

CHRISTIAN ACADEMY
O F L A W R E N C E B U R G

2019-2020

Re-Enrollment Information

126 North Main Street
Lawrenceburg, KY 40342
(502) 839-9992

School Office (502) 839-9992 (502) 839-9995
Sandra Bowman, Head of School

Preschool Office (502) 839-9952
Michelle Robinson, Pre-School Director

Preschool 2, 3 and 4 yr. old - 12th Grade

Christian Academy of Lawrenceburg exists to model and instill Christ-like behavior, strive for academic excellence, and prepare our students for life and service.

CHRISTIAN ACADEMY

O F L A W R E N C E B U R G

Statement of Faith

We believe the Bible is the inspired, infallible, authoritative, inerrant Word of God. (II Timothy 3:16; II Peter 1:12)

We believe there is one God, eternally existent in three persons – Father, Son, and Holy Spirit. (Genesis 1:1; Matthew 28:19; John 10:30, 14:15-17)

We believe in the deity of Christ (Matthew 16:16), His virgin birth (Isaiah 7:14; Matthew 1:23; Luke 1:35), His victorious and atoning death (I Corinthians 15:3; Ephesians 1:7; Hebrews 2:10) His resurrection (John 11:25; I Corinthians 15:4), His ascension to the right hand of the Father (Mark 16:19), and His personal return in power and glory (Acts 1:11; Revelation 19:11; Hebrews 9:28).

We believe in the necessity of salvation for the sinful man, by grace, through faith in Jesus Christ, His shed blood and atoning death upon the cross; the only means to the forgiveness of sin and eternal redemption. This grace engenders love, and out of this love grows a desire to serve both God and our neighbor. (Acts 4:12; Romans 3:21-26, 5:8-10; Ephesians 2:4-10)

We believe in the resurrection of both the saved and the lost, they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation. (John 5:28-29)

We believe in the spiritual unity of believers in our Lord Jesus Christ. (I Corinthians 12:12-13; Galatians 3:26-29)

We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life. (Romans 8:13-14; I Corinthians 3:16, 6:19-20; Ephesians 4:30, 5:18)

CAL Family,

Thank you for another great year at the Christian Academy of Lawrenceburg! It is exciting to see God at work in the lives of our students, families, and staff. Throughout my eleven years at CAL the LORD has shown me time and again that His hand clearly rests upon this school.

The LORD blesses our CAL Family as faith and a love for Christ are lived out in our classrooms and homes. Our students not only hear the gospel, but they also witness the gospel alive and active in each of our lives. The fruit of our partnership and dedication is evident as students put the needs of others above their own, serve our community, and share Christ with others.

It is the time when we begin planning for the next school year. To help you with the re-enrollment process, we have included this information for the 2019-2020 school year.

We would like to encourage you to spread the word in our community of how God is working at the Christian Academy of Lawrenceburg to provide an excellent Christian education. As our enrollment continues to grow, we will be able to offer even more opportunities while continuing to keep our costs affordable.

Please continue to keep CAL in your prayers as we move through this enrollment period and begin planning for next year. We pray that God will continue to lead and guide us as we serve Him.

Blessings,
Sandra

“But the fruit of the Spirit [the result of His presence within us] is love [unselfish concern for others], joy, [inner] peace, patience [not the ability to wait, but how we act while waiting], kindness, goodness, faithfulness, gentleness, self-control. Against such things there is no law.”
Galatians 5:22-23

Student Re-Enrollment Information 2019-2020

Please complete this entire packet

Student's Full Name	Social Security Number	DOB	Grade (2019-2020)

COMPLETE THIS SECTION ONLY IF YOUR ADDRESS & CONTACT INFORMATION HAS CHANGED:

Student Address: _____ City: _____ Zip: _____

Home Phone: _____ Student E-mail Address: _____

Name of Parent/Guardian student lives with: _____ Parents' marital status: Married Divorced Widowed Separated

Mother's/Guardian's Name	Relationship	Social Security Number	Driver's License Number
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Father's/Guardian's Name	Relationship	Social Security Number	Driver's License Number
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Mother Employed by: _____ Occupation: _____

Father Employed by: _____ Occupation: _____

Mother's Work: _____ Mother's Cell: _____ E-mail _____

Father's Work: _____ Father's Cell: _____ E-mail _____

Maternal Grandmother Name: _____ Phone: _____

Address: _____

Maternal Grandfather Name: _____ Phone: _____

Address: _____

Paternal Grandmother Name: _____ Phone: _____

Address: _____

Paternal Grandfather Name: _____ Phone: _____

Address: _____

I consent to the enrollment of my child with the Christian Academy of Lawrenceburg and agree that the Christian Academy of Lawrenceburg shall not be responsible in case of sickness or injury of my child while in attendance at the academy or in transit to and from the facility. In the event my child is taken ill or is injured while under school authority, my signature to this document is authorization for school personnel to proceed as follows:

- A. Attempt to contact the parents and follow a parent's instructions.
- B. If the school is unable to contact parents, the school is authorized to contact Dr. _____; telephone # _____ and the school is authorized to follow that doctor's instructions. Your preferred hospital is _____.
- C. If the designated doctor cannot be reached, the school is authorized to contact a properly licensed practicing physician of its choice and such physician is authorized to proceed to provide such medical and/or surgical services as may be needed.
- D. In the event a given illness or injury is judged life threatening by a school official, the school is authorized to first secure emergency medical services and then proceed to contact a parent.

The school's personnel and the school are released from any liability, which might arise from granting authorization under these sections.

When parents/legal guardians cannot be located in case of emergency, please call in this order:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

COMPLETE THIS SECTION ONLY IF YOU WANT TO MAKE CHANGES TO THE ONE CALL SYSTEM

CAL uses a One Call Now System to contact parents about school closings due to inclement weather or other emergency situations, important information concerning upcoming events, or other necessary announcements. Please include the phone numbers and email addresses you would like CAL to use for the One Call Now System.

_____	_____	_____	_____
Name	Relationship	Phone Number	Email Address
_____	_____	_____	_____
Name	Relationship	Phone Number	Email Address
_____	_____	_____	_____
Name	Relationship	Phone Number	Email Address

Information

Volunteer Hours: Each CAL family (grades K-12) is expected to volunteer 20 hours a year to the operation of the school (10 hours per semester is preferred). Preschool parents will be expected to volunteer 10 hours a year (5 hours per semester is preferred). Hours must be reported and will be tracked. The fee assessed for uncompleted volunteer hours is \$10/hr and is due May 1st, 2020. As an option, families may choose to “buy out” of the volunteer hour’s requirement for \$200 K-12 and \$100 Preschool.

Fundraising: CAL strives to keep tuition low for our families. In order to maintain the lower tuition rates our school participates in fundraising. Our goal is for each student to fundraise \$375 for the 2019-2020 school-year. Many of our CAL Families contribute over and above this amount. Families are welcome to make a tax deductible donation in lieu of participating in fundraisers.

Permission to use a student’s photo, video, and name for publication and marketing purposes is implied unless the school is notified in writing that permission is denied.

In both statements below, please circle either do or do not:

- We/I hereby **do/do not** give permission for CAL to use my child’s photos or name on CAL’s Website or any other form of communication.
- We/I hereby **do/do not** give permission for CAL to use my child’s photos or name for publication in local or area newspapers.

Mother/Legal Guardian’s Signature

Date

Father/Legal Guardian’s Signature

Date

PLEASE NOTE: If you do not give permission to either of the above statements, your child’s photo cannot be in the newspaper (local or area) or on the CAL website or published in any manner, including school newsletter.

Parent and Student Commitment Form

Must be completed and signed by PARENT

What church do you attend? _____ Are you a member? _____

How often? Regularly (3-4 Sundays per month), occasionally (once a month), rarely (4 times a year)

Father:	_____ Regularly	_____ Occasionally	_____ Rarely
Mother:	_____ Regularly	_____ Occasionally	_____ Rarely
Student:	_____ Regularly	_____ Occasionally	_____ Rarely

Please give a brief statement summarizing your belief as it relates to:

What do you believe about Jesus Christ? _____

What do you believe about the Bible? _____

CAL believes it is essential to a student's total development that he or she is in regular church attendance. I agree to notify the school office of any change in this information.

Must be completed and signed by STUDENT (6th - 12th)

Student's Full Name: _____ Grade entering: _____

What are your plans for your future career? _____

Are you planning to go to college? yes no Explain: _____

Is it your personal desire to attend the Christian Academy of Lawrenceburg? yes no

Why: _____

What do you believe about Jesus Christ? _____

What do you believe about the Bible? _____

What would you tell your friends about Jesus Christ? _____

"Drinking alcoholic beverages, using marijuana or other illegal drugs, smoking, using or listening to profanity, disrespect for authority or property, improper sexual behavior, and abuse of others is all prohibited. Disregard for these rules will result in disciplinary action, including possible suspension or expulsion. This applies to school, and also to non-school related social activities where such unacceptable behavior would have an adverse effect on the testimony of the school."

As a student of Christian Academy of Lawrenceburg, I commit to the above disciplinary rules.

Student Signature

Date

Parent Signature

Date

CHRISTIAN ACADEMY OF LAWRENCEBURG EMERGENCY MEDICAL FORM

I give my permission for _____; grade _____ to participate in CAL sponsored trips away from the school premises. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises.

Although the school desires to provide a safe and enjoyable time for all students, accidents 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 the event, I/we agree to assume the responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless CAL, 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 intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proven 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 call paramedics immediately 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.

If the child lives with both parents/guardians, the release must be signed by both parents/guardians

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

Please attach a copy of student's medical/health card to this form

Family Physician: _____ Phone: _____

Preferred Hospital: _____ Health Insurance Carrier: _____ Policy Number: _____

Carrier's Name & Relationship: _____

Allergies (including reactions to medication): _____

Medication being taken: _____

Are there any physical or dental conditions we should know about not already stated? _____

Please read the following statements and mark the appropriate boxes.

- I agree to accept all rules and regulations of CAL and authorize the school to administer such disciplinary measures, as may be deemed necessary and proper by the administration.
- I pledge cooperation with the teachers, staff, and administration.
- I have read and do support CAL's Statement of Faith and Mission Statement.
- I have completed all required forms in the Re-Enrollment packet and returned them to the CAL office.
- I understand that my student will not be allowed to start school until all medical and/or administrative records are current.
- I understand it is my responsibility and I am required by State Law to notify my child's school of any changes in address, phone numbers, place of employment, persons authorized to pick up my child, health care or car insurance information, name of child's health care provider, or any other pertinent and necessary information required by the school office in order to provide a safe and secure environment for my child.

Father/Legal Guardian's Signature

Date

Mother/Legal Guardian's Signature

Date

CHRISTIAN ACADEMY OF LAWRENCEBURG

ENROLLMENT CONTRACT 2019-2020

I/we _____ & _____ are enrolling my/our
Parent/Guardian please print name Parent/Guardian please print name

children: _____ Grade _____, _____ Grade _____, _____ Grade _____,
_____ Grade _____, in the Christian Academy of Lawrenceburg for the school year beginning August 2018.

Please read and initial all of the following lines below:

Enrollment fee for returning students is \$120.00 per family if paid by March 1, 2019. The enrollment fee for returning students not paid by March 1, 2019, will be \$175 per family. ***The enrollment fee is non-refundable and is separate from and not included in any payment plan.

New Student Enrollment fee is \$200.00 per family and is due at registration. ***The enrollment fee is non-refundable and is separate from and not in any payment plan. This fee must be paid in full and submitted with the Student Application to retain student position on class roster. This fee includes all testing and processing. A New Student is defined as any student who did not attend the Christian Academy of Lawrenceburg the previous school year.

Instructional fees are due May 1st, 2019. After May 1st, 2019, there will be a \$25 late fee,

The Christian Academy of Lawrenceburg has recently partnered with the leading tuition management service in the nation. FACTS currently serves more than 4,000 schools and nearly one million families. For more information about FACTS you may review their web site at www.factsmgt.com. There is a \$45 annual service fee for using the FACTS payment system. Families pay this fee directly to FACTS.

	Instruction Fee	Tuition	10 Month Plan July-April	12 Month Plan July-June
Preschool (5 Day)	\$150	\$3,400	\$340	\$283
Kindergarten	\$375	\$4,700	\$470	\$392
1 st Grade	\$375	\$5,100	\$510	\$425
2 nd -5 th Grades	\$375	\$5,360	\$536	\$447
6 th -8 th Grades	\$375	\$5,450	\$545	\$455
9 th -12 th Grades	\$375	\$5,550	\$550	\$463

Preschool	After School Care K-8	Summer, Fall, & Spring Break
M-F \$75/wk or \$30/day * 10% Sibling Discount	M-F \$60/wk or \$20/day * 10% Sibling Discount	\$125 per week * No Sibling Discount

It is hereby agreed that tuition must be paid in full prior to August 1st, 2019, or paid monthly through the FACTS payment system. Payments are made over a 12-month period beginning July 1st or a 10-month period beginning August 1st. Please check the payment plan you will use. Tuition payments are non-refundable.

We will pay lump sum 10 monthly payments 12 monthly payments

Early Bird Discounts are available when tuition is paid in full
 5% tuition discount if paid in full by 12/31/2018 3% tuition discount if paid in full by 3/1/2019
 2% tuition discount if paid in full by 6/29/2019

Financial Aid Applications: CAL awards limited need-based financial aid when scholarship funds are available (30% maximum). Financial Aid may be discontinued because of failure to keep tuition payments current. Financial Aid may be revoked in light of serious disciplinary action for the student. Applications for financial aid should be completed by April 1st and can be accessed on line at www.factstuitionaid.com. Tuition aid may not be used in addition to sibling or ministry discounts.

Please read and initial all of the following lines below:

CAL Tuition Policy:

- The enrollment fee and instructional fees are non-refundable.
- The re-enrollment fee is non-refundable unless for any reason we do not re-admit your student.
- Withdrawals after June 1 but prior to the start of school are subject to the following financial obligation:
 - (a) After June 1 – three-months tuition due
 - (b) After July 1- five-months tuition due
- One year's tuition is due if a student withdraws after the beginning of the school year because the hiring of teachers and staff, and the ordering of textbooks and other classroom materials are based upon anticipated enrollment. Student records will not be release until the account is paid in full. Parents will be expected to honor their full year's commitment to the school.
- If the account becomes delinquent, report cards will be held and the child may be withheld from class until arrangements are made. Parents whose tuition accounts are delinquent will not be able to re-enroll their children without satisfying previous debts. Payments must then be kept current in order for their child to remain on a class list. The Christian Academy of Lawrenceburg utilizes a third party, comprehensive account management system for delinquent accounts.
- Requests for exceptions must be addressed to the Board in writing, and will be considered only in extreme circumstances.
- Tuition that becomes one month past due will subject the student to being withheld from attending school until such amounts due to CAL are made current.
- Aftercare/Wrap around payments are due the week care is provided. Past due accounts will subject the students to being ineligible for the aftercare program.

Tuition Assistance	Alumni Discount	Sibling Discounts	Ministry Discounts <small>*Those enrolled for the 2017-2018 school-year will be grandfathered in with the 50%, 25% discounts.</small>	Mileage Discounts	Referral Bonus
30% Max <small>**May not be combined with other discounts</small>	25% <small>**May not be combined with other discounts</small>	20% for 2 nd Child 40% for 3 rd or more <small>**May not be combined with other discounts</small>	30% Full Time Ministry position 20% Part-time Ministry Position <small>**May not be combined with other discounts</small>	20-30 miles=\$200 31+ miles= \$300	\$500 for NEW K-12 student \$300 for NEW preschool student

Please return this completed form by March 1st, 2019 along with the \$120 re-enrollment fee. After March 1st the re-enrollment fee will be \$175.

By signing this agreement, you acknowledge that you have read and understand this contract and agree to the terms and conditions, financial and otherwise, adopted by the Christian Academy of Lawrenceburg.

Parent/Guardian Signature	Parent/Guardian Signature	Date
Parent/Guardian please print name	Parent/Guardian please print name	Date
Head of School Signature	Date	

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

The Christian Academy of Lawrenceburg admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and athletic and other school-administered programs

Christian Academy of Lawrenceburg
Extended Care/After-School Care
(Preschool – 6th Grade Only)

Extended Care and After School Care Rates for 2017-2018

Preschooler	Weekly Rate	Drop-in Rate
Monday – Friday (extended care & after preschool)	\$75.00 (Wrap Around)	\$30
After-School Care K-6th	Weekly Rate	Drop-in Rate
Monday – Friday	\$60.00	\$20.00
Summer Care K-6th	Weekly Rate	Drop-in Rate
No Sibling Discount	\$125.00	\$40.00

- Adjustments for days school is not in session (i.e. snow days) will be credited prior to the end of the school year. If payments become delinquent for more than a two-week period, Extended Care and/or After School Care may be unavailable until account is made current.
- Weekly rates will not be reduced for days not used unless school is cancelled or closed.
- Weekly rate users **must give a two-week written notice** to the CAL office to avoid billing if services will not be used.
- Drop-in payments are due the day of service.
- A student will be sent to Extended Care or After School Care, and billed at the drop-in rate when:
 - Pre-school – if he/she has not been picked up by 11:15 a.m.
 - Elementary – if he/she has not been picked up by 3:00 p.m.
- All students must be picked-up by 5:30 p.m. or an additional charge of \$5.00 per five-minute period will be applied.

Please check the boxes where appropriate and sign below.

- Will be using the Extended Care Program (Preschool)
 Will be using the After School Care Program (K-5)
 Monday-Friday
 Drop-in Basis

Student's Name(s)

Grade(s)

Mother/Legal Guardian's Name

Date

Father/Legal Guardian's Name

Date