



Christian Life Academy

1150 SW 20th Avenue, Cape Coral, Florida 33991
(239) 283-1022 * FAX: (239) 283-3430

Dear Applicant:

Thank you for considering Christian Life Academy for your child. Christian Life Academy believes parents and teachers should work hand in hand to educate children spiritually and academically. Our program centers on how God affects all areas of our lives. We provide a high quality Christian education for an affordable price to our community.

Please visit Christian Life Academy and decide if this is where you feel God would want your child.

Please return the following items to enroll your child:

- Complete the enclosed *Application for Admission* form
- Submit the registration, curriculum & testing fee of \$400 (non-refundable)
- Submit last report card and records from any schools previously attended.
- Submit an original Florida Certificate of Immunization, a physical examination performed within one year prior to entrance in Florida school, and a copy of the child's birth certificate. This must be submitted before the student can begin school.

Christian Life Academy

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Application for Admission

Student Information

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

Address: _____ City _____ St _____ Zip _____

Phone Number _____ SS# _____ Birthplace: _____

Sex: _____ Adopted? Yes No

Grade Entering: _____ Starting Date: _____

Family Background

Father's Name _____

Address _____

Phone _____

Employer _____

Occupation _____

Business Phone _____

E-Mail Address: _____

(please make sure the email address is legible. This is your way to access your child's grades.)

Mother's Name _____

Address _____

Phone _____

Employer _____

Occupation _____

Business Phone _____

E-Mail Address: _____

(please make sure the email address is legible. This is your way to access your child's grades.)

Natural parents are: together at home separated divorced widow

If parents are divorced or separated, who has legal custody? _____

Name of parent or guardian if other than parent _____ Relationship _____

Can your address, home phone number and occupation be listed in the School Directory? Y N

Name and address of living grandparents:

Name _____ Address _____ City _____ St _____ Zip _____

Name _____ Address _____ City _____ St _____ Zip _____

If there are other children in your family please complete the following:

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Academic Information

Previous school attended: _____
Name of School

Address: _____
Street City State Zip

Grades attended: _____ Dates: _____

Reason for leaving: _____

Has student ever repeated a grade? ____ Which grade(s)? _____

Has student ever attended summer school? Y N When? _____ Where? _____

Any physical or emotional problems? _____

Describe the student's interests, talents, abilities: _____

Where did you receive information about Christian Life Academy?

Church Website Other _____

Friend (If the friend who recommended the school is already a Christian Life Academy family, please give us their name

Please include student's last report card and standardized test.

Spiritual Information

Does your family attend church? Yes ____ No ____

Church _____ Pastor: _____ Phone: _____

Member? Y N How Long? _____ Regular Attendance? _____ How Long? _____

Please explain your reasons for desiring to enroll your child at Christian Life Academy.

Parents' (or legal guardians') Statement

In making application for my child to attend Christian Life Academy:

- I agree to support the spiritual, moral, dress, and disciplinary standards of the school as outlined in the Parent Handbook.
- I agree to assume the responsibility for my child's education by supervising homework and keeping in regular contact with my child's teachers.
- I understand that until such time as CLA has adequate facilities and staffing to service students with learning disabilities or special physical/emotional needs, the school reserves the right to refuse admission for such students. Upon screening and detection of such needs in any enrolled student, CLA will evaluate on an individual basis its ability to provide adequate instruction for that student.
- I agree to support to the best of my ability, through attendance and participation, the various activities of the school.
- I agree to allow my child to go on scheduled field trips and other school activities.
- I agree to support, to the best of my ability, the school's entire program through prayer, time, and financial gifts.
- I understand that 10 hours of volunteer work per student is required yearly by parent for Christian Life Academy.
- I understand that this application cannot be considered without the Registration Fee and that I agree to the payment and/or refund policies listed on the school's tuition worksheet.
- I will attend meetings and parent functions of the school regularly.
- I understand that Christian Life Academy reserves the right to refuse any application, or dismiss any student, at any time, for unacceptable work or conduct, or any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding upon Christian Life Academy. If a student is dismissed from the school, the parents are still responsible to pay the full tuition for that month.

Father's Signature

Date

Mother's Signature

Date

Christian Life Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students of the school. Christian Life Academy does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, athletics, or any other school administered programs.

STUDENT RECORDS RELEASE

Christian Life Academy

1150 SW 20th Avenue, Cape Coral, FL 33991
239-283-1022 FAX: 239-283-3430

**Parents: Please complete this form including the complete address of previous school.
Return the completed form to Christian Life Academy with application.**

Student's Name: _____ Birth Date: _____
Last First Middle

School: _____

Mailing Address: _____
Street/PO Box City State Zip

I give my permission for the release of the following records concerning my child to Christian Life Academy.

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY

Attention Student Records Administrator:

The student listed above is enrolled in grade ____ at CHRISTIAN LIFE ACADEMY Elementary, as of _____.

Please send the following information as soon as possible.

1. Transcript—listing all subjects taken and grade received (including summer school).
2. Withdrawal Grades—if any.
3. Standardized test scores.
4. Psychological reports and discipline/conduct records, including any suspensions.
5. Copy of Birth Certificate.
6. Immunization and Health Records.

Thank you!

Student Records, Christian Life Academy



Christian Life Academy

Contact List

Your child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached. (Photo ID Required)

Name: _____

Relationship: _____ Phone#: _____

Name: _____

Relationship: _____ Phone#: _____

Name: _____

Relationship: _____ Phone#: _____

Name: _____

Relationship: _____ Phone#: _____

Name: _____

Relationship: _____ Phone#: _____

Name: _____

Relationship: _____ Phone#: _____



Christian Life Academy

Emergency Treatment and Transportation

Child's Name: _____

Please check and/or list any medical conditions your child may have:

Allergies Asthma Diabetes Heart Condition Other: _____

Allergies: _____

If allergic, what are signs/symptoms of allergic reaction(s)?

Other Health Condition(s)/Concerns/Medications:

Authorization for Medication

To ensure the safety of our students, and the legal protection of our employees, Christian Life Academy will not administer over the counter medication. In the event that your child needs to have medication administered during the school day, we must have written consent from their physician. Please stop by our office and get a copy of the medication form and return it back to the office. We must have this paperwork filled out from their physician prior to any medication being given at school. Medications should never be in the possession of the child, in backpack, lunch box, or on person, etc.

Authorization for Emergency Medical Care

I understand that it is my responsibility to see that my child has regular medical examinations as required for attendance at CLA and that my child's immunizations are kept current as required by the State of Florida. In case of emergency, I/we authorize any representative of CLA to present above stated minor to receive any emergency care needed. I give permission for Christian Life Academy to call my child's physician and/or dentist in case of an emergency.

Physician's Name: _____ Physician's Phone #: _____

Dentist's Name: _____ Dentist's Phone #: _____

Preferred Hospital: _____

Authorize Ambulatory Transportation YES _____ NO _____

Parent or Legal Guardian's Signature: _____ Date: _____

Parent or Legal Guardian's Printed Name: _____



Christian Life Academy

Permission Slip

2020-2021

Photo Release

I authorize my child's participation in classroom photographs. These classroom photographs will be used to create displays for the classroom and hallways that illustrate the facility's curriculum and children's daily activities. These photos may also be published on the Christian Life Academy website and/or Facebook page.

Parent/Guardian Signature: _____

Date: _____

Publicity Release

I authorize my child's participation in any media events that take place at the facility or on the grounds. I understand that this may include video footage, photographs, or written quotations of my child. I understand that the facility will post these events for parent's knowledge and will do so prior to their occurrence whenever possible.

Parent/Guardian Signature: _____

Date: _____

Authorization for Walking Field Trips

I authorize my child's participation in walking field trips on Christian Life Fellowship/Christian Life Academy grounds as part of his/her daily routine.

Parent/Guardian Signature: _____

Date: _____



Christian Life Academy

2020-2021 Elementary Fee Agreement

Child's Name: _____ Parent/Guardian's
Name: _____

To guarantee your spot, all paperwork must be signed and submitted with registration fee. We accept cash, check and debit/credit cards (4% convenience fee applied for cards). Please make checks payable to **CLA**.

Tuition Plan: Kindergarten - 5th Grade

****all families are responsible for paying the registration/curriculum fee (non-refundable) per child****

- A) 10 Monthly payments of \$650 (August - May)
Or 10 Monthly payments of \$610 (discount) if paid by the 1st of each month.
- B) 37 Weekly payments of \$176 (August 12 - May 18)
Or 37 Weekly payments of \$165 (discount) if paid by Monday of each week.
- C) Scholarship. Please specify which one _____

Before/After Care: (check if applicable)

- Before Care (\$5 drop in/\$15 weekly) After Care (\$10 drop in/\$30 weekly)

- ❖ All weekly payments not received by Monday of each week will be responsible for paying the increased weekly amount stated above. All monthly payments not received by the 1st of the month will be responsible for paying the increased monthly amount stated above.
- ❖ A \$35.00 fee will be assessed for each returned check. If you have two returned checks within a twelve month period, your personal check will no longer be accepted.
- ❖ If your account must be forwarded to a collection agency, you will be liable for your tuition due plus all late fees and collection costs.
- ❖ Parents must complete 10 volunteer hours for Christian Life Academy per student each year.

I understand and accept all of the terms outlined in the fee agreement. I agree to provide one month's notice and tuition payment prior to withdrawal from Christian Life Academy and understand that I will be held accountable for paying to Christian Life Academy all tuition due, late fees, and collection costs.

Signature - Parent/Guardian

Date

Signature - Director

Date



Christian Life Academy

2020-2021 Middle School Fee Agreement

Child's Name: _____ Parent/Guardian's Name: _____

To guarantee your spot, all paperwork must be signed and submitted with registration fee. We accept cash, check and debit/credit cards (4% convenience fee applied for cards). Please make checks payable to **CLF**.

Tuition Plan: 6th – 8th Grade

****all families are responsible for paying the registration/curriculum fee (non-refundable) per child****

- A) 10 Monthly payments of \$700 (August - May)
Or 10 Monthly payments \$650 (discount) if paid by the 1st of each month.
- B) 37 Weekly Payments of \$190 (August 12 – May 18)
Or 37 Weekly payments of 176 (discount) if paid by Monday of each week.
- C) Scholarship. Please specify which one _____

Before/After Care: (check if applicable)

- Before Care (\$5 drop in/\$15 weekly) After Care (\$10 drop in/\$30 weekly)

- ❖ All weekly payments not received by Monday of each week will be responsible for paying the increased weekly amount stated above. All monthly payments not received by the 1st of the month will be responsible for paying the increased monthly amount stated above.
- ❖ A \$35.00 fee will be assessed for each returned check. If you have two returned checks within a twelve month period, your personal check will no longer be accepted.
- ❖ If your account must be forwarded to a collection agency, you will be liable for your tuition due plus all late fees and collection costs.
- ❖ Parents must complete 10 volunteer hours for Christian Life Academy per student each year.

I understand and accept all of the terms outlined in the fee agreement. I agree to provide one month's notice and tuition payment prior to withdrawal from Christian Life Academy and understand that I will be held accountable for paying to Christian Life Academy all tuition due, late fees, and collection costs.

Signature – Parent/Guardian

Date

Signature – Director

Date



CLA

TUITION SCHEDULE

2020-2021

TUITION RATES

Tuition Options	Amount
Yearly Tuition (Kindergarten – 5 th)	\$6,500
Yearly Tuition (6 th – 8 th)	\$7,000

Monthly and weekly payment options are available. Please contact school office.

OTHER FEES

Registration/Curriculum Fee (non-refundable)	\$350 per student
Testing Fee	\$50 per student
Before Care	\$15 Weekly (Must be paid Monday AM) or \$5 drop-in each day
After Care	\$30 Weekly (Must be paid Monday AM) or \$10 drop-in each day

UNIFORMS/VOLUNTEER

- Khaki or navy bottoms and white, navy or gray polo shirt.
- Each student will be required to have one school polo shirt for the school year.
- Students must wear tennis shoes and socks.
- Parents must complete 10 volunteer hours per student each year.

TUITION/FEE PAYMENT

- All monthly payments are due on the first of the month.
- All weekly payments are due on Monday.
- Any monthly payments not received by the 1st of the month will incur a late charge (see fee agreement).
- Any weekly payments not received by Monday will incur a late charge (see fee agreement).
- Ten-month plans that are 30 days past due will result in dismissal of the student.
- Weekly payments that are 3 weeks past due will result in dismissal of child.
- Parents who withdraw their child from school during the school year are responsible to pay full tuition for the month.
- We do not offer a sibling discount.