

CALVARY WARRIORS

Student Admission Package Requirements:

1. Complete Registration Forms
2. Copy of Social Security Card (both Student and Parent)
3. Copy of Birth Certificate
4. Copy of Driver's License, Non-Driver's License or Military Identification of all authorized persons listed for pick-up.
5. Original Immunization Form (Blue Form)

Calvary Resurrection Christian Academy does not discriminate on basis of Race, Color, Religion, Sex or National Origin.

A completed Admissions Packet is REQUIRED for All Current and New Students.

Please Submit All Documents on Thursday, August 4, 2022 at Open House.

FINANCIAL CONTRACT AGREEMENT

I, _____, parent/legal guardian of _____ hereby agree to pay tuition and fees in full and on time each month.

I understand that my child will be dismissed from school if I fail to pay tuition and fees for any month. (School records will be held until tuition, fees and late fees are paid in full)

I understand that tuition and all fees must be paid online via My Procure (unless otherwise specified). (_____ Initial)

Log on to your Procure portal to make payments, or you may sign up for ACH withdrawal payments. Contact Ms. Zeigler in the office to get setup for ACH.

I understand that this is a legally binding contract. _____ (Initial)

In order for us to provide your child with quality teachers and educational programs, your faithfulness in paying on time is essential. Be a good steward over what God has given you. Please be faithful to your Financial Contract Agreement, which is legally binding.

PARENT AGREEMENT

- 1) Tuition: 16months-K4 is \$470.00 per month; Kindergarten is \$460.00 per month; 1st-5th Grade is \$440.00 per month. _____(Initial)
- 2) Monthly tuition payments are due the first business day of each month by 6:00p.m. If a payment is late, a late fee of \$25.00 will be attached and I understand my child may not be signed in until payment has been received. _____(Initial)
- 3) Bi-weekly tuition payments are due the 1st business day of each month and the 15th of each month. If a payment is late, a late fee of \$25.00 will be attached to each half and I understand my child cannot be signed in until payments are received. _____(Initial)
- 4) All accounts are delinquent two business days after the due date for monthly and bi-weekly payments, and will result in the dismissal of the students, but; I understand I am responsible for the entire month's tuition if my child comes one day in the month. _____(Initial)
- 5) I understand that my child will not be allowed to return to school until late fee is paid in full. _____(Initial)
- 6) Tuition, Registration Fee, and all other fees are non-refundable and non-transferable. _____(Initial)
- 7) A Registration Fee of \$90.00 (during early registration January-March 2022) for returning students and \$100.00 for new students (and returning students after March 2022) is due with the enrollment application and is non-refundable and non-transferable. _____(Initial)
- 8) All or 1st Half of August tuition is due on or before August 1, 2022 and is non-refundable and non-transferable. _____(Initial)
- 9) School Fees are due on or before August 5, 2022 and are non-refundable and non-transferable. _____(Initial)
- 10) All Aftercare late fees must be paid before a child can return to school. _____(Initial)
- 11) I agree to pay, upon demand, all costs of collection, legal expenses and attorney fees incurred or paid by CRCA in its collection on enforcement of sums due under this agreement. I also understand that my credit report can be affected until payment is made. _____(Initial)

- 12) I understand all of the financial agreements stated above. If I do not fulfill these obligations, any amount due will go through collections, and if not received it will be reported to the credit bureaus and will not be removed until the amount due is paid in full. _____(Initial)
- 13) Kindergarten- 5th grade lunch balances must be cleared by the 5th of each month. Balances will be billed to your Procure account. _____(Initial)
- 14) The cost of tuition will be the same each month, regardless of observed holidays, snow days or school breaks. Although some months are longer than others, the cost of tuition will not increase, nor will it be prorated. _____(Initial)

“I (we) have read, understand and agree to comply with the school’s Financial Policy as set forth herein.” In the event of non-compliance, I assume full responsibility for any attorney fees, court costs, damages or other cost incurred for collection.

Father’s Signature: _____ Date: _____

Mother’s Signature: _____ Date: _____

Legal Guardian’s Signature: _____ Date: _____

STATEMENT OF AGREEMENT AND COOPERATION

1. I/We understand that Parent-Teacher Partnership Nights are held once a month and I will make every effort to attend.

Parent/Guardian: _____ Date: _____

2. I/We support the school and staff in its regulations and agree to abide by all policies.

Parent/Guardian: _____ Date: _____

3. It is my understanding that if my child/children are accepted, starting August 1, 2022, I will pay the appropriate tuition fee listed according to my child's/children's grade level(s). **If my child attends one day in a month, I am obligated to pay for the entire month. I understand there must be a two-week notice upon withdrawing the student and there will be NO refunds of any fees or tuition paid.**

Parent/Guardian: _____ Date: _____

4. I understand there is no grace period for tuition, second semester fees or extracurricular activities. If fees are not paid on the due date, I am aware of the school's late fee policy.

Parent/Guardian _____ Date: _____

5. I take full responsibility for my child's participation, and I completely release Calvary Resurrection Christian Church, the Pastor, Ministers, Employees and Volunteers from all liability in which the school does not show negligence. In the event my child requires medical attention, the staff will contact me. I will be responsible for any doctors and/or medical costs that may occur.

Parent/Guardian: _____ Date: _____

6. I am fully aware that Calvary Resurrection Christian Academy has fundraisers each semester that requires all families to participate. A fundraiser fee of \$100.00 will be added to my account if my family decides not to participate. This fee will be due when the fundraiser ends.

Parent/Guardian: _____ Date: _____

7. I give my child, _____, permission to take part in all school activities and I absolve the school from liability in the event of injuries which may occur during school activities. I take complete responsibility for him/her.

Parent/Guardian: _____ Date: _____

8. I understand that I will be responsible for any damage to the building, class, or school property (items) caused by my child and my account will be billed.

Parent/Guardian: _____ Date: _____

9. I understand that CRCA has the right to dismiss a student for severe behavioral issues and/or unacceptable parent behavior.

Parent/Guardian: _____ Date: _____

10. I understand that the school day begin for all students at 8:15am. Excessive tardiness will not be accepted and can result in student being dismissed from the program.

Parent/Guardian: _____ Date: _____

11. I understand that students must be in the correct uniform daily, and if my child is not in the correct attire, it is my responsibility to bring back the required items. **For Kindergarten - Fifth Grade, neck ties and cross ties are not optional, they are required.**

Parent/Guardian: _____ Date: _____

STUDENT MEDICAL INFORMATION

Name: _____ Homeroom Teacher: _____ Grade: _____

EMERGENCY INFORMATION:

Mother: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Father: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Guardian: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

In case of emergency, if parent/guardians cannot be reached:

Name: _____ Telephone #: _____ Relationship to Student: _____

Name: _____ Telephone #: _____ Relationship to Student: _____

Special needs/limitations: _____

Is child presently on any medications? Yes ___ No ___ If so, what kind? _____

STUDENT'S MEDICAL HISTORY (Diabetes, Asthma, Allergic reactions, etc.):

MEDICAL RELEASE: In case of an emergency, illness or accident, if the School cannot reach the persons listed above, it is authorized to proceed as follows:

- () Call Family Physician
- () Take to any Licensed Physician, Hospital or Clinic
- () Take to first Hospital of choice _____
- () Take to the second Hospital of choice _____

PERMISSION FOR RELEASE OF CHILD

Child's Name: _____ Age: _____

Calvary Resurrection has my permission to release my child, _____, to the following individuals:

Father: _____ Driver's License #: _____

Mother: _____ Driver's License #: _____

1. _____ Relationship to Child: _____ Driver's License #: _____

2. _____ Relationship to Child: _____ Driver's License #: _____

3. _____ Relationship to Child: _____ Driver's License #: _____

4. _____ Relationship to Child: _____ Driver's License #: _____

5. _____ Relationship to Child: _____ Driver's License #: _____

6. _____ Relationship to Child: _____ Driver's License #: _____

7. _____ Relationship to Child: _____ Driver's License #: _____

By law, we must let either parent pick up a child, unless we have a written court injunction; otherwise, we cannot stop any parent from picking up their child.

The following people may not pick up my child:

1. _____ Relationship to Child: _____

2. _____ Relationship to Child: _____

3. _____ Relationship to Child: _____

I understand that a late fee of \$5 cash begins at 5:31 p.m. and \$1 cash for each additional minute thereafter. This fee must be paid before my child can return to school. It is mandatory that a copy of the Driver's License for each authorized person listed be included in your child's file. In order to remove an authorized person or add an authorized person to the Release Form, there must be a written letter stating the changes.

I have read and signed in its entirety, the application for admission to Calvary Resurrection Christian Academy. _____(Initial)

Parent/Guardian: _____ Date: _____

If your home, work or cell number changes during the year, please notify the school as soon as possible.

DISCIPLINE RELEASE FORM

I, _____, hereby sign to agree that the Administrator, Director and principal have my permission to use disciplinary action on my child, _____, in the event that he/she becomes unruly, disrespectful or shows unsatisfactory behavior.

I understand that CRCA is a Christian school and its policies are based on the Christian beliefs of using disciplinary actions toward a child with discipline problems.

TEACHER ACTIONS

1. Verbal warning and explanation of unsatisfactory behavior.
2. Separate child from setting and pray.

ADMINISTRATIVE ACTIONS

1. Verbal counseling.
2. Use the corrective measures listed in the Parent/Student Handbook.
3. If problem continues, parents will be notified and called in for a conference.
4. Depending on child's behavior, the parent may be summoned immediately and for other cases they will be called in for a conference.

Signature of Parent or Guardian

Date

FOOD ALLERGY FORM

Please provide us with all information regarding any food allergies your child may have and return this form completed and signed. Thanks!

Child's Full Name: _____

Grade/Teacher: _____

Allergies to Dairy Products (Please specify): _____

Allergies to Herbs/Spices (Please specify): _____

Allergies to Fruits/Vegetables (Please specify): _____

Allergies to Fish/Poultry (Please specify): _____

Allergies to Wheat/Nuts (Please specify): _____

Other allergies (Please specify): _____

All allergies must be verified by a licensed physician.

Parent or Guardian's Signature: _____ Date: _____

STATEMENT OF AGREEMENT AND COOPERATION

It is our school policy that students are not allowed to wear or bring any of the following items to school:

Beads on hair, clothes, shoes, etc. (Hair cannot be covered with any type of covering to conceal beads from showing.)

Bracelets

Earrings (to be worn by girls only)

Necklaces

No Sandals

Open-Toe Shoe or Back-Out Shoe

Rings

Toys (all kinds)

Watches and any other jewelry

Male students with long hair (No puffs or loose hair, if hair is in individual twist must be pulled back in a ponytail)

Beads worn on braided hair, on tennis shoes or worn as a bracelet will not be permitted. These small items can cause choking if swallowed.

According to the Statement of Agreement and Cooperation Form signed upon admittance to the Academy, these policies must be enforced.

Failure to comply with these policies will result in termination from the School.

If you have any questions, please feel free to contact the Principal at 205-836-0201 ext. 126 or email eduwithjoy@yahoo.com.

Parent or Guardian's Signature: _____ Date: _____

cc: Student's File