

Grace Christian Academy of Maryland

Returning Student
Registration Packet
2010-2011



"We commit ourselves in love to train parents and children to obey God, instructing them through academic excellence to be salt and light in the world."

Grace Christian Academy of Maryland
2010-11 Returning Student Registration Packet

1. REGISTRATION FEE (due at time of registration-**cannot** be charged to your RenWeb account)

Returning Student Priority (Jan. 11-Feb. 26)

\$50 First Child

\$35 Each Additional Child

(Maximum Registration Fee of \$175 per family)

Returning Student General (March 1- April 30)

\$75 First Child

\$50 Each Additional Child

(No Maximum Fee per family)

Returning Student Late (On or after May 1)

\$150 Per Child

(No Maximum Fee per Family)

New Student (Opens Feb. 1-April 30)

\$100 Per Child

(No Maximum Fee per Family)

New Student (On or after May 1st)

\$150 Per Child

(No Maximum Fee per Family)

Before & After Care Registration Fee

\$20.00 Per child/no maximum

International Student Registration Fee

\$300 per student. This fee includes all regular registration fees including the preparation of all SEVIS required documentation. International students must pay Annual tuition.

2. YEARLY PROGRAM FEE* (due by May 1st)

Preschool \$180 (includes field trip & activity fee for both the 3-day & 5-day program)

Kindergarten \$200

Grades 1-5 \$275

} This fee includes textbooks, workbooks and other items listed below

**Grades 6-12 \$200 (does not include textbooks - textbooks will be purchased directly by the parent/student)

(No maximum program fee)

*The Program Fee includes, but is not limited to: technology programs, paper, art supplies, desk/classroom/office supplies, medical/first aid supplies, yearly SAT assessment testing, awards, school management system (RenWeb), consumables, staff development, etc.) It also includes textbooks/workbooks for PK-5th grade students.

**Secondary students may incur additional fees for elective courses or special projects. Secondary students also are required to participate in their respective retreats that are held in early fall. Retreat fees are determined by the location, accommodations and transportation. Details are provided to the family during late summer.

3. ATHLETIC FEE (due at beginning of each season) All sports including Cheerleading

High School \$40 per student, per sport

Middle School \$25 per student, per sport

4. GRADUATION FEE (due at beginning of senior year)

Per Senior \$125 (includes cap & gown, diploma, and other graduation related expenses)

It is understood that **ALL** seniors are expected to participate in the senior class mission trip to Costa Rica. There is an additional cost for this trip. Information on cost and payment plans will be provided by the administration.

Parents must meet with an administrator to discuss not participating in this trip.

TUITION FEES 2010-2011

TUITION (Families who register students after July 1 are required to catch up on their first payment)

- Returning Enrollment: Family Discounts: 2nd & 3rd child 10%; 4th + Free; GBC Church Members Discount – 10%
- New Enrollment for 2010/11 School Year: Family Discounts: 2nd and 3rd child- 10%; 4th + 50%; GBC Church Members Discount – 10%

TUITION DUE DATES

1. Monthly: June 1, August - April on the 1st of each month (**Electronic Funds Transfer required**)
2. Quarterly: June 1, Oct. 1, Jan 1, Mar 1
3. Semester: June 1, Jan. 1
4. Annual: June 1
5. **New students must pay their first month's tuition at the time of registration which is refundable if the student is not accepted or if within ten days of acceptance, decides not to attend.**
6. Any family which has not paid the July 1st payment is at risk of losing their child's slot for that grade level.

Program	Annual 1 st Child	Annual 2 nd /3 rd	Annual 4 th +	Semester 1 st Child	Semester 2 nd /3 rd	Semester 4 th +
3-Day Preschool Half Day	\$2330	\$2097	\$1166	\$1189	\$1070	\$594
3-Day Preschool Full Day	\$3343	\$3009	\$1672	\$1705	\$1535	\$853
5-Day Preschool Half Day	\$3495	\$3145	\$1747	\$1782	\$1604	\$891
5-Day Preschool Full Day	\$5015	\$4513	\$2507	\$2558	\$2302	\$1279
Kindergarten	\$5372	\$4834	\$2686	\$2739	\$2465	\$1370
Elementary (1 st -5 th)	\$6598	\$5939	\$3299	\$3365	\$3028	\$1682
Middle School (6 th -8 th)	\$7315	\$6584	\$3657	\$3731	\$3358	\$1866
High School (9 th -12 th)	\$7598	\$6838	\$3799	\$3875	\$3487	\$1937

Program	Quarter 1 st Child	Quarter 2 nd /3 rd	Quarter 4 th +	Monthly 1 st Child	Monthly 2 nd /3 rd	Monthly 4 th +
3-Day Preschool Half Day	\$612	\$550	\$307	\$248	\$223	\$124
3-Day Preschool Full Day	\$878	\$790	\$439	\$355	\$319	\$177
Preschool Half Day	\$918	\$825	\$459	\$371	\$333	\$185
Preschool Full Day	\$1317	\$1184	\$658	\$531	\$479	\$266
Kindergarten	\$1410	\$1269	\$705	\$569	\$512	\$285
Elementary (1 st -5 th)	\$1733	\$1559	\$866	\$700	\$629	\$350
Middle School (6 th -8 th)	\$1920	\$1728	\$960	\$775	\$698	\$387
High School (9 th -12 th)	\$1994	\$1794	\$998	\$805	\$725	\$402

International Students: International students are required to pay the Annual tuition payment by June 1st or upon acceptance if they register after June 1st. The registration fee for all new international students is \$300.00. International students must provide a copy of their report cards and transcripts to be accepted into our program.

OTHER FEES 2010-2011

- 1. BEFORE CARE:** \$150/month
- 2. AFTER CARE:** \$210/month (After Care includes care after every school day including all half days.)
- 3. BEFORE & AFTER CARE:** \$360/month

4. Administrative Fees:

Change of Payment Plan: \$25

Withdrawal: \$35

Transcript/Records Request (not withdrawing, but applying for another school) \$25

Convenience Fee for credit card use: 2.5%

5. Returned Check Fee: \$25

6. Admission Testing:

Group: \$60

Kindergarten: \$60

Individual: \$125

Admission/placement testing is required for all new students, Kindergarten through 12th grade if the child has not taken the Stanford Achievement Test in the spring of the previous school year. Group testing may not be available to students transferring after school has started. There are specific group testing dates. If you cannot attend the group testing dates, you must pay the individual testing fee.

7. Late Payment Fees:

2% or \$5, whichever is greater, on outstanding tuition as of the 10th of the month and on any other charges over 30 days in arrears.

8. Early Drop-off/ Late Pick-up Fees:

A charge of \$8.00 for each 15 minutes or portion thereof, per child is assessed if a child is dropped off early or is picked up late. The charges are assessed as stated below.

A child is considered an early drop-off if he is not in Before Care or Extended Care and

<u>Arrives before</u>	<u>Program</u>
8:30	PreK
8:15	Kindergarten/Elementary
7:45	Secondary

A carpool room is available at 8am at no charge for those students who have older siblings or carpool with secondary students.

A child is considered a late pick-up if he is not in After Care or Extended Care and is:

<u>Picked Up After</u>	<u>Program</u>
3:15	PreK/Kindergarten/Elementary
3:30	Secondary

REGISTRATION CHECKLIST

ALL STUDENTS: The following items are required for all returning students to complete registration:

- Complete Registration Packet (Parent signatures required)
 - ~ Checklist
 - ~ Application (Page 1 and 2)
 - ~ Signed Parental Statement
 - ~ Signed Financial Agreement Form
 - ~ Emergency Form
 - ~ If paying monthly, a blank deposit slip or voided check
- Registration Fee
- If Before/After Care: completed application and fee

ITEMS DUE BY MAY 1st

- Program Fee

ITEMS DUE BY JUNE 1ST

- First tuition payment - (payment must be made in the form of cash, check or credit card)
- Before/After Care Payment

ITEMS DUE BY AUGUST 15th

- Up-to-date Immunization Record (Students entering Preschool, Kindergarten, Sixth Grade)
- Completed Health Inventory (all full-day preschool students; all Before/After Care students)
- Lead Screening (all full-day preschool students; all Before/After Care students in PK-1st Grade)
- Milk Form (optional)
- School of Music Application (optional)

NAME OF STUDENT: _____ **GRADE:** _____ **(2010-2011)**

REGISTRAR USE ONLY

Registration Fee: \$ _____

Testing Fee: \$ _____

First Month Tuition: \$ _____

Program Fee: \$ _____

GRACE CHRISTIAN ACADEMY of MARYLAND
RETURNING STUDENT APPLICATION FORM

Application for Grade: _____

School Year: 2010-2011

Please check if there are changes on
page 2: _____

Application: Page 1 of 2 – Page one must be completed and page 2 if there are any changes. Please furnish all appropriate information. One form per child.

Student's Full Name: _____ DOB: _____

Student S.S. # (if not previously submitted): _____ GENDER: Male Female

Father's Social Security Number: _____ OR DOB: _____

Mother's Social Security Number: _____ OR DOB: _____

Statistical Information: The Department of Labor and the Association of Christian Schools International requires our school to make available statistics regarding race and ethnicity. Please check one:

African American (not Hispanic or Latino) African American (Hispanic) Asian/Pacific Islander
 American Indian Hispanic White/Caucasian Other _____

If Preschool: Please check the appropriate program:

Three day preschool class meets on Tuesday, Wednesday and Thursday. **Three day preschool is only available for the 3 year old class (PKI).**

Preschool I: 3-Day; Half Day (8:45-11:45 AM) 3-Day; Full Day (8:45 AM – 3:00 PM)

Preschool I & II: Half Day (8:45-11:45 AM) Full Day (8:45 AM – 3:00 PM)

Photography/Videography Release: Please indicate if you give your permission for your child's photograph and/or video of your child to be used in our advertising/website. Names may be published in newspaper print.

Yes, I give my permission for my child's photo/video to be used in our advertising/website.

No, I do not give my permission for my child's photo/video to be used in our advertising/website.

1. I have read the Parent's Legal Guardian's Statement and Financial Policy and agree to all obligations therein.
2. I understand that I am making a financial obligation for the full school year and in the event that I withdraw my student on or after August 1st, I am responsible for the full tuition.
3. I agree to pay all reasonable legal and/or collection fees incurred in the collection of delinquent payments.

Parent(s)/Guardian(s) Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

(Both signatures are required)

All applicants are considered without regard to sex, race, nationality or ethnic origin.

Page 2 of 2 – Please complete the appropriate information if there have been any changes since August, 2009.

Home Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Neighborhood: _____

Father's Name: _____ Email Address: _____

Father's Home #: _____ Work #: _____ Cell #: _____

Address (if different from child): _____ U.S. Citizen ___ Yes ___ No

Employer: _____ Job Title: _____

Employer Address: _____

Mother's Name: _____ Email Address: _____

Mother's Home #: _____ Work #: _____ Cell #: _____

Address (if different from child): _____ U.S. Citizen ___ Yes ___ No

Employer: _____ Job Title: _____

Employer Address: _____

Please list all siblings and their birthdates. If they attend GCA, please indicate grade (if changed):

Parental Information (if changed)

Natural Father is: ___ at child's address; ___ deceased; ___ separated; ___ divorced; ___ single

Natural Mother is: ___ at child's address; ___ deceased; ___ separated; ___ divorced; ___ single

Legal guardianship/custody of child (if different from parents) _____

(The school must have a copy of any and all court orders regarding custody and guardianship.)

Phone: _____ Who has financial responsibility: _____

Church attending: _____ Pastor's Name: _____

Medical Information (if changed)

Child's Physician: _____ Phone: _____

Medical Information Update (conditions, allergies, etc.) _____

PARENTAL STATEMENT

1. I agree to have the applicants trained in accordance with the Statement of Faith of the Grace Christian Academy of Maryland.
2. I agree to abide by the Parent-Student Handbook (at www.graceknights.org)
3. I agree to give the administration full authority to place the applicant in the proper grade level.
4. I acknowledge the school's right to dismiss students who do not respect its spiritual standards or cooperate in the educational process.
5. I recognize the school's right to dismiss any student(s) whose parents are unsupportive and uncooperative.
6. I give permission for the applicant to be disciplined according to school policy.
7. I agree to assume the responsibility of my child's education by supervising assigned homework and keeping in regular contact with my child's teacher.
8. I agree to support the school's activities through attendance and participation.
9. I agree to support the school's programs through prayer, volunteer help, and financial gifts.
10. I grant permission for my child to go on scheduled field trips and school activities.
11. I grant my permission to the school authorities to take the following steps in the event my child becomes ill or is injured under school supervision.
 - a. Contact a parent of the student and follow the parent's instruction.
 - b. Contact the student's physician and follow his instructions, in the event neither parent can be reached.
 - c. Use discretion in contacting a properly licensed physician and follow his instructions if the student's physician cannot be reached.

If in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the Headmaster, or his designee, to furnish on my behalf, such written or oral authorization as may be required. Further, I release the Headmaster, or his designee, the School Board and Grace Christian Academy of Maryland and church from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.
12. I understand to complete the registration process; the application, tuition and book rental fees must be paid. These fees are not refundable.
13. I agree to give four weeks' notice of voluntary withdrawal of my child(ren). I understand that the registration and book rental fees will not be refunded, and the financial agreement is for the full school year.
14. I have read the financial policy and agree to pay all my obligations therein.
15. I intend to have the applicant enrolled for the full year.
16. I agree that I will provide health insurance coverage for my child while he/she is enrolled at GBCS. If my health insurance changes or is dropped, I agree to inform the school office and take immediate steps to replace that coverage.
17. I understand that I am responsible to submit all updated medical forms, birth certificate, and transferred school records where applicable before my child can attend GCA.
18. I understand that school records and transcripts will not be released until all fees and school financial obligations have been met.

Signature of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date: _____

Date: _____

FINANCIAL AGREEMENT FORM ~ 2010-2011

The Financial Agreement must be signed at the bottom. If you are participating in EFT or Credit Card, please sign those respective sections along with the bottom portion.

Name: _____ Date of Birth: _____
(Person responsible for bill) (Person responsible for bill)

Email Address _____ Phone: _____

Student Name: _____ Grade _____

Tuition Payment Schedule-please check one.

____ Monthly (Electronic only) ____ Quarterly (4 payments)
____ Semester (2 payments) ____ Annual (1 payment)

MONTHLY ACCOUNTS: Electronic Funds Transfer (for monthly payments only) *The June payment is payable by check, money order or cash. The August-April payments are processed by Electronic Funds Transfer.*

I give Grace Christian Academy of Maryland permission to deduct monthly Tuition and Before/After Care directly from my bank account. I have attached a voided check for the account I wish to use. I agree to provide, in writing, any change to my bank account information along with a new voided check. All bank information changes must be provided in writing two weeks prior to the next EFT.

Signature for Monthly EFT

Date

Credit Card Information: I give Grace Christian Academy of Maryland the right to charge my credit card when there is a balance due over 60 days. I understand that I will be informed by the school prior to my credit card being charged. I agree to pay the 2.5% convenience fee for credit card usage.

Name as it appears on the card: _____

Card Type: ____ VISA ____ Master Card ____ Discover

Card #: _____ Security Code: _____ Exp. Date: _____

Signature for Credit Card

Date

Parent Financial Agreement: I have read the Tuition & Fee Schedule and agree to pay all tuition, fees and charges listed in a timely manner. I understand that this financial agreement is for the full school year. I understand that if I withdraw my student on or after August 1st I am responsible for the full tuition. I understand that if my account is delinquent, it will be sent to a collection agency. I understand that I am responsible for any fees charged by the collection agency in addition to the balance due Grace Christian Academy of Maryland.

Signature (**Required**)

Date

EMERGENCY INFORMATION – 2010-2011

Before Care _____ After Care _____

GRADE (2010-11): _____ **BIRTHDATE:** _____ **GENDER** ___ **Male** ___ **Female**

CHILD'S NAME: _____
Last First Middle Home Phone

HOME ADDRESS: _____
Street City State Zip

FATHER'S NAME: _____ **PHONE: H:** _____

W: _____ **CELL PHONE:** _____ **EMAIL:** _____

HOME ADDRESS : _____
(If different from child) Street City State Zip

MOTHER'S NAME: _____ **PHONE: H:** _____

W: _____ **CELL PHONE:** _____ **EMAIL:** _____

HOME ADDRESS : _____
(If different from child) Street City State Zip

AUTHORIZED PERSONS to assume responsibility for school dismissal and provision of care when parent or guardian cannot be reached. **PLEASE NOTE: STUDENT WILL ONLY BE RELEASED TO PERSONS AUTHORIZED BY PARENT OR GUARDIAN.**

Name: _____ Phone: _____ Cell: _____ Relationship: _____

Name: _____ Phone: _____ Cell: _____ Relationship: _____

Name: _____ Phone: _____ Cell: _____ Relationship: _____

Family Physician or Pediatrician: _____ **Phone:** _____

Family Dentist _____ **Phone:** _____

Local Hospital Preference: _____

Insurance which applies to the child _____ **Policy ID:** _____ **Group #:** _____

Relevant medical factors including allergies (food, drug & seasonal), medications and physical impairments:

CONSENT FOR EMERGENCY TRANSPORTATION AND MEDICAL TREATMENT: In the event my child needs to be transported by ambulance or emergency vehicle, I authorize transportation. In the event reasonable attempts to contact me/us have been unsuccessful, I/we hereby give my/our consent for administration of any treatment deemed necessary by Dr. _____ (preferred doctor) or Dr. _____ (preferred dentist); or, in the event the designated practitioner is not available, by another doctor or dentist; and the transfer of the child to the above-stated hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two (2) other-licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent or Guardian

Date