

NEW CASTLE CHRISTIAN ACADEMY

2008 – 2009 School Year

ENROLLMENT FEE

First-time student \$65.00.

High Fives! \$50.00.

Pre-school \$35.00.

All enrollment fees are non-refundable.

ANNUAL TUITION

Three year pre-school \$ 620.00

Four year pre-school \$ 790.00

High Fives! \$ 2850.00

Half-day Kindergarten \$ 2230.00

Full-day Kindergarten – 8

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 5th or 20th 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
RE-ENROLLMENT FORM

GRADE TO ENTER _____

NAME: FIRST _____ MIDDLE _____ LAST _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CHILD'S SOCIAL SECURITY NO. _____

DATE OF BIRTH _____ AGE _____ MALE _____ FEMALE _____

SCHOOL DISTRICT: TOWNSHIP (SPECIFY) OR CITY _____

CHURCH _____

Mother's Name _____ Occupation _____ Work Phone _____

Mother's Email: _____

Father's Name _____ Occupation _____ Work Phone _____

Mother's Email: _____

Mother's Cell # _____ Father's Cell # _____

Person with whom child resides

List special academic/physical needs:

PARENT/GUARDIAN SIGNATURE _____ DATE

What method of transportation will be used for your child?

	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 20th of July and on the 5th or 20th 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 5th or 20th 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 20th 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 5th or 20th 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 5th or 20th 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 5th or 20th 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 _____

Family income per month: from salary \$ _____

from investments \$ _____

from other sources \$ _____

(welfare, SSI, pension)

TOTAL INCOME PER MONTH \$ _____

Value of assets owned by family: 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.

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 _____

(over)

Grade _____

I. History

- o Allergies
- o Kidney trouble
- o Convulsions or seizures
- o Rheumatic fever or heart problem
- o Diabetes
- o Exposure to tuberculosis
- o Emotional problems
- o Accidents
- o Pneumonia or bronchitis
- o Operations (tonsils, etc.)
- o Contagious diseases:
 - o Fifth disease
 - o Chicken pox
 - o Scarlet fever
 - o 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 _____