



SCHOOL AGE STUDENT ENROLLMENT FORM

2018-2019

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"/> \$244.00	
<input type="checkbox"/> Before & After	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$390.00
<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: \$75 Individual / \$100 Family

Snacks are included for who participate in the after school program. Tuition is automatically withdrawn from your savings or checking account on the 5th of each month.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 8th 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 _____