



Christian Life Academy

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

WELCOME TO CLA!

Enrollment Packet

Please return the following items to complete the enrolment of your child(ren):

- Emergency Contact/Pick Up Information
- Emergency Treat and Transportation
- Signed Permission Slip
- Signed Fee Agreement
- REMINDER: We will need 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.

All Scripture is God breathed and is useful for teaching, rebuking, correcting and training in righteousness, so that the servant of God may be thoroughly equipped for every good work.

2 Timothy 3:16-17



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#: _____



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 #: _____

Preferred Hospital: _____

Authorize Ambulatory Transportation YES _____ NO _____

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

Parent or Legal Guardian's Printed Name: _____



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Permission Slip

2021-2022

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

2021-2022 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 through May)
Or 10 Monthly payments of \$610 (discounted) if paid by the 1st of each month.
- B) 37 Weekly payments of \$176 (August 11th through May 16th)
Or 37 Weekly payments of \$165 (discounted) 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/\$40 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 – Office Manager

Date



Christian Life Academy

2021-2022 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 through May)
Or 10 Monthly payments \$650 (discounted) if paid by the 1st of each month.
- B) 37 Weekly Payments of \$190 (August 11th through May 16th)
Or 37 Weekly payments of 176 (discounted) 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/\$40 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 – Office Manager

Date