



Enrollment Form

Entering Grade _____ **Present Grade** _____

First Name _____ Middle _____ Last _____

Street Address _____

City _____ State _____ Zip _____

Mother's Name _____

Mother's Home Phone _____ Cell Phone _____

Employer _____ Work Number _____

Church Member _____ Where _____

Email Address _____

Father's Name _____

Father's Home Phone _____ Cell Phone _____

Employer _____ Work Number _____

Church Member _____ Where _____

Email Address _____

Guardian's Name _____

Guardian's Home Phone _____ Cell Phone _____

Employer _____ Work Number _____

Church Member _____ Where _____

Email Address _____

In Case of Emergency contact: _____ Phone _____

Students Physician _____ Phone _____

Special Medical Concerns of Student _____

Emergency Instructions

The purpose of this form is to provide our facility with specific instructions from parents for our staff to follow in arranging for immediate threat of: _____ Child's Name

I _____ Authorize Community Christian Academy to seek emergency medical treatment administered but limited to: Paramedics, Hospital emergency room employees and other medical professionals as required for emergency medical treatment of my child.

Signature: _____ Date: _____

Persons responsible for medical services rendered are:

Parent's Name _____ Phone _____

Health insurance Company name: _____ Policy # _____

Has Student been or presently involved: Suspended, Expelled, involved in Criminal activity, Drugs, Alcohol, tobacco, or any other intoxicant? _____ If you answered yes please explain _____

Has student ever failed a grade? _____

List any siblings that will be attending CCA:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

How did you hear about us? _____

Parents please read carefully and sign:

I will cooperate to the fullest extent with Community Christian Academy in the education of my child. I agree to stand by the rules and policies as set forth in the Student handbook, and I will cooperate with the teachers and staff concerning any disciplinary action taken against my child. I will take part, as much as possible, in school activities and meeting sponsored by the school. I affirm that the information in this application is true to the best of my knowledge.

Signature _____ Date _____

The following is required before a student can attend classes at Community Christian Academy:

- A non-refundable registration/Book fee of \$200 for K-5/ \$225 1st -8th / \$235 9-12th
- Registration Form
- Certificate of Immunization Status
- Transcript release form

Tuition will be due at the 1st of every month (10 month Plan, August – May)

Kindergarten \$250 per month (\$2,500 year) \$100 discount when if in full

1st – 12th \$240 per month (\$2,400 year) \$100 discount when if in full

**Please make check payable to: Community Christian Academy
616 Athenia Place
Bessemer City, NC 28086**

Community Christian Academy is a non-profit charitable organization registered under Internal Revenue code 501(C) Approved by the state of North Carolina Board of Education as a private school, diploma granting institution grades K-12. We are members of the North Carolina Christian School Association.

Office Use Only

Application Accepted or Denied _____

Reasons _____
