

**NEW CASTLE CHRISTIAN ACADEMY  
2008 – 2009 School Year**

**ENROLLMENT FEE**

<b>First-time student</b>	\$65.00.
<b>High Fives!</b>	\$50.00.
<b>Pre-school</b>	\$35.00.

**All enrollment fees are non-refundable.**

**ANNUAL TUITION**

<b>Three year pre-school</b>	\$ 620.00
<b>Four year pre-school</b>	\$ 790.00
<b>High Fives!</b>	\$ 2850.00
<b>Half-day Kindergarten</b>	\$ 2230.00
<b>Full-day Kindergarten – 8</b>	
First child	\$ 3540.00
Second child	\$ 3020.00
Third child	\$ 1795.00
Each additional child	\$ 1100.00

**TUITION PAYMENT OPTIONS**

**Option 1: Payment in full**

A single payment may be made payable directly to New Castle Christian Academy and paid on or prior to July 20, 2008.

**Note: If payment is not received by the school on or before the due date, payment must be made through FACTS with the option listed below.**

**Option 2: Eleven payments beginning July through FACTS**

Automatic bank payments (ACH) through your checking or savings account may be made on either the 5<sup>th</sup> or 20<sup>th</sup> of each month. A \$38.00 annual FACTS enrollment fee will be automatically deducted from your specified account.

**SCHOLARSHIPS**

Scholarships are limited to financial need and are awarded on a first-come, first-served basis. They are based on income as well as the number of students applying for the scholarship monies. Scholarships are never made for the full amount of tuition. If financial assistance is needed, please complete the enclosed application and return it to school by April 30, 2008. Enrollment packets must be on file in the school office in order to process your scholarship request. **PROOF OF INCOME MUST ACCOMPANY THE SCHOLARSHIP APPLICATION.** If funds become available, scholarships will be awarded in May. Scholarships are a donation from the Carolyn Knox Foundation and vary from year to year. A thank you note should be sent to the Caroline Knox Foundation for scholarship grants received. Notes sent to the school will be forwarded to the Foundation.

**PTSF ACTIVITY FEE**

The Parent Teacher Student Fellowship (PTSF) also has an annual activity fee of \$50.00, which is included in the tuition. This fee funds various events/field trips throughout the year and is not an option.

**NEW CASTLE CHRISTIAN ACADEMY  
ENROLLMENT FORM**

NAME: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CHILD'S SOCIAL SECURITY NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ GRADE TO ENTER \_\_\_\_\_

SCHOOL DISTRICT: TOWNSHIP (SPECIFY) OR CITY \_\_\_\_\_ CHURCH \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Person(s) with whom child resides \_\_\_\_\_

Siblings – please list all – continue on reverse side, if needed:

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Does your child currently receive remedial help? \_\_\_\_\_ In what area (s) \_\_\_\_\_

List special academic/physical needs: \_\_\_\_\_

Have previous financial obligations been met? \_\_\_\_\_ If no, explain \_\_\_\_\_

**On the reverse side, please list your reasons for choosing the NCCA. (new students only)**

**ENROLLMENT CONTRACT:** Please enroll my child in the New Castle Christian Academy for the current year. I understand the principles, guidelines, and financial policies of the school. I understand and will abide by all policies.

**PARENT'S (GUARDIAN'S) SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please return this form to:**

**What method of transportation will be used for your child?**

New Castle Christian Academy  
170I Albert Street  
New Castle, Pennsylvania 724 658-5858

SCHOOL BUS \_\_\_\_\_  
CAR \_\_\_\_\_  
WALK \_\_\_\_\_

	to school	from school
SCHOOL BUS	_____	_____
CAR	_____	_____
WALK	_____	_____

## FINANCIAL AGREEMENT 2008 – 2009 SCHOOL YEAR

I/we hereby enter into agreement with New Castle Christian Academy for the 2008 –2009 school year to pay all financial obligations in good faith and in the terms set forth below.

If you are enrolling on or before July 20, 2008:

The **first-time registration fee** of \$65 (for grades Kindergarten through eight) or \$35 (for pre-school) must be paid upon enrollment. If you are paying in 11 monthly installments, the first payment is due prior to the 20<sup>th</sup> of July and on the 5<sup>th</sup> or 20<sup>th</sup> of every month thereafter. Your last payment will be due May 20, 2008.

If you are enrolling between July 20 and August 20, 2008:

**The first-time registration fee and/or the July and August tuition payment must be paid at enrollment.** If not paying in full, payment must be made through FACTS for the remaining nine ((9) months. Automatic payments through your checking/savings account may be made on either the 5<sup>th</sup> or 20<sup>th</sup> of each month. A \$38.00 non-refundable annual FACTS enrollment fee will be automatically deducted from your specified account, upon confirmation of your agreement and within 14 days of the agreement being posted to the FACTS system. If you remove your child/ children before the end of the school year, you will be responsible for the monthly payment scheduled to be paid on the 20<sup>th</sup> of that month, regardless of how many days were attended that month. Our payment schedule is not based on the months the children attend school, but is based over an 11-month payment schedule. If you are paying on an 11-month plan, payments will automatically be deducted from your specified account on the 5<sup>th</sup> or 20<sup>th</sup> of the month.

### THE FIRST – TIME REGISTRATION FEE IS NON-REFUNDABLE.

The financial obligation for your child's tuition is very important. NCCA offers **two options** for payment:

1. The **total annual tuition** may be paid by July 20, 2008.
2. **Payments** may be made on an 11-month installment basis through the FACTS Management Company. Payments will be deducted automatically on the 5<sup>th</sup> or 20<sup>th</sup> of the month from July 2008 through May 2009.

Parent/person responsible for payment	Social Security #	Date
Parent/person responsible for payment	Social Security #	Date

**If NCCA does not have a financial agreement, your child cannot start school.**

# Tuition Payment Preference Form 2008 – 2009

This form must be completed by all parents with students attending New Castle Christian Academy in the 2008 – 2009 school year before enrollment can be completed. **\*This form must be returned to the school no later than May 30, 2008.**

**For scholarship assistance, this form must be returned to the school no later than April 30, 2008.**

School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Student(s) \_\_\_\_\_

**Tuition for the 2008 – 2009 school year will be paid by: (choose only one)**

\_\_\_\_\_ **Option 1 Payment in Full:**

**Single payment due on or before July 20, 2008, payable directly to New Castle Christian Academy.**

**NOTE: If payment is not received by the school on or before the due date, payment must be made through FACTS with the option listed below.**

\_\_\_\_\_ **Option 2 11 Monthly Payments**

**Beginning in July using FACTS: Automatic bank payments (ACH) through your checking or savings account may be made on either the 5<sup>th</sup> or 20<sup>th</sup> of each month. There will also be \$38.00 annual FACTS Enrollment Fee.**

I agree to make tuition payments for the 2008 – 2009 school year according to one of the options above. I have read the school policy regarding tuition and agree to abide by this policy.

\_\_\_\_\_  
*Responsible Party Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Responsible Party Signature*

\_\_\_\_\_  
*Date*

The FACTS Enrollment Fee will be automatically deducted from your specified account within 14 days of the date your agreement is posted to the FACTS system.

**NEW CASTLE CHRISTIAN ACADEMY  
APPLICATION FOR SCHOLARSHIP ASSISTANCE**

Date \_\_\_\_\_

Number of children in family \_\_\_\_\_ Number of children attending NCCA \_\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade entering \_\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade entering \_\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade entering \_\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade entering \_\_\_\_\_

Name of person/persons responsible for child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name and address of parent's employer \_\_\_\_\_

<b>Family income per month:</b>	from salary	\$ _____
	from investments	\$ _____
	from other sources (welfare, SSI, pension)	\$ _____
	<b>TOTAL INCOME PER MONTH</b>	\$ _____

<b>Value of assets owned by family:</b>	real estate/home	\$ _____
	car/cars	\$ _____
	other	\$ _____

**List other assets on reverse side (stocks, savings, bond, etc.)**

Amount of mortgage, if any: \$ \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_

Amounts of other indebtedness (list extenuating circumstances, such as regular medical bills, other dependents in the home, etc.) Please use reverse side, if necessary.

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**YOU MUST SEND A COPY OF LAST YEAR'S INCOME TAX RETURN, WELFARE CHECK STUB, SOCIAL SECURITY CHECK STUB, ETC., WITH THIS APPLICATION OR IT WILL NOT BE ACCEPTED.**

***Reminder: All families receiving scholarship money are expected to volunteer time throughout the year. It is suggested that for every \$50 of scholarship money awarded, two hours of volunteer work is offered. If not offered, further money may not be available.***

Signature of Parent or Guardian \_\_\_\_\_

August 27, 2008

Dear Parents,

The New Castle Christian Academy will participate in the activities provided by the state under the Act 89 for the 2008 – 2009 school year. All students will participate in Standardized Testing.

Other activities include:

- ◆ *Instructional Resource Services:* Peggy King
- ◆ *Speech/Language Services:* Jackson McCullough
- ◆ *Psychological Evaluation:* Nicholas Bernard (Parents will be notified prior to this service.)

We need your permission to allow your child to participate.

Sincerely,

Marcia A. Votaw  
Administrator

**RETURN BOTTOM PORTION UPON RECEIPT.**

I give permission for \_\_\_\_\_ to participate in Act 89 Activities at the New Castle Christian Academy for the 2008 – 2009 school year.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_ Child's Grade \_\_\_\_\_

**NEW CASTLE CHRISTIAN ACADEMY**  
**BOOK/MATERIALS LOAN FORM**

State Law (Act 195) authorizes the loan of textbooks by the Secretary of Education to children enrolled in non-public schools. A similar law (Act 90) authorizes the loan of instructional materials. Our school is now in the process of requesting the specific textbooks and materials to be loaned to your children. The law requires, however, that a parent of each child attending the non-public school individually request a loan of textbooks and instructional materials. Please sign the form below, date it, and return it to the school immediately.

**CERTIFICATE OF INDIVIDUAL REQUEST FOR LOAN OF TEXTBOOKS AND INSTRUCTIONAL MATERIALS**

**I hereby request the loan of textbooks and instructional materials in accordance with Pennsylvania Act 195 and Act 90 for my child(ren) attending the New Castle Christian Academy.**

**DATE** \_\_\_\_\_

**STUDENT** \_\_\_\_\_ **GRADE** \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

Parent or Guardian

**This form is to remain on file at the school.**

**NEW CASTLE CHRISTIAN ACADEMY  
MEDICAL/EMERGENCY FORM**

Student's Name \_\_\_\_\_

List any allergies \_\_\_\_\_

List any other health problems your child has had in the last five years:

\_\_\_\_\_

List continuing medication by name, dosage, and frequency:

\_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**All medication** brought from home must be **clearly marked** with the student's name, type of medication, dosage, and frequency. All medication must be given to the teacher immediately upon arrival.

**Medical aid permit:** I hereby give permission the personnel of the New Castle Christian Academy to hospitalize and/or secure proper treatment for my child named on this form in the event I cannot be reached. Permission is granted to render whatever emergency treatment may be judged necessary by an attending physician to the individual(s) listed on this form.

Parent/Guardian Signature \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

IF PARENT CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

**DO NOT RELEASE MY CHILD TO:** \_\_\_\_\_

\_\_\_\_\_

New Castle Christian Academy  
Medical History Registration  
2008-2009

Student name \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex \_\_\_\_\_

Place of birth \_\_\_\_\_ Birth certificate number \_\_\_\_\_  
Social security number \_\_\_\_\_

Father's name \_\_\_\_\_ Birthplace \_\_\_\_\_

Step-father's name \_\_\_\_\_ Birthplace \_\_\_\_\_

Living      yes       no

Separated    yes       no

Remarried    yes       no

Divorced     yes       no

Mother's name \_\_\_\_\_ Birthplace \_\_\_\_\_

Step-mother's name \_\_\_\_\_ Birthplace \_\_\_\_\_

Living      yes       no

Separated    yes       no

Remarried    yes       no

Divorced     yes       no

Person(s) with whom child lives \_\_\_\_\_ relationship \_\_\_\_\_

Residence \_\_\_\_\_ phone number \_\_\_\_\_

Father employed by \_\_\_\_\_ mother employed by \_\_\_\_\_

Number of older brothers \_\_\_\_\_ number of older sisters \_\_\_\_\_

Number of younger brothers \_\_\_\_\_ number of younger sisters \_\_\_\_\_

Entered from school/Kindergarten \_\_\_\_\_

Location \_\_\_\_\_

Lefthandedness      yes       no

Additional information or health problems \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Grade \_\_\_\_\_

- I. History
  - Allergies
  - Kidney trouble
  - Convulsions or seizures
  - Rheumatic fever or heart problem
  - Diabetes
  - Exposure to tuberculosis
  - Emotional problems
  - Accidents
  - Pneumonia or bronchitis
  - Operations (tonsils, etc.)
  - Contagious diseases:
    - Fifth disease
    - Chicken pox
    - Scarlet fever
    - Other
- II. Medications child is taking \_\_\_\_\_
- III. Child presently under medical care? Yes  no
- IV. Child taking daily medication? Yes  no
- V. Immunization (give dates)
  - DPT series \_\_\_\_\_ Boosters \_\_\_\_\_
  - Polio (OPU) \_\_\_\_\_
  - MMR \_\_\_\_\_
  - HIB \_\_\_\_\_
  - TB test \_\_\_\_\_
  - Hepatitis B \_\_\_\_\_

**Pennsylvania state law REQUIRES that a child entering school for the first time have a physical and dental examination.**

- 1. Consent for physical examination:
  - I request that the physical exam be conducted by the school physician.
  - I will have the exam done by my family physician and report to you on the form provided by the school.
- 2. Consent for dental services program:
  - I grant permission for my child to receive a dental screening at school.
  - I will have the dental screening done by my family dentist and the information forwarded to the school.
- 3. Consent for tuberculin tine test:
  - I grant permission for my child to receive this tuberculin screening test.
  - I will have this test done by my family physician and the results forwarded to the school.

**IF THE COMPLETED FORMS FROM YOUR FAMILY PHYSICIAN AND DENTIST ARE NOT RETURNED TO THE ACADEMY BY THE LAST WEEK OF SEPTEMBER, YOUR CHILD WILL BE GIVEN THESE TESTS IN SCHOOL.**

Date \_\_\_\_\_ Parent/guardian signature \_\_\_\_\_