

# Enrollment Packet Checklist

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School: Community Christian Academy

Student Name: \_\_\_\_\_

Year: 2020-2021

*(Please Print)*

All forms listed below must be submitted with the enrollment packet.

## **Packet Required Forms**

- #1 Application & Enrollment Form
- #2 Handbook Affirmation Agreement
- #3 CCA Christian School Agreement
- #4 Medication Release Authorization
- #5 Notification Information (*half sheet*)
- #6 T-Shirt Form (*half sheet*)
- #7 Photo & Image Use Authorization
- #8 Student Health Record
- #9 Student Pickup List Authorization
- #10 Student Record Release
- #11 Tuition Payment Agreement
- #12 Tuition & Fee Auto-Draft Agreement
- #13 Fundraiser Acknowledgement Form
- #14 Pastor Recommendation Form

## **Additional Required Forms** (*provide copies of*)

- Birth Certificate
- Custody Papers (*if applicable*)
- Immunization Records
- Social Security Card

## **Optional Forms**

- A1– Piano Lesson Agreement
- A2 – Fundraiser Opt-Out Agreement

# Enrollment Fees

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School: Community Christian Academy      Student Name: \_\_\_\_\_  
Year: 2020-2021      (Please Print)

The following fees are **due upon enrollment**, and must be paid at enrollment.

If paying by check, please make check out to: Community Christian Academy

Diagnostic Fee:      \$55    (*new student only*)      \$ \_\_\_\_\_

Registration Fee:  
    *individual*      \$149    (*one child*)      \$ \_\_\_\_\_  
    *family*      \$225    (*two or more children*)

Student Services Fee: \$219    (*per child*)      \$ \_\_\_\_\_

Book Fee:      \$200    (*per child*)      \$ \_\_\_\_\_

Accreditation Fee:    \$150    (*per child*)      \$ \_\_\_\_\_

Regional Conv. Fee:    \$350    (*7-12 Grade*)      \$ \_\_\_\_\_

**TOTAL:**      \$ \_\_\_\_\_

**Paid:**

- Cash
- Check # \_\_\_\_\_

# #1 - Application & Enrollment Information

## Community Christian Academy

Year: 2020-2021

Today's Date: \_\_\_\_\_

Enrollment Type: \_\_\_\_\_

### General Information *(Must be completed by all applicants)*

Name of Student: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Student E-Mail: \_\_\_\_\_

Student Cell Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address *(if different)*: \_\_\_\_\_

### SECTION 1: Student Enrollment Information *(If this is Re-Enrollment, skip to Section 2)*

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female Is this gender the birth gender of the child?  Yes  No

Grade for Last Year 2019-20: \_\_\_\_\_ Student's Social Security #: \_\_\_\_\_

List the schools this child has attended other than home school. Also list the dates and grades of attendance at each school. Include the address of each previous school (name, street, city, state and zip):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

Was the student in "good standing" with the previous school upon withdrawal?  Yes  No

If there was a problem, please explain below

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Would your child be allowed to re-enroll in the previous school? \_\_\_\_\_

Does this child have a juvenile or arrest record? \_\_\_\_\_ If yes, please explain:

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Has this child been home schooled? \_\_\_\_\_ If yes, How Many Years? \_\_\_\_\_

Does this child have a learning disability or any other handicap that affects his/her ability to learn?  
 \_\_\_\_\_ If yes, please explain:

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## SECTION 2: Parent/Guardian Information

Please provide information for the parent/guardian with whom the child is currently living.

1. Father/Guardian Name: \_\_\_\_\_  
 (Last, First, Middle)

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

2. Mother/Guardian Name: \_\_\_\_\_  
 (Last, First, Middle)

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

3. Marital Status:  Single  Married  Separated  Divorced

If parents are divorced, who has custody of child? \_\_\_\_\_  
 (Enclose a copy of the Order of Custody with application)

4. Number of dependents: \_\_\_\_\_

5. What kind of music do you allow to be listened to in your home? (*Check all that apply*)

Sacred  Gospel  Contemporary Christian  Southern Gospel  Pop

Rock  Rap  Country  Jazz  Classical  New Age

Other (*Please Describe*) \_\_\_\_\_

6. Do you allow "R" rated movies to be viewed by your child?  Yes  No

7. Does your child have Internet access?  Yes  No

If so, is he/she allowed unsupervised time alone on the Internet?  Yes  No

### **Parent/Guardian Employment Information**

*Please provide information for the parent/guardian with whom the child is currently living.*

8. Father/Guardian Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Schedule \_\_\_\_\_

9. Mother/Guardian Employment \_\_\_\_\_

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

Work Schedule \_\_\_\_\_

### **Miscellaneous Information**

10. How many school age children do you have at home? Girls \_\_\_\_ Boys \_\_\_\_

11. What are the reasons you desire to enroll your child at Community Christian Academy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Legal Information** (All information will be kept confidential)

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12. Have you been involved in any legal action relating to the child's schooling? \_\_\_\_\_

Do you anticipate any or know of threats of any? \_\_\_\_\_

13. Have you ever been investigated for or charged with child abuse or neglect or any other related charges? \_\_\_\_\_

If yes, please explain fully on the back of this page.

14. Do you currently have outstanding lawsuits or collection proceedings against you for non-payment of any debt?

Yes     No

If "Yes," please explain: (*optional*) \_\_\_\_\_

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**Philosophical Information** (All information will be kept confidential)

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15. What is your desire for your child's future, after high school?

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16. Do you regularly pray with your child about seeking the will of God for their life?

Yes     No

17. How would you define success for your child?

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**SECTION 3: Social Media Information**

Please provide social media information that student has, or is permitted to use:

<b>Social Site Name</b>	<b>Web Address and/or Link</b>
_____	_____
_____	_____
_____	_____

**SECTION 4: Church Information**

- Church that you attend: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Pastor: \_\_\_\_\_
- Are you 100% sure that you will go to Heaven when you die? \_\_\_\_\_  
 Has your spouse made a profession of faith in Christ? \_\_\_\_\_
- Has your child ever made a profession of faith in Christ? \_\_\_\_\_
- Do you faithfully attend church as a family?     Yes     No
- Do you have a daily family devotional time?     Yes     No

CCA is a ministry of Community Baptist Church and is designed to support qualified parents who feel the need to give their children a quality education with a Christian emphasis. The church will not accept any liability for incorrect statements about the above information. **All information on this form will be considered confidential information.**

We, the parents, understand and agree that we are the persons ultimately responsible for the education of our children. In keeping with this we agree to exercise diligence in following the guidelines and requirements of Community Christian Academy.

**Please Note:** *This application must be filled out completely before it can be processed. An interview with the parent(s) and the student will be required before final acceptance.*

Father/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

# #2 - Handbook Affirmation Agreement

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School: Community Christian Academy  
Year: 2020-21

Student Name: \_\_\_\_\_

**Affirmation of  
Reading the 2020-2021  
*CCA Handbook*  
&  
Conditions of Enrollment  
  
Pledge of Cooperation**

To the Parent(s):

Please read the page on back,  
and sign at the bottom, where indicated.

Please download and keep the  
*CCA 2020-2021 Handbook*  
for your records and information purposes.



Dear Academy Parents,

As an essential part of the enrollment process, the pledge written below must be completed. It serves as a protective legal hedge for the benefit of our families and the school. In the interest of being good stewards, we must make every attempt to insulate our school against costly lawsuits and/or other forms of avoidable disruption. Please understand that we dearly value your patronage and ask that you realize our mission and purpose has not changed even though the climate around us has required that we be “wise as serpents” and, yet, “harmless as doves.”

### Conditions of Enrollment and Pledge of Cooperation

1. I understand that it is a privilege, and not a right, for my child to attend Community Christian Academy (“CCA”). I further understand that all students are accepted on a probationary status. I further understand that the school reserves the right to dismiss any student who does not cooperate with any phase of the educational program and process, be it curricular or extracurricular, or whose attitudes and actions are not in harmony with the aims and ideals of CCA. I give CCA’s administration full discretion in the discipline of my child, including the issuing of demerits, detention, suspension, and expulsion from the school for conduct deemed by CCA to be improper, regardless of where the incident(s) giving rise to such discipline occurs.
2. In order to preserve the spiritual atmosphere nurtured at CCA, I understand that discipline will be more swiftly and rigorously enforced than in a government school environment or in some other private schools. I further understand there may be times where I disagree with the discipline imposed upon my child. I further understand that in the event of such disagreement, I am to request a conference with principal and/or his designee(s) of the school.
3. I understand that CCA, in the interest of nurturing its school atmosphere and spiritual goals, has a “Zero Tolerance” policy regarding possession and/or use of drugs **on or off campus**. If, in the judgment of CCA’s administration, it is determined my child(ren) should be drug tested, I agree to have my child(ren) tested, at my own expense, by an appropriate medical provider approved by CCA to conduct such drug test. If I am unwilling to permit such a drug test, or to release the results of such test to CCA, I shall withdraw my child(ren) from CCA and thereby waive all rights to any recourse and/or refunds of funds due or paid.
4. I understand and agree to the need for random, but reasonably determined investigations of student activities which may involve and include searching my child’s belongings (i.e., books, book bags, lunch box, purse, gym bag, etc.), and locker. In the case of secondary students, I also give permission for any motor vehicle in my child’s possession to be searched for stolen or other improper items. If a search of the vehicle is necessary, I understand that the school administration will inform me of the event and any results.
5. I agree to fully cooperate with CCA’s administration regarding all actions requested of me pertaining to my child’s or children’s enrollment at the school and in the enforcement of its rules and policies. I agree to uphold the aims and ideals of the school and to encourage my child(ren) to likewise abide by the aims and ideals of the school.
6. I understand that my child’s, or children’s, continued enrollment at CCA is conditioned upon my prompt and timely payment of all tuition and fees (including late fees). I further understand that in the event of withdrawal or expulsion of my child(ren) from CCA for any reason, I waive all rights to a refund of tuition and fees previously remitted and further understand that I shall remain obligated for any annual tuition and fees not yet having been paid.
7. I acknowledge receiving and reading a copy of CCA’s current handbook before execution of this application. I agree that my child’s, or children’s, enrollment at CCA is subject to all terms and conditions of the handbook that are fully incorporated herein by reference.
8. I further affirm that I have read and agree to support the *Statement of Faith* as stated in this handbook.

**Student Name:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Please Print**

**Student:** I have read the Handbook  Yes  No

**Student Signature (grades 4-12):** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have read, or reviewed with my parents, and understand and agree to abide by the provisions of the school handbook.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#7 above indicates that I have read the student handbook and agree to the provisions governing my child(ren) included therein.

**Parent:** I have read the Handbook  Yes  No

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# #3 - CCA Christian School Agreement

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School: Community Christian Academy      Student Name: \_\_\_\_\_  
Year: 2020-2021

This agreement is between Community Christian Academy of Columbus, Georgia, herein referred to as CCA, and the undersigned parent or legal guardian of said child whose name appears on this agreement.

CCA is a ministry of the Community Christian Church of Columbus, Georgia. CCA believes that the ultimate responsibility for educating our children falls upon the parents. It is the belief of CCA that the best education is produced when the parents are intimately involved with their children. CCA also maintains that a well-rounded education is both academically and spiritually based. It is further held that education is the imparting of knowledge that is based upon truth and all truth originates from God Himself. Therefore CCA, in order to help the parent provide a quality education, agrees to assist parent/guardian(s) who desire a quality education with a Christian basis for their children. However, this provision is contingent upon acceptance of said child into CCA

The terms and conditions of acceptance are as follows:

1. I understand that it is a privilege, and not a right, for my child to attend Community Christian Academy ("CCA"). I further understand that all students are accepted on a probationary status. I further understand that the school reserves the right to dismiss any student who does not cooperate with any phase of the educational program and process, be it curricular or extracurricular, or whose attitudes and actions are not in harmony with the aims and ideals of CCA. I give CCA's administration full discretion in the discipline of my child, including the issuing of demerits, detention, suspension, and expulsion from the school for conduct deemed by CCA to be improper, regardless of where the incident(s) giving rise to such discipline occurs.
2. In order to preserve the spiritual atmosphere nurtured at CCA, I understand that discipline will be more swiftly and certainly enforced than in a government school environment or in some other private schools. I further understand there may be times where I disagree with the discipline imposed upon my child. I further understand that in the event of such disagreement, I am to request a conference with principal and/or his designee(s) of the school.
3. I understand that CCA, in the interest of nurturing its school atmosphere and spiritual goals, has a "Zero Tolerance" policy regarding possession and/or use of drugs **on or off campus**. If, in the judgment of CCA's administration, it is determined my child(ren) should be drug tested, I agree to have my child(ren) tested, at my own expense, by an appropriate medical provider approved by CCA to conduct such drug test. If I am unwilling to permit such a drug test, or to release the results of such test to CCA, I shall withdraw my child(ren) from CCA and thereby waive all rights to any recourse and/or refunds of funds due or paid, and will pay any outstanding balance due.
4. I understand and agree to the need for random, but reasonably determined investigations of student activities that may involve and include searching my child's belongings (i.e., books, book bags, lunch box, purse, gym bag, etc.), and locker. In the case of secondary students, I also give permission for any motor vehicle in my child's possession to be searched for stolen or other improper items. If a search of the vehicle is necessary, I understand that the school administration will inform me of the event and any results.

5. I agree to fully cooperate with CCA's administration regarding all actions requested of me pertaining to my child's or children's enrollment at the school and in the enforcement of its rules and policies. I agree to uphold the aims and ideals of the school and to encourage my child(ren) to likewise abide by the aims and ideals of the school.
6. I understand that my child's, or children's, continued enrollment at CCA is conditioned upon my prompt and timely payment of all tuition and fees (including late fees). I further understand that in the event of withdrawal or expulsion of my child(ren) from CCA for any reason, I waive all rights to a refund of tuition and fees previously remitted and further understand that I shall remain obligated for any annual tuition and fees not yet having been paid.
7. I acknowledge receiving and reading a copy of CCA's current handbook before execution of this application. I agree that my child's, or children's, enrollment at CCA is subject to all terms and conditions of the handbook that are fully incorporated herein by reference.
8. I further affirm that I have read and agree to support the *Statement of Faith* as stated in the current *CCA Handbook*.

CCA shall retain the right to terminate this agreement at any time it deems necessary in order to maintain the integrity of the CCA program. Termination of this contract shall be based upon a failure of adherence to above terms, or poor performance of student either in grades or attendance. Upon such termination, the Muscogee County Board of Education will be notified of student's dismissal from CCA. If all terms of this agreement are met and student maintains an acceptable grade level and attendance requirements, then this agreement shall be valid for the school year in which the student is enrolled.

Name of Child: \_\_\_\_\_  
(Please Print Full Name)

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

<i>For Office Use Only:</i>	
Date Tested: ___ / ___ / ___	Grade Level Performance: _____
Accepted / Rejected Date: ___ / ___ / ___ By: _____	
Recommended Grade Level: K-3 K-4 K-5 1 2 3 4 5 6 7 8 9 10 11 12	

# #4 - Medication Release Authorization

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School: Community Christian Academy      Student Name: \_\_\_\_\_  
Year: 2020-2021

## **Please Print All Information Legibly**

With parent/guardian permission, the school staff will administer general medication as needed. This medication includes: (1) General pain relievers such as Tylenol<sup>®</sup> and/or its generic substitute. (2) General stomach medication such as Pepto-Bismol<sup>®</sup> and/or its generic substitute.

The staff will not administer anything without written consent of the parent/guardian. By checking the "I give my permission" box below, you agree to hold harmless the staff and administration of Community Christian Academy and its sponsoring church, Community Baptist Church.

*Please Check One Box Only*

- I give permission for the staff of Community Christian Academy to administer general medication as needed to my child, as stated above.
- I do not give permission for the staff of Community Christian Academy to administer general medication as needed to my child, as stated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent/Guardian)*

Your relation to the child: \_\_\_\_\_

Parent's Daytime Phone Number: \_\_\_\_\_

Please call me before administering any medication.     YES       NO

## #5 - Notification Information

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School: Community Christian Academy  
Year: 2020-2021

Student Name: \_\_\_\_\_

The following information will be used in our Update/Emergency Notification Information System. Please provide the information by which you, as the parent/guardian may be reached the quickest. All provided information will be held in strict confidentiality. **Please only include the numbers you desire to be notified.**

*Please Print All Information*

Your Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Your Phone: \_\_\_\_\_  Mobile  Work  Home  Other: \_\_\_\_\_

Your E-Mail: \_\_\_\_\_

**Additional Contact for Notification** (*Please give only one name*)

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Phone: \_\_\_\_\_  Mobile  Work  Home  Other: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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## #6 - T-shirt Order

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School: Community Christian Academy  
Year: 2020-2021

Student Name: \_\_\_\_\_

Each student receives one t-shirt, which is included in the enrollment fees. Additional shirts may be purchased for fifteen (\$15) dollars.

Please print name and choose the size, either child's or adult's size, and return with application.

Child's sizes:  Small (S)  Medium (M)  Large (L) # of additional shirts: \_\_\_\_\_

Adult sizes:  Small (S)  Medium (M)  Large (L)  X-Large (XL)  XX-Large (XXL)



Student Shirt: \$0 (*included with enrollment fee*)

Total Additional shirts: \_\_\_\_\_ x \$15 = Total Due of \$ \_\_\_\_\_  
(*Make Checks Payable to: Community Christian Academy*)

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# #7 - Photo & Image Use Authorization

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School: Community Christian Academy      Student Name: \_\_\_\_\_  
Year: 2020-2021

## **Please Print All Information Legibly**

In accordance with our child safety practices, Community Christian Academy (CCA) will not permit photographs, video or other images of any student to be taken without the consent of the parents/guardians of the child. CCA normally takes pictures of field trips, programs, awards, and other school related events. These event photos feature group and individual pictures of the students.

In addition, CCA promotes the achievements of the students with recognition of "Ranger of the Week," "Welcome to New Students," and other special recognitions. These photos are normally posted on the school's Facebook page, website, and other related sites for recognition and promotional purposes.

CCA does not sell, or otherwise market, any photos of the staff or students. CCA will not use the photos in any unlawful or unethical manner. If the parent/guardian sees any photo, taken by CCA, used in any unlawful or unethical manner, they should contact the school immediately and provide the documentation for such use. CCA will immediately work with the parent/guardian to resolve the usage of the photo in such a manner.

## **Parent/Guardian Release**

I grant to CCA, the right to take photographs and videos of my child in accordance with the terms above. I authorize CCA to copyright, use and publish the same in print and/or electronically.

I agree that CCA may use such photographs of my child with or without their name and for any lawful purpose, such as: publicity, illustration, advertising, and Internet content. I understand that unethical persons may use photos, once published on the Internet. Therefore, I further agree to hold CCA harmless regarding any such secondary usage of such lawful photos.

I have read and understand the above:

Signed: \_\_\_\_\_      Relation to Child: \_\_\_\_\_

Date: \_\_\_\_\_

# #8 - Student Health Record

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School: Community Christian Academy      Student Name: \_\_\_\_\_  
Year: 2020-2021      (Please Print)

## Please Print All Information Legibly

Child's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_ Phone Belongs to: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

## Has your child ever been diagnosed or treated for any of the following illnesses or disorders:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Flu \_\_\_\_\_

Meningitis \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Cancer \_\_\_\_\_

AIDS (or HIV Infection) \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Eye, ear, nose or throat problems \_\_\_\_\_ Asthma \_\_\_\_\_ Hay Fever \_\_\_\_\_

Allergies \_\_\_\_\_ List any allergies \_\_\_\_\_

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List any other medical disorders or problems: *(Use Separate Sheet if Necessary)*

**(Continue On Back)**

List **ALL** medications that your child is on, and the purpose of the drug: *(Use Separate Sheet if Necessary)*

1. Medicine Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

2. Medicine Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

3. Medicine Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

4. Medicine Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

5. Medicine Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

I hereby declare the above health record for my child to be true and accurate to the best of my knowledge. By this form, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical facility, or any other institution or person that has any information about my child's medical health, to give Community Christian Academy any such information (including information about AIDS or HIV infection). This form is valid for the entire time my child is enrolled at Community Christian Academy.

Signed: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# #9 - Student Pick-Up List Authorization

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School: Community Christian Academy      Student Name: \_\_\_\_\_  
Year: 2020-2021      (Please Print)

In order to provide for the safety and welfare of all students and staff, this form will serve as the **only** listing of authorized persons to pick up your child from school. No student will be permitted to leave the school grounds with anyone who is not on this list. Each authorized person must be 18 years of age, and must possess a valid driver's license or State Identification Card.

## **Parent Authorization**

I do hereby designate the following persons as authorized to pick up my child(ren) from the property of *Community Christian Academy*. By providing this list, I agree to hold the staff and administration of CCA harmless for the release of my child to the persons herein designated.

### **Authorized Persons for Pick-Up: (Please Print)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ # \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*All changes to this form must be submitted in writing. No changes may be made by phone or e-mail contact.*

# #10 - Student Record Release

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School: Community Christian Academy  
Year: 2020-2021

Student Name: \_\_\_\_\_  
(Please Print)

## To Releasing School Counselor:

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*School Name*

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*School Address*

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*City*

*State*

*Zip Code*

Dear Counselor:

My child/children has been withdrawn from your school. Please release the academic and health records for my children, listed below, to:

**Community Christian Academy**  
**P.O. Box 757**  
**Fortson, GA 31808**  
**706.568.7357 (Business Office Phone)**

I authorize and give my permission for you to release my child's information to the school in which he/she is now enrolled. Thank you.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Receiving Administrator or Principle: \_\_\_\_\_

# #11 - Tuition Payment Agreement

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School: Community Christian Academy  
Year: 2020-2021

Student Name: \_\_\_\_\_  
(Please Print)

## Tuition Payment Contract

The payment of the annual tuition and fees is due as a condition of enrollment. The total annual tuition and fees are due upon registration and acceptance of student in enrollment at CCA, unless otherwise notated. All tuition and fees are due and non-refundable after August 30 of the school year. If a student is withdrawn, or dismissed, after August 30, there are no refunds of fees or tuition paid and all fees and tuition are due for the remainder of the year.\*

**Fees may not be paid in installments**, but must be paid in full when due. However, in order to assist in rendering payment of the tuition, CCA offers three tuition payment options. The annual tuition may be paid by using any of the following plans:

### Guarantor's Agreement

I select the following option for payment of the 2019-2020 school year tuition: (*Select Only One*)

- ONE ANNUAL PAYMENT — The total annual tuition is due on August 1. (Tuition will be reduced by \$150 for using this method).
- TWO EQUAL PAYMENTS — One half of the annual tuition payment is due on August 1, and the remaining half is due on January 2. (Tuition will be reduced by \$50 each payment for using this method).

**NOTE:** The payment plans above offer a discount and they must be paid by the 5<sup>th</sup> of the month in which the payment is due. If not paid by the 5<sup>th</sup> of the month due, the discount will be forfeited, and the account will be converted to a monthly payment plan.

- TEN EQUAL AUTODRAFT PAYMENTS — The first payment is due on August 1, or at the time of registration after August 1. The remaining nine months payments are due on the first of each month, September through May.

To use the TEN PAYMENT PLAN, you must set up your account for an automatic draft from a valid banking account (form included in this packet). The monthly payment will be automatically drafted on the 1<sup>st</sup> of each month. If the 1<sup>st</sup> is not best for you, you may designate either the 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> day of the month. No student may be enrolled whose account is not set up for automatic draft. The implementing of an AutoDraft system is allowing us to keep our tuition low.

**NOTICE:** If an automatic draft fails once, due to insufficient funds, there will be a \$49 Returned Check charge added to your next draft. If it fails twice, there will be a \$49 Returned Check charge added to your next draft, AND the tuition rate will increase by FIFTY-DOLLARS (\$50) per month for the balance of the academic year.

## Statement of Acknowledgement & Agreement to Contract Terms

I understand that the total tuition is due upon registration, and I agree to pay for my child's tuition at CCA according to the option selected above. I understand and agree that all other fees are due and payable as stated in the terms set forth above and in the *CCA Handbook*.

Furthermore, I am willing agree to be bound by the terms and conditions of this Tuition Payment Contract. If I default in payment, I acknowledge that I am fully responsible for all legal and processing fees involved in the collection of my debt owed to CCA. I understand that any outstanding balance, that becomes 30 days past due, may be reported to the Credit Bureau and collection proceedings will begin against me if satisfactory terms have not been negotiated with the CCA Administration.

Printed Name of Guarantor: \_\_\_\_\_

Guarantor's Relation to Student: \_\_\_\_\_

Guarantor's Social Security #: \_\_\_\_\_

Guarantor's Full Legal Name: \_\_\_\_\_

Guarantor's Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must include year)

Guarantor's Legal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Guarantor's Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_  Mobile  Home  Work

***Please check the box below showing that you agree to the terms of this contract, and that you understand that all tuition and fees are due and payable upon registration. Furthermore, you understand, and agree, that payment terms are only a convenience provided by CCA, but does not lessen the responsibility for the total amount due. You must "agree" by checking the box below, in order for your child to be enrolled at CCA.***

I agree  I disagree

Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature)

\* Tuition balances for withdrawals due to military or job transfers may be pro-rated and credit received upon receiving proper documentation and approval by the CCA Administration. Such credit is subject to approval by the sole discretion of the CCA Administration.

# #12 - Tuition & Fee Auto Draft Agreement

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School: Community Christian Academy

Year: 2020-2021

I hereby authorize Community Baptist Church and Christian Academy to automatically draft my bank account on a monthly basis for tuition and fees. The monthly draft will occur on the \_\_\_\_\_ day of each month, and shall be in the amount of \$ \_\_\_\_\_ per month. Other accrued fees may also be drafted from my account, upon receiving a written statement from CCA as to the nature of such fees, and my approval has been given in writing. For this purpose, a typed e-mail signature will be considered binding. This agreement will automatically terminate after the final payment is made in May 2020.

## For Grades 7-12

I have chosen to pay the \$350 Regional Convention Fee in five (5) installments (Aug-Dec) of SEVENTY-DOLLARS (\$70) each. <input type="checkbox"/> Yes <input type="checkbox"/> No, I will pay the fee upon registration
--

## Terms & Conditions

I understand that the automatic draft agreement is contingent upon each payment promptly being processed by my bank. **Therefore**, if an automatic draft fails once, due to insufficient funds, there will be a \$49 Returned Check charge added to your next draft. If it fails twice, there will be a \$49 Returned Check charge added to your next draft, **AND** the tuition rate will increase by ONE-HUNDRED DOLLARS (\$100) per month for the balance of the academic year.

## PLEASE PRINT ALL INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(please give exact name, as on your bank statement)*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**(Please Complete the Banking Information & Signature on the Reverse Side)**

**Checking Information**

Bank Name: \_\_\_\_\_ Bank Location: \_\_\_\_\_

Routing #:

Account #:

Student's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_  
(Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# #13 - Fundraiser Acknowledgement Form

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School: Community Christian Academy  
Year: 2020-2021

Student Name: \_\_\_\_\_

The following excerpt is from page 21 of the current LCA Handbook. Please acknowledge that you have read the information concerning fundraiser participation, and that you understand the terms and agree, or chose the “opt-out” agreement on the lower half of the page.

**Fund Raising** (page 21) \_\_\_\_\_ (initial in the blank)

There are times when the school will engage in raising funds for operations and equipment. In order to insure student participation, the parents will be notified of each fundraiser. There will be a maximum of two fundraisers throughout the year. All students are expected to participate in each fund-raising event. If there is a problem with your child participating, please meet with the principal and discuss the circumstances.

**By the reading and signing of the *Handbook Agreement Statement*, the parent/guardian and student is agreeing to full participation of all LCA sponsored fundraisers. If no participation or effort is given toward a fundraiser, then \$100 will be added to the student’s financial account in order to cover the student’s participatory**

I agree to terms of my child’s participation.

Signature of Parent/Guardian: \_\_\_\_\_

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## I Would Like to Choose to Opt-Out...

In order to avoid the participation requirement of my child in any fundraisers, I agree to pay \$200 as an “opt-out” fee for my child. I will pay the \$200 as indicated below:

*Please Check Only One Box*

- I agree to, permit CCA to automatically deduct \$100 on October 1, 2019, and on February 1, 2020 from the same account my monthly tuition is drafted from.
- I agree permit CCA to add it to my bill, and I agree to pay \$100 on October 1, 2019 and February 1, 2020 by either Cash, Check or Money Order.
- I agree to pay the total of \$200 with either Cash, Check, or Money Order no later than October 1, 2019.

Signature of Parent/Guardian: \_\_\_\_\_

# #14- Pastor Recommendation Form

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School: Community Christian Academy  
Year: 2020-2021

The following family has made application to our school. We ask that the pastor fill in the following questions and mail this form back to us as soon as possible. Please do not return this form to student or parent(s).

All information written on this form will be held in strict confidence

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Applying: \_\_\_\_\_

Is this family faithful in attendance?    Yes \_\_\_\_\_    No \_\_\_\_\_

Does this family regularly give?        Yes \_\_\_\_\_    No \_\_\_\_\_

Does this family express a good Christian attitude toward situations and others?

Yes \_\_\_\_\_    No \_\_\_\_\_

What positions do the members of this family hold in your church? \_\_\_\_\_

\_\_\_\_\_

Do you have any comments to add concerning this family? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Phone #: \_\_\_\_\_



# Piano Lesson Agreement

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School: Community Christian Academy      Student Name: \_\_\_\_\_  
Year: 2020-2021      (Please Print)

A piano proficiency is an invaluable tool that will prove to be a blessing throughout the student's life. In order to provide the best instruction in an organized and profitable manner, the following guidelines are set forth. Learning a musical instrument requires commitment and personal effort on the part of the student.

This agreement must be read and signed before any student will be considered for enrollment.

1. The fees for all students are as follows:

Annual Registration Fee: \$35 (*Due the first of August*)

Monthly Lesson Fee: \$70 (*Due the first of each month*)

Book Fees: Billed on monthly basis, as the student receives new books.

***All checks must be made payable to Community Christian Academy***

2. Lessons are given on a weekly basis, and are in thirty-minute (30) sessions. The student is responsible to be at each scheduled lesson. No credit will be given for missed lessons unless it is a cancellation by the instructor.
  - a. Credit will be issued for two vacation weeks per year for the student at the rate of \$12.50 per week. However, a two-week notice must be given in order to qualify for the credit.
  - b. Credit will be issued for a maximum of two lessons missed due to illness.
3. Each student is assigned a regular lesson time. This time period is set aside just for that student, and the instructor will be available. If lessons are missed, due to illness or some other unavoidable circumstance, the instructor may be able to provide a "make up" lesson.
4. Lessons will be continued throughout the summer weeks, except as provided for two vacation weeks. Assigned lesson times may vary as scheduled by the instructor.
5. Each student is expected to practice the assigned work for the time designated by the teacher per day (excluding Sunday). Advanced students may be asked to practice for longer periods on occasion. The student is to complete their practice schedule and bring it with them to each week's lesson.
6. An annual recital will be given by each student in the Spring of the year. Dates will be announced, and pieces assigned no later than January of each year.

I have read and agree to this agreement as stated.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian of Minor Student)

# #A2 - Fundraiser Opt-Out Form

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School: Community Christian Academy  
Year: 2020-2021

The following excerpt is from page 21 of the current CCA Handbook. Please acknowledge that you have read the information concerning fundraiser participation, and that you understand the terms.

## **Fund Raising** (*page 21*)

There are times when the school will engage in raising funds for operations and equipment. In order to insure student participation, the parents will be notified of each fundraiser. There will be a maximum of two fundraisers throughout the year. All students are expected to participate in each fund-raising event. If there is a problem with your child participating, please meet with the principal and discuss the circumstances.

**By the reading and signing of the *Handbook Agreement Statement*, the parent/guardian and student is agreeing to full participation of all CCA sponsored fundraisers. If no participation or effort is given toward a fundraiser, then \$100 will be added to the student's financial account in order to cover the student's participatory**

## **I Would Like to Choose to Opt-Out...**

In order to avoid the participation requirement of my child in any fundraisers, I agree to pay \$200 as an "opt-out" fee for my child. I will pay the \$200 as indicated below:

*Please Check Only One Box*

- I agree to, permit CCA to automatically deduct \$100 on October 1, 2019, and on February 1, 2020 from the same account my monthly tuition is drafted from.
- I agree permit CCA to add it to my bill, and I agree to pay \$100 on October 1, 2019 and February 1, 2020 by either Cash, Check or Money Order.
- I agree to pay the total of \$200 with either Cash, Check, or Money Order no later than October 1, 2019.

Signature of Parent/Guardian: \_\_\_\_\_

Your Child's Name: \_\_\_\_\_