's account.

I understand that in accepting this scholarship I accept certain responsibilities which support and affirm the mission, vision and learning objectives of The Worship Academy School of the Arts (TWA) found in the TWA Handbook. I partner with TWA in instilling the academic skills, morals and values which will lead to my child's overall success. I accept, and commit to maintain the integrity of, the full year calendar and the daily schedule, and I will not remove or withhold my child from school unnecessarily or for reasons not honestly stated and agreed upon. I understand that such withholding will cause my child to be considered truant.

I vow that my student and I will:

1. Maintain daily attendance
2. Adhere to the required dress code (clean, neat and appropriate)
3. Respect all school staff and school property
4. Take proper care of books, furniture and technology
5. Attend all Progress, Community and Parent Meetings
6. Participate in School Fundraisers
7. Chaperone at least one field trip/event
8. Be honest in all communications
9. Provide required documentation for scholarship eligibility

*I understand that failing to meet the above requirements may forfeit my student's future scholarship status. Initial: _____

Parent/Guardian Name_____ Date_____

Parent/Guardian Signature_____ Date_____

Relation to Student: _____

THE WORSHIP ACADEMY
School of The Arts

Scholarship Agreement

I am requesting that my child, _____, be awarded a Full **$9,250** scholarship for the next academic year of 2020-2021.

I understand that in accepting this scholarship I accept certain responsibilities which support and affirm the mission, vision and learning objectives of The Worship Academy School of the Arts (TWA) found in the TWA Handbook. I partner with TWA in instilling the academic skills, morals and values which will lead to my child's overall success. I accept, and commit to maintain the integrity of, the full year calendar and the daily schedule, and I will not remove or withhold my child from school unnecessarily or for reasons not honestly stated and agreed upon. I understand that such withholding will cause my child to be considered truant.

I vow that my student and I will:

1. Maintain daily attendance
2. Adhere to the required dress code (clean, neat and appropriate)
3. Respect all school staff and school property
4. Take proper care of books, furniture and technology
5. Attend all Progress, Community and Parent Meetings
6. Participate in School Fundraisers
7. Chaperone at least one field trip/event
8. Be honest in all communications
9. Provide required documentation for scholarship eligibility

*I understand that failing to meet the above requirements may forfeit my student's future scholarship status. Initial: _____

Parent/Guardian Name_____ Date_____

Parent/Guardian Signature_____ Date_____

Relation to Student: _____

THE WORSHIP ACADEMY
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Family Financial Statement

Requesting Student (Full Name) _____

Parent 1 _____ Resides with Student ☐

Parent 2 _____ Resides with Student ☐

Student's Address _____

How many total household members do you have? _____

Below, List all school-aged children along with their schools and grades. (Attach addition sheet if needed)

Name	Grade	School	Public/Private/Charter

The following guideline figures represent annual income:

Persons in family/household	Guideline of Limits
1	$12,760
2	17,240
3	21,720
4	26,200
5	30,680
6	35,160
7	39,640
8	44,120
For families/households with more than 8 persons, add $4,480 for each additional person.	

Total Gross Household Income (Monthly Gross x12) $_____

☐ Mortgage ☐ Rent Payment Amount $_____

***You must either attach your most recent year's tax filing, last four paystubs, or bank statements as proof of income. If more information is needed in order to verify your income you will be notified via email or USPS.**

I affirm that I have accounted for every form of income, excluding food program assistance, received by my household. I understand that providing misleading personal or financial information will result in my student(s) being dropped from all scholarship programs and payment plans. By signing below, I attest that the information provided on this form is factual.

Printed Name _____

Signature _____ Date _____

THE WORSHIP ACADEMY
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PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

This form is required for all students.

Full Name: _____ Birth Date: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Insurance Carrier: _____ Policy # _____ Member ID _____

HISTORY

	Yes	No	
1 a.	☐	☐	Have you had any illness/injury recently, or do you have an illness/injury now?
b.	☐	☐	Have you had a medical problem, illness or injury since your last exam?
c.	☐	☐	Do you have any chronic or recurrent illness?
d.	☐	☐	Have you ever had any illness lasting more than a week?
e.	☐	☐	Have you ever been hospitalized overnight?
f.	☐	☐	Have you had any surgery other than tonsillectomy?
g.	☐	☐	Have you ever had any injuries requiring treatment by a physician?
h.	☐	☐	Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)?
2.	☐	☐	Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)?
3.	☐	☐	Do you have ANY allergies (medicines, bees, foods, or other factors)?
4 a.	☐	☐	Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
b.	☐	☐	Do you tire more easily or quickly than your friends during exercise?
c.	☐	☐	Have you ever had any problem with your blood pressure or your heart?
d.	☐	☐	Have any close relatives had heart problems, heart attack or sudden death before they were age 50?
5.	☐	☐	Do you have any skin problems (acne, itching, rashes, etc.)?
6 a.	☐	☐	Have you ever had fainting, convulsions, seizures or severe dizziness?
b.	☐	☐	Do you have frequent severe headaches?
c.	☐	☐	Have you ever had a "stinger" or "burner" or "pinched nerve"?
d.	☐	☐	Have you ever been "knocked out" or "passed out"?
e.	☐	☐	Have you ever had a neck or head injury?
7.	☐	☐	Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?
8.	☐	☐	Have you had asthma, or trouble breathing, or cough during or after exercise?
9 a.	☐	☐	Do you wear eyeglasses, contact lenses or protective eye wear?
b.	☐	☐	Have you had any problem with your eyes or vision?
10.	☐	☐	Do you wear any dental appliance such as braces, bridge, plate, retainer?
11 a.	☐	☐	Have you ever had a knee injury?
b.	☐	☐	Have you ever had an ankle injury?
c.	☐	☐	Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
d.	☐	☐	Have you ever had a broken bone (fracture)?
e.	☐	☐	Have you ever had a cast, splint, or had to use crutches?
f.	☐	☐	Must you use special equipment for competition (pads, braces, neck roll, etc.)?
12.	☐	☐	Has it been more than 5 years since your last tetanus booster shot?
13.	☐	☐	Are you worried about your weight?
14.	☐	☐	FEMALES: Have you any menstrual problems?
15.	☐	☐	Have you any medical concerns about participating in your sport?

***** ATHLETE SHOULD NOT WRITE BELOW THIS LINE *****

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

_____

_____

_____

_____

_____

THE WORSHIP ACADEMY
School of The Arts

PHYSICAL EXAMINATION

(To be completed by Physician)

Exam Date: _____

Age:_____ Pulse:_____

Height:_____ Blood Pressure:_____

Weight:_____ Visual Acuity: Left 20/_____

Right 20/ _____

Normal			Abnormal	
☐	1.	Head	☐	
☐	2.	Eyes (pupils), ENT	☐	
☐	3.	Skin	☐	
☐	4.	Chest	☐	
☐	5.	Lungs	☐	
☐	6.	Heart	☐	
☐	7.	Abdomen	☐	
☐	8.	Knees	☐	
☐	9.	Feet	☐	
☐	10.	Ankles	☐	
☐	11.	Physical Maturity/Development	☐	
☐	12.	Spine, Back	☐	
☐	13.	Shoulders, Upper extremities	☐	
☐	14.	Lower extremities	☐	

Assessment: ☐ Full participation in Dance Training

☐ Limited participation (describe limitations, restrictions. ie No Tumbling, etc):

_____

_____

☐ Participation contraindicated (list reasons):

_____

_____

Recommendations (brace, taping, rehabilitation, etc.):

_____

_____

EXAMINER'S SIGNATURE: _____ LISCENSE #_____DATE:_____

PRINT EXAMINER'S NAME: _____EXAMINER'S PHONE: ( )_____

THE WORSHIP ACADEMY

School of The Arts

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

PRIVATE DENTIST REPORT OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF CHILD	AGE	SEX	GRADE	DATE
Last First Middle		☐ M ☐ F		

ADDRESS

No. and Street | City or Post Office | Borough/Township | County | State | Zip

REPORT OF EXAMINATION

TOOTH CHART

	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment? Yes ☐ No ☐

Treatment Completed Yes ☐ No ☐

Date of Dental Examination

Signature of Dental Examiner

Print Name of Dental Examiner

Address