



Sisters Christian Academy 2019-2020 Registration Contract Worksheet


PARENT/GUARDIAN INFORMATION
FAMILY LAST NAME:

Dad's First Name:	Mom's First Name:
Dad's Cell:	Mom's Cell:
Home Address:	Mailing Address (if different):
City / State / Zip	
Dad's Email Address:	Mom's Email Address:

ENROLLING:

Student Name Grades K – 8 th	Date of Birth	Grade in Fall 2019	Application Fee \$50 each New student	Registration \$150 each student	Curriculum/Mat. \$270 Kinder \$325 1 st – 5 th \$375 6 th -7 th -8 th	Tuition 2019-20 \$5450 (1 st) \$3950 (2 nd +)	Notes
1)							
2)							
3)							
Elementary Student(s) sub-totals:			\$	\$	\$	\$	
Pre-School Student	Date of Birth	Pre- School or Pre K	Application Fee \$50 each New	Registration \$75 each	Curriculum & Materials	Tuition 2019-20	Notes
1)							
Time: <input type="checkbox"/> 8-11am <input type="checkbox"/> 8-12:15pm <input type="checkbox"/> 8-2:45pm <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F							
2)							
Time: <input type="checkbox"/> 8-11am <input type="checkbox"/> 8-12:15pm <input type="checkbox"/> 8-2:45pm <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F							
Pre-school Student sub-totals:			\$	\$	\$	\$	
FAMILY TOTALS:							
I am interested in Aftercare from 3–5:15pm <input type="checkbox"/> YES <input type="checkbox"/> NO							

APPLICATION & REGISTRATION FEES are due upon registration. **CURRICULUM** is due in full by May 25, 2019.

STUDENT'S HEALTH INFORMATION - PROOF OF IMMUNIZATIONS ARE REQUIRED AT SCA BY DECEMBER 1, 2019

FACTS TUITION MANAGEMENT payment arrangements are due at the time of registration.

- | | |
|---|--|
| Select preferred date to have ACH monthly draft <input type="checkbox"/> 5 th or <input type="checkbox"/> 20 th
<input type="checkbox"/> Receive a 2% tuition discount if paid by cash or check before 8/20/19
<input type="checkbox"/> 9 monthly payments September 2019 through May 2020
<input type="checkbox"/> 10 monthly payments August 2019 through May 2020 | <input type="checkbox"/> Family is applying for tuition assistance
<input type="checkbox"/> 10 monthly payments September 5, 2019 through June 5, 2020 (5 th only)
<input type="checkbox"/> 11 monthly payments July 2019 through May 2020
<input type="checkbox"/> 12 monthly payments July 5, 2019 through June 5, 2020 (5 th only) |
|---|--|

▷Parent's Signature: _____

Date: _____

OFFICE USE ONLY

Application & Registration due at time of Registration	Date Paid _____	Amount \$ _____	[] Check # _____	[] Cash	Staff _____
Curriculum & materials due before May 25, 2018	Date Paid _____	Amount \$ _____	[] Check # _____	[] Cash	Staff _____
Tuition	Date Paid _____	Amount \$ _____	[] Check # _____	[] Cash	Staff _____

I/We agree to the terms/statements of this Enrollment Contract (both sides), and tuition/fees as detailed in the 2019-2020 Tuition Schedule. Please initial each step below, then sign and date at the bottom.

_____ I/We must complete, sign and return this contract to SCA, along with the non-refundable registration fee in order to accept this offer of enrollment for my student(s).

_____ I/We will make regular tuition payments through FACTS Management, abide by the fiscal payment policy, cover the cost of damage to SCA or Sisters Community Church property caused by my/our child, give volunteer service, pray faithfully, and make special gifts as I/we are able.

_____ 2018-2019 tuition must be paid in order to enroll my/our student(s) for the 2019-2020 school year, excluding current binding FACTS contracts.

_____ I/We reaffirm our commitment to support the efforts of the administration, board, and staff. In keeping with the Biblical principle of conflict resolution (see Matt. 5:23-24; Matt. 18). I/We also agree to refrain from gossiping and to follow SCA's Conflict Resolution Policy as outlined in the SCA Student handbook.

_____ Considering the limited spaces available for student enrollment, SCA reserves a place for your student(s) upon acceptance of this offer. If parents/legal guardians elect to withdraw a student or if the student is dismissed, SCA will suffer damages. Therefore, I/we agree to pay the tuition as per the current 'Early Withdrawal' policy.

_____ For current students, re-enrollment is dependent both upon the student's successful completion of the current school year, as determined at the sole discretion of SCA, and upon parents'/guardians' compliance with this contract.

_____ Because it is the conviction of SCA that the home, the church, and the school complement a child's growth in the Lord Jesus Christ, our hope is that parents participate in a church whose policies and practices are consistent with SCA's Statement of Faith.

_____ I/We pledge my/our fullest cooperation to keep doctrinal controversy/denominationalism out of SCA.

_____ SCA considers four areas of conduct to be foundational: honesty, integrity, respect for authority, and respect for others. While we hope that suspensions/expulsions from SCA will not occur, a student who is consistently uncooperative, disrespectful, or demonstrates an attitude in opposition to SCA's behavioral standards, will be treated accordingly after consultation with the parents.

____My/Our failure to report my/our child's psychiatric counseling, prescribed program of medication, serious, chronic, or life-threatening medical conditions (e.g., hepatitis, tuberculosis, HIV positive/AIDS), or involvement with juvenile authorities during the past three years, may be cause for immediate dismissal.

____I/We hereby give permission for my/our child (ren) to go on field trips as part of their academic program. I/We understand that I/we will be informed in writing of the destination, transportation, supervision, and schedule. I/We will pay the costs of transportation and admission, as necessary.

____Students must have a current Emergency Data Card on file with the SCA office prior to attending classes.

➤ Parent/guardian signature: _____ Date: _____

Person responsible for payment: _____ Phone: _____

(Please Print Name)

➤ Signature of person responsible for payment: _____ Date: _____

**** If the person responsible for payment has a different address than on front page, please complete the following: ****

Address: _____ City: _____ State: _____ Zip: _____

➤ I have read the SCA Discipline Plan and agree to uphold it. _____

(Signature)

PLEASE BRING IN OR MAIL TO:

Sisters Christian Academy / (541) 549-4133

1307 W. McKinney Butte Road / PO Box 1103

Sisters, OR 97759