



# SCHOOL AGE STUDENT ENROLLMENT FORM

## 2017-2018

Student's Full Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female

Primary Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Please provide information for two people we can contact in the event of any emergency/authorized pick up:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please let us know if your family attends church regularly, how often and the Church name. \_\_\_\_\_

How did you hear about CHCA? If a friend, please let us know who. \_\_\_\_\_

### SCHEDULE PREFERENCE

School Age Students	Mon-Fri	Price to Include CCPS Early Release/Full Days
<input type="checkbox"/> Before	<input type="checkbox"/> \$88.00	
<input type="checkbox"/> Before & After	<input type="checkbox"/> \$297.00	<input type="checkbox"/> \$337.00
<input type="checkbox"/> After	<input type="checkbox"/> \$244.00	<input type="checkbox"/> \$274.00

School they will be attending:  Alberta Smith  Spring Run  Grade \_\_\_\_\_

**Annual Registration Fee:** \$65 Individual / \$95 Family

Snacks are included for who participate in the after school program. Tuition is automatically withdrawn from your savings or checking account on the 5<sup>th</sup> of each month. If account is deemed "insufficient funds", a \$25 late fee will be added to your account. Families with outstanding balances after the 8<sup>th</sup> of each month may not return to school until balance has been paid in full.

### EMERGENCY MEDICAL RELEASE

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Medications/Treatments Needed \_\_\_\_\_

I voluntarily furnish medical information on the above-certified child to Clover Hill Christian Academy. I hereby request that in the event that I or the people I authorize for an emergency cannot be reached in a timely manner, that an official representative of Clover Hill Christian Academy seek first aid for my child. I further give my consent for an emergency medical facility to administer necessary medical treatment to my child if I am unable to be reached or the situation requires immediate attention.

**Please sign here to verify that you understand that the CHCA registration fee is nonrefundable even if your child withdraws from the school and that all the information on this enrollment form is accurate and complete.**

Signature \_\_\_\_\_ Date \_\_\_\_\_