

# Form Verification for New Students

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School: Community Christian Academy

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

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

*(Please Print)*

## **This Form is for Your Use. Please Ensure That All Forms Are Submitted**

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

# #1 - Application & Enrollment Information

## Community Christian Academy

Year: 2025-2026

**This Application is for New Students Only. PLEASE Print Plainly**

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

### 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

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

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

Grade for Last Year 2024-2025: \_\_\_\_\_ 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): *(If more room is needed, use the back of this page).*

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

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

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

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

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:

\_\_\_\_\_

**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)

**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

1. Church you attend: \_\_\_\_\_

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

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

Pastor: \_\_\_\_\_

2. Are you a believer and follower of Christ?  Yes  No

3. Has your child ever made a profession of faith in Christ?  Yes  No

4. Do you faithfully attend church as a family?  Yes  No

5. 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 - Medication Release Authorization

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School: Community Christian Academy      Student Name: \_\_\_\_\_

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

## **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: \_\_\_\_\_  
(Parent/Guardian)

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

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

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

Please call me before administering any medication.     YES       NO

# #3 - Notification Information

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School: Community Christian Academy  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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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# #4 - T-shirt Order

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School: Community Christian Academy  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Each student receives one t-shirt, which is included in the enrollment fees. Additional shirts may be purchased for fifteen (\$19) 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 \$19 = Total Due of \$ \_\_\_\_\_  
*(Make Checks Payable to: Community Christian Academy)*

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# #5 - Photo & Image Use Authorization

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School: Community Christian Academy      Student Name: \_\_\_\_\_

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

## **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: \_\_\_\_\_

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

(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:

COVID-19 \_\_\_\_\_ 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 \_\_\_\_\_

Have you or your child been in contact with anyone diagnosed with COVID-19? Yes No

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

# #7 - Student Pick-Up List Authorization

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School: Community Christian Academy      Student Name: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (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.*



# #9 - Tuition Payment Agreement

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School: Community Christian Academy      Student Name: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (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 current 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.

# #10 - Tuition & Fee Auto Draft Agreement

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School: Community Christian Academy

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

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, until the annual tuition is paid. 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 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
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## 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)**

**Checking Account Information**

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

Routing #:

Account #:

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

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

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

# #11- Pastor Recommendation Form

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School: Community Christian Academy

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

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: \_\_\_\_\_  
*(Please Print)*

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

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: \$50 (*Due the first of August*)  
Monthly Lesson Fee: \$80 (*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)*