

Form Verification for New Students

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:

Social Site Name	Web Address and/or Link
_____	_____
_____	_____
_____	_____

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

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® and/or its generic substitute. (2) General stomach medication such as Pepto-Bismol® 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

#3 - Notification Information

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

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

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

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

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 _____ # _____	

Signed: _____ Date: ____/____/____

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

#8 - Student Record Release

School: Community Christian Academy

Student Name: _____

Date: ____/____/____

(Please Print)

To Releasing School Counselor:

School Name

School Address

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: _____

#9 - Tuition Payment Agreement

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 5th of the month in which the payment is due. If not paid by the 5th 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 1st of each month. If the 1st is not best for you, you may designate either the 2nd, 3rd, or 4th 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: _____
(Signature)

Date: ____/____/____

* 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

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
--

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

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

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)