

CHECK ONE:

Pre-K

K-12

Eastside Christian Academy

3000 College Avenue

Terre Haute, IN. 47803

Phone: 812-234-5233

Info@goeastside.org

Student Enrollment Form

Parent/Guardian Information

Father's Name: _____ **Mother's Name:** _____
Last First Last First

Legal Guardian's Name: _____ **Relationship to Child:** _____
Last First

Primary Address: _____
(Father/Mother/Guardian) Street City State Zip

Parents are: Married Widowed Separated Divorced

Child lives with: Father Mother Both Guardian

Secondary Address: _____
(Father/Mother/Guardian) Street City State Zip

Father's Employer: _____ **Work #** _____ **Cell #** _____

Mother's Employer: _____ **Work #** _____ **Cell #** _____

Guardian's Employer: _____ **Work #** _____ **Cell #** _____

Home # _____ **Church you attend** _____

E-mail: _____
Father Mother Guardian

Student Information

Full Name: _____ Grade Entering: _____ DOB _____

Any special medications, allergies to medicine, or physical impairment:

Emergency Information

If a parent or guardian cannot be reached, please list the name and contact information for a local person who you authorize to care for your child.

Name Phone Relationship to child

If emergency contacts cannot be reached, I hereby give permission for emergency care and treatment which could include hospitalization, anesthesia, and/or surgery for my child if deemed medically necessary.

Parent/Guardian's Signature Date

Medical Information

YES NO Eastside Christian Academy has my permission to give my student Ibuprofen or Tylenol, (appropriate dosage for age), as needed.

Medication will be recorded in a medical log.

My child is **NOT** allergic to the above-mentioned medication. _____

Initial

Medications: If your child is to receive medications on a daily basis, please list the medication and dose.

Allergies: Please list any known allergies for your student.

Media

ECA may take pictures of students throughout the year. These pictures could feasibly be published in a newspaper article, a school publication, or be used in social media. If you do **not** wish to have your child's name or picture published, please indicate below.

Note: When posting pictures to social media, the child's name is usually not given.

YES NO ECA staff members may use pictures of my child taken during the school day or during school events to publish in newspaper articles, social media, or in school advertisements and publications.

Comments or special notes:

Parent/Guardian Signature

for Medical Information and Media: _____
Name Date

Transportation

Person(s) authorized to pick up my child from school:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Transporters should have I.D. available.

Field Trip Permission

I give my permission for my child to attend and participate in school conducted field trips during the school year. I understand that my child will be under the care and direction of Eastside Christian Academy and I will be notified in the case of an emergency.

Parent/ Guardian signature

Code of Conduct

Believing that Christians should reflect the image of Christ, we ask each of our students to be willing to abide by the following code of conduct:

1. All students will be expected to dress according to the dress code in the student handbook.
2. All students are expected to refrain from inappropriate speech and behavior (such as swearing, slang, fighting, discourtesy to others, teasing, and bullying). Students are expected to demonstrate Christ-like behavior appropriate to their age.
3. All students will abstain from the use of and discussion of illegal drugs, alcohol, tobacco, immorality, and violation of civil laws on or off of school property. They also will abstain from music, videos, and movies that are not God honoring.
4. All students are expected to obey and honor the rules of the school and all school personnel.
5. All students are expected to promote the good name of ECA by their behavior and attitudes off-campus.

Parent/ Guardian's signature

Student's signature

Pre – K Tuition, Payments, Fees & Policies

____ Pre – K 3-4 year old Mon /Tues /Wed / Thurs/Fri \$ 110 p/week

· Payments are due the first of each month. In the event of transfer, withdrawal, or expulsion I understand that I am responsible for full payment of tuition and other fees through the end of the calendar month in which such an event takes place. All accounts must be brought current within 30 days or the student(s) will be removed. If needed, contact the ECA office prior to tuition due date to make special/additional arrangements.

Parent/Guardian signature _____

K-12TH Grade Tuition, Payments, Fees & Policies

(circle grade level) **K 1 2 3 4 5 6 7 8 9 10 11 12**

Tuition rates do not include book fees or uniforms. I choose the following payment plan (per student).

	<u>PRE-K</u>	<u>Grades K-12th</u>	<u>Payment Due</u>
___ MONTH	Month \$440	Month \$258.34	Begin August 1st
___ SEMESTER	6 Months \$2,640	Semester \$1,550	First day each Semester
___ YEAR	Year \$5,280	Year \$3,100	First day of School

In addition, the following one-time fees are payable at registration

Enrollment Fee: \$100 per family.

Book Fee Check One:

Grade	Cost	Payment Due
__ Kindergarten	\$155.00	August 10 th
__ 1st - 6th Grade	\$320.00	August 10 th
__ 7th - 12th Grade	\$350.00	August 10 th

Parent/Guardian's signature _____

Past Due Tuition

The Eastside Christian Academy Past Due Policy is approved by the school board and executed by the Eastside Christian Academy office. This policy exists to provide guidelines and add clarity on ALL financial issues, including what steps need to be taken to formulate a plan when a family's account becomes past due. Failure to submit a plan, failure to reach acceptable agreement with the school administration, or failure to comply with the plan will result in dismissal of the family's student.. Accounts must be brought current within thirty (30) days or the student(s) will be removed. If needed, contact the ECA office prior to tuition due date to make special/additional arrangements.

I understand the school policy on finances is that in the event of graduation, withdrawal, transfer, or expulsion I am responsible for full payment of tuition and other fees through the end of the calendar month in which such an event takes place. I understand the school may withhold report cards and other records until tuition and other fees have been paid in full. I agree and give my support to these policies.

Statement of Cooperation

1.It is understood that parents will pay tuition promptly. Payments are due according to the schedule set forth in the handbook and indicated in the Student Enrollment Form. Requests for special payment arrangements must be presented in writing to the administration for approval. Students may be removed from school if tuition becomes past due.

2. We pledge our loyalty to the aims and ideals of the school. We will bring any and all questions or concerns first to the teacher involved and then, if the issue is not resolved, to the school administration. Conversations that disregard this process may lead to ungodly communication such as slander and gossip.

3. We give authority to the school to discipline our children, non-corporally, as necessary. We agree that we will cooperate and discipline our children in the home as needed. The school reserves the right to dismiss any student who does not cooperate with the educational process of the school. If a student is dismissed for any reason, tuition is due through the end of the calendar month.

4. We give permission for our children to take part in school activities, including sports and field trips off the school premises. In case of an accident or serious injury, we request the school to contact us. If the school is unable to reach us, we authorize the person in charge to make whatever arrangements seem necessary to care for our injured child.

Parent/Guardian's signature _____