

Seekonk Christian Academy
Re-enrollment Form
School Term: 2019-2020

Student's Information

Student's Name: _____
Last First Middle

Grade Level: _____

Primary Family Information

Address Line: _____

City State ZIP Code

Home Phone: _____

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 First Middle

Cell Phone: _____ Mother's Email: _____

Company Name: _____

Job Title: _____ Business Phone: _____ Ext: _____

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Seekonk Christian Academy

Fees (2018-2019)

Book and Materials Fee:

\$240.00 (Kindergarten) \$270.00 (Grades 1-8) \$350.00 (Grades 9-12)

Payment is due by June 1st. After this date, a \$75.00 administration fee will be assessed. This fee is refundable only if Seekonk Christian Academy does not accept the child for enrollment.

Tuition: \$365.00 per month (members) \$425.00 per month (non-members)
High school Tuition: \$440.00 per month (members) \$490.00 per month (non-members)

Tuition payments are due on or before the first of every month (September through June). Payments are to be made directly to the main office. Payments will be accepted in person, by mail or may be placed in the offering container during service. Payment may be made by cash, check or credit card. **The first tuition payment will be due on September 1st.**

- Note: THE RE-ENROLLMENT FEES ARE NOT REFUNDABLE. This guarantees that we will hold a slot for your child at Seekonk Christian Academy.
- Book and Material fees must be paid no later than July 30th.
- Note: Monthly tuition is based on a 10-month plan of monthly payments beginning on September 1, 2019.
- MARCH 1st Enrollment opens to all applicants.
- Application must be returned to the SCA office with the registration fee of **\$100.00 deposit for each student** to be credited toward the **non-refundable** \$270.00 book and material fee (\$240.00 for K4-K5) by **March 1st**. After this date, SCA cannot guarantee an opening for your child. All applications and deposits returned after **March 1st** will incur a \$75.00 late fee. **Early withdrawal will incur a handling fee of 10% of the unpaid annual tuition.**

Annual Field Trip Release/Emergency Medical Form
Seekonk Christian Academy
2018-2019 School Year

This form will be on file at the school office for the current school year. An additional 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 and enjoyable time for all students, accidents can still happen. I/We understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/We agree to hold harmless Seekonk Christian Academy, its affiliated organizations, employees, agents and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/We authorize and consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care which, in the best judgment of a licensed physician or dentist is deemed advisable. I/We agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/We also agree to be financially responsible for emergency medical transportation.

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

2018-2019

Only parents specifically listed on this 2018-2019 form will be eligible to pick up your child next year.

Names do not carry over from previous years.

Parent Name: _____

Emergency Contacts (Emergency Contacts other than Parents)

Contact Name: _____

Relation _____

Home Phone: _____

Bus. Phone: _____

Mobile Phone: _____

Contact Name: _____

Relation _____

Home Phone: _____

Bus. Phone: _____

Mobile Phone: _____

Contact Name: _____

Relation: _____

Home Phone: _____

Bus. Phone: _____

Mobile Phone: _____

Pickup Information (People authorized to pickup children from School)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent Name: _____

Volunteer Duties:

I would like to perform the following duty/duties to fulfill my volunteer commitment for the next year:

(Please check one or more):

Parking Lot Monitor AM _____ Foyer Monitor AM _____

Parking Lot Monitor PM _____ Foyer Monitor PM _____

Lunch Room Monitor for: Mon. Tues. Wed. Thurs. Fri. **circle choice(s)**

Other (please specify) _____

Student Biographical Information

2018-2019

Student's Name: _____
(Last) (First) (Middle)

If your child is presently receiving any special services, please explain: _____

Is your child presently struggling in any academic areas? _____
(This may be observed by their teachers; or you as parents)

Are there any important facts that we should know about your child which will help us understand him/her better? Please check all that apply. **Please list any medicines.**

_____ appetite	_____ hearing	_____ vision	_____ discipline
_____ allergies	_____ medications	_____ physical restrictions	
_____ listening skills	_____ following directions	_____ speaking clearly	

If you have checked any of the above, please explain: _____

I understand that my child's likeness may be photographed or videotaped by the school in the course of school activities. I hereby give consent for the school to use my child's likeness in promotional and/or advertising materials.

Parent Signature

Date

Commitment to SCA Requirements for Enrollment

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