

Christ Classical Academy
K-8th New Student Enrollment Contract
2020-2021



I/We apply to the Board of Directors of Christ Classical Academy (CCA), Inc., a Florida not-for-profit corporation, to enroll the student listed below for the **2020-2021** academic year. I/We offer and, if the student(s) is(are) accepted for enrollment, agree to the following terms and conditions.

Section 1. New Student(s) Information

If you have a new student joining please complete this section and provide the following:

1. Submit a completed application with \$100 (per student) application fee.
2. Provide a copy of previous and current school records (grades and standardized test scores) or homeschooled student's annual testing and/or evaluation.
3. Provide a copy of immunization records or exemptions, proof of medical insurance, and birth certificate.
4. Schedule one shadow day for the student to spend in the classroom at his/her current grade level.
5. Parents of K through 8th grade students, upon the request of CCA, will attend an appointment for admissions screening with the CCA Office.
6. The Head of School, under the oversight of the CCA Board, will notify the family of the decision to offer/decline admission based on the above process.

(A1) NEW STUDENT 1 INFORMATION

Last Name:			
First Name:		Middle Initial:	
Preferred Name:			
SSN:		Gender:	
Race:	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
Date of Birth:		Age:	
Citizenship:		If not a US Citizen, please list Visa or Green Card type and expiration:	
Applying for Grade:		School Year:	
Student lives with (check all that apply):	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Step-father <input type="checkbox"/> Legal guardian: _____ <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Other: Please explain: _____		
Student's Address:			

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City:		State:		Zip:	
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(B1) NEW STUDENT 1 EDUCATIONAL BACKGROUND

Please list the schools previously attended by this student, starting with the most recent:

School:		For which grades:			
Address:					
City:		State:		Zip:	
School:		For which grades:			
Address:					
City:		State:		Zip:	

If home educated:

Curricula used:		Grades completed:	
Do you have any concerns about your child's previous education program(s)?			
Does your child have an Individual Education Plan (IEP)?		If so, a copy must be submitted with this application.	
Please share any other information that would be necessary or helpful for your child's care while in class (allergies, learning disabilities, behavior problems, etc.). Please use a separate sheet of paper if necessary.			
What do you hope your child will accomplish in this academic year?			

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(A2) NEW STUDENT 2 INFORMATION

If only applying for one student skip to Section 2. If applying for more than 2 students, request a supplement.

Last Name:				
First Name:		Middle Initial:		
Preferred Name:				
SSN:		Gender:		
Race:	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			
Date of Birth:		Age:		
Citizenship:		If not a US Citizen, please list Visa or Green Card type and expiration:		
Applying for Grade:		School Year:		
Student lives with (check all that apply):	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Step-father <input type="checkbox"/> Legal guardian: _____ <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Other: Please explain: _____			
Student's Address:				
City:		State:		Zip:

(B2) NEW STUDENT 2 EDUCATIONAL BACKGROUND

Please list the schools previously attended by this student, starting with the most recent.

School:		For which grades:		
Address:				
City:		State:		Zip:
School:		For which grades:		
Address:				

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City:		State:		Zip:	
If home educated:					
Curricula used:		Grades completed:			
Do you have any concerns about your child's previous education program(s)?					
Does your child have an Individual Education Plan (IEP)?		If so, a copy must be submitted with this application.			
Please share any other information that would be necessary or helpful for your child's care while in class (allergies, learning disabilities, behavior problems, etc.). Please use a separate sheet of paper if necessary.					
What do you hope your child will accomplish in this academic year?					

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Section 2: Parent/Guardian Responsibilities

I/We agree to the following:

- (A) To timely pay all tuition, registration and other fees, and all other charges that are set forth in the Family Handbook, or for which I may be invoiced from time to time. Such other charges may include, but are not limited to, the cost of field trips, student lunches, uniforms, supplies, books, or lab fees;
- (B) To pay all such fees and costs, even if my student is withdrawn, suspended or required to leave for any reason except moving from the Tallahassee area or upon agreement of the Board of Directors of Christ Classical Academy;
- (C) To read and then implement to the best of my/our ability the parenting principles set forth in the books, *Shepherding a Child's Heart* by Ted Tripp for K-5th; and/or *Age of Opportunity* by Paul Tripp, for 6th-8th. Each of these books expresses the foundation of discipleship education and how our school discipline at the school is designed to support your home environment.
- (D) To pray for the ministry of CCA, its Board, Faculty, Staff and students and, to the extent my/our circumstances permit, to support the school with the donation of my/our time, talents or other financial giving;
- (E) To attend as requested any meetings or conferences with any instructor, administrator or the Board;
- (F) To provide all information that CCA may request in its discretion from time-to-time to assist CCA in accomplishing its mission and the educational needs of the student. Such information may include, but is not limited to, health or medical records;
- (G) To allow the student to participate in all school-sponsored programs, which include but are not limited to field trips and sporting events both on and outside the CCA premises. I/We specifically agree to allow the student to participate in any CCA program to instruct its students in the Physical Education program, and to indemnify and hold harmless CCA, its teachers, staff, administrators, officers and board members from all claims or damages resulting from or relating to the student's participation in any school-sponsored activity;
- (H) To bring criticisms or concerns regarding any employee of CCA, and not involving serious misconduct, **first to the affected party**, and then if needed to the appropriate administrator or the Board; (Matthew 18: 15-17)
- (I) To maintain regular church attendance at _____.
- (J) For at least one (1) member of each family to attend at least one (1) Parent-Teacher Organization (PTO) meeting each year, and serve in at least one of the areas listed below.

Gladiator Challenge

- Fundraising
- Booths and Entertainment
- Food
- Course Development
- Race Site Management
- Prize Coordination

PTO

- Fundraising
- Event Planning/Hospitality
- Marketing
- Student Enrichment
- Grounds/Maintenance
- Room Parent

Supervision (drop-off, lunch duty, etc.)

Other (classroom reader, chaperoning field-trips, etc.)

Specify (if known): _____

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Section 2: Parent/Guardian Responsibilities *continued*.

Each family is required to pay a \$150 Room Event/PTO service fee. In order to help offset this cost, families are encouraged to volunteer a minimum of 10 hours a semester (20 hours/year). Grandparents and/or other family members may fulfill this requirement on behalf of the family. Hours are logged in RenWeb/FACTS. When 10 hours have been completed and entered into RenWeb/FACTS by the end of the first semester, the family's account will be credited \$50. When all 20 hours have been completed and entered into RenWeb/FACTS by the end of the second semester the family's FACTS account will be credited another \$50.

Please initial to show whether you will serve as a volunteer **or** will pay the full \$150 Room Event/PTO service fee in full.

We will volunteer. Parent initial: _____

We will pay a Room Event/PTO service fee of \$150/family. Parent initial: _____

Section 3: New Student 2020-2021 Tuition and Fees (Kindergarten-8th)

Grammar School (K-5th)	
2020-21 Annual Tuition	\$7,039
Logic School (6-8th)	
2020-21 Annual Tuition	\$7,243

I/We _____ **ARE** _____ **ARE NOT** planning to use a State Scholarship this year for tuition and fees.

Families who plan to use a scholarship should also fill out Section 5: Scholarships.

Monthly Payments (most common)

Monthly Payment Plan		
Due Dates	Due each 15th	
Grammar School	\$	639.91
Logic School	\$	658.46

Tuition is billed in 11 equal installments from July – May.

Payments are due on the 15th of each month, and a \$25 late fee will be applied to any tuition payments not received by the fifteenth. Statements for tuition and incidentals are emailed monthly.

Parent initial: _____

Payment in Full

Payment In Full		
Due Date	7/31/2020	
Grammar School	\$	6,827.83
Logic School	\$	7,025.71

Families who wish to pay in full may do so before 7/31/2020 for a 3% discount. Statements for incidentals are emailed monthly.

Parent initial: _____

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Quarterly Payments

Quarterly Payment Plan		
Due Dates	7/15, 10/15, 1/15, 4/15	
Grammar School	\$	1,759.75
Logic School	\$	1,810.75

Tuition is billed in 4 equal installments, July, October, January, and April.

Payments are due on the 15th of billing month, and a \$25 late fee will be applied to any tuition payments not received by the fifteenth. Statements for incidentals are emailed monthly.

Parent initial: _____

Semester Payments

Semester Payment Plan			
Due Dates	7/15/2019		1/15/2020
Grammar School	\$	3,519.50	\$ 3,519.50
Logic School	\$	3,621.50	\$ 3,621.50

Tuition is billed in two equal installments, July and January.

Payments are due on the 15th of billing month, and a \$25 late fee will be applied to any tuition payments not received by that date. Statements for incidentals are emailed monthly.

Parent initial: _____

Section 3: Scholarships

We plan to utilize the following state scholarship to pay for tuition and/or fees. Please include a copy of your award letter along with your application and make an appointment with Bookkeeper Susan Edwards to discuss your account at sedwards@christclassical.com or (850) 556-6351.

<input type="checkbox"/> Florida Empowerment Scholarship	<input type="checkbox"/> Gardiner Scholarship	<input type="checkbox"/> McKay Scholarship
<input type="checkbox"/> Florida Tax Credit Scholarship	<input type="checkbox"/> Hope Scholarship	

Section 4: Parent/Guardian Acknowledgments

I/We acknowledge the following:

- A. As the parent or guardian of the student, I/we have the primary responsibility to raise and educate the student according to biblical, Christian principles, and that such responsibility cannot be delegated to CCA. Instead, the responsibility of CCA is to assist me/us in carrying out this charge before the Lord;

Parent initial: _____

- B. The Board reserves the right to suspend the attendance of any student, or to require the withdrawal of any student, in any of the following circumstances:
1. Failure to pay in a timely manner all tuition, costs or other charges;
 2. Failure to uphold all the Parent/Guardian responsibilities;
 3. The student's failure to meet the minimal academic requirements of CCA, to follow the instructions of CCA instructors or staff, or to adhere to the standards of behavior and decorum set forth in the Family Handbook or otherwise adopted by CCA. Upon the withdrawal or suspension of any student for any reason, CCA reserves the right to declare any unpaid tuition or costs due and payable.

Parent initial: _____

- C. The Board reserves the right to withhold all report cards or transcripts if your financial obligations are in arrears.

Parent initial: _____

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- D. Acceptance for enrollment of a current or previous student of CCA is at the sole discretion of the Board and Head of School. **Parent initial:** _____
- E. The Board reserves the right to cancel this agreement in the event the Board deems enrollment to be insufficient. Upon such cancellation, the Board will fully refund the applicable enrollment/registration fee and tuition payments. **Parent initial:** _____
- F. Withdrawal after enrollment does not negate the financial obligation of the family. Enrollment fees are nonrefundable. **Parent initial:** _____

I/WE therefore apply for enrollment of the child/ren listed above and, if accepted, agree to abide by all the terms and conditions of this Agreement.

Signed by parent:

Signed by parent:

Print Name: _____
Date _____

Print Name: _____
Date _____

Signed and accepted by Christ Classical Academy:

Head of School _____ Date _____

***Christ Classical Academy admits students of any race to all rights, privileges, programs, and activities generally made available to all students. CCA practices a biblical philosophy of admissions, not discriminating on the basis of race, sex, color, or national origin in the administration of its policies, admissions, scholarships, athletics, and other school-directed program.

Date updated: _____



CHRIST CLASSICAL ACADEMY

Insurance Card
Please attach copy
of insurance card.

Medical Information Form

Name of Child: _____ Birth Date: _____

Name of Parent(s) or Guardian(s): _____

In Case of EMERGENCY, contact the parent(s) or guardian(s) in the following order:

Mother Phone 1: _____ phone 2: _____

Father Phone 1: _____ phone 2: _____

Name and number of Individual(s) authorized to pick up my child in case of illness or emergency:

Child's Physician: _____ Phone: _____

Child's Allergies: _____

Any chronic or debilitating illnesses: _____

Current Medications: _____

Hospital Preference: _____ Date of last Tetanus Immunization: _____

Christ Classical Academy has my permission to administer the following medications, or their equivalent for minor complaints:

- | | | |
|---|--|--|
| <input type="checkbox"/> Advil (ibuprofen) | <input type="checkbox"/> Pepto-Bismol (bismuth, salicylates) | <input type="checkbox"/> Benadryl topical analgesic |
| <input type="checkbox"/> Children's/Jr. Tylenol (acetaminophen) | <input type="checkbox"/> Tums tablets (calcium carbonate) | <input type="checkbox"/> Bactine spray (antiseptic, lidocaine) |
| <input type="checkbox"/> Cough Drops/ Sore throat lozenges | <input type="checkbox"/> Children's Benadryl | <input type="checkbox"/> Neosporin or antibiotic cream |

Do you wish to be contacted for ailments and injuries deemed minor by the office staff? _____

I acknowledge this form will be kept on file and referred to during the entirety of the above-mentioned student's tenure at Christ Classical Academy. It is my responsibility to notify the school of any changes or updates that need to be made.

Signature of Parent/Guardian

Date

Date updated: _____



CHRIST CLASSICAL ACADEMY

Student Pick-up Authorization Form

Student's Name: _____ Grade: _____

The following people are allowed to pick up my child from Christ Classical Academy:

Name _____ Phone #: _____ Relationship: _____

Name _____ Phone #: _____ Relationship: _____

Name _____ Phone #: _____ Relationship: _____

Name _____ Phone #: _____ Relationship: _____

Name _____ Phone #: _____ Relationship: _____

*In the event someone not listed above will be picking up your child,
please notify the school by calling or sending a note/email to the child's teacher.*

The following person(s) may never pick up this student:

Other comments:

I acknowledge this form will be kept on file and referred to during the entirety of the above-mentioned student's tenure at Christ Classical Academy. It is my responsibility to notify the school of any changes or updates that need to be made.

Signature of Parent/Guardian

Date

Date updated: _____



CHRIST CLASSICAL ACADEMY

CONSENT AND RELEASE FORM

We/I hereby give our/my permission for _____ to take school field trips during his/her tenure at Christ Classical Academy.

We/I understand that extended learning experiences such as, but not limited to field trips, may present heightened exposure to risk of injury. Such exposure may include but not be limited to the form of transportation to/from the activity, or participation in experiences such as walking on trails, playing in parks, riding amusement rides, contact with other individuals, eating prepared food, contact with wild or domestic wildlife, or exposure to disease or infection, etc. Further, we/I understand that while the school intends to use reasonable effort to safeguard the health and safety of all participants we/I agree to hold harmless Christ Classical Academy, their officers, servants, agents, or employees, chaperones, and volunteers from any and all liability, claims, demands, actions and causes of action whatsoever, including court costs and attorney’s fees arising out of or related to any loss, damage, or injury, including death, that may be sustained by us or our child, or to any property belonging to us, while our child is traveling to/from the activities, participating in such activities, or in, on or upon the premises where the activities are being conducted.

IN SIGNING THIS WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, WE/I ACKNOWLEDGE AND REPRESENT THAT we/I have read and understand the foregoing provisions; that we/I sign this AGREEMENT voluntarily as our own free act and deed; no oral representations, statements, or inducement, apart from the foregoing written agreement, have been made; we/I are at least eighteen (18) years of age and fully competent; and we/I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Parent/Guardian Signature

Date

X _____

Medical Treatment Information and Consent

In the event that my child should need medical attention during a fieldtrip or school day and we/I am unavailable for consultation, the supervisor has my permission to acquire medical attention. Known medical problems, allergies, or medications needed are described below. (Use space on back, if necessary)

Allergies: _____

Medications: _____

Parent/Guardian Signature

Date

X _____

Date updated: _____



Consent to photograph, film, or videotape a student for non-profit use

We/I understand that as part of the Christ Classical Academy Community my child’s picture will be used on the private PTO Facebook group, the year book, and in class photos.

Parent/Guardian Signature

Date

X _____

We/I hereby consent to my child’s participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the student named above for materials that are available to the public or for promotional use.

We/I also grant the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media. We/I understand my child’s name will not be included in these materials without written consent from a parent.

Parent/Guardian Signature

Date

X _____

The signatories to all the above expressly represent that all legal guardians of child are included. Failure to sign any of the above indicates a lack of consent to the corresponding element above.

I acknowledge this form will be kept on file and referred to during the entirety of the above-mentioned student’s tenure at Christ Classical Academy. It is my responsibility to notify the school of any changes or updates that need to be made.

Signature of Parent/Guardian

Date