



♦ P.O. Box 1326 ♦ 5933 Valley Pike ♦ Stephens City ♦ Virginia ♦ 22655-9998 ♦
 ♦ School Office 540.252.0238 ♦ Fax 540.508.2985 ♦
 ♦ www.LegacyChristian-Academy.com ♦

2018-2019 School Year

Thank you for your interest in Legacy Christian Academy. Once your student is accepted into LCA, please complete and return the attached paperwork along with Enrollment Fees and the first month's tuition.

We offer a **5% discount** on tuition that is **PAID IN FULL**. ALL Families are required to create a payment account with LCA.

Please consider helping other families send their child to LCA by making a **monthly** or **one-time donation** to the **Guardian Angel Program (GAP)**. LCA is happy to add this to your Payment Account.

Families applying for **Tuition Assistance** are encouraged to actively participate in our **PTA/FFOS (Friends & Family of SAINTS)** activities throughout the school year. **Tuition Assistance** must be evaluated each school year, and volunteering plays a large part in the success of this program and LCA's growth.

- To apply for **Tuition Assistance**, please visit: www.LegacyChristian-Academy.com
ADMISSIONS / FACTS / Start Application

FACTS require a copy of the applicant's **2017 Tax Return, W2s & four current 2018 pay stubs**.
The Admissions Office will not enroll a student until after Tuition Assistance has been determined.

"Word of mouth" is the best advertising! LCA offers a **\$500 Tuition Credit** for referrals that result in new enrollment for LCA.

We look forward to cultivating a relationship with your family. We are firmly committed to doing everything we can to help our students develop into well-rounded young adults that are successful in God's eyes.

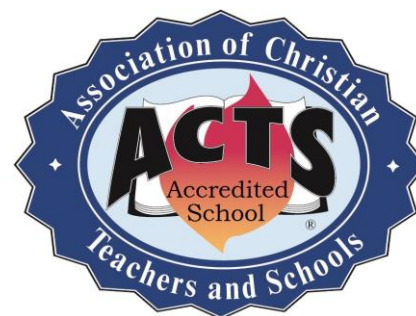
Yours in Christ,

Marianne Poole

Director of Admissions & Marketing

Admissions@LegacyChristian-Academy.com

540.877.7336



LCA does not discriminate based on race, color, age, national origin or disability, in any of its activities and operations. These activities include but are not limited to: hiring and firing of staff, selection of volunteers, selections of students and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, students, volunteers and clients.



Admissions Office Use: Date Received _____

Family Information:

Family Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Cell Service Provider: _____

1st Student's Full Name: _____ **Preferred Name:** _____

Date of Birth: ____/____/____ Age: ____ *Applying for Grade: _____ Gender: Male Female

Cell Phone: _____ Cell Service Provider: _____

2nd Student's Full Name: _____ **Preferred Name:** _____

Date of Birth: ____/____/____ Age: ____ *Applying for Grade: _____ Gender: Male Female

Cell Phone: _____ Cell Service Provider: _____

3rd Student's Full Name: _____ **Preferred Name:** _____

Date of Birth: ____/____/____ Age: ____ *Applying for Grade: _____ Gender: Male Female

Cell Phone: _____ Cell Service Provider: _____

4th Student's Full Name: _____ **Preferred Name:** _____

Date of Birth: ____/____/____ Age: ____ *Applying for Grade: _____ Gender: Male Female

Cell Phone: _____ Cell Service Provider: _____



Student's Name: _____ Age: _____ Grade: _____

Has your student attended a previous Day Care or Pre-School: YES NO If yes, please list name & location.
(Please include a recommendation from previous Day Care or Pre-School stating student is ready for higher learning.)

Name of Facility: _____ Director's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Has student ever been rejected or dismissed from a Day Care or Pre-School? YES NO If yes, please state reason(s): _____

Student Expectations for our K3 – K5 Programs:

In desire to see Christian values instilled in our students, LCA expects the following from its younger students.

1. Child must be toilet trained. No pull-ups or diapers.
2. Child must respond to verbal instructions from anyone in authority.
3. Child should be able to stay seated for at least ten minutes without interrupting instructional time.
4. Child must understand the concept of sharing.
5. Child does not throw tantrums when things don't go their way.
6. Child should never spit on, bite, kick, scratch, or hit another person.
7. Child should not use naughty words.

Parent/Guardian Expectations:

1. I/we commit to support LCA with my/our time and talents.
2. I/we commit to comply with all administrative policies of the school including academic standards, discipline, dress code and conflict resolution.
3. I/we commit to respect the professional judgment of LCA regarding my/our student's grades/placement level.
4. I/we commit to remain in regular and open communication with my/our student's teacher(s) and LCA.
5. I/we commit to bear financial responsibility for all damages of LCA property caused by my/our student(s).

Parent/Guardian's Name: _____

Parent/Guardian's Signature: **X** _____

Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: **X** _____

Date: _____

Parent/Guardian Information:

Father Stepfather Guardian

Title: Dr. Rev. Mr.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Mother Stepmother Guardian

Title: Dr. Mrs. Ms.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Cell Service Provider: _____

Cell Service Provider: _____

Please send me TEXT Messages: Yes No

Please send me TEXT Messages: Yes No

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Title / Position: _____

Title / Position: _____

Work Phone: _____

Work Phone: _____

Married Separated Divorced Single Widowed

Married Separated Divorced Single Widowed

Church Affiliation:

LCA would like to invite your church to activities and events LCA hosts.

Church Name: _____

Pastor / Rev. / Minister's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

**Families are not required to have a home church for student(s) to attend LCA.*

PLEASE NOTE: #1 Emergency Contact will be the first call made by LCA for illness or emergency.

#1 Emergency Contact:

Name: _____ Relationship to Student(s): _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ **Cell Phone:** _____

#2 Emergency Contact:

Name: _____ Relationship to Student(s): _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ **Cell Phone:** _____

#3 Emergency Contact:

Name: _____ Relationship to Student(s): _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ **Cell Phone:** _____

Names of **persons authorized** to pick up your student(s):

Names of **persons NOT authorized** to pick up your student(s):

Please specify **custody arrangements** and attach any related court documents for the student's file. Appropriate **legal documentation must be on file** when the custodial parent/guardian requests that the school not release the student or information to the other parent.

Grandparents:

Let us know your student’s grandparent information so that we can keep them informed and invite them to LCA activities and events. **Please provide LCA with their cell phone provider if they would also like to receive text messaging alerts.**

Maternal:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Cell Service Provider: _____

Email: _____

Maternal:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Cell Service Provider: _____

Email: _____

Paternal:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Cell Service Provider: _____

Email: _____

Paternal:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Cell Service Provider: _____

Email: _____

Volunteer Form 2018-2019

WE NEED YOUR HELP!

Please let us know the areas that you would be interested in sharing your time/talents with LCA.

As a Parent/Guardian at LCA, I would like to help in the following areas:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Athletics / Boosters | <input type="checkbox"/> Family Events | <input type="checkbox"/> Fundraisers | <input type="checkbox"/> One-Time Projects |
| <input type="checkbox"/> Admissions Gate | <input type="checkbox"/> School Office | <input type="checkbox"/> Outdoor Projects | <input type="checkbox"/> Teacher Appreciation |
| <input type="checkbox"/> Concession Stand | <input type="checkbox"/> FFOS (PTO) | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Lunchroom |
| <input type="checkbox"/> In Classroom | <input type="checkbox"/> Library | <input type="checkbox"/> Grounds | <input type="checkbox"/> Apple Blossom Festival |
| <input type="checkbox"/> Holiday Events | <input type="checkbox"/> Other _____ | | |

Parent/Guardian's Name: _____

Contact #: _____ Email: _____

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Athletics / Boosters | <input type="checkbox"/> Family Events | <input type="checkbox"/> Fundraisers | <input type="checkbox"/> One-Time Projects |
| <input type="checkbox"/> Admissions Gate | <input type="checkbox"/> School Office | <input type="checkbox"/> Outdoor Projects | <input type="checkbox"/> Teacher Appreciation |
| <input type="checkbox"/> Concession Stand | <input type="checkbox"/> FFOS (PTO) | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Lunchroom |
| <input type="checkbox"/> In Classroom | <input type="checkbox"/> Library | <input type="checkbox"/> Grounds | <input type="checkbox"/> Apple Blossom Festival |
| <input type="checkbox"/> Holiday Events | <input type="checkbox"/> Other _____ | | |

Parent/Guardian's Name: _____

Contact #: _____ Email: _____

***Please note that if you are applying for Tuition Assistance, LCA request that you volunteer to help off-set some of the school's expenses.**

LCA - Fees & Tuition Worksheet 2018-2019

Family Name: _____ Date: _____

Application Fee: \$ _____

Registration Fee(s): \$ _____

Enrollment Fees:	
Application Fee: \$100	(One-time Fee per Family)
Registration Fee: \$50	(Annual Fee per Student)

Tuition:	Discount	K3 Part-Time	K3 – K5	1st – 3rd	4th – 6th	7th – 12th
1st Student		\$3,425	\$5,250	\$5,750	\$6,000	\$6,250
2nd Student	5%		\$4,987.50	\$5,462.50	\$5,700	\$5,937.50
3rd Student +	10%		\$4,725	\$5,175	\$5,400	\$5,625

Tuition: \$ _____

\$ _____

\$ _____

Curriculum Fee	K3 Part-Time	K3 – K5	1st – 3rd	4th – 6th	7th – 12th
Per Student	\$250	\$250	\$250	\$250	\$250

Curriculum Fee(s): \$ _____

Transportation Fee:	1 Student	2 Students	3 Students +
Front Royal/Strasburg	\$600/yr.	\$800/yr.	\$1,000/yr.

Transportation Fee: \$ _____

Enrollment Fees \$ _____

Tuition \$ _____

Curriculum Fees \$ _____

(\$ - _____)

\$ _____

\$ _____

GRAND TOTAL \$ _____

Tuition Payment Options: _____ (Check "✓" Option)

Plan A PAY in FULL (5% Discount for PAY in FULL)

Plan B SEMESTER Payments (Annual Fee \$10 ~ Aug. & Jan.)

Plan C 10 Month Payment Plan (Annual Fee \$45 ~ Sept. - June)

Plan D 12 Month Payment Plan (Annual Fee \$45 ~ Sept. - Aug.)

Guardian Angel Program (Sponsor a Student)

One-Time Donation \$ _____ /Monthly \$ _____

Admissions Office Use Only	\$ Amount	Date	Received by	Description
Application Fee				
Registration Fee(s)				
Curriculum Fee(s)				
Tuition				

Legacy Christian Academy - Enrollment Contract 2018-2019

Family Name: _____

1st Student's Name: _____ Grade: _____

2nd Student's Name: _____ Grade: _____

3rd Student's Name: _____ Grade: _____

4th Student's Name: _____ Grade: _____

I. Tuition

Tuition must be paid using a **FACTS Tuition Management Plan**. (See Options Below)

II. Miscellaneous Invoices / Expenses:

Miscellaneous invoices / expenses may be applied to your **FACTS Tuition Account** when applicable.

III. Payment Options:

- PLAN A — Payment in Full** \$ _____ / Annual (5% Discount PAY in FULL)
- PLAN B — Payment by Semester** \$ _____ / Semester (\$10 Annual Fee – August & January)
- PLAN C — 10 Monthly Payments** \$ _____ / Monthly (\$45 Annual Fee – September - June)
- PLAN D — 12 Monthly Payments** \$ _____ / Monthly (\$45 Annual Fee – September - August)
- Guardian Angel Program - GAP** \$ _____ / Monthly Donation or \$ _____ / One-Time Donation
(Sponsor a Student)

Contract Terms & Conditions:

(Initials)

- 1.** I/we agree if **LCA** must pursue any collection efforts, including institution of a lawsuit, for any unpaid amount due to **LCA**, including but not limited to tuition, fees, late charges, miscellaneous expenses, etc., I/we agree to pay all costs associated with this agreement including, but not limited to attorney's fees and cost incurred by **LCA**. I/we understand that the account will be turned over to **LCA's** finance department if payment is not made within 30 days of the scheduled payment. If payment is still not received within 6 months, the account may be forwarded to an attorney for collection.
- 2.** If **LCA** attempts to process a tuition payment, and the account has Non-Sufficient Funds (NSF) a Late Charge of **\$30** will be added to said account. **LCA** will collect this Late Charge when 2nd payment attempt is made. Incidental charges/expenses incurred at **LCA** may be paid directly to **LCA** or added to families' account when applicable.
- 3.** Any checks written to **LCA** that are returned for Non-Sufficient Funds (NSF) will receive an Administrative Charge of **\$30**. If an individual/family has two checks returned for Non-Sufficient Funds (NSF) the individual/family will be required to pay all future expenses due to **LCA** in the form of cash or certified funds.

(Initials)

4. Tuition is payable in accordance with the dates agreed upon as part of this contract. **LCA** reserves the right to deny admission if payments due are not made by scheduled due dates. School records and final report cards will not be released until all outstanding balances have been rectified. This refers to quarterly and end of year report cards.

5. I/we understand that if our student(s) withdraws voluntarily or through expulsion, we are responsible to pay a \$500 withdrawal fee per student. Tuition will be prorated using the official date of the withdrawal letter. Application, Registration, and Curriculum Fees are Non-Refundable.

6. If student is diagnosed with a learning disability that cannot be managed in a regular classroom or setting, by the advice of a physician or a licensed clinical psychiatrist, parent/guardian will be given the option of canceling the contract, or fully providing all necessary funds to educate the child (i.e. tutor, classroom aide, materials, etc.). This amount will be determined on an individual need & presented by school administration to the contract holder.

7. It is understood that this contract may be cancelled in writing, without penalty within 72 hours of the date of this agreement.

8. I/we understand that **LCA** is a private institution; **LCA** reserves the right to set and maintain its own standards for student conduct, dress code and tuition assistance. These standards include conduct while on school and off school premises. Students may be disciplined, including but not limited to suspension and expulsion, for a violation of student standards, rules and regulations as set forth in the **Student-Parent Manual**.

9. I/we consent on behalf of our student(s) for the use of photographs, audio, video, electronic, digital images or likeness of student(s) at **LCA** for exhibition, public display, publication, publicity materials, advertising, news media stories, including but not limited to yearbooks, newspapers, promotional brochures, literature, the internet, school website, and television, CD-ROMs or DVD.

10. Computers, communication service and equipment provided by **LCA** are the sole property of **LCA**. Accordingly, **LCA** may access and monitor student communications and files transmitted by or stored upon **LCA's** equipment or network. Student should not consider any activity to be private. **LCA** reserves the right to monitor the use and take any action based upon a violation of Computer & Internet Acceptable Use Policy as set for in the **Student-Parent Manual**.

11. I/we agree to provide health and accident insurance for the student(s) and I/we agree to indemnify **LCA** and its personnel against liability for student accident or health to the extent not covered by school insurance.

12. All students and parents/guardians must conform to all requirements and standards as set forth in the **Student-Parent Manual**. I/we understand that the student's and/or parent's/guardian's disregard of the rules and regulations may be deemed sufficient cause for dismissal. The Board of Directors reserves the right to dismiss, to require a mandatory leave-of-absence, and/or to rescind the admissions invitation or **Enrollment Contract** of any student and or parent/guardian who fails to fulfill these obligations or whose presence at **LCA** is, in the School Board's judgment, contrary to the best interests of the school.

Person(s) Responsible for Tuition and all Incidental Expenses incurred at LCA:

Print Name of Parent/Guardian

Signature

Date

Print Name of Parent/Guardian

Signature

Date

Marianne L. Poole

Director of Admissions

Signature

Date

**Legacy Christian Academy
Emergency Medical Release
2018 - 2019**

Student Information:
Student's Full Name: _____
Date of Birth: ____/____/____ Age: _____ Gender: Male Female
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____

Parent/Guardian Information:
Father Stepfather Guardian Mother Stepmother Guardian
Name: _____ Name: _____
Cell Phone: _____ Cell Phone: _____
Work Phone: _____ Work Phone: _____

Medical conditions and/or allergies (including reactions to medications): _____

Current Medications: _____

* Any life-threatening medications should be kept at the school office. We recommend a 72-hour supply.

Any other medical or physical conditions LCA Staff should know: _____

Physician: _____ Phone: _____
Dentist: _____ Phone: _____
Health Insurance Carrier: _____ Policy #: _____
Name of Policy Holder: _____ Relationship: _____
Date of Last Tetanus Shot: _____

Indicate if LCA Staff may administer these over the counter medicines: Tylenol Ibuprofen None

X _____
Parent's/Guardian's Signature

X _____
Parent's/Guardian's Signature

**Legacy Christian Academy
Emergency Medical Release Form
2018 - 2019 School Year**

This form will be on file in the school office for the current school year.

I/we agree that in the case of an accident, illness, or other life-threatening emergency to the student listed below, I/we give permission for Legacy Christian Academy's Staff to contact Emergency Medical Services (911) immediately.

I/we authorize and consent to any examination, x-rays, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care deemed necessary in the best judgment of a licensed physician or dentist.

I/we agree to assume all financial responsibility for expenses incurred because of any of these services being provided, including emergency medical transportation.

Student's Full Name: _____
(Please Print)

Date of Birth: _____
(MM/DD/YYYY)

Parent's/Guardian's Full Name: _____
(Please Print)

Parent's/Guardian's Signature: X _____

Date: _____

Parent's/Guardian's Full Name: _____
(Please Print)

Parent's/Guardian's Signature: X _____

Date: _____

- School Office must have a copy of your student's **Birth Certificate & Immunization Records** on file. **Religious Exemption** forms are available at www.LegacyChristian-Academy.com
Click on: ADMISSIONS / FULL TIME STUDENTS / MEDICAL FORMS

Please notify the school office of any changes throughout the school year.



LEGACY
CHRISTIAN ACADEMY

Student Permission Slip
Field Trip / Transportation
2018 - 2019

I give permission for the following student(s) to participate in school sponsored field trips and activities that occur during the school day. I understand that I will be notified by the school or teacher to the date on which any field trips or activity will be taken. This includes but is not limited to monthly Chapel services.

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Parent's / Guardian's Full Name: _____
(Please Print)

Signature: **X** _____ Date: _____

Parent's / Guardian's Full Name: _____
(Please Print)

Signature: **X** _____ Date: _____

