

Admissions Application 2018-2019

The following is a list of procedures and deadlines that will guide you in applying for enrollment at CCA.



YEARLY TUITION FEES:

K3 Part Time: \$4,700.00

5 half days (8am-11:30am) or 3 full day 8-3 pm
10mo \$470.00 starting Aug 1st

K3-K4: \$5,700.00

10mo. \$570.00 starting Aug 1st

K5- 5TH: \$5,700.00

10mo. \$570.00 or **11mo. \$518.18** starting Aug 1st

6TH - 12TH: \$6,000.00

10 mo. \$600.00 or **11mo. \$545.45** starting Aug 1st

DISCOUNTS:

- 10% sibling discount off standard tuition for second child, 20% for third child, and 30% for fourth+ child(ren)
- 10% discount off standard tuition active military, military veterans, police, firefighter, and other law enforcement parent/parents of enrolled student.
- 10% Pay in full discount off standard tuition (Must pay in full by August 1st)

Only one discount type is available per family.

****DISCOUNTS MAY NOT BE STACKED****

REGISTRATION FEE: Per Student -Non Refundable

K3 - 12TH \$230.00

BOOK USAGE FEE: Due July 1st

K3-K4 \$150.00

K5-12TH \$350.00

FINE ARTS FEE:

K5-12TH \$35.00

A one-time charge per semester class, due 2nd week of semester. Only applies to extracurricular classes such as Piano, Art and Ballet/Dance.

MULTISENSORY READING, ENRICHMENT, SPEECH THERAPY:

K5-12TH Cost may vary

Additional monthly fees will apply and are due with tuition payment on the first of the month.

CHARACTER REFERENCES

New Students: Obtain two Character Reference Letters from individuals (pastor or church leader if you have one) who know you and are not part of your family. The letters may be mailed, e-mailed, faxed or brought in by a parent or student. Letter must be available at the time of interview.

INTERVIEW

All new students and their parents will be interviewed before being accepted.

APPLICATION

_____ 2018– 2019 Application for Admission (Completed and signed by Student and Parent/Guardian)

_____ Report card from the previous grading period.

_____ Students applying for grades 9-12: an official or unofficial transcript showing all high school credits previously received.

_____ Copy of immunization records –All Grades

_____ Students applying for K3-K5: Copy of Birth Certificate

_____ Registration fee (due upon acceptance)

_____ Entrance exam completed (1st-5th grade)

_____ 2 Reference Letters (1st-5th grade)

***A student may not be accepted unless all items above are completed. Registration fee MUST be paid upon acceptance for a place to be held on the class roster. An acceptance letter will be sent within 2 weeks if a student is accepted.**

OFFICE USE ONLY

REGISTRATION PAID:

Credit Card —Cash—or

Check # _____

Amount _____

Date _____

BOOK USAGE PAID:

Credit Card —Cash—or

Check # _____

Amount _____

Date _____

FINE ARTS PAID:

Credit Card —Cash—or

Check# _____

Amount _____

Date _____

Activity _____

Calvary Christian Academy

2018-2019 School Year Student Information

Student's Name _____

Grade Entering _____

Last Grade Completed _____

Date Of Birth _____ Sex: M _____ F _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone _____

Privileges Reserved - A student may be photographed or videotaped by the school in the course of school activities, and may be used in promotional and/or advertising materials, including the use of video and still photos on the school's website. Calvary Christian Academy reserves the right to use any student photos for publicity purposes. Discretion will be used.

Required

Mother's Initials _____ Father's Initials _____

In signing this application for my child, it is my desire to have him/her complete the 2018-2019 school year. It is also my understanding that the policy of the school is to make ***no refunds on tuition, registration fees or curriculum fees.**

THIS IS A CONTRACT. UPON SIGNING YOU ARE RESPONSIBLE FOR A FULL YEAR TUITION. IN THE EVENT YOU WITHDRAW YOUR STUDENT FOR ANY REASON, OR YOUR STUDENT IS EXPELLED. YOU WILL BE RESPONSIBLE FOR THE BALANCE OF THE YEAR'S TUITION.

Required

Mother's Initials _____ Father's Initials _____

I have read and understand all the fees and conditions as itemized in the CCA 2018-2019 student handbook, including registration fees, book fees, tuition, family partnership fees, late fees, before/after school care fees and agree to comply thereof.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Required



12820 Indian School Road NE Albuquerque, New Mexico 87112 * (505)-842-8681 * (fax) 505-292-4782
Email: ccaoffice@calvarychristianabq.com * Website: www.calvarychristianacademy.net



CCA makes no distinction concerning an individual's gender, race or ethnic background because we acknowledge that there is no preferential treatment with God (Romans 2:11).

Parent/Guardian Information & Student School History

Mother/ Guardian

Name _____

Required

SSN _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone _____ Work _____

Marital Status _____

Email Address _____

Father/ Guardian

Name _____

Required

SSN _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone _____ Work _____

Marital Status _____

Email Address _____

Is student living full-time with both parents: _____yes _____no

If not, with whom does the student live? Is there any additional information we need to know about custody?

Please list the schools your child has attended since preschool.

School _____ Grade attended _____

School _____ Grade attended _____

School _____ Grade attended _____

*Please attach/list any academic or developmental areas requiring support: _____

Has your child received any of the following supports through school or early intervention programs (please attach appropriate documentation)?

Speech and Language Support _____

A 504 Plan _____

Reading support such as Title I _____

A Behavior Intervention Plan (BIP) _____

Special Education Support _____

Psychiatric Care/Counseling _____

An IEP (Individualized Education Program) _____

Other (Physical Therapy, Occupation Therapy) _____

Tuition Fees & Family Partnerships

Tuition and Curriculum Fees

CIRCLE THE CORRECT BILLING SCHEDULE(S)

Preschool K3 Part time:

\$4,700.00

5 half days (8 a.m.-11:30 a.m.) or
3 full days 8 a.m. to 3 p.m.

OR starting Aug 1st

\$470.00/mo. x 10 months

Preschool K3—K4: \$5,700.00

OR starting Aug 1st

\$570.00/mo. x 10 months

K5—5th : \$5,700.00

OR starting Aug 1st

\$570.00/mo. x 10 months

\$518.18/mo. x 11 months

6th—12th: \$6,000.00

OR starting Aug 1st

\$600.00/mo. x 10 months

\$545.45/mo. x 11 months

Book Usage Fee:

Due July 1st or upon enrollment:

K3—K4— \$150.00

K5-12th — \$350.00

Please check one below if a discount applies:

_____ * 10% sibling discount off standard tuition for second child, 20% for third child, and 30% for fourth+ child(ren)

_____ * 10% discount off standard tuition for active military, military veterans, police, firefighter, and other law enforcement parent/parents of enrolled student.

_____ * 10% Pay in full discount off standard tuition (Must pay in full by August 1st)

Only one discount type is available per family. **DISCOUNTS MAY NOT BE STACKED**



Yes, I would like CCA to draft the monthly payments from my account below

Credit/Debit card # _____ Visa _____ M/C _____

This card will be charged tuition, any before/after school care, Misc. charges, and any lunch fees on the first of the month.

Billing address: _____

Expiration _____ CVC Code _____ Zip Code _____

Signature: _____ Date: _____

Family Partnership

I/we have reviewed and agree with the Family Partnership volunteer commitment and understand that our family is required to fulfill 16 volunteer hours; Volunteering during school, and/or before or after school events.

I will pay a monetary compensation of \$10 per hour for hours not fulfilled.

Required

Mother's Initials _____ Father's Initials _____

Emergency Information & Pick-Up Authorization

Emergency Contacts

**Preschool must have two emergency contacts other than parents in case parents are unavailable*

Name _____ Relationship: _____

Cell Phone: _____ Work: _____

Name _____ Relationship: _____

Cell Phone: _____ Work: _____

Medical Information (Required)

Doctor: _____ Phone _____

Insurance Carrier: _____ Hospital Preference: _____

Allergies _____

Prescription Medications _____

Please list over-the-counter medications your child is permitted to take (Tylenol, Advil, Allergy medication, etc..)

Required

Medical Release - I/we give permission for any representative of CCA to obtain medical treatment for my child in event of an injury or illness occurring either at school or school functions.

We will not hold school representative liable for such treatment. Mother's Initials _____ Father's Initials _____

Pick-Up Authorization

** Preschool must have two pick-up authorizations other than parents in case parents are unavailable*

Name _____ Relationship: _____

Cell Phone: _____ Work _____

Name _____ Relationship: _____

Cell Phone: _____ Work _____

A student's attitude is very important as well as the parent's attitude and spirit of cooperation. Together we can accomplish much. We at CCA desire to achieve the best for all the students and as a result, we have set forth certain guidelines to help students achieve high standards. Please go over the guidelines in the student handbook with your child before signing this application, so you both have an understanding of the school principles.

I will refrain from unchristian behavior, stealing, swearing, use of alcohol, drugs, piercing (except for girls' earrings), tattooing, and pornography. I will also adhere to all dress codes in accordance with CCA. I will treat my teachers and other supervising adults with respect and will obey their authority. I have read the Student Handbook and agree to all the policies thereof.

Required

Student's Signature _____ Date _____

Mother's Signature _____ Date _____

Father's Signature _____ Date _____