



10301 Caribbean Boulevard
Miami, FL 33189
(305) 251-1534

New Student Application for Admission 2019-2020

GRADE APPLYING: (Please check one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Pre-K4 | <input type="checkbox"/> 2 nd Grade | <input type="checkbox"/> 6 th Grade |
| <input type="checkbox"/> Pre-K5 | <input type="checkbox"/> 3 rd Grade | <input type="checkbox"/> 7 th Grade |
| <input type="checkbox"/> 1 st Grade | <input type="checkbox"/> 4 th Grade | <input type="checkbox"/> 8 th Grade |
| | <input type="checkbox"/> 5 th Grade | |

PLEASE PRINT

DATE APPLIED: _____

Student Information:

Name: _____
Last
First
Middle

Male Female Age: _____ Date of Birth: _____ Birthplace: _____

Race/Ethnicity: _____ Soc. Sec. #: _____ Home Phone: _____

Preferred Home Address: _____
Street
Apt. #
City
Zip Code

Preferred Mailing Address: _____
Street
Apt. #
City
Zip Code

Student lives with Both Parents Mother only Father only Other _____
(Please provide school with any current legal documentation that pertains to custody issues.)

Other children in family:

_____ School Attending _____ Grade _____
 _____ School Attending _____ Grade _____
 _____ School Attending _____ Grade _____

Parent Information:

	Parent 1	Parent 2	Legal Guardian / Other
Title (Mr., Mrs., Dr.)			
Last Name			
First Name			
Marital Status			
Address			
Home Phone			
Cell Phone			
Occupation			
Employer			
Work Phone			
E-Mail Address			

(This information must be kept current. Please inform the school of any changes throughout the year.)

Educational Information:

Please list all schools attended since Kindergarten:

Name of School	Contact Person	Complete Address	Grade(s)

Has your child ever repeated a grade? If yes, which grade? _____ Please explain: _____

Has your child ever been dismissed, suspended or disciplined at any school? If yes, please explain:

SOCIAL AND PHYSICAL GROWTH OF YOUR CHILD (Check all that apply with brief explanation where applicable.)

- | | | |
|-----------------------------|------------------------|------------------|
| Left handed? _____ | Unusual fears? _____ | Happy? _____ |
| Well-coordinated? _____ | Excitable? _____ | Restless? _____ |
| Dare-devil behaviors? _____ | Good with hands? _____ | Shy? _____ |
| Speaks clearly? _____ | Domineering? _____ | Impulsive? _____ |

Please explain: _____

What special interests, skills, and abilities does your child have? _____

What is your child's reaction to starting this school? _____

Briefly describe why you want a Christian education for your child:

Family Information:

What church do you attend? _____

What church services and other religious meetings to you regularly attend? _____

How did you hear about Cutler Ridge Christian Academy? Media Source (webpage, social media, etc.)

Referral from _____ Other _____

Emergency Information:

	Name	Phone Number / Ext.	Address
Physician/Doctor			
Preferred Hospital			

Emergency Contact:

Persons to contact in an emergency (with authorization to pick up student) in case parent is not available: *(These individuals also have authority to pick-up our child if we are unavailable and emergency/weather conditions arise which warrant closing the school.)* **Person must be at least 18 years old.**

Name	Phone	Alt. Phone	Relationship to student	Address

General Health Student Information:

Indicate allergies (please list specifics):

Food: _____ Medications: _____

Plants: _____ Other: _____

Any physical disabilities? Yes No If yes, please explain: _____

Does your child need to wear glasses/contacts? Yes No All of the time? Yes No

Additional health information not listed above: _____

Does your child have a psychological evaluation? Yes No

If yes, please explain: _____

Does your child have any physiological, psychological, and/or emotional problems which require medication? Yes No

If yes, please comment on the nature of the problem, the name, and frequency of the required medication:

Medications:

When any medication needs to be given to students, these medications must be in packaging from the pharmacy with the doctor's instructions printed on the current label. A Medical Release Form must also be completed by the parent. Medical Release Forms are available in the school office and require both the doctor and parent's signature. All medications must be taken in the presence of designated office personnel.

I HAVE READ AND AGREE WITH THE SCHOOL'S STATEMENT OF FAITH. I HAVE ALSO REVIEWED A COPY OF THE CRCA PARENT/STUDENT HANDBOOK AND WILL ADHERE TO THE POLICIES STATED IN THE HANDBOOK. I WILL ALSO ENCOURAGE MY CHILD(REN) TO SUPPORT AND ABIDE BY THE RULES AND REGULATIONS OF CUTLER RIDGE CHRISTIAN ACADEMY.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

I, (the student) agree to abide by Cutler Ridge Christian Academy's rules of conduct and dress code.

Student's Signature: _____ Date: _____

Financial Agreement Form

2019-2020



Tuition payments are due by the 1st of the month. A Late Charge of \$30.00 will be assessed if account balance is not received by the 10th. No exceptions will be made to this policy. If payment is not received by the 10th of the month, the student(s) will automatically be placed on financial suspension and will not be admitted to class, until such time that all payments due have been made. The account must be current before the following can occur: receive his/her report card and/or transcripts, take school semester exams, attend school field trips, or participate in graduation.

If you have an extenuating circumstance that will prevent you from adhering to this policy, you must provide an explanation in writing and may be asked to provide additional documentation for verification. Any special request needs to be approved by the School Administration on an individual basis.

There are several methods of payment accepted: Cash, Checks, or Credit Card (Visa or Mastercard). You may choose to complete and submit the Credit Card Payment Form authorizing CRCA to automatically charge all monthly payments on your account to the credit card on file.

All fees and tuition payments are non-refundable.

STUDENT NAME(S):

_____	GRADE _____
_____	GRADE _____
_____	GRADE _____
_____	GRADE _____

I am selecting the following tuition payment plan for the **Academic Year 2019-2020:**

_____ **Full Year Plan, All Grades** (due by August 1, 2019)

_____ **11 Month Payment Plan** (July 1st – May 1st)

_____ **10 Month Payment Plan** (August 1st – May 1st)

My signature below indicates that I have carefully reviewed the aforementioned, fully understand my financial obligations to Cutler Ridge Christian Academy and my willingness to cooperate fully. Furthermore, I understand that this will be the payment schedule I will be expected to adhere to for Academic Year 2019-2020.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Parent Email for Billing Matters: _____

THIS FORM MUST BE SIGNED AND RETURNED WITH YOUR REGISTRATION.

CREDIT CARD PAYMENT SELECTION FORM



ACADEMIC YEAR: 2019-2020

CONTRACTUAL AGREEMENT WITH CUTLER RIDGE CHRISTIAN ACADEMY

I hereby authorize Cutler Ridge Christian Academy to charge my monthly statement balance or the amount indicated below to my credit card account. I understand that my card will be charged on the first business day of each month for the amount indicated below. I also understand that I will be charged a \$3.50 processing fee each time my credit card is charged.

Please note: Expiration date must be current in order for the transaction to be processed.

Please check one:

Credit Card: [] VISA [] MasterCard

V. CODE _____ (REVERSE SIDE OF CREDIT CARD - LAST THREE DIGITS)
(V. Code is required)

_____-_____-_____-_____
Credit Card Account Number

Expiration Date ____/____

Name of Cardholder (Please Print Clearly) _____

Billing Address

City _____ **State** _____ **Zip Code (*Zip Code is required)** _____

Telephone Number of Cardholder

Signature of Credit Card Holder _____ **Date** ____/____/____

Choose one: _____ Account balance \$ _____ (specific amount)

STUDENT NAME(S):

GRADE _____

GRADE _____

GRADE _____

GRADE _____

FINANCIAL INFORMATION SHEET

2019 – 2020



Pre-K4 <i>\$3,120.00 annual tuition</i> Tuition in 11 payments (July – May) \$283.64/monthly <i>(7:00 a.m. – 6:00 p.m.)</i> Registration Fee \$300.00 Curriculum Fee \$150 due July 2nd School Improvement Fee \$175 due September 3rd	1st – 5th Grade <i>\$6,620.00 annual tuition</i> Tuition in 11 payments (July – May) \$601.82/monthly Registration Fee \$300.00 Curriculum Fee \$425 due July 2nd School Improvement Fee \$175 due September 3rd
Kindergarten <i>\$6,412.00 annual tuition</i> Tuition in 11 payments (July – May) \$582.91/monthly Registration Fee \$300.00 Curriculum Fee \$375 due July 2nd School Improvement Fee \$175 due September 3rd	6th – 8th Grade <i>\$6,932.00 annual tuition</i> Tuition in 11 payments (July – May) \$630.19/monthly Registration Fee \$300.00 Curriculum Fee \$450 due July 2nd School Improvement Fee \$175 due September 3rd

Registration Fee – due at time of registration. **Save 50% off of the Registration Fee if registered by 3/20/19.**

School Hours

Pre-K4 – K5 - 8:15 a.m. – 2:45 p.m.
1st – 8th Grade - 8:15 a.m. – 3:00 p.m.

DISCOUNTS AVAILABLE

**Discounts may not be combined.*

Full Year Tuition: 5% discount if paid by August 1, 2019

Sibling Discount:

Second Student's Annual Tuition Reduction	\$250.00
Third Student's Annual Tuition Reduction	\$500.00
Fourth Student's Annual Tuition Reduction	10%

Referral Discount: 10% discount on tuition is given to any CRCA family that refers a new family enrolling their child(ren) in CRCA and is in school for at least 1 semester. The Referral Form must be completed in the school office in order for the discount to be applied at the end of the second quarter.

IF REGISTERING AFTER AUGUST 1st, REGISTRATION FEE AND 1ST MONTH'S TUITION IS DUE UPON REGISTRATION. STUDENTS WILL NOT BE ALLOWED TO START SCHOOL UNTIL THESE FEES HAVE BEEN PAID.

School Lunch Information

Our Cougar Café serves breakfast and lunch each school day. Additional information regarding our menu options and prices can be found on the Lunchroom Information Form. Middle School students may also purchase a snack during their daily mid-morning break. Students may bring lunch money to school each day OR setup a pre-payment account. Please note that student meals may NOT be charged to student's accounts.

After School Care Fees

After School Care fees for Pre-K4 students are included in the tuition. Students enrolled in K5 – 8th grade who require After School Care on a regular basis should enroll in the After School Care program. This program is available from 3:00 pm – 6:00 pm and payment is due at the end of each week. Payments for After School Care are \$4.00 per hour for a single child and \$6.00 per hour for families with two or more children. Advance payments for After School Care accounts are accepted. A \$5.00 late fee will be assessed on all overdue accounts and will result in discontinuation of After School Care services.

After School Care is not available past 6:00 pm. **Students picked up after 6:00 p.m. will be charged \$1.00 per minute after 6:00 p.m.** Any student in grades K5 - 8th grade not picked up within the 15 minutes of dismissal time will be billed at the hourly rate of \$4.00 per hour or any part thereof.

General Information

The monthly tuition payments will be due by the 1st of each month.

Late Fees/NSF Fees

If payment is received in the Finance Department after the 10th of the month, a \$30 late fee will be charged to your account. All NSF checks will be charged a \$30 fee. If a second check is returned, remaining payments must be made using a money order, cashier's check or credit card. School records **will not** be released unless your account is current.

Financial Scholarships

Families with students on financial scholarships are responsible to pay the difference that is not covered by the scholarship amount. *Financial scholarships may not be combined with any school discount offered.*

Entrance Exams

All incoming K5 – 8th grade students who wish to apply for admission into our school must complete an entrance exam. This evaluation, along with other pertinent information such as standardized test results and report cards, permits us to determine if our program will be able to meet the needs of the prospective student. A \$30.00 fee is charged for the processing of the paperwork. Taking the entrance exam does not assure acceptance into our school. All student information and assessments are reviewed by the school's Admissions Committee to determine eligibility and acceptance into CRCA.

Age Requirements

For entrance into our school, we follow the guidelines set forth by the State of Florida which are:

- K4- Must be 4 on or before September 1st of that academic year
- Kindergarten- Must be 5 on or before September 1st of that academic year
- First Grade- Must be 6 on or before September 1st of that academic year and must have successfully completed Kindergarten

Withdrawals

Should you withdraw your child(ren) from our school, the current balance, if any, must be paid in cash or cashier's check. All tuition and fee payments are **non-refundable**. *A \$25.00 withdrawal fee will be charged at time of withdrawal.* Student records will not be released until all fees and payments have been paid.

Cutler Ridge Christian Academy is a ministry of First Baptist Church of Cutler Ridge. Our school provides a supportive, challenging, and caring environment for education. Our school is fully accredited by the Florida Association of Christian Colleges and Schools.

All families must sign a Statement of Financial Responsibility Form, Physician's Authorization Form, and Statement of Cooperation Form. CRCA admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded to or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration or its policies, admission policies, scholarship, and loan programs.