



Calvary Christian Academy

"The Eagle's Nest" RE-ENROLLMENT APPLICATION

2010-2011 School Year

Program Director, Mrs. Denise Gibson

2311 Tower Place, Hampton, Virginia 23666 • (757) 825-1133 ext. 226 • FAX (757) 825-8771

STUDENT INFORMATION:

Student's Name: _____ Date of Birth ____ / ____ / ____
Last Name First Name M.I.

Home Address _____ (____) _____
Street City Zip Phone #

Child resides with (check all that apply): Mother Father Legal Guardian

SERVICES REQUIRED: (Please check ONE box)

| | | |
|--|--|---|
| Kindergarten thru Fifth Grade | School Information | Full-Time Program WITH EAGLE'S NEST SERVICES |
| | <input type="checkbox"/> Barron Elementary <input type="checkbox"/> Bethel Manor Elementary <input type="checkbox"/> Burbank Elementary <input type="checkbox"/> Cooper Elementary <input type="checkbox"/> Kraft Elementary <input type="checkbox"/> Machen Elementary <input type="checkbox"/> Phenix Pre K – 8 th School <input type="checkbox"/> Phillips Elementary <input type="checkbox"/> Summit Christian Academy <input type="checkbox"/> Tucker Capps | YEARLY TUITION: \$2,502.00 <input type="checkbox"/> WEEKLY RATE: \$139.00 <input type="checkbox"/> MONTHLY RATE: \$278.00 |

PARENT/GUARDIAN INFORMATION:

Father/Guardian: _____ Cell # (____) _____

Driver's License # _____ Email Address: _____

Is father/guardian authorized to pick-up student? Yes No
Is father/guardian authorized to receive disciplinary information? Yes No
Is father/guardian authorized to receive financial information? Yes No

Mother/Guardian: _____ Cell # (____) _____

Driver's License # _____ Email Address: _____

Is mother/guardian authorized to pick-up student? Yes No
Is mother/guardian authorized to receive disciplinary information? Yes No
Is mother/guardian authorized to receive financial information? Yes No

FINANCIAL AGREEMENT:

In signing this application, I/we acknowledge the following: **Please read and initial EACH item:**

- _____ I understand that I will be in default if my account becomes past due for any amount. I agree that if my account carries a past due balance (of any amount) my child(ren) will not be able to attend school until my account has been made current.
- _____ I understand that discounts, pro-rates, or refunds are not given due to absence, sickness, holidays, emergency closings, early withdrawals, late admittance, or inclement weather. I agree to pay my full tuition installment amount even if my child is absent one or more days during the calendar week.
- _____ I understand that my child must be picked up by his/her scheduled dismissal time. I agree to pay a per child Late Pick Up Fee of **\$1.00 per minute** each time my child is picked up past his/her scheduled dismissal time.
- _____ I understand that tuition installments are due by 6:00 p.m. on their scheduled due dates. I agree to pay the appropriate late fee for each installment submitted after the deadline.
- _____ **I understand I will be in default if my account becomes past due for any amount. I agree that if my account carries a past due balance (of any amount) for more than two weeks Calvary Christian Academy reserves the right to withdraw my child from enrollment.** If my child is removed from enrollment, I am still obligated to satisfy the payment arrangements of this contract.

I/We hereby certify that the information submitted on this application is correct. Understanding all of the above, I/we pledge my/our support and cooperation to the school and agree to comply with all policies of the Administration.

Father/Legal Guardian's Signature/Date

Mother/Legal Guardian's Signature/Date