

Community Christian Academy

4706 Park Center Avenue NE, Lacey, WA 98516 360-493-2223

www.foundationcampus.org

New Student Application

Kindergarten

Student must be 5 years old by August 31, 2013

Application Date: _____

Entry Date: _____

Dear Parents of Prospective Students:

The purpose of Community Christian Academy is to provide a wholesome environment and a Christian atmosphere that is conducive to learning. We are providing this check list to facilitate your completion of all the forms necessary for your child's enrollment.

- ◇ Enrollment Form—Signed and filled out on all sides before being processed
- ◇ Registration Fee — **(Must accompany Enrollment Form)**
- ◇ Washington State Certificate of Immunization Status
(Must be completed and return by all New Students)
- ◇ Academic Entrance Test and Fee *(Testing is scheduled Early Summer & Summer)*

*Additional forms will be mailed out mid summer and need to be returned prior to the first day of school.
. An interview with parents may be required before final admission. Thank you!*

Registration Fee is non-refundable, except in the cases where CCA is unable to accept your child (i.e. space unavailable).

CCA Mission Statement

To prepare students to impact their world for Christ by:



Equipping
them with sound education, by
Empowering
them with a Biblical Worldview, and by
Inspiring
them through Godly leadership

Student Legal Name: _____
Last First Middle

Student Address: _____
House Number and Street Address

City State Zip Code

Student Mailing Address: _____
(IF DIFFERENT) PO Box and/or House Number and Street Address

City State Zip Code

Student Home Phone: _____

Date of Birth: _____ Sex: M F

Ethnicity/Race: White Black /African American Hispanic/Latino Asian American Indian/Alaskan Native Pacific Islander/Native Hawaiian
(Please circle — more than one may be circled)

Father/Guardian: _____
Circle One Last First Middle Initial

Address: _____ Home Phone: _____
If Different from Student

Employer: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Mother/Guardian: _____
Circle One Last First Middle Initial

Address: _____ Home Phone: _____
If Different from Student

Employer: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Parents' Marital Status: Married Widowed Separated Divorced Single Remarried
Circle One

List Stepparents if Applicable: _____

Student Lives With: Mom Dad Both Guardian Mail to: Mom Dad Both Guardian
Circle One Circle One

Church Attending: _____ Regular Often Seldom
Circle One

Siblings: _____ Age: _____ School: _____
Name

Siblings: _____ Age: _____ School: _____
Name

To help us serve your child better please complete the following:

* Please list any academic needs and/or learning disabilities or issues we should know about.

* Has your child been involved in any disciplinary actions at school.

 No Yes If yes, please explain: _____

You may use a separate sheet of paper if necessary.

2013-2014 Community Christian Academy Parent Commitment to:

Academic Standard

I agree to uphold and support the high academic standard of the school by providing a place at home for my child to study and by giving my child encouragement to complete any homework or assignments.

Student Participation

I/We give permission for my child to take part in school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school related activity.

Standard of Conduct

I appreciate and uphold the standards of the school and do not tolerate profanity/obscenity in word or action, dishonor to God and the Word of God, or disrespect to the personnel of the school. I hereby agree to support CCA's Mission Statement, Statement of Faith and all regulations of the school. I authorize this school to employ discipline, as it deems wise and expedient for the training of my child. I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

FINANCIAL RESPONSIBILITY:

I/We hereby commit to pay all financial obligations to the school on or before the first of each month. I/We understand that:

- ◇ Registration fees are **not** refundable.
- ◇ Technology fee (for new families) is payable with the **first** tuition payment. This is a one time fee.
- ◇ All payments are due and payable on the 1st of each month.
- ◇ Payments made after the 5th of the month will have a \$25.00 late fee charged.
- ◇ There is a \$35.00 fee for returned checks.
- ◇ Field trip fees are due with or before the **first** tuition payment.
- ◇ **My child will be withdrawn on the first of the month if the previous month's financial obligations have not been met or arrangements made with the administration.**
- ◇ I have read and completed the Family Stewardship Agreement. See back side of this form.
- ◇ The School lunch program is **prepaid and ordered by the monthly deadline.**
- ◇ LATE PICK UP FEE—I realize when I do not pick up my child by 6:00 pm a late fee will be incurred as detailed in the Parent/Student Handbook.

Signature Father/Guardian

Date

Signature Mother/Guardian

Date

You will **not** receive a monthly bill unless we have not received your payment by the 5th of each month, at which time a late fee of \$ 25.00 will be assessed.

Please indicate your payment preference:

_____ 9 monthly payments, **1st payment due on or before August 1st of the school year.** Subsequent payments due on the 1st of each month.

_____ 10 monthly payments, **1st payment due on or before August 1st of the school year.** Subsequent payments due on the 1st of each month.

_____ Payment in full **on or before August 1st of the school year. (Payment in full on or before June 30th receives 3% discount)**

Before & After School Care

We will need: Before School Care _____ After School Care _____ Both _____ None _____

_____ Prepaid monthly extended care fee due with the tuition payment on the first of each month.

_____ 40 Hour Block (Purchased in advance.)

_____ Hourly extended care fees will be billed at the end of the month and due upon receipt.

Family Stewardship Agreement

A Program to Encourage Parent Involvement

We strive to provide an educational environment that kindles the curiosity in your child to discover, to think creatively and to find joy and confidence in relationships with others. Your involvement in their scholastic experience is essential, not only in your child's education, but also as a means to enrich the education of your child's classmates.

Families fulfill their commitment to the school in two ways: in finances and in service. In turn, the Board is committed to keep costs as low as possible and to continue to seek support from sources beyond our campus family.

Desiring to encourage more specific parental involvement on our campus, a Stewardship Program was instituted in the summer of 2003. The goal of the program is not only to support a direct parental presence on site, but also to help defray some of the cost of providing a non-denominational Christian education, unlike any other available in this area. We are not subsidized by any federal or state education funds, and rely solely on you and your friends in the community to meet the financial costs of operating this ministry.

As a way of enabling all parents to have a chance to be involved, we have developed a Family Stewardship Program. This program provides a way of organizing help, keeping tuition costs down, and building relationships with other families at the school. As part of this program, **we hope that each family will fulfill 20 hours of stewardship for the 2013-2014 school year.** Additional hours of service are, of course, greeted with enthusiasm, and are greatly appreciated.

Our Family Stewardship Agreement follows these guidelines:

- * The Stewardship year for the 2013-2014 school year will start after *May 16, 2013, and run through May 15, 2014.* This allows families to volunteer time during the summer.
- * Each family is responsible for either 20 hours of documented volunteer hours or may choose to pay a lump sum of \$200.00. (\$10.00/hr.) Single parent families are only required to fulfill 10 hours of service or pay \$100.00.
- * Stewardship hours will be invoiced every January. All volunteer hours turned into the office by January 15th will be credited from the total amount prior to this billing. Hours turned in between January 16th and May 15th will be credited as the signed forms are processed through the office. Any hours turned in after May 15th may be held until the next school year.

Forms are available in the office for the purpose of tracking stewardship hours. Parents are responsible for listing the hours and activities they served and turning them in to the school office prior to the two billing dates.

Service to the school may be completed by any member of your immediate or extended family that is capable of accomplishing reasonable tasks that in some way improve the school program or grounds or help facilitate the schools goals and mission.

We have read the above information and understand the commitment as outlined.

Parent/Guardian Names: _____

Signature: _____

Date: _____