



Marital Status of Parents: \_\_\_\_\_ married \_\_\_\_\_ separated \_\_\_\_\_ widowed \_\_\_\_\_ single \_\_\_\_\_ divorced

Non-Custodial parent if not listed above (optional): \_\_\_\_\_ mother \_\_\_\_\_ father

Name \_\_\_\_\_  
(last) (first) (M.I.)

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

Phone number: \_\_\_\_\_

Non-custodial parent has contact/visitation with child: \_\_\_\_\_  
(If there are court orders preventing contact, etc. please submit a copy of the order to the school office)

Information non-custodial parent should receive:  
\_\_\_\_\_ programs/special events \_\_\_\_\_ progress reports \_\_\_\_\_ other \_\_\_\_\_  
Is this parent helping with tuition? \_\_\_\_\_ If yes, explain \_\_\_\_\_

**Does your child have any outside educational or behavioral support (i.e. speech, Early Intervention, BHT)?** Yes/no

If yes, please explain \_\_\_\_\_

**ALL students need to wear underwear and be able to use the toilet independently, no diapers or Pull-ups.**

Is your child toilet trained? Yes/ no Is your child able to take care of own toileting needs? Yes/ no

**Ethnic and Language Background** (this information is for overall demographics)

Ethnic Background (please choose one):

\_\_\_\_\_ African American or Black \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Caucasian or White \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Other, including Bi-racial

Primary Language Spoken by child: \_\_\_\_\_

Primary Language Spoken in the home: \_\_\_\_\_

Other Languages spoken in the home: \_\_\_\_\_

**\*\*Please sign the attached Home Language Survey.**

**Additional Family Information**

Names and Ages of Brothers/Sisters

\_\_\_\_\_  
\_\_\_\_\_

Names and Relationship of Other Adults living in home

\_\_\_\_\_  
\_\_\_\_\_

Does your family attend church? \_\_\_\_\_ Regularly \_\_\_\_\_ occasionally \_\_\_\_\_ seldom or not at all

Name and Address of Church \_\_\_\_\_

**COVENANT OF PARENTAL SUPPORT** (please initial each line)

- \_\_\_\_\_ 1. I understand that the Wonder Academy must have an active role in the control and discipline of my child while a part of their program and I will support the staff in their supervisory efforts.
- \_\_\_\_\_ 2. I will attend parent conferences and meetings and meet all financial obligations promptly.
- \_\_\_\_\_ 3. I hereby grant permissions for my child to attend and participate in all Wonder Academy field trips. I will not hold Water Street Mission or its employees responsible for injury to my child, or for loss, theft, or damage to his/her property while involved in these activities.
- \_\_\_\_\_ 4. I recognize that Wonder Academy operates under the Statement of Faith included in this enrollment packet and I understand and agree that my child will be taught according to the biblical truths listed there.

**AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS**

\_\_\_\_\_ I hereby grant Wonder Academy and Water Street Mission the absolute and irrevocable right and permission to photo and/or video the minor under my guardianship and use his/her picture, silhouette or other reproductions of his/her physical likeness; to copyright the same, to use and re-use the same, in whole or in part, individually or in conjunction with other visual, audio, or written material, in any medium for any purpose.

**\*\*Please sign the attached release.**

**AUTHORIZATION FOR TRANSFER OF RECORDS**

\_\_\_\_\_ I hereby grant Wonder Academy permission to forward my child’s educational records to the next educational establishment when my child enrolls in another school and/or district, providing tuition is current or paid in full.

**REQUEST FOR TEXTBOOKS AND MATERIALS** (Kindergarten students only)

Pennsylvania provides textbooks and certain instructional materials to students in private schools. Parents, guardians, or persons in loco parentis shall request the loan of such materials by initialing the line below.

\_\_\_\_\_ I hereby request the loan of instructional materials and textbooks in accordance with Act 90 of 1975 and Act 195 of 1972 for my child attending kindergarten in the Wonder Academy.

**First Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Second Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete the following emergency and medical information. Upon acceptance into Wonder Academy, you will be sent a physical form to be completed by your family physician and returned prior to the first day of school.

The Scholarship application form must be returned with your most recent income tax form 1040 before family tuition can be determined.

**Wonder Academy  
Emergency Release/Medical Information**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

**In the event that the parents/guardians of the above named child cannot be reached in an emergency, please list additional Emergency Contact information:**

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

Address \_\_\_\_\_ Daytime phone # \_\_\_\_\_

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

Address \_\_\_\_\_ Daytime phone # \_\_\_\_\_

**Medical Information:**

Preferred Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Medications \_\_\_\_\_

Allergies/Other \_\_\_\_\_

All children in the state of Pennsylvania are required to have an updated physical (within one year) and immunizations prior to entering school. Upon enrollment you will be sent a physical form for you to take to your doctor prior to the start of school or on your child's next birthday.

Wonder Academy will not release your child to anyone other than the parents or those listed above as emergency contacts. Please list the names and phone numbers of additional persons who have your permission to pick up the child at the end of the school day. Photo ID's may be required.

Name	Relationship	Daytime Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

***I/We hereby grant permission for the Wonder Academy Staff to seek treatment at the hospital of their choice for my child in case of emergency. I/We also authorize that hospital to provide any and all necessary treatments.***

First Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Second Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

# TUITION AND SCHOLARSHIP APPLICATION FORM

**Wonder Academy**  
 A Division of Water Street Mission  
**Attention: Wonder Academy Director**  
**210 South Prince. St., Lancaster PA 17603**  
**(717) 394-9723, Fax # (717) 305-1520**

Office Use Only	
Total Income	_____
Dependents	_____
Adjusted income	_____
Yearly Tuition	_____
Monthly Tuition	_____
Documentation	_____

**Personal Information:**

Student's Name: \_\_\_\_\_ Check one: \_\_\_K-3 \_\_\_K-4 \_\_\_Kindergarten

Parent/Guardian Name(s): \_\_\_\_\_

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

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

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Financial Information:**

Please list **all sources of income that support your household**. (A household is defined as an individual living alone or with the following: a spouse, parent and their unemancipated minor children; other unemancipated minor children who are related by blood or marriage; or other adults or unemancipated minor children living in the household who are dependent upon the individual.) **Use annual gross figures**. PLACE IN APPROPRIATE COLUMN.

[Please attach a separate page if additional space is needed](#)

<i>Names of all wage earners</i>	Relationship	Gross Wage/Salary/Tip	Monies received not earned (see list below)
		<b>Total \$</b>	<b>Total \$</b>

TOTAL ALL INCOME MONIES RECEIVED: \$ \_\_\_\_\_

**Do you receive income from any of the sources listed below: ( ) Yes ( ) No**

If yes, circle the applicable income resource listed: payments for illness, disability, death benefit, strike benefits, occupational disease act, unemployment benefits, public assistance, U.S. combat zone pay, workmen's compensation act, retirement/age related payments, unemployment, reimbursement of actual expenses (see scholarship policies for more details)

**Please be sure to list income from these sources in the income table above.**

List the names of **all individuals**, (including yourself and the child for whom you are applying) that are living with you and are supported by the income quoted above.

Name	Relationship	If child, age

I/We agree Wonder Academy may use the financial information listed above for the purpose of determining my child’s tuition, scholarship eligibility, and charting demographics of Wonder Academy Parents. All the information is accurate to the best of my knowledge. I/We understand if I/we have falsified any information above, my child’s scholarship would be adjusted accordingly.

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

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

**PLEASE NOTE and** provide the following:

**Documentation for ALL of the Individuals currently living in your household and whose INCOME SOURCES are listed above:**

**A copy of pages 1 & 2 of your filed 2025 Income Tax Form 1040.**

This attached scholarship application form **must be returned** with your 2025 income tax form 1040 before family tuition can be determined. This information should include **all wage earners who are supporting the child and responsible for tuition. Your child’s name needs to be included as a dependent on this document.**

This information is only used to verify income to determine scholarship amounts and is placed on file in the event that our scholarship fund would be audited. It may also be used to determine free or reduced lunch status.