

Review & Date:

Principal: _____

Business Administrator: _____

Office Administrator: _____

Student Name: _____



Anchor Christian Academy

RETURNING STUDENT

Registration Packet

2024-2025

\$5600

Please read carefully.

The following forms need to be completed in full and returned to the ACA office at the time of enrollment.

- Student Health**
- Code of Conduct** (parent and student must sign)
- Billing Information/Financial Contract**
- Student Information**
- Updated Immunization Record**

Anchor Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

STUDENT HEALTH INFORMATION

Has your child been diagnosed with any learning disabilities that require special treatment and/or programs, such as dyslexia, ADHD, etc? No Yes

Please specify: _____

Does your child have any health problems (including any concerns or physical limitations that would affect P.E. or recess)? No Yes

Please specify: _____

Is your child regularly taking any medications? No Yes

Please specify: _____

Does your child have a bee sting allergy? Unknown No Yes Mild Severe

Does your child have a food allergy? Unknown No Yes Mild Severe

If yes to either of the above, please specify:

Does your child have any other allergies? Unknown No Yes Mild Severe

If yes, please specify:

Release Information

I hereby give my consent for _____ (child's full name) to receive emergency medical treatment as may be considered necessary in the opinion of the attending physician(s) or paramedic(s) during the school year. In an emergency, ACA has my permission to call an ambulance or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

Signature of *both* parents required: (please circle the title that applies)

Father /Stepfather/Legal Guardian

Date

Mother/Stepmother/Legal Guardian

Date

Throughout the year, student photos and names are collected for the yearbook, used in school advertising and released to the media for honor roll, awards, special events, etc. Please indicate below if your child may or may not be pictured/named:

My child may not be photographed/named

My child may be photographed/named

Parent/Legal Guardian Signature

Date

CODE OF CONDUCT

Please sign and return upon enrollment.

A positive Christian learning environment begins with a basic commitment by each student to personal integrity, refusal to condone dishonorable behavior, and support of appropriate consequences for those who violate the code of conduct.

God has entrusted children to parents. Our school exists, not as a substitute for parental guidance and instruction taught at home, but to partner with parents who want to educate their children to their maximum potential academically, socially and spiritually.

At the heart of the code is a desire to honor the Lord Jesus Christ, to create a safe learning environment for all, and to provide a godly framework for our students to live by for the rest of their lives.

By signing this code of conduct I, the student, agree that I will:

- Show respect to people through my words and actions.
- Show respect to property in school and our community.
- Respect myself and my appearance by wearing school-appropriate attire and eating healthy food for snack and lunch.
- Be kind and helpful by using kind words and respectful language.
- Be honest at all times and take responsibility for my actions.
- Take an active role in my own learning.
- Persevere in all I do by working hard towards my goals.

By signing this code of conduct, I, the parent/guardian, agree that I will:

- Hold my child to the standards set forth by the school.
- Respect the dress code set forth by the school and be mindful of my child's diet at school.
- Be kind and helpful by using kind words and respectful language.
- Assist in holding my child accountable for his/her actions.
- Take an active role in my child's learning.
- Assist in giving my child the necessary support to help them reach his/her goals.

Child's Name

Parent Signature

Date

ACA Financial Contract 2024-2025

(One contract per family)

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Parent name(s): _____

Party responsible for bill:

Name: _____

Tuition: \$ _____

Email for statements: _____

Referred by: _____

Billing Plan (choose one): 9 month (Sept-May) 12 month (June-May) *(payments must start in June)*

TUITION INFORMATION

Admission Process

To enroll your child into ACA, you must complete and return the application form and registration fee. The registration fee is due at the time of the enrollment.

Fee Schedule (Due upon return of enrollment application):

Registration Fee: \$150* (\$300 max family cap) *NON-REFUNDABLE

Book Fee (3rd-8th): \$75* *NON-REFUNDABLE

2024-2025 Yearly Tuition

K5 – 8th Grade \$5600

****Discounts cannot be combined****

Multiple child discount: the oldest child enrolled will be charged full tuition. 10% discount for additional children.

Full payment discount: 5% off when full tuition is paid in advance.

Military, law enforcement officer, and full-time senior pastor discount: 5% off tuition

Referral discount:

Referrals are a big part of growing our Anchor Christian Academy family, so we want to thank you for helping. A statement credit of \$100 will be applied for each new family you refer. The credit will be applied after the new student(s) has attended for 30 days. You must be named as the referring party on their enrollment form.

OFFICE USE ONLY

Date paid : _____

Registration paid: \$ _____

Tuition paid : \$ _____

Book fees paid: \$ _____

Payment made by: Cash Check

Check #: _____

Business Administrator initial: _____

Tuition payments are due on the 5th of each month. Any payments not received by the 5th will be considered past due. A 5-day grace period is offered. If payment is not received by the 10th a late fee of \$25 will be assessed. If it is not possible for payments to be made on time, it is the responsibility of the parents to notify the school to work out an agreeable payment plan.

I, the undersigned, for good and valuable consideration, the receipt of which is hereby acknowledged, agree, promise, and covenant as follows:

- That I owe Anchor Christian Academy the sum of \$ _____ for the above named student(s) for the above named school year which will be paid as follows:
 9 month 12 month.
- That all payments shall be made to Anchor Christian Academy at its business office, placed in the office drop box, or sent through the mail.

I, acknowledge and agree:

- **That because Anchor Christian Academy must hire teachers on a full year basis, this is a one year contract, registration and book fees are non-refundable, and after 30 days I am responsible for the full amount of the annual contract whether or not my child(ren) completes the year at Anchor Christian Academy. _____ (initial)**
- To pay Anchor Christian Academy **a late charge in the amount of \$25 if tuition is not paid by the 10th of each month.** _____ (initial)
- That Anchor Christian Academy has the right to accelerate the payment of all tuition and may demand payment in full at any time that the aforesaid payments are not made in a timely manner. Further, Anchor Christian Academy, upon five (5) days written notice to me has the right to cease to provide services to any student whose tuition is not paid in a timely manner as agreed to herein. Accounts 20 days past due can be sent to collections.
- That Anchor Christian Academy may withhold the above named student's report card and diploma until all financial obligations owing to ACA resulting directly or indirectly from enrollment of the above named student(s) have been paid in full.
- That for the purpose of any suit, action and arbitration brought to collect any sum due hereunder, the losing party agrees to pay the prevailing party's costs and disbursements and attorney fees related to said proceedings. Further, in the same manner, if an appeal is taken from any decision of an arbitrator and trial court, the losing party agrees to pay to the prevailing party the prevailing party's costs, disbursements, and attorney fees on all appeals.
- All returned checks are subject to a \$40.00 service charge.

I, THE UNDERSIGNED, HAVE READ AND AGREE, BY MY SIGNATURE BELOW, TO THE TERMS OF THIS PAYMENT PLAN.

Dated this _____ day of _____, in the year _____.

Parent Signature

Parent Signature

ACA Representative

2024 – 2025 STUDENT INFORMATION CARD

Student Information

Student's Date of Birth: _____

Student's Full Name: _____ Nickname: _____
Last Name First Name Middle Name

Grade: K3 K4 K5/Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

Ethnicity: African-American Asian European-descent Native American Pacific Islander Other: _____

Residence Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Home/Cell Phone: _____ Student lives with: _____

Parent/Guardian Contact #1

Name: _____ Relationship to student: _____
Address: _____
Home phone: _____ Cell phone: _____
Work place: _____ Work phone: _____
Email: _____

Parent/Guardian Contact #2

Name: _____ Relationship to student: _____
Address: _____
Home phone: _____ Cell phone: _____
Work place: _____ Work phone: _____
Email: _____

Student *MAY* be released to:

Name: _____
Best contact #: _____
Relationship to student: _____

Name: _____
Best contact #: _____
Relationship to student: _____

Name: _____
Best contact #: _____
Relationship to student: _____

Student *MAY NOT* be released to:

Full Name: _____
Relationship to student: _____

Full Name: _____
Relationship to student: _____

Full Name: _____
Relationship to student: _____