

Grace Christian Academy

Returning Student Enrollment Packet

2017-2018

Grace Christian Academy – Returning Student Application

Enrollment Information

GENERAL INFORMATION

To enroll, the entire application must be completed and returned to the school office with the nonrefundable deposit. Families must have no past due balances with Grace Christian Academy for application to be accepted.

ADMISSIONS & REGISTRATION INFORMATION

Notice of Nondiscrimination

Grace Christian Academy is committed to providing academic and employment environments that are free from unlawful discrimination. Grace Christian Academy does not unlawfully discriminate on the basis of race, color, national or ethnic origin, sex, disability, veteran status or age in the administration of any of its educational programs, admissions policies, scholarship programs, athletic and other school-administered programs. Students are entitled to a learning environment free from unlawful discrimination. Any student, staff employee, or faculty member who unlawfully discriminates against a student on the basis of race, color, sex, national origin, age, or disability may be subject to sanction and disciplinary action.

Admissions Policies

All students must come from a Christian family that attends church regularly. All students entering grades 5-8 must be practicing Christians. These students must submit their personal testimony in writing, as well as a personal recommendation from their pastor, youth pastor, or a previous teacher. All parents must agree to and sign the Statement of Cooperation included with the application.

Before a student's application is considered complete, they are required to submit the following documentation:

- A record of up-to-date immunizations
- A completed physical examination form (K, 4th and 7th grades)
- Completed application with appropriate fees
- Written personal testimony (Grades 5-8)

PAYMENT OPTIONS

Option 1: Single Payment due on or before July 1. (3% Tuition only discount if terms are met. **Penalties will be applied if not paid by the due date.**

Option 2: FACTS 12 Month Payment Plan* - 12 payments to begin June 1.

Option 3: FACTS 11 Month Payment Plan* - 11 payments to begin July 1.

Note: FACTS 10 Month Payment Plan* is available to GCA Summer Camp students.

***IMPORTANT:** An annual fee of \$43 will be charged by FACTS on all accounts. Please note – The name of the person responsible for payment and the signature on the FACTS form must be the same.

WITHDRAWALS/REFUND POLICY

All students are enrolled with a commitment to the full school year. Students withdrawing prior to the beginning of school or during the first 30 days of school may forfeit all tuition paid to date. **STUDENTS WITHDRAWING AFTER THE FIRST 30 DAYS WILL BE RESPONSIBLE FOR TUITION THROUGH THE END OF THE LAST MONTH OF ATTENDANCE.** Application fees and book fees are nonrefundable. Withdrawals must be submitted in writing including the date it will become effective

SERVICE FEES

There will be a \$20 fee for all checks returned to GCA from the bank for non-sufficient funds. This includes checks written for Fundraisers, Field Trips, etc.

Missed FACTS payments are also assessed a \$30 missed payment fee (from FACTS) for each missed payment attempt. This is a nonnegotiable fee collected directly from FACTS.

(Failure to take care of these issues may result in suspension of services)

BOOK & SUPPLY FEES

All student Book and Supply fees include the rental of reusable textbooks and the cost of workbooks, achievement tests, agendas, art and miscellaneous supplies. **Book and supply fees are non-refundable after July 1.**

Grace Christian Academy - Student Application

Extended Care Information

Extended Care services are available for KG-8th grade. If your student is enrolled in Pre-school or Pre-kindergarten, you will need to select the Extended program in order to take part in this additional service. Extended care services are included in the Extended Preschool and Pre-Kindergarten programs.

Note: Extended Care is a service GCA offers to our families but is not the school's primary focus and, as such, is not designed to be the answer to every family's after school care needs. Therefore, the Extended Care schedule cannot be tailored to each family's needs.

COST OF EXTENDED CARE: (KG – 8th Grade)

Extended Care A.M.: 7:00a.m. – 7:45a.m.
\$2.00 per half hour per child. All minutes will be rounded up to the next ½ hour.

Extended Care P.M. – 3:30p.m. - 6:00p.m.
\$4.00 per hour per child. \$2.00 per half hour per child. All minutes will be rounded up to the next ½ hour.

All children are to be picked up no later than 6:00 pm. Late charge after 6:00 p.m. is \$1.00 per minute.

Note: School dismisses at 3:10 pm. Children not picked by 3:30 pm are taken to Extended Care.

GENERAL INFORMATION:

- Statements are emailed to parents on Monday for services used the previous week, Monday – Friday. Payment is due 1 week from the statement date, by 9:00 a.m. on Monday mornings. Payments received after 9:00am on Monday will appear on the following week's statement. Please note this may result in a late fee being charged. Suggestion: prepay one week of Extended Care at the beginning of the year and then continue to pay weekly and late fees should not become an issue.
- Should there be a dispute with our statement charges, you will have two weeks to challenge the billing. After two weeks, there will be no changes to fees billed and you will be responsible for payment in full. If your account goes longer than 4 weeks without a payment, a \$10 late fee will be assessed. If the account goes longer than 6 weeks without a payment being made, another \$10 late fee will be assessed and student(s) may be denied service until account is made current. If the balance remains unpaid for more than 8 weeks, service **WILL BE SUSPENDED**.
- Accounts past due at mid-quarter and report card time will have report cards/progress reports held and Sycamore access denied until accounts are brought current. Also accounts more than two weeks past due at re-registration will not be allowed to re-enroll until the account is current.
- When an account is past due, we reserve the right to not accept the child in the Extended Care program, as payment is required weekly, and the parent will have to make alternative arrangements for care.
- Parents are responsible to sign their children out of the Extended Care program. If the child(ren) are not signed out for afternoon extended care, you will be billed for the full p.m. extended care period (3:30 p.m. to 6:00 p.m.)

OTHER INFORMATION:

- If your account is carrying a credit balance, we will stamp your bill "CREDIT BALANCE -Do not pay this statement."
- Our statements are set up to record all activity for the school year. As services are used each week and paid each week, you will see that information on your statement. This information will accumulate for the entire school year, but we will only print the statement for the current month.

ABUSE OF EXTENDED CARE SERVICE: (any number of late pick-ups over three will be considered abuse)

- Extended Care is a service that GCA offers to our families and, as such, we ask that if parents are unable to pick up their student by 6:00 pm that they make other arrangements for pick-up. Extended Care Teachers will begin calling names provided on the Extended Care form after 6:10pm. * If your child is picked up late, you will be charged a late fee of \$1 per minute past 6:00 pm.
- If a family has been late **three** times, they will be notified by mail that they are endangering their access to Extended Care service. Upon the **fifth** late pick-up, service will no longer be available to that family for the remainder of the school year.

Grace Christian Academy – Returning Student Application

Instructions

- ❖ Please read over the following forms carefully. Included in this packet: one family information sheet and one student information sheet for each child that is re-enrolling. Please fill out all sheets completely.
- ❖ **ALL ACCOUNTS MUST BE CURRENT BEFORE ANY STUDENT IS ELIGIBLE TO REAPPLY.**
- ❖ Both parents/guardians are required to read and sign the Statement of Cooperation.
- ❖ Every student **must** have a new *Medical Authorization and Medication Authorization Form* filled out and signed by a parent. Please note that the school does not carry medical insurance for school related activities; medical expenses incurred will be the responsibility of the parent.
- ❖ All new students, returning Kindergarten, 4th and 7th graders must submit a completed GCA Student Physical Examination Form. (Physicals completed within the past school year are acceptable.) Physical forms are due before school begins. **State law mandates that all immunization records must be up-to-date and received before any child may begin school.**
- ❖ If you are enrolling a sibling who is new to GCA, you must complete a new student application. They are available in the school office.
- ❖ Required deposit is due at the time of enrollment. A completed *FACTS Form* and/or payment will be due at this time also. **Application cannot be accepted without these fees or forms.** Please make checks payable to Grace Christian Academy. *Book/Supply fee can be added to your tuition payment preference.
- ❖ Applications should be returned to GCA during school hours. If enrolling more than one child, please return all applications together.
- ❖ **Applications not completed in their entirety will be returned. Class space cannot be reserved without a completed application and all required fees paid.**
- ❖ Class size is limited. Spaces are filled on a first come, first served basis by students who exhibit acceptable progress and conduct in school. (Please return your completed application promptly.)

Grace Christian Academy

2017–2018 Tuition and Fees

REGISTRATION FEES: (Non-refundable)

New Students

Preschool/Pre-kindergarten	\$88
Kindergarten-Eighth Grade.....	\$149

Returning Students

Preschool – 8 th Grade.....	\$100 Deposit (applied toward tuition)
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TUITION: New Families – 1st Tuition payment due at registration.

Preschool and Pre-kindergarten:

	<u>Basic Program</u> 8:20am–11:15am	<u>Full Program</u> 8:20am–3:10pm	OR	<u>Extended Program</u> 7–8:15am; 11:15–6pm	<u>Total</u>
3 days/week	\$1,993	\$2,954		\$3,749	_____
4 days/week	\$2,549	\$3,837		\$4,877	_____
5 days/week	\$2,930	\$4,517		\$5,861	_____

Kindergarten–8th Grades:

	<u>Tuition Rate</u>	<u>Total</u>
1 st Child	\$4,770	_____
2 nd Child	\$4,326	_____
3 rd Child	FREE	_____

STUDENT FEES:

	<u>Preschool/Pre-kindergarten</u>	<u>K–8th Grades</u>
Books & Supplies	\$105	\$195

KINDERGARTEN – 8TH GRADE EXTENDED CARE:

Morning care available from 7–7:45 a.m. for K-8th and afternoon care from 3:30–6 p.m. @ \$4.00/hour per child and \$2.00 per child per 1/2 hr. and any part of 30 minutes will be rounded up to the next 1/2 hr.

TUITION PAYMENT OPTIONS:

Single Payment due on or before July 1 (3% tuition discount)

FACTS 12 Month Plan* 12 payments begin June 1.

FACTS 11 Month Plan* 11 payments begin July 1.

Note: FACTS 10 Month Plan is available to GCA Summer Camp Students. Payments to begin Aug 1st or 15th.

*An annual fee of \$43 is charged by FACTS on all FACTS accounts

Families with an outstanding balance in any account will not be able to re-enroll until the balance is paid in full.

Grace Christian Academy

2017–2018 Student Fees

Parent/Guardian Name: _____

Student Name(s): _____

The following is a list of various student fees for the 2017–2018 school year. **Parents may choose to pay these fees in one of two ways:**

- Pay at registration
- Add to tuition payment

Please mark your choice:

_____ I will indicate in the section below the fees I would like to add to my tuition payment. I understand that if I do not add the book fee to my tuition payment, it will be due at registration.

_____ I choose to add nothing to my tuition bill. I understand that the book fee is due at registration.

PLEASE ADD THE FOLLOWING FEES TO MY TUITION BILL:

<u>REQUIRED FEES:</u>		
<u>#</u>		<u>Total</u>
_____	Book & Supply Fee (PS/PK: \$105/child, K–8 th : \$195/child)	_____

<u>OTHER FEES:</u>			
<u>#</u>		<u>Amt</u>	<u>Total</u>
_____	Party Fees (PS–5 th)	\$20	_____
_____	Graduation (8 th Grade)	*\$85	_____
_____	Spiritual Development - Impact Day, Field Trips and activities (Middle Sschool only) *	*\$120	_____
_____	Yearbook – Optional for all students	\$20	_____
* <i>Approximate cost, subject to change</i>			

TOTAL AMOUNT TO BE ADDED TO MY TUITION BILL \$ _____

TOTAL AMOUNT TO BE PAID AT REGISTRATION \$ _____

Parent Signature: _____ Date: _____

2017-2018 Returning Student Application

Student Name _____ **Grade Entering:** _____

Address: _____
Number and Street City Zip Code

Home Phone: _____

Mother's Name: _____ **Employer:** _____

Address (if different than child):

Number and Street City Zip Code

Work #: _____ **Cell #:** _____ **E-mail:** _____

Father's Name: _____ **Employer:** _____

Address (if different than child):

Number and Street City Zip Code

Work # _____ **Cell Phone #:** _____ **E-mail:** _____

Emergency Contact #1 _____ **Phone #s:** _____

Emergency Contact #2 _____ **Phone #s:** _____

Persons authorized to pick up:

1. _____ Drivers License # _____
Name and Relationship

2. _____ Drivers License # _____
Name and Relationship

3. _____ Drivers License # _____
Name and Relationship

Name of the public school district in which you reside _____

Name of the public school student would have attended _____

Attendance Information (for Preschool or Pre-K students only)

Preschool and Pre-kindergarten parents should indicate below which days their child will be in attendance. The minimum requirement is three days per week, but **at least four days is highly recommended. If you are enrolling your child in Pre-K, and you plan for him/her to continue on to Kindergarten at GCA the next school year, a minimum of 4 days per week is required.**

_____	Mon	_____	Basic (8:20 – 11:15 am)	_____	Full (8:20 – 3:10)	_____	Ext (7-8:20 & 3:10 – 6)
_____	Tues	_____	Basic (8:20 – 11:15 am)	_____	Full (8:20 – 3:10)	_____	Ext (7-8:20 & 3:10 – 6)
_____	Wed	_____	Basic (8:20 – 11:15 am)	_____	Full (8:20 – 3:10)	_____	Ext (7-8:20 & 3:10 – 6)
_____	Thu	_____	Basic (8:20 – 11:15 am)	_____	Full (8:20 – 3:10)	_____	Ext (7-8:20 & 3:10 – 6)
_____	Fri	_____	Basic (8:20 – 11:15 am)	_____	Full (8:20 – 3:10)	_____	Ext (7-8:20 & 3:10 – 6)

FINANCIAL INFORMATION:

Who will be responsible for the payment of all tuition and fees?

If the person responsible for payment is someone other than the student’s parent/guardian, their signature will also be required on the application. In addition, the name of the person responsible for payment and the signature on the FACTS form must be the same.

- _____ Option 1: Single Payment due on or before July 1 (3% Tuition only discount if terms are met.)
- _____ Option 2: FACTS 12 Month Payment Plan* - 12 payments beginning in June.
- _____ Option 3: FACTS 11 Month Payment Plan* - 11 payments beginning in July.

*An annual fee of \$43 will be charged by FACTS on all FACTS accounts. Please note – The name of the person responsible for payment and the signature on the FACTS form must be the same.

Grace Christian Academy Student Application Statement of Cooperation

Please carefully read the following Statement of Cooperation:

1. I/We support the Vision, Mission, Philosophy, Bible teaching, beliefs and core values of Grace Christian Academy and will not refute them in my home or in the presence of my child.
2. I/We will support my child's teacher and understand that he/she has full discretion in the classroom discipline of my child.
3. I/We agree to be responsible for payment of all tuition, fundraisers, before/after care and fees. I/We understand that all tuition must be paid in full through the Single Payment, or FACTS tuition management monthly payment plan. I/We understand that if a FACTS tuition payment is missed by insufficient funds or incorrect banking information, that payment is due in full by cash or money order ONE week after the initial attempt by FACTS. Failure to comply may result in the student(s) not being admitted to class until the account is current. See Student/Parent Handbook.

I/We understand that Extended Care payments are **DUE WEEKLY** (on Monday by 9 a.m.) If the account goes longer than 4 weeks without a payment, a \$10 late fee will be assessed. If the account goes longer than 6 weeks without a payment being made, another \$10 late fee will be assessed and student(s) may be denied service until account is made current. If the balance remains unpaid for more than 8 weeks, service **WILL BE SUSPENDED**.

I/We understand that if the account is not current at the time report cards/progress reports are distributed; the student will not receive his/her report card or progress report. I/We understand that if I/we withdraw the student(s) and have a delinquent account at that time, school records will not be released until the balance is paid in full. **I/We understand that this applies to all financial obligations.**

4. I/We agree to be financially responsible for any loss of/or damage to school property that the student incurs during the school year.
5. I/We give permission for the student to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school or driver from liability to me/us or to the student because of any injury to the student at school or during any school activity.
6. I/We will support and take the side of the teacher in front of the student. If I/We have a problem with a particular teacher, I/We will follow the Biblical principle of going directly to that teacher (Matthew 18). If still not satisfied, I/We will then approach the Administrator, but I/We will refrain from discussing it with others. Failure to follow this principle may lead to your family being asked to leave GCA.
7. I/We agree with the school's right to dismiss any student when the student or their parents/guardians do not respect its standards, support the school in word and deed or cooperate in the education process. I/We understand if the student(s) and parents/guardians are found to be out of harmony with the Grace Christian Academy ideals of work and life, they may be requested to withdraw whenever the general welfare demands it.
8. I/We understand that in order for a student to continue attending GCA, academic progress must be made each and every quarter. Failure to do so may lead to dismissal at semester or at the end of the school year.
9. I/We understand that in order for 5th-8th grade students to be considered for enrollment at Grace Christian Academy, he/she must have proven himself/herself to be a committed Christian for a minimum of six months.
10. I/We agree to provide Grace Christian Academy with **all** school records, test results, educational and psychological evaluations that have been completed for the student up to this time, and failure to do so, could result in the student being dismissed.
11. I/We give permission to the administration to take whatever steps necessary to obtain emergency medical care. I/We understand that an attempt will be made to contact me/us or a person listed on the health form. I/We understand that the student may be taken to a physician or the Emergency Room at DePaul Hospital and that I/We are responsible for any expenses incurred.
12. I/We understand and agree that the student and at least one parent/guardian will attend church on a regular basis and failure to do so constitutes a breaking in the covenant with Grace Christian Academy.
13. I/We give permission to use the student's picture/voice/name in GCA promotional and communication materials such as newsletters, website, videos, flyer, etc. **Pictures** - Yes No **Voice/Video** - Yes No **Name** - Yes No

I HAVE READ, UNDERSTOOD AND AGREE TO ABIDE BY ALL THE POINTS WITH IN THIS STATEMENT OF COOPERATION.

Parent/Guardian (both parents signatures required)	Date
Parent/Guardian (both parents signatures required)	Date
Financially responsible person (if other than parent/guardian)	Date

Grace Christian Academy
Student Application
Medical Emergency Treatment Form

Parents/Legal guardians of minors are requested to complete this consent form and return it to the Grace Christian Academy office along with your child's application. This form will assist the school in its efforts to provide for the safety of its students during school-sponsored activities. Thank you for your cooperation.

(Please print legibly and use black ink)

School Year _____ Grade Entering _____
Student's Name _____ Birth Date _____
Address _____ City _____ State _____ Zip _____
Home Phone # _____ Physician _____ Phone # _____
Father's Name _____ Work Phone # _____ Cell # _____
Mother's Name _____ Work Phone # _____ Cell # _____
Emergency Contact _____ Work Phone # _____ Cell # _____
Emergency Contact _____ Work Phone # _____ Cell # _____
Emergency Contact _____ Work Phone # _____ Cell # _____

STUDENT MEDICAL INFORMATION/SPECIAL INSTRUCTIONS

List allergies to drugs, foods and plants: _____

List regularly taken medications: _____

List physical disabilities or medical conditions that may prevent student from participating in normal to rigorous activity: _____

Other special instructions: _____

TRANSPORTATION RELEASE – MEDICAL CONSENT/CERTIFICATION

Should it be necessary for my child to be transported in a Grace Christian Academy vehicle, or a GCA staff member's or volunteer's vehicle, I do hereby agree to hold the staff member, volunteer and/or Grace Christian Academy blameless of any liability arising from injury, accident or damage. I also release and further discharge Grace Christian Academy and its staff and volunteers and its respective successors, heirs, assigns, agents, officers, directors, shareholders and servants, and all other persons, firms and corporations from any injury, accident or damage whatsoever caused to may person, firm or corporation, from and against all loss, reasonable counsel fees, expenses and liabilities incurred on or about any such claim, action or proceeding brought thereon, which I may now have or hereinafter assert against Grace Christian Academy and /or its staff or volunteers with respect to my riding in the vehicle of a volunteer or GCA staff member, or arising from any injury, accident or damage whatsoever cause to any person, firm or cooperation.

I, as the parent/legal guardian of the above named student hereby consent to the participation of my child in all of the activities of Grace Christian Academy, including field trips/outings, camp, swimming, boating, hiking, sporting events and any other activities customarily associated with the school. Furthermore, I certify that my child is physically fit and adequately trained to participate in such events. I also authorize Grace Christian Academy and its staff members or volunteers to consent for any necessary medical treatment should I be unavailable to authorize said treatment. I agree to be financially responsible for any charges incurred for the necessary treatment of my child. I do understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Parent/Guardian Signature _____
Date

Parent/Guardian Signature _____
Date

Grace Christian Academy - Student Application
Permission to Dispense Medicine Form

Dear Parents,

The following “over the counter” medications may be given to your child with your written permission. **ALL OTHER “OVER THE COUNTER”** medications will not be given unless the parent provides the medication, along with a Request for Medication Form. All **PRESCRIPTION** medications must be in their original containers with a current script in order to be given at school. Please notify the office of a change in your student’s health or prescriptions.

Thank you for your cooperation,

GCA Office

Print legibly and use black ink.

Grace Christian Academy has my permission for the _____ school year to administer medication to my child.

Student’s Name _____ Grade _____ Age _____ Weight _____

Allergies _____

Please indicate which medications are approved and the amount to be given:

<input type="checkbox"/>	Acetaminophen (Tylenol)	Dose
	Children’s chewable (80 mg per tab)	
	Children’s Liquid (160 mg/5 mL) 1 tsp = 5 mL	
	Regular strength (325 mg per tab)	
	Extra Strength (500 mg per tab)	

<input type="checkbox"/>	Ibuprofen (Motrin, Advil)	
	Children’s chewable (100 mg per tab)	
	Children’s liquid (100 mg/5 mL) 1 tsp = 5mL	
	Regular (200 mg per tab)	

<input type="checkbox"/>	Tums	
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<input type="checkbox"/>	Chloraseptic	
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<input type="checkbox"/>	Cough Drops	
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<input type="checkbox"/>	Benadryl	
	Children’s chewable (12.5 mg per tab)	
	Children’s Liquid (12.5 mg/5 ml) 1 tsp = 5 mL	
	Regular (25 mg per tab)	

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any Grace Christian Academy designee, the undersigned parent or guardian hereby agrees to release Grace Christian Academy and designee from any legal claims, which they now have, or may thereafter have, arising out of the administration of or failure to administer the medication to the student.

 Parent/Guardian Signature

 Date

 Parent/Guardian Signature

 Date

PHYSICAL FORM

IMMUNIZATION	Date(s) of Dose(s)				COMMENTS
DTaP/DTP/DT					
IPV (Polio)					
Hib					
PCV (Pneumococcal)					
Hepatitis B					
MMR					
Varicella					
MCV (Menningococcal)					
Tdap					

ALL SPACES MUST BE FILLED IN

Vision: W/O Correction R20/ _____ L/20 _____
 With Correction R20/ _____ L/20 _____
 Hearing : R _____ L _____
 LAB: Lead Analysis _____

Drug Allergies: _____
 Food Allergies: _____

Physical Problems: _____

Based on this history and physical exam, the following abnormalities were found and may need treatment:

1. _____
2. _____

Medication Currently Taken: _____

PHYSICAL EXAMINATION

Height: _____ Weight: _____

Pulse Rate: _____ BP _____

Scoliosis: Yes No

Asthma: Yes No

Inhaler: Name _____ Dose _____

Carry on person: Yes No

SPORTS PARTICIPATION RECOMMENDATIONS:

1. There is no history or physical findings on this exam which would prohibit this student from participating in competitive athletics.
2. This student should have the following health problems evaluated or treated prior to participating in competitive athletics: _____
3. This student has health problems which would prohibit him/her from participating in competitive athletics.

Physician's Signature _____ Date _____

Physician's Printed Name _____

CHURCH MEMBERSHIP INFORMATION

In order to comply with Grace Christian Academy's admission policy; all students must come from a Christian family that attends church on a regular basis. The following form below must be completed and returned to the school office with the registration packet.

Parent's Name _____

Students _____ Grade _____

_____ Grade _____

_____ Grade _____

Name of Church you attend: _____ Denomination: _____

Pastor's Name: _____ How long have you attended? _____

Are you a member of the church? _____ How long have you been a member? _____

How often do you attend church? Bi-weekly _____ Weekly _____ Other _____

If you have attended this church for less than one year, please list previous church and time in attendance there. Church _____ How long there? _____

Signature

Date