

PARENTAL COMMITMENT & FINANCIAL AGREEMENT

Please Initial Each Statement Below

- _____ We recognize that private education requires strong parental support, including attendance and participation at school activities and functions throughout the school year.
- _____ We agree to regularly support and attend school meetings and functions.
- _____ We authorize our child to attend recreational and educational activities and field trips throughout the year.
- _____ We authorize the use of photographs of our child, as the Academy deems appropriate (ie. advertisements, bulletin boards, etc.). We understand that their last names will not be used.
- _____ In the case of an emergency requiring immediate medical attention, we authorize CCA faculty and staff to administer First Aid, CPR and/or transport our child to the nearest hospital emergency room.
- _____ We commit to carefully read and support all school policies as outlined in the Parent/Student Handbook.
- _____ We recognize the authority of the teacher in the classroom and agree to direct any question to the teacher first, then, to the administration if necessary (Matthew 18:15-17).
- _____ In completing the Admission Application for my child, it is our desire to have him/her complete the school year in the grade recommended by the administration.
- _____ If we become dissatisfied with the school for any reason, we will seek to resolve the matter with the person or persons involved in a respectful manner rather than spreading criticism carry negative attitudes.
- _____ We understand that the school policy is to make no refunds on any fees or tuition payments. We further understand that if for any reason my child was to leave the school prior to completion of the school year, we will be responsible for payment of all remaining tuition and fees.
- _____ We understand that if our account is delinquent for 30 or more days, our child will not be allowed to attend class until the past due balance and fees are paid in full.
- _____ We are aware of all tuition costs and fees that we are responsible for:
- | | |
|--------------------------|--------------------------|
| Tuition | \$ _____ |
| Annual SMART Tuition Fee | \$ 53.00 |
| Before Care | \$ _____ (if applicable) |
| After Care | \$ _____ (if applicable) |
| TOTAL | \$ _____ |
- _____ We understand that any violation on our part of the provisions in this agreement may be grounds for dismissal of our student.
- _____ We recognize that the Academy has the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.

Parent/Guardian Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

APPLICATION FOR ADMISSION

Celebration Christian Academy admits and does not discriminate on the basis of race, color, national or origin in the administration of its educational policies, admissions policies, financial aid program, athletics, or other school-administered programs.

Student Information

Applying for grade (check one)

- K3 K4 K5 *Students applying for K3 must turn three by September 1st of the calendar year and be fully potty trained. Students applying for K4 or K5 must turn four or five by September 1st of the calendar year.*

First Name _____ MI _____

Last Name _____

Date of Birth _____ Gender Male Female

Child lives with Both Parents Mother Father Other

Ethnicity _____

Primary Language Spoken at Home _____

Allergies: _____

Will any medication be needed at school?

- Yes (Medication Administration Form required) No

Family Information

- Mother Father Grandparent Legal Guardian

Name _____

Address _____

City _____ State _____ ZIP Code _____

E-mail _____

Cell Phone _____ Home Phone _____

Employer _____ Work Phone _____

Marital Status Single Married Separated Divorced

Is there a custody agreement in place? Yes No

- Mother Father Grandparent Legal Guardian

Name _____

Address _____

City _____ State _____ ZIP Code _____

E-mail _____

Cell Phone _____ Home Phone _____

Employer _____ Work Phone _____

Marital Status Single Married Separated Divorced

Is there a custody agreement in place? Yes No

A non-refundable application fee must be enclosed with this application

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Tuition Payment Options

- One Payment (by August 5% discount)
 Two Payments (August 15th & December 15th)
 10-Month Payment (August 15th - May 15th)

Extended Care

- Before Care (7:00AM-8:15AM)
 After Care (3:30PM-6:00PM)

Previous School Record

Name of School _____

Phone _____ FAX _____

Number of Years Attended _____

Current Grade _____

Has your student ever been advanced a grade? Yes No

Has your student ever been suspended/expelled? Yes No

Has your student had:

- Psychological or Educational Testing
 504 Plan
 IEP or IFSP
 Speech Therapy
 Additional Instructional Support (ie. tutoring, resource, etc.)
 None of the Above

How Did You Hear About CCA?

- Friend Newspaper Radio Directory Internet

Specify _____

Child of a CCA Alumni? Yes No

Active tithing member at Celebration Church? Yes No

Authorized Pickup/Emergency Notification

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

ADMINISTRATIVE USE ONLY			
Date of Registration Payment	Amount Paid	Payment Type	Payment Accepted By