Seekonk Christian Academy Re-enrollment Form School Term: 2020-2021

Student's Information

Student's Name:			
Last	First	Middle	
Grade Level:			
Primary Family Information			
Address Line:			
City	State		ZIP Code
Home Phone:			3333
Father's Information			
Father's Name: Last	First	Middle	Title
Cell Phone:	Father's Email:		
Company Name:			
Job Title:	Business Phone: _		Ext:
Mother's Information			
Mother's Name:	-		
Last Cell Phone:	First Middle Mother's Email:		
Company Name:			
Job Title:			_ Ext:
Parent or Guardian Signatu	ıre	Date	
Parent or Guardian Signature		Date	

Seekonk Christian Academy Re-enrollment Fees (2020-2021)

Book and Materials Fee:

\$260.00 (Kindergarten) \$270.00 (Grades 1-8)

Payment is due by June 1st. After this date, a \$75.00 administration fee will be assessed.

Tuition: \$385.00 per month (members) \$445.00 per month (non-members)

Tuition payments are due on the first of every month (September through June). The first tuition payment will be due on September 1st.

We are pleased to offer FACTS Payment Plans and Grant & Aid Financial Needs Assessment on the same platform.

Simple Steps to Enroll in a Payment Plan:

- 1. If you are an Existing FACTS user, please enter your existing username and password and click "Sign In". If you are a New FACTS User please select "Create username & password".
- 2. Click on the Set Up a Payment Plan link or Start Application link
- 3. Select the appropriate school year
- 4. Complete the steps as prompted

Enrolling in a FACTS tuition payment plan allows you to select a payment option that best suits your financial needs. The plans listed below are offered by your school.

Monthly Payments:

Spread your tuition balance over monthly installments. Payment Methods Offered: Automatic Bank Draft

Semi-Annual Payments:

Pay your tuition in two installments.

Payment Methods Offered: Automatic Bank Draft, Invoice

Payment in Full: FACTS is a quick, secure method for paying your tuition balance in full.

- Book and Material fees must be paid no later than July 10th.
- Note: Monthly tuition is based on a 10-month plan of monthly payments beginning on September 1, 2020.
- MARCH 1st Enrollment opens to all applicants.
- Applications must be completed and returned to the SCA office no later than February 27, 2020.
 Every Student must be registered for the upcoming school year 2020-2021.
- You will be invoiced by Facts for the registration fee.

Annual Field Trip Release/Emergency Medical Form Seekonk Christian Academy 2020-2021 School Year

This form will be on file at the school office for the current school year. An <u>additional</u> Permission to Participate form will be sent home prior to each off-campus trip.

I give my permission for, grade, to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least five days notice of all trips away from the school premises.					
Although the school desires to provide a safe a happen. I/We understand that there are risks/d and their associated activities. In consideratio I/we assume responsibility for those ordinary a activities. I/We agree to hold harmless Seekon employees, agents and representatives, includi arising from my child's participation. This rel (criminal) misconduct or gross negligence by circumstances are proved in a court of law, I/w financial liability beyond its actual liability institution.	langers involved with participation in or n of my child being allowed to participate and reasonable risks associated with the nk Christian Academy, its affiliated org ing volunteer and other drivers, from an lease agreement does not apply to claim the school, its employees or volunteers. we acknowledge and agree that the school	ff-campus trips ate in this event, travel and anizations, y and all claims s of intentional If such			
In case of accident, illness or other emergency cannot reach a parent/guardian after conscient paramedics or any licensed physician or dentis permission for school staff to immediately call thereafter.	ious effort, I/we give permission for sch st. If a life-threatening emergency exist	nool staff to call s, I/we give			
I/We authorize and consent to any X-ray examor treatment and hospital care which, in the beadvisable. I/We agree to assume the financial services being provided. I/We also agree to be transportation.	est judgment of a licensed physician or or responsibility for expenses incurred as	lentist is deemed a result of those			
Father/Guardian's Signature Date	Mother/Guardian's Signature	Date			
Name Printed:	Name Printed:				
If the child lives with both parents, the release must be signed by both parents/guardians					
Witnessed by:	Date:				

Emergency Information

Only parents specifically listed on this 2020-2021 form will be eligible to pick up your child.

Names do not carry over from previous years.

Parent Name:	
Emergency Contacts (Emergency Conta	acts other than Parents)
Contact Name:	Relation
Home Phone:	Bus. Phone:
	Mobile Phone:
Contact Name:	Relation
Home Phone:	Bus. Phone:
	Mobile Phone:
Contact Name:	
Home Phone:	
,	Mobile Phone:
Pickup Information (People authorized	
•	Phone:
	Phone:
	Phone:
	Phone:
Name	Discourse
	1
Parent Name: Volunteer Duties: I would like to perform the following of	duty/duties to fulfill my volunteer commitment for the next year:
(Please check one or more):	
Parking Lot Monitor AM GYM Mo	onitor AM
Parking Lot Monitor PM	
Lunch Room Monitor for: Mon. Tue	s. Wed. Thurs. Fri. circle choice(s)

Student Biographical Information 2020-2021

Student's Name:			
(La	ast) (First)	(Middle)
If your child is presently r	eceiving any special service	es, please explain:	
Is your child presently str (This may be observed by their	uggling in any academic are	eas?	
	acts that we should know at heck all that apply. Please l	•	nelp us understand
appetite	hearing	visio	ondiscipline
allergies	medications	phys	sical restrictions
listening skills	following directi	onsspea	aking clearly
If you have checked any	of the above, please explair	າ:	
the course of school	child's likeness may be activities. I hereby give all and/or advertising m	consent for the school	otaped by the school in I to use my child's
Paront Signatura		Data	

Commitment to SCA Requirements for Enrollment 2020-2021

We ask that you verify your compliance with the basic requirements for enrollment as found in Article IX of the SCA Handbook for Parents and Students with your signature in the space below.

- I am an official member of Faith Christian Center or another church.
- My family regularly attends church services.
- I will attend SCA parent meetings.
- I will abide by the policies specified in the SCA Handbook.
- I live a lifestyle that is in keeping with our Godly mission. Explanation below:

Seekonk Christian Academy's biblical role is to work in conjunction with the home to mold students to be Christlike. Of necessity, this involves the school's understanding and belief of what qualities or characteristics exemplify a Christlike life. The school reserves the right within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student if the atmosphere or conduct within a particular home or the activities of the student are counter to or are in opposition to the biblical lifestyle the school teaches. This includes, but is not limited to, participation in, supporting, or condoning sexual immorality, homosexual activity, or bisexual activity; promoting such practices; or being unable to support the moral principles of the school. (See Leviticus 20:13 and Romans 1:27.)

Parent or Guardian Signature	Date
Parent or Guardian Signature	Date