



Student's Information: Start Date _____ End Date _____

Grade to enter in August _____ Today's Date _____

Student's Full Name _____ Preferred Name _____

Street Address _____ Date of Birth _____

City _____ State _____ Zip _____ Male _____ Female _____

Parents email address _____

Office Use ONLY

_____ **Registration**

_____ **Amount Paid**

_____ **Books**

_____ **Tuition**

_____ **Amount Paid**

_____ **Form of payment**

Mother's/Guardian's Information:

Mrs. Ms. _____ Employer _____

Home Address _____ Employer Address _____

Home Phone _____ Employer Phone _____

Married Divorced Single *Lives with Student Yes No *Relationship to Student _____

Father's/Guardian's Information:

Mr. _____ Employer _____

Home Address _____ Employer Address _____

Home Phone _____ Employer Phone _____

Married Divorced Single *Lives with Student Yes No *Relationship to Student _____

Complete this section if applicable:

Name, Address, and Phone of person(s) with legal custody of student:

Name, Address, and Phone of person(s) responsible for payment of fees:

Name of sibling(s) and grade to enter at Cedar Lake Christian Academy/Preschool :

Medical & Academic Information*:

School student is presently or last attended: (If school is out of town, please give address.)

School Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Has student ever been retained? _____ If yes, explain. _____

Has student had disciplinary difficulties? _____ If yes, explain. _____

Has student had academic difficulties? _____ If yes, explain. _____

Has student been diagnosed with ADD? _____ If yes, explain. _____

Has student had physical difficulties? _____ If yes, explain. _____

Has student been diagnosed with allergies? _____ If yes, list them. _____

Is student currently on any medication? _____ If yes, list them. _____

Religious Information*:

Has student received Christ as Savior? _____ Denominational preference of student's family _____

Church student attends most often _____

State briefly why you are enrolling child at CLCA: _____

Statement of Cooperation

It is my understanding that the policy of CLCA is to make no refunds on Registration Fees or General Fees. I give CLCA permission for student listed herein to participate in all school activities, including, but not limited to, bus trips, sports activities, and school-sponsored trips away from school premises, and release CLCA from all liability implied therein. I believe discipline is necessary for the welfare of each student as well as the entire school, and thereby give permission for Teachers and other agents of CLCA to make and enforce rules and regulations in a manner consistent with Christian principles as set forth in the Scriptures. I further agree to hold the school and its agents harmless of any liability resulting from injury or alleged injury to stated student. Should legal action be taken for any reason against CLCA or any employee or agent thereof on stated student's behalf and CLCA or its agents not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs that CLCA or its agents should incur to defend itself against such action. I acknowledge that I have received a complete and up to date copy of the Parent/Student Handbook and hereby agree to the policies and statements set forth in said Handbook. I understand and consent to the school's policy regarding corporal punishment. I grant permission for medical and surgical treatment by a doctor or hospital staff, and hereby grant permission for student named herein to be transported to a medical office or hospital in a public or private vehicle. This Statement of Cooperation will be in effect for as long as student named herein is in attendance at CLCA, whether in the summer program, preschool, elementary school, middle school, junior high school, high school, or before or after school childcare.

Please initial for reviewing online handbook at www.clcalions.net _____ Parent/Guardian Signature _____

Fees Disclosure & Agreement: THIS PAGE FOR OFFICE USE ONLY:

Registration Fees:

New Academy	\$150.00
Returning Academy	\$125.00

General Fees:

General Fees	\$390.00
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Tuition Fees:

Half - Day Academy (K5only)	\$3700.00
Full -Day Academy (K-6)	\$4200.00
Cyber School (7-12)	\$4200.00

Before and After care Fees:

Before School Care	\$6.00 a day
After School Care	\$6.00 a day
Before & After Care Combined	\$10.00 a day

- ⇒ 5% OFF Tuition for One-Time Payment
- ⇒ 10% OFF Tuition for families with 2 students enrolled
- ⇒ 10% OFF Tuition for tithe-paying members of Cedar Lake Christian Assembly
- ⇒ 10% OFF Tuition for children of Pastors or Chaplains
- ⇒ 15% OFF Tuition for families with 3 or more students enrolled

*By signing below, I hereby declare that I am a tithe-paying member of CLCA and entitled to any and all discounts applicable to such members.

Signature _____

Discount to be applied: _____

Tithing discounts will be approved through Church Administrator by presenting a giving statement. Pastor discounts will also be approved by the administrator.

Payment Plans for 2011-2012 School Year

One- Time Payment with 5% Discount \$3990.00

Payment Method

Cash, Check, Money Order,
Cashier's Check, MasterCard, Visa

	<u>10 Month Payment Plan</u>	<u>12 Month Payment Plan</u>
1 Child	\$420.00	\$350.00
2 Children	\$378.00	\$315.00

Fees Disclosure & Agreement continued:

- A \$30 fee will be charged on all returned checks. Cash payments will be required if two (2) returned checks are received on any school account.
- Registration and General Fees are non-refundable and non-transferable.
- Fees listed herein are not considered comprehensive. Throughout the school year additional fees may be required for such items as Field Trips, Fundraisers, Supplies, Extra-curricular Activities, Lunches, Childcare, Late Charges, Uniforms, etc.
- Childcare Fees are incurred daily or weekly and should be paid on a daily or weekly basis. If Childcare Fees become more than two (2) weeks in arrears, Childcare services may be discontinued until said charges are paid.
- Half-Day students not picked-up by 12:15 PM will be placed in Childcare and charged a \$10 Childcare Fee. Full-Day Academy students not picked-up by 3:15 PM will be placed in Aftercare and charged the appropriate fee.
- Childcare hours are from 6:00 AM to 6:00 PM. Any student not picked-up by 6:00 PM will be charged a \$15 Late Pick-up Fee, with an additional \$15 added for every 15 minute period after 6:00 PM. If late pick-ups occur more than four (4) times during the year, services may be discontinued.
- Monthly payments are due on the 1st of each month. A \$30 Late Fee will be added if payment isn't made by 4 PM on the 10th of said month. If payment is not received by the 15th of said month, the account is considered delinquent and the student may not return until all fees due on the account have been paid.

I hereby understand and agree to the Fees and Policies stated herein. I agree to comply with this payment schedule and understand the consequences if I fail to adhere to the aforementioned policies.

Parent/Guardian Signature

Academy Childcare & Extra-Curricular Enrollment:

I wish to enroll my child in: (check all that apply)

Before School Childcare (6:00 - 8:00 AM)

After School Childcare (3:15 - 6:00 PM)

Pick-Up Listing:

Please list below all individuals who have your permission to pick-up your child.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____