

D.J.'S COMMUNITY CHRISTIAN ACADEMY
SCHOOL TERM

**Pre-Registration
Reservation Deposit**

Student's Name: _____

Student's Address: _____

Phone Number: _____

Grade applying for (circle one): K 1 2 3 4 5

I understand that this reservation deposit is **non-refundable** and only secures my child's spot until July 1st of the upcoming school year when first tuition is due. If I choose to withdraw my child at any time, before or during the school year, my deposit, fees, and first 5 months payment or 50% of tuition paid in full **will not** be returned to me.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____

Admin Initials: _____

Copy to parent, copy for file

D.J.'S COMMUNITY CHRISTIAN ACADEMY

- SCHOOL TERM

Tuition Rates

Tuition

Kindergarten thru Fifth Grade Tuition for the school term is **\$5,460.00**.

Payment Options

Option 1: Tuition may be paid in full by July 1st of the upcoming school year. *(50% of full tuition is non-refundable)*

OR

Option 2: Tuition may be paid in 10 monthly payments of **\$546.00**.
The first payment is due July 1st of the upcoming school year and then re-occurs starting September 1st.
All monthly payments **must** be paid by the first of each month. *(Up to first 5 mos. payments non-refundable)*

Late fees will be applied after the first of each month on any remaining balance.

***Special Rules Apply Promotional**

If any promotions are initiated, they cannot be combined with each other. It will be at the discretion of management as to the application of any promotion.

Registration <i>(Due Jan 1)</i>	\$175.00	The registration fee covers the administrative cost of enrolling students, testing, and screening of students, etc. and is a non-refundable and non-transferable fee due at the time of registration. This deposit holds your child's spot until July 1 st of the upcoming school year, when tuition is due. If you do not pay tuition by July 1 st of the upcoming school year, (choosing either option) your spot will be given away.
Book Fees: <i>(Due by June 1)</i>	\$300.00	Covers curriculum books and is non-refundable and non-transferable.
Activity Fee <i>(Due by August 1)</i>	\$295.00	This is a yearly fee that covers the cost of student activities, (Spelling Bee, & Science Fair), computer lab upkeep, PE equipment, field day, Christmas program, family days, art supplies, graduation/awards programs (not including caps and gowns) and testing. Activity fee is non-refundable.

Hot Lunch Program

Our hot lunch program is at a reduced price of \$2.00 per lunch to our students. Students will still have the option of bringing their own lunch if desired. Students with special needs foods and allergies will have to bring their own lunch to maintain the safety of the meals they require.

DJ'S COMMUNITY CHRISTIAN ACADEMY
New Registration

DATE ___/___/___ Grade student is applying for: K 1 2 3 4 5 (Final placement will be determined by DJCCA)

Student's Last Name: _____ First: _____ Middle: _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone (702) _____ Sex _____ Birth Date ___/___/___ U.S. Citizen Yes [] No []

Father's Name _____ Mother's Name _____

Father's SS# _____ Mother's SS# _____

Father's DL# _____ Mother's DL# _____

Father's Employer _____ Mother's Employer _____

Work Phone _____ Work Phone _____

Cell# _____ Cell# _____

Secured credit card # _____ Expiration date _____
(The above entitles DJ's Community Christian Academy to charge any fees or unpaid balances.)

If parents are separated or divorced, with whom does the student live with? _____

School attended last year _____

Address _____

Reason for selecting DJ'S COMMUNITY CHRISTIAN ACADEMY? _____

Academy recommended by (or how did you hear about us) _____

Has this student ever attended DJ's Academy? Yes [] No [] Circle previously attended. (Circle one) K5 1 2 3 4 5

Church you now attend: _____
Name street city state zip

Amount of fees accompanying this form \$ _____. (For an enrollment application to be accepted by D.J.'s Community Christian Academy, a \$175 registration fee is required for EACH CHILD enrolled in a class.)

I understand that the REGISTRATION FEE of \$175 is NON-REFUNDABLE and must accompany this form. I hereby authorize D.J.'s Community Christian Academy's personnel to obtain emergency medical and/or dental care or emergency evacuation for my child at my expense.

I have read, understand, and agree to abide by the policies of D.J.'s Community Christian Academy's Dress Code as outlined in the Parent Handbook (signed acknowledgement.)

I agree to pay the monthly tuition on or before the first of each month starting July 1st, (First 5 mos. Payments are non-refundable)(see page 1-tuition rates). I also agree that I will be charged a \$25.00 late fee if my payment is made after the 1st of each month. If tuition is not paid by the tenth day, my child will not be allowed to attend classes until my balance is paid. I agree to accept responsibility for all fees, tuition, charges, and incidentals regarding the above named student.

DJ's Community Christian Academy admits students of any race, color, and nationality or ethnic origin.

I attest that the above information given is accurate.

DATE ___/___/___ Print Name _____

PARENT/GUARDIAN SIGNATURE _____

EMERGENCY INFORMATION
ENROLLMENT FORM

4

DATE ____/____/____

FOR SCHOOL YEAR _____

Student's Name _____
Last First Middle

Name of persons authorized to take child: (other than parent or guardian.)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Responsible adult to contact if parent cannot be reached:

Child's physician

Name: _____

Name _____

Phone: _____

Phone _____

Name: _____

Address: _____

Phone: _____

Medical needs and special conditions: *(Include explanation of any medical conditions/allergies affecting your child that the school should be aware of and must be accompanied by a doctors instructions, procedures, and/or prescription. Please ask for appropriate forms at office.) (Determination of special conditions will be at the discretion of DJCCA.)*

The school has my permission to call the above named physician in case of emergency when as a parent I cannot first be reached.

Parent/Guardian signature

____/____/____
Date

I hereby authorize D.J.'s Community Christian Academy and Daycare/Preschool Center's personnel to obtain emergency medical and/or dental care or emergency evacuation for my child at my expense.

I have provided written notification above of any medical conditions/allergies that affect my child.

Parent/Guardian signature

Print name

Social Relationships

Does your child spend time with both parents? _____ No _____ Yes

If the parents are separated, how often does the child see the absent parent? _____

Has your child had experience playing with other children? _____ Yes _____ No

By nature, is your child _____ friendly, _____ aggressive _____ shy _____ withdrawn _____ other

Do you feel your child adjusts easily to new situations? _____ No _____ Yes

Does your child enjoy being alone? _____ No _____ Yes

How does your child relate to strangers? _____

What makes your child angry or upset? _____

How does your child show his/her feelings? _____

Who does most of the disciplining in your home? _____

What do you find is the best way of handling disciplining your child? _____

Is your child afraid of the following? _____ Animals _____ the dark _____ storms
_____ loud noises _____ other

In what particular ways can we help your child? _____

Is your child allergic to any particular foods? _____

D.J.'S COMMUNITY CHRISTIAN ACADEMY

“Child Information”

Child's Name _____ Birth Date _____

What languages does your child speak? _____

Health

What communicable diseases has your child had?

_____ Measles(Big Red) _____ Measles (3Day) _____ Mumps

_____ Chicken Pox _____ Whooping cough _____ Other

Explain _____

Any serious illness or hospitalization? _____ No _____ Yes

Explain _____

Any physical disabilities? _____ No _____ Yes; Explain _____

Any known allergies?(Asthma, hay fever, etc.) _____ No _____ Yes

Explain _____

Are there any medications given regularly? _____ No _____ Yes

What; _____

Sleeping habits

What time does your child go to bed? _____ Awaken _____

What is your child's mood upon awakening? _____

Dear Parents:

This is a chart of the required immunizations that your child must have received before entering our school. It is against the law to have a child attending who has not been fully and properly immunized. Please make sure your child is current on all immunizations, and bring a copy of his/her shot records on or before the first day of attendance. * See note below.

Thank You,

DJCCA

	DTP	POLIO	HIB	MEASLES	MUMPS	RUBELLA	Td
2 months	X	X	X				
4 months	X	X	X				
6 months	X		X				
15 months	X	X	X	X	X	X	
4-6 years	X	X		X	X	X	
14-16 years							X

* Note: Different states may have different requirements. You must be fully updates for Nevada requirements or submit a doctor's note specifying type and why shots were not given. It must be on medical letterhead with doctor's name and phone number. As per Health Dept.

Statement of Cooperation and Waiver of Liability

I recognize that attendance at DJ’s Community Christian Academy is a privilege and not a right. Parents are expected to cooperate with and support the Academy and its teachers in the education and discipline of their child (ren) both in the classroom and during other related school activities. I believe that discipline is necessary for the welfare of each student, as well as for the entire Academy. I give permission for my child’s teacher and/or other agent of the Academy to make and enforce classroom regulations in a manner consistent with Christian principles. Students shall forfeit the privilege of attending the Academy if they do not conform to the standards and way of life at the Academy. The Academy reserves the right to withdraw a student at any time that the student, in the opinion of and at the sole discretion of the Academy, does not conform to the spirit of the academy.

I further understand that DJ’s Community Christian Academy policy prohibits refunds of registration fees, book fees, or tuition payments.

In the event that photographs or videos be taken with my child in it, either individually or in a group, I give permission for my child’s picture to be used in future brochures, video tapes, or other publications of DJ’s Community Christian Academy.

I give permission for my child, whose name is set forth below, to take part in all activities, including without limitation, transportation to and from school (including times prior to pick up and following discharge from the bus), recreational activities, bus trips, sport activities on the premises of DJ’s Community Christian Academy and/or DJ’s Daycare/Preschool Centers and Academy sponsored trips away from the Academy premises. I indemnify and save DJ’s Community Christian Academy and DJ’s Daycare/Preschool Centers, its employees and agents harmless from and against any claims, demands, causes of action, liability, medical payments, costs and attorneys’ fees resulting from or arising out of the participation by my child in the above-mentioned activities. I understand that DJ’s Community Christian Academy and DJ’s Daycare/Preschool does not provide medical insurance coverage for my child and that I will be solely and fully responsible for any medical expenses or other liabilities incurred.

I understand that should my marital status change, it is my responsibility to have a corrected Statement of Cooperation and Waiver of Liability signed and updated and delivered to DJ’s Community Christian Academy.

This Statement of Cooperation and Waiver of Liability shall remain in effect for as long as my child listed (or others to be enrolled) attends DJ’s Community Christian Academy, whether in elementary or summer school. Any reference herein to “child” shall include and refer to all of the children listed, or others to be enrolled in the future.

List children’s names and grades:

Signature of both parents:

Mother

Father

Sole Guardian

Card Lock System

In order to gain entrance into our facility, it will necessary for you to have a card key. This card will be personally programmed for you with your name registered to it. Cards cannot be reprogrammed and must be purchased as follows:

Two cards \$25.00
One card \$15.00

Lost cards will have to be re-purchased.

Paid \$ _____ Number of cards received _____

Signed: _____ Date: _____

D.J.'S COMMUNITY CHRISTIAN ACADEMY

_____ - _____ School Term

Before and After School Rates

Before School:

Before school care hours are from 6:00am-7:30am. The charge is \$50.00 per month or \$5.00 per day.

After School:

After school care hours are from 3:30pm-5:00pm. The charge is \$80.00 per month or \$8.00 per day.

Requirements:

If you know your child will need before or after school care, please include the charge on that month's tuition payment.

If your child is left after 3:30pm and is not enrolled in the after school program, your account will be charged the daily rate.

Late Pick up

There will be an \$8.00 charge to remain in aftercare from 5:00pm – 6:00pm.

Extended School Day

It will be my responsibility to drop off or pick up my child at the Academy. Any extended care use other than the pre-arranged care in this agreement will be billed at the above daily rates. Any unused care in this agreement is **not refundable**. Extended care participants will abide by Daycare regulations by signing in and out when picking up or dropping off. All billing, payments, changes in service, or correspondence will be directed through **DJ's Community Christian Academy only**.
(Any child signed into a daycare facility will incur before-aftercare charges.)

I am requesting the following extended day service/services for my child **(check all that applies)**:

Student's Name: _____ Grade _____

- Before care** **After care (until 5pm-Academy)** **Before and after care(until 5pm)**
- \$5.00 per day or \$8.00 per day or \$13.00 per day or
- \$50.00 per month \$80.00 per month \$130.00 per month

After 5pm care (At Center 2 Daycare)
(a charge of \$8 for the last hour after 5pm will be applied)

My child will be dropped off at:

Preschool Center - 101 S. Arroyo Grande Blvd., Henderson, NV (Before care)
Requires teacher escort. (Escort picks up at above location at 7:30AM)

Academy - 95 S. Arroyo Grande Blvd., Henderson, NV
No transport needed. (Earliest arrival time at above location is 7:30AM) **(no charge)**

My child will be picked up at:

Academy - 95 S. Arroyo Grande Blvd., Henderson, NV (at 3:30 pm – no charge)
No transport needed.

Academy - 95 S. Arroyo Grande Blvd., Henderson, NV (by 5 pm - aftercare)
No transport needed. (Earliest arrival time for pick up at this location is 3:30PM)

Preschool Center - 101 S. Arroyo Grande Blvd., Henderson, NV (after 5 pm – late pick up)
Requires teacher escort. (Escort will leave Academy at 5:00PM) **(a charge of \$8 for the last hour after 5pm will be applied)**

Parents/Guardian signature _____

Date _____ Print Name _____

D.J.'S COMMUNITY CHRISTIAN ACADEMY

FIELD TRIP PERMIT

“WAIVER FOR ATTENDING AN EVENT”

I give permission for my child, whose name is set forth below, to take part in all activities, including without limitation, transportation to and from school (including times prior to pick up and following discharge from the bus), recreational activities, bus trips, sport activities on the premises of DJ's Community Christian Academy and/or DJ's Daycare/Preschool Centers and Academy sponsored trips away from the Academy premises. I indemnify and save DJ's Community Christian Academy and DJ's Daycare/Preschool Centers, its employees and agents harmless from and against any claims, demands, causes of action, liability, medical payments, costs and attorneys' fees resulting from or arising out of the participation by my child in the above-mentioned activities. I understand that DJ's Community Christian Academy and DJ's Daycare/Preschool does not provide medical insurance coverage for my child and that I will be solely and fully responsible for any medical expenses or other liabilities incurred.

Child's Name

Parent's Name (Print)

Parent's Signature

Date

D.J.'S COMMUNITY CHRISTIAN ACADEMY

"ELEMENTARY HONOR CODE" (FOR STUDENTS ENTERING GRADES 3 THROUGH 5)

1. I will respect everyone.
2. I will be kind to everyone.
3. I will obey all of DJCCA's rules, wherever I am. (In the lunchroom, at recess, in the hall, bathrooms, classrooms, field trips, programs, and other DJCCA events.)
4. I will work my hardest in my class, finish all of my homework, and be ready for tests.
5. I will not participate in destructive language. (Talking bad about others, lying about others, making fun of others, mocking, swearing, inappropriate language, etc.)
6. I will not lie, cheat, or steal and will help my classmates not to lie, cheat, or steal.
7. I will treat members of the opposite sex with respect, like I would treat Jesus.
8. I will do my best to walk in the Fruits of the Spirit: love; joy; peace; long-suffering; kindness; goodness; faithfulness; gentleness; and self-control (Galatians 5:22-23).

I have read, and agree to abide by the above Honor Code.

PLEASE PRINT NAME

GRADE ENTERING

PLEASE SIGN NAME

DATE

I have reviewed the Honor Code with my child.

PARENT SIGNATURE

DATE

Copy to parent, copy in file

D.J.'S COMMUNITY CHRISTIAN ACADEMY

"ACCOUNT MANAGER" (FOR MULTIPLE HOUSEHOLDS ONLY)

I _____ will accept all responsibilities for the proper management of my child's account and distribution of payments while enrolled at DJ's Community Christian Academy. This will include payments, fees, penalties, and accountability for regulations and rules put forth in the "Parent Handbook" and in all school policies.

STUDENTS NAME

PLEASE PRINT NAME (Parent)

PLEASE SIGN NAME (Parent)

DATE

ACCOUNT MANAGERS ADDRESS

ACCOUNT MANAGERS PHONE #

Copy to parent, copy in file

Notice of Change of Account Status

This form will serve as a written notice for making changes to your account services such as before and aftercare, phone numbers, addresses, e-mail info, etc...

Name of Student _____

Description of account item/items to be changed:

Reason for change _____

- *Please be aware of any rate or fee changes that may occur from the changes in certain services.*

Parent/Guardian Print Name _____

Parent/Guardian Signature _____ **Date** _____

Notice of Withdrawal

This form will serve as a 90 day written notice for withdrawing your student(s) from DJ's Community Christian Academy. Please be aware you are responsible for up to 5 months of tuition payments or 50% of yearly tuition and any outstanding ancillary fees.

Name of Student _____

Name of Student _____

Reason for withdrawal _____

Did we meet the need of your student(s)? Yes No

If not, explain _____

In your opinion, what can we do to improve our school? _____

Where will student(s) be transferring? _____

Forwarding Address _____

Parent/Guardian Print Name _____

Parent/Guardian Signature _____ **Date** _____