

Welcome Parents:

We appreciate your interest in Christ Fellowship Academy, and look forward to the privilege of serving your educational needs. Please inquire if the accompanying information does not answer all of your questions.

All students entering K5 through 6<sup>th</sup> grade are required to take an admissions test. **Before students are tested, CFA must have copies of the students' latest report card, standardized test results from previous schools, and any psychological/educational test results.** After an initial review of the (K5-6<sup>th</sup>) student's admission test, previous report card, and references, the prospective student will receive notification, **by phone call**, whether or not they may proceed with registration. K2-K4 students will be enrolled after an administrative interview with the parent and the registration fee has been paid. K5 through 6<sup>th</sup> grade students, who are eligible for admission, are asked to call for an administrative interview appointment. ALL REMAINING DOCUMENTS (birth certificate, health forms, Acceptable Use of Technology Form, etc.) MUST BE TURNED IN AT THE TIME OF THE INTERVIEW. Parents of new students to CF Academy are encouraged to attend our Back-to-School parent orientation at the start of the upcoming school year.

The annual tuition fee will be payable in eleven (11) monthly installments – July 1, 2011 – May 1, 2012, or may be paid in full.

**All fees are listed on the “Tuition and Fees Schedule.” Prompt return of the following is required to reserve your child's space for the 2011-2012 school year, and must be completed to finalize registration:**

- |   |  |
|---|--|
| 1. Application & Enrollment Questionnaire               | 6. Signed Placement Policy Agreement                             |
| 2. Signed Statement of Cooperation                      | 7. Recommendation Forms  |
| 3. Registration Fee of \$200.00 (due with application)  | 8. Acceptable Use of Technology Form                             |
| 4. Annual School Improvement Fee of \$200.00 - \$500.00 | 9. Copy of all Psychological/Educational Testing (if applicable) |
| 5. Certified Copy of Birth Certificate                  | 10. Family picture   |

**\*\*The Registration fee is due at the time of placement for students in the candidate pool.**

The School Improvement Fee of **\$200.00-\$500.00** per family is due in its entirety by **May 31<sup>st</sup>, 2011**. On a continuous basis, we need to improve our buildings, grounds, and classrooms. Also, the need to upgrade equipment, technology, and our play areas are important to the overall program. Further, the safety and security of all our students is a priority. This fee will help cover the rising costs of keeping these areas to the highest standards possible.

**Original 3040/680 Health Forms are required for all students.** Dade County Health Department provides these forms through your doctor's office. Students will not be permitted to begin school unless all forms are in their files. All health forms must show current 2010 TB results and current immunizations. \*Kindergarten Requirements for 2011-2012 School Year – Children entering, attending, or transferring to Kindergarten in Florida schools will be required to have completed the hepatitis B vaccination series. (10D-3.088, F.A.C.)

A standardized dress ensemble is required for all students attending CF Academy. Uniforms with the school logo must be purchased from AA Uniforms, which is conveniently located across the street from The Falls. They are a family owned and operated business which has served the community since 1956, and provides quality uniforms at affordable costs. Parents are also given the option to shop for their child's khaki or navy uniform bottoms at any local retail store that sells school uniforms.

The 2011-2012 school year will mark the 38<sup>th</sup> year CF Academy has offered a quality Christian education to children in our community. Our goal will always be to continue to give our students the opportunity for academic and spiritual growth and success in a creative learning environment, guiding them to become the “leaders for tomorrow.” We anticipate a great year as parents and faculty partner together to shape the lives of our children.

Love in Christ,

Christina Blanco  
CF Academy Director

## APPLICATION FOR ADMISSIONS

THANK YOU FOR CHOOSING CHRIST FELLOWSHIP ACADEMY, A MINISTRY OF CHRIST FELLOWSHIP, FOR YOUR CHILD(REN). WE ARE GRATEFUL FOR THE OPPORTUNITY TO PARTNER WITH YOU IN EDUCATING YOUR CHILD. IT IS IMPERATIVE THAT THE “APPLICATION FOR ADMISSIONS” BE FILLED OUT COMPLETELY. THIS FORM IS REVIEWED BY THE CHILD’S TEACHERS AS A WAY OF GETTING ACQUAINTED WITH THEM. THANK YOU FOR YOUR COOPERATION.

### **GENERAL INFORMATION**

CHILD’S LEGAL NAME: \_\_\_\_\_ NAME USED: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SOCIAL SEC. # \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: (M) / (F)  
RACE: AFRICAN AMERICAN, ASIAN, CAUCASIAN, HISPANIC, INDIAN, OTHER: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
CHURCH FAMILY ATTENDS: \_\_\_\_\_ ENTERING GRADE LEVEL: \_\_\_\_\_

### **FIRST PARENT/LEGAL GUARDIAN CONTACT INFORMATION (RECEIVES ALL MAIL & STATEMENTS)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
RELATIONSHIP TO STUDENT: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
EMAIL ADDRESSES: (PLEASE LIST ALL EMAIL ADDRESSES YOU WOULD LIKE SCHOOL ANNOUNCEMENTS TO GO TO)  
#1 \_\_\_\_\_ #2 \_\_\_\_\_  
OCCUPATION/TITLE: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
MARITAL STATUS: MARRIED \_\_\_ DIVORCED \_\_\_ SEPARATED \_\_\_ SINGLE \_\_\_ REMARRIED \_\_\_ WIDOWED \_\_\_

### **SECOND PARENT/LEGAL GUARDIAN CONTACT INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
RELATIONSHIP TO STUDENT: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
EMAIL ADDRESSES: (PLEASE LIST ALL EMAIL ADDRESSES YOU WOULD LIKE SCHOOL ANNOUNCEMENTS TO GO TO)  
#1 \_\_\_\_\_ #2 \_\_\_\_\_  
OCCUPATION/TITLE: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
MARITAL STATUS: MARRIED \_\_\_ DIVORCED \_\_\_ SEPARATED \_\_\_ SINGLE \_\_\_ REMARRIED \_\_\_ WIDOWED \_\_\_

### **FAMILY INFORMATION**

STUDENT LIVES WITH: BOTH PARENTS \_\_\_ MOTHER ONLY \_\_\_ FATHER ONLY \_\_\_ OTHER \_\_\_\_\_  
NAME & AGES OF SIBLINGS: \_\_\_\_\_

**EMERGENCY CONTACTS**

PARENTS WILL BE CONTACTED FIRST IN THE CASE OF AN EMERGENCY. PLEASE GIVE ADDITIONAL CONTACTS: IT IS THE RESPONSIBILITY OF THE PARENTS AND/OR GUARDIANS TO ENSURE THAT THE EMERGENCY CONTACT INFORMATION IS CURRENT, ACCURATE AND RELIABLE. CHANGES TO THE EMERGENCY CONTACTS OR PICKUP INFORMATION WILL BE ACCEPTED BY THE ACADEMY OFFICE ONLY IN WRITING.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_

**PICKUP INFORMATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_

**MEDICAL INFORMATION/ HISTORY OF THE CHILD (PLEASE INDICATE DATES OF ILLNESSES)**

PHYSICIAN NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
INSURANCE CARRIER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_  
INSURANCE CARRIER ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
MEASLES\_\_\_ MUMPS\_\_\_ CHICKEN POX\_\_\_ WHOOPING COUGH\_\_\_ FLU\_\_\_ MENINGITIS \_\_\_ CONVULSIONS\_\_\_  
DISABILITIES (LIST ALL ALLERGIES, ASTHMA, EPILEPSY, ETC.) \_\_\_\_\_  
ANY EVIDENCE OF: HEARING LOSS? \_\_\_\_\_ VISION DIFFICULTIES? \_\_\_\_\_ SPEECH DISABILITIES? \_\_\_\_\_  
HOSPITALIZATIONS: \_\_\_\_\_ OPERATIONS: \_\_\_\_\_  
OTHER CONDITIONS/ ILLNESSES NOT COVERED ABOVE: \_\_\_\_\_

**SOCIAL AND PHYSICAL GROWTH**

1. RIGHT OR LEFT HANDED? \_\_\_\_\_ 2. WELL COORDINATED? \_\_\_\_\_ 3. GOOD WITH HANDS? \_\_\_\_\_  
4. FALLING SPELLS? \_\_\_\_\_ 5. DAREDEVIL BEHAVIOR? \_\_\_\_\_ 6. IMPULSIVE? \_\_\_\_\_  
7. DOES CHILD SPEAK WELL? \_\_\_\_\_ 8. EXCITABLE? \_\_\_\_\_ 9. RESTLESS? \_\_\_\_\_  
10. SHY? \_\_\_\_\_ 11. DOMINEERING? \_\_\_\_\_ 12. HAPPY? \_\_\_\_\_  
HAS YOUR CHILD RECEIVED AND/OR BEEN RECOMMENDED FOR COUNSELING? \_\_\_\_\_ DATES: \_\_\_\_\_  
PSYCHOLOGICAL/EDUCATIONAL TESTING? \_\_\_\_\_ DATES: \_\_\_\_\_  
WHAT PROBLEM DOES YOUR CHILD HAVE THAT CONCERNS YOU MOST? \_\_\_\_\_  
WHAT IS YOUR CHILD'S ATTITUDE TOWARD HIMSELF/HERSELF? \_\_\_\_\_  
WHAT DO YOU FEEL ARE HIS/HER SPECIAL ABILITIES OR CAPABILITIES? \_\_\_\_\_  
HAS YOUR CHILD FAILED A GRADE? \_\_\_\_\_ IF YES, WHICH GRADE? \_\_\_\_\_  
HAS YOUR CHILD FAILED A SUBJECT? \_\_\_\_\_ IF YES, WHICH SUBJECT? \_\_\_\_\_  
HAS YOUR CHILD BEEN DISCIPLINED IN SCHOOL? \_\_\_\_\_ IF YES, WHAT DISCIPLINARY MEASURES WERE USED? \_\_\_\_\_  
IS YOUR CHILD A CHRISTIAN? \_\_\_\_\_ PLEASE GIVE THE BASIS FOR YOU ANSWER? \_\_\_\_\_

**UNDERSTANDING YOUR CHILD**

WHAT ARE SOME OF THE WAYS YOUR CHILD PLAYS AT HOME? \_\_\_\_\_

FAVORITE TOYS? \_\_\_\_\_

SPECIAL INTERESTS? \_\_\_\_\_

FAVORITE TV PROGRAMS? \_\_\_\_\_

FAVORITE FOODS? \_\_\_\_\_

STUDENT HONORS AND AWARDS EARNED? \_\_\_\_\_

DOES YOUR CHILD PLAY WELL WITH OTHER CHILDREN? \_\_\_\_\_

HOW DOES YOUR CHILD REACT WHEN HE/SHE DOES NOT GET HIS/HER WAY? \_\_\_\_\_

LIST METHODS OF DISCIPLINE USED WITH YOUR CHILD: \_\_\_\_\_

IS YOUR CHILD ENROLLED IN A SPECIAL GROUP (DANCING, ART, BASEBALL, ETC.)? \_\_\_\_\_

HOW OFTEN DO YOU READ WITH YOUR CHILD? \_\_\_\_\_

WHY DOES YOUR CHILD WANT TO ATTEND CF ACADEMY? \_\_\_\_\_

\_\_\_\_\_

IN WHAT WAYS DO YOU EXPECT OUR PROGRAM TO HELP YOUR CHILD? \_\_\_\_\_

\_\_\_\_\_

**SCHOOL BACKGROUND**

GRADE LAST ATTENDED? \_\_\_\_\_ ENTERING GRADE? \_\_\_\_\_

LIST CHRONOLOGICALLY ALL SCHOOLS ATTENDED, INCLUDING PRESCHOOL AND KINDERGARTEN:

DATE(S)	GRADE	NAME OF SCHOOL	ADDRESS OF SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**REFERRAL INFORMATION**

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HOW DID YOU HEAR ABOUT CF ACADEMY? \_\_\_\_\_

DID SOMEONE RECOMMEND CF ACADEMY TO YOU? \_\_\_\_\_ IF SO, WHOM: \_\_\_\_\_

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**TERMS AND CONDITIONS**

WHO IS RESPONSIBLE FOR PAYMENT ON THIS ACCOUNT? NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

I HAVE READ THE CHRIST FELLOWSHIP ACADEMY STATEMENT OF FAITH, PHILOSOPHY OF EDUCATION AND ASPIRATIONS. I AGREE TO HAVE MY CHILD TAUGHT BY THESE CONVICTIONS. I HAVE READ THE PARENT-STUDENT HANDBOOK, DISCIPLINE POLICIES, PLACEMENT POLICY, DRESS CODE POLICIES AND FINANCIAL POLICY. I AGREE WITH THESE POLICIES, AND EXPECT MY CHILD TO ABIDE BY THEM. IF NECESSARY, I AGREE THAT MY CHILD SHOULD AND WILL BE DISCIPLINED BY CF ACADEMY FOR NON-CONFORMANCE. I PERMIT CF ACADEMY ADMINISTRATION TO DISCIPLINE AND COUNSEL MY CHILD AS NECESSARY. I GRANT MY PERMISSION FOR MY CHILD TO ATTEND AND PARTICIPATE IN SCHOOL ACTIVITIES AT CF ACADEMY AND TO LOCAL POINTS OF INTEREST OR OFF-CAMPUS SITES. I WILL COOPERATE WITH CF ACADEMY TO MY FULLEST CAPABILITY AND SUPPORT ITS MISSION, MINISTRY, GOALS, PROGRAMS, ADMINISTRATION, FACULTY AND STAFF. I ALSO UNDERSTAND THAT MY CHILD WILL NOT BE PLACED IN A CLASSROOM UNTIL ALL FORMS HAVE BEEN COMPLETED AND SUBMITTED TO THE REGISTRAR AND ALL FINANCIAL OBLIGATIONS ARE MET.

BOTH PARENT'S/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BOTH PARENT'S/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*THIS FORM IS FOR THE CONFIDENTIAL USE OF THE ADMINISTRATION/TEACHER\*\*

## STATEMENT OF COOPERATION

1. I PLEDGE MY COOPERATION AND SUPPORT TO THE TEACHERS AND ADMINISTRATORS OF CHRIST FELLOWSHIP ACADEMY IN THE TRAINING AND DISCIPLINE OF MY CHILD. I UNDERSTAND THAT PAYING THE TUITION AND NECESSARY FEES ARE NOT THE ONLY PARENTAL RESPONSIBILITIES I HAVE IN EDUCATING MY CHILD. I RECOGNIZE MY NEED TO CONTRIBUTE IN SERVICE AND PRAYER TO PROPERLY SHARE IN THE SUPPORT OF THE CHRIST FELLOWSHIP ACADEMY MINISTRY.

2. I WILL ATTEND, TO THE BEST OF MY ABILITY, THE PARENT/TEACHER MEETINGS AND SCHOOL ACTIVITIES AS A DEMONSTRATION OF MY COOPERATION AND SUPPORT FOR THE CHRIST FELLOWSHIP ACADEMY MINISTRY IN THEIR EFFORT TO EDUCATE MY CHILD. I PLEDGE MY LOYALTY TO THE CHRIST FELLOWSHIP ACADEMY MINISTRY. TO ENSURE THAT I DO NOT DIMINISH THIS MINISTRY’S EFFECTIVENESS OR REPUTATION, I WILL BRING ANY AND ALL QUESTIONS AND CRITICISMS TO THE PROPER SCHOOL AUTHORITY.

3. I UNDERSTAND MY CHILD MAY BE DISMISSED FROM CHRIST FELLOWSHIP ACADEMY AT ANY TIME HE/SHE IS FOUND TO BE OUT OF HARMONY WITH THE RULES AND POLICIES OF THE SCHOOL. FURTHER, WE REALIZE AS PARENTS/GUARDIANS, WE ALSO MUST BE IN HARMONY WITH THE RULES AND POLICIES OF THE SCHOOL, AND IF WE ARE IN DISCORD, OUR CHILDREN WILL BE REMOVED FROM CHRIST FELLOWSHIP ACADEMY.

4. I HAVE READ, COMPLETELY UNDERSTAND AND AGREE TO ABIDE BY THE PARENT-STUDENT HANDBOOK (AS POSTED ON THE SCHOOL’S WEBSITE CFACADEMY.ORG)

5. I UNDERSTAND THAT ALL STUDENTS (K2-6<sup>TH</sup> GRADE), ARE REQUIRED TO COMPLY WITH CHRIST FELLOWSHIP ACADEMY’S UNIFORM AND DRESS CODE AS STATED IN THE SCHOOL DRESS CODE, AND AGREE TO ASSIST MY CHILD IN COMPLYING WITH THE DRESS CODE REQUIREMENTS. I FURTHER ACKNOWLEDGE THAT FAILURE TO COMPLY WITH THE DRESS CODE WILL RESULT IN DISCIPLINARY ACTION.

6. I GIVE MY CHILD PERMISSION TO TAKE PART IN ALL ACTIVITIES INCLUDING SPORTS AND SCHOOL-SPONSORED TRIPS OFF CAMPUS. (NOTICES AND PERMISSION FORMS WILL BE PROVIDED FOR FIELD TRIPS AND CLASS TRIPS).

7. BEYOND THE REASONABLE CARE I CAN EXPECT FOR MY CHILD AT CHRIST FELLOWSHIP ACADEMY, I WILL NOT HOLD CHRIST FELLOWSHIP ACADEMY OR ITS EMPLOYEES OR CHRIST FELLOWSHIP OR ITS EMPLOYEES, LIABLE IN CASE OF INJURY OR DEATH TO MY CHILD. FURTHERMORE, I GIVE MY CONSENT AND AUTHORIZE THE SCHOOL TO OBTAIN, THROUGH A PHYSICIAN OF ITS CHOICE, SUCH MEDICAL CARE AS IS REASONABLY NECESSARY FOR THE WELFARE OF MY CHILD IF I AM NOT IMMEDIATELY AVAILABLE TO GIVE SUCH CONSENT.

8. I UNDERSTAND THE POLICY OF THE SCHOOL IS TO MAKE NO REFUNDS ON REGISTRATION, SCHOOL IMPROVEMENT FEES OR AFTER-SCHOOL PROGRAM FEES.

9. I UNDERSTAND THAT SHOULD MY ADDRESS, TELEPHONE NUMBER AND OTHER CONTACT INFORMATION, MARITAL STATUS, OR PLACE OF EMPLOYMENT CHANGE, IT IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL OFFICE AND UPDATE MY CHILD(REN)’S FILE(S).

10. I PLEDGE MY COOPERATION IN BRINGING MY CHILD TO SCHOOL ON TIME EACH DAY UNLESS AN EMERGENCY OCCURS PREVENTING ME FROM DOING SO. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL REGARDING ABSENCES OF MY CHILD(REN).

11. I AM AWARE OF THE TUITION ON THE SCHEDULE OF TUITION AND FEES, AND AGREE TO PAY THIS AMOUNT. I UNDERSTAND THAT TUITION IS DUE ON THE 1<sup>ST</sup> OF EACH MONTH AND THAT IF MY PAYMENT IS NOT RECEIVED IN THE BUSINESS OFFICE BY THE 10<sup>TH</sup> OF THE MONTH A \$50.00 LATE FEE WILL BE ASSESSED. I AM AWARE THAT REPORT CARDS WILL NOT BE ISSUED TO STUDENTS WHOSE ACCOUNTS ARE 30 DAYS OR MORE PAST DUE. I AM AWARE IF MY ACCOUNT BECOMES 60 DAYS PAST DUE MY STUDENTS WILL BE SUSPENDED FROM CLASS. I ALSO UNDERSTAND THAT A \$50.00 FEE WILL BE CHARGED TO MY ACCOUNT FOR ANY ITEMS RETURNED BY THE BANK.

12. I UNDERSTAND THAT WITHDRAWAL FROM CHRIST FELLOWSHIP ACADEMY WILL REQUIRE A PARENT/LEGAL GUARDIAN SIGNATURE AND A \$50.00 WITHDRAWAL FEE WILL BE ASSESSED, AND THAT FINAL GRADES OR TRANSCRIPTS WILL NOT BE RELEASED UNLESS THE FINANCIAL ACCOUNT IS FULLY PAID.

13. I AM AWARE THAT PHOTOGRAPHS ARE TAKEN ON THE SCHOOL PROPERTY AND AT SCHOOL EVENTS AND AGREE TO RELEASE CHRIST FELLOWSHIP ACADEMY AND CHRIST FELLOWSHIP FROM ANY AND ALL LIABILITIES IN CONNECTION WITH INCLUDING MY STUDENT IN PHOTOGRAPHS USED IN ADVERTISING FOR THE SCHOOL. THE ADVERTISING INCLUDES, BUT IS NOT LIMITED TO, THE SCHOOL WEB SITE, WEB PAGES, SCHOOL BROCHURES, SCHOOL VIDEOS, AND YEARBOOKS.

\_\_\_\_\_  
STUDENT’S NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/ LEGAL GUARDIAN SIGNATURE

\*\*THIS SIGNED FORM MUST ACCOMPANY ALL REGISTRATION AND RE-REGISTRATIONS.

## PLACEMENT POLICY AGREEMENT

### THE PHILOSOPHY

OUR GOAL IS TO PLACE STUDENTS AT THEIR PROPER GRADE LEVEL AND IN THE APPROPRIATE CLASS. WE BELIEVE TEACHERS ARE THE MOST KNOWLEDGEABLE OF THEIR STUDENTS, AND WE DEPEND ON THEIR PROFESSIONAL JUDGMENT FOR RECOMMENDATIONS IN THE FORMATION OF NEW CLASS ROSTERS. WE BELIEVE THIS IS PREFERABLE TO HAVING THE OFFICE STAFF ARBITRARILY FORM A CLASS LIST. RECOGNIZING THAT THESE DECISIONS ARE NOT ALWAYS EASY AND OFTEN DIFFICULT, GUIDELINES ARE USED THAT ATTEMPT TO SATISFY THE NEEDS OF THE MAJORITY WHILE REMAINING SENSITIVE TO THE POSSIBILITY OF SPECIAL CIRCUMSTANCES.

### THE PROCESS

IN THE SPRING, THE FACULTY IS ASKED TO SUBMIT A PROPOSED CLASS ROSTER FOR THE UPCOMING YEAR. TEACHERS TEACHING THE SAME GRADE LEVEL CONFER UNTIL A FINAL DECISION IS MADE. THIS LIST IS PRESENTED TO THE DIRECTOR AND THE GRADE LEVEL TEAM LEADERS FOR FINAL APPROVAL. THE LIST OF NEW STUDENTS IS CONSIDERED AND INTEGRATED INTO THE EXISTING LIST BY THE ADMINISTRATION. INFORMATION GATHERED FROM THE NEW STUDENT’S INTERVIEW, TEST RESULTS, AND FORMER RECORDS ARE CONSIDERED. KEEPING A BALANCED MIXTURE OF BOYS AND GIRLS IS CONSIDERED IMPORTANT BUT MAY NOT BE AS SIGNIFICANT AS SOME OTHER FACTORS IN THE PLACEMENT PROCESS. THE LIST IS NOT MADE PUBLIC UNTIL THE LAST POSSIBLE MOMENT IN ORDER FOR CHANGES TO BE MADE IN THE EVENT OF NEW AND SIGNIFICANT FACTORS INFLUENCING PREVIOUS DECISIONS.

THE FOLLOWING WILL ASSIST, BUT NOT BE THE ONLY EVALUATIVE MEASURES, IN DETERMINING FORMATION OF CLASS ROSTERS.

1. ACADEMIC READINESS SHALL BE CONSIDERED SO AS NOT TO IMPEDE PROGRESS OF THE INDIVIDUALS OR GROUP.
2. INTERPERSONAL RELATIONSHIPS SHALL BE WEIGHED TO ENHANCE A CLASSROOM ENVIRONMENT THAT IS EASILY MANAGED.
3. DEVELOPMENTAL CONCERNS SHALL BE EVALUATED TO PROMOTE THE GREATEST POSSIBILITY FOR THE GROUP’S ADVANCEMENT.
4. FACTORS RELATIVE TO REQUIRED TEACHER-PUPIL RATIO, PROPER MIX OF SEXES, AND POTENTIAL TEACHER-PUPIL PERSONALITY CONFLICTS, SHALL BE DEEMED SIGNIFICANT WHEN APPLICABLE.
5. CHILD MUST BE OF AGE TO ENTER RESPECTIVE GRADE LEVEL AS OF SEPTEMBER 1 OF CURRENT SCHOOL YEAR.

I PLEDGE MY COOPERATION AND SUPPORT OF MY CHILD’S PLACEMENT IN THE CLASS DETERMINED TO BE BEST BY CFA. I UNDERSTAND THAT I MUST COMPLETE MY FINANCIAL RESPONSIBILITIES IN ORDER FOR MY CHILD TO BE PLACED IN A CLASS.

STUDENT’S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

BOTH PARENT’S/GUARDIAN’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BOTH PARENT’S/GUARDIAN’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### STUDENT FEES

**ALL REGISTRATION FEES ARE DUE UPON REGISTRATION. THE SCHOOL IMPROVEMENT FEE MUST BE PAID IN FULL BY MAY 31<sup>ST</sup> FOR THE STUDENT’S 2011-2012 SCHOOL YEAR PLACEMENT.** PLEASE UNDERSTAND THAT THE REGISTRATION PROCESS IS INCOMPLETE UNTIL ALL FEES HAVE BEEN PAID AND ALL NECESSARY FORMS AND RECORDS HAVE BEEN SUBMITTED TO THE REGISTRAR’S OFFICE. **AS OF JULY 1, 2011, ANY STUDENT WITH INCOMPLETE REGISTRATION FILES WILL BE PLACED IN A CANDIDATE POOL.**

## TUITION AND FEE SCHEDULE

### **REGISTRATION FEE**

\$200.00 PER STUDENT WILL BE CHARGED ANNUALLY AND IS PAYABLE AT THE TIME OF REGISTRATION.

### **SCHOOL IMPROVEMENT FEE**

\$200.00-\$500.00 PER FAMILY IS DUE AT THE TIME OF REGISTRATION, OR MAY BE DIVIDED INTO FOUR EQUAL MONTHLY PAYMENTS. WHEN CHOOSING THIS OPTION, THE FIRST OF FOUR PAYMENTS IS DUE UPON REGISTRATION. THE SCHOOL IMPROVEMENT FEE IS DUE IN ITS ENTIRETY ON OR BEFORE MAY 31, 2011.

### **TESTING FEE**

\$75.00 PLACEMENT-TESTING FEE FOR NEW STUDENTS ENTERING K5-6 GRADE.

### **TUITION FEES**

GRADE	ANNUAL TUITION RATE	11 PAYMENTS* JULY 1ST- MAY 1ST
PRE K2 & K3 HALF DAY 3-DAY PROGRAM	\$2,915	\$265.00
PRE K2 & K3 FULL DAY 3-DAY PROGRAM	\$3,795	\$345.00
PRE K2 & K3 HALF DAY	\$4,976	\$452.37
PRE K2 & K3 FULL DAY	\$6,260	\$569.10
VPK+ FULL DAY	**PLEASE SEE ADDITIONAL INFORMATION**	
PRE K4 FULL DAY (NON VPK)	\$7,195	\$654.10
KINDERGARTEN	\$7,295	\$663.19
GRADES 1-5	\$7,780	\$707.29
GRADE 6	\$7,943	\$722.10
6 <sup>TH</sup> GRADE ACTIVITY FEE	\$ 300	\$ 27.28

\*MONTHLY PAYMENT AMOUNT IS BASED ON THE ANNUAL TUITION RATE DIVIDED INTO ELEVEN EQUAL MONTHLY PAYMENTS STARTING IN JULY. A TUITION DIFFERENCE MAY OCCUR FOR STUDENTS WHOSE START DATE IS AFTER THE BEGINNING OF THE 2011-2012 SCHOOL YEAR.

**MULTIPLE CHILD DISCOUNT** TUITION IS ASSESSED AT THE FULL RATE FOR THE OLDEST STUDENT. A MULTIPLE STUDENT DISCOUNT IS PROVIDED FOR SIBLINGS ONLY. A 10% DISCOUNT IS PROVIDED FOR THE SECOND STUDENT, A 20% DISCOUNT FOR THE THIRD STUDENT, AND 30% DISCOUNT FOR THE FOURTH STUDENT.

**TEXTBOOKS AND WORKBOOKS** THE COST OF TEXTBOOKS CONSUMED IS INCLUDED IN THE MONTHLY TUITION PAYMENTS.

**WITHDRAWALS** TO WITHDRAW A STUDENT, PARENT/LEGAL GUARDIAN MUST COMPLETE AN OFFICIAL WITHDRAWAL FORM IN THE ACADEMY OFFICE. THERE IS A \$50 EARLY WITHDRAWAL FEE.

## EXTENDED SCHOOL DAY (ESD)

### FEES

	HOURLY RATE	ANNUAL RATE	ANNUAL 10 MONTHLY PAYMENTS ( BILLED AUGUST-MAY)
K2-K5 FULL DAY STUDENTS	\$3.25	\$2,067	\$206.70
GRADES 1-6	\$3.25	\$1,595	\$159.50

### HOURLY RATE

AN HOURLY RATE OF \$3.25 IS AVAILABLE FOR PARENTS WHO DO NOT NEED CONTINUING, REGULAR EXTENDED CARE. THIS RATE WILL APPLY TO BEFORE AND AFTER SCHOOL CARE. IF STUDENTS ARE DROPPED OFF BEFORE 8:00 A.M., OR REMAIN AFTER REGULAR DISMISSAL TIMES, THEY MUST BE CHECKED INTO ESD. AN ESD BILL WILL BE SENT HOME WITH THE STUDENTS ON A MONTHLY BASIS.

A \$20.00 SURCHARGE WILL BE BILLED FOR A CHILD BEING DROPPED OFF BEFORE 7:00 A.M. AND ALL ESD PRIVILEGES WILL BE REVOKED AFTER THE SECOND OFFENSE. A \$1.00 PER MINUTE SURCHARGE IS ADDED FOR ALL STUDENTS PICKED UP AFTER 6:00 P.M.

### ANNUAL RATE (10 MONTHLY INSTALLMENTS)

A 10-MONTH INSTALLMENT RATE FOR THOSE PARENTS WHO NEED ESD ON A CONTINUING, REGULAR BASIS WILL BE PAID IN ADVANCE WITH THE MONTHLY TUITION INSTALLMENT. THIS RATE IS CONCURRENT WITH THE 180-DAY ACADEMIC CALENDAR AND IS LOWER THAN THE HOURLY RATE FOR THOSE PARENTS USING THE ESD ON AN AS-NEEDED BASIS.

K2 - 6TH GRADE 10-MONTH INSTALLMENT RATE INCLUDES CARE FROM **7:00 A.M.-8:00 A.M AND FROM DISMISSAL TIME – 6:00 P.M.** ON SCHOOL DAYS.

A \$20.00 SURCHARGE WILL BE BILLED FOR A CHILD BEING DROPPED OFF BEFORE 7:00 A.M. AND ALL ESD PRIVILEGES WILL BE REVOKED AFTER THE SECOND OFFENSE. A \$1.00 PER MINUTE SURCHARGE IS ADDED FOR ALL STUDENTS PICKED UP AFTER 6:00 P.M.

**A \$1.00 PER MINUTE SURCHARGE IS ADDED FOR ANY CHILD PICKED UP AFTER 6:00 P.M.**

**PLEASE NOTE: YOU MAY ONLY ADD/DROP THIS ELECTION ONCE DURING THE SCHOOL YEAR. PRIOR TO THE BEGINNING OF THE MONTH YOU WISH TO ADD/DROP THE CARE, NOTIFICATION MUST BE RECEIVED IN WRITING IN ORDER TO MAKE THIS CHANGE.**

I WOULD LIKE TO BE BILLED AT THE 10-MONTH INSTALLMENT RATE FOR ESD.

I WOULD LIKE TO BE BILLED AT THE HOURLY RATE FOR ESD.

STUDENT'S NAME (PLEASE PRINT): \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### NON-SCHOOL DAY RATE

STUDENTS ATTENDING ESD ON HOLIDAYS AND NON-SCHOOL DAYS (CHRISTMAS BREAK, SPRING BREAK, AND OTHER NON-SCHOOL DAYS) WILL BE BILLED **\$25.00** PER DAY OR **\$125.00** WEEKLY-RATE ONLY. NO HOURLY CHARGES ARE AVAILABLE.

## ACCEPTABLE USE OF TECHNOLOGY USE OF TECHNOLOGY PLACEMENT AGREEMENT

1. IT IS A PRIVILEGE TO USE THE ELECTRONIC TECHNOLOGY.
2. RESPONSIBLE USERS MAY USE THE TECHNOLOGY TO RESEARCH ASSIGNED CLASSROOM PROJECTS UNDER THE SUPERVISION OF CLASSROOM TEACHERS.
3. RESPONSIBLE USERS MUST USE APPROVED WEB SITES ONLY.
4. RESPONSIBLE USERS MAY NOT:
  - A) USE THE TECHNOLOGY FOR ANY ILLEGAL PURPOSE SUCH AS PLAGIARISM.
  - B) USE IMPOLITE OR ABUSIVE LANGUAGE.
  - C) VIOLATE THE RULES OF COMMON SENSE AND ETIQUETTE.
  - D) CHANGE ANY COMPUTER FILES THAT DO NOT BELONG TO THE USER.
  - E) SEND OR GET COPYRIGHT MATERIALS WITHOUT PERMISSION.

IF THE RULES ABOVE ARE NOT FOLLOWED, STUDENT USE OF TECHNOLOGY WILL BE CANCELLED. IF A STUDENT DAMAGES ANY EQUIPMENT, THE STUDENT AND STUDENT’S FAMILY WILL PAY FOR THE REPAIR OR REPLACEMENT OF THE ITEMS.

I UNDERSTAND THE TECHNOLOGY GUIDELINES AND I WILL FOLLOW THE RULES. IF I DO NOT FOLLOW THE RULES, I UNDERSTAND THAT MY TECHNOLOGY PRIVILEGES WILL BE TAKEN AWAY. IN ADDITION, I WILL FACE DISCIPLINARY CONSEQUENCES.

I HAVE READ THIS ACCEPTABLE USE OF TECHNOLOGY & USE OF TECHNOLOGY AGREEMENT. I GIVE PERMISSION FOR MY CHILD TO USE THE TECHNOLOGY, INCLUDING THE INTERNET. I UNDERSTAND THAT THE INTERNET IS A WORLDWIDE GROUP OF HUNDREDS OF THOUSANDS OF COMPUTER NETWORKS. I DO KNOW THAT CHRIST FELLOWSHIP ACADEMY, AND CHRIST FELLOWSHIP DOES NOT CONTROL THE CONTENT OF THE INTERNET NETWORKS. AT SCHOOL, EACH STUDENT’S ACCESS TO AND USE OF THE NETWORK WILL BE UNDER THE TEACHER’S DISCRETION AND MONITORED AS A REGULAR INSTRUCTIONAL ACTIVITY. CHRIST FELLOWSHIP ACADEMY CANNOT PREVENT THE POSSIBILITY THAT SOME USERS MAY ACCESS MATERIAL THAT IS NOT CONSISTENT WITH THE EDUCATIONAL MISSION, GOALS AND POLICIES OF CF ACADEMY. FURTHER, I UNDERSTAND THAT IF MY CHILD DAMAGES ANY EQUIPMENT, I /WE WILL BE OBLIGATED TO PAY FOR THE REPAIR OR REPLACEMENT OF THE DAMAGED EQUIPMENT. TECHNOLOGY PRIVILEGES WILL BE ASSIGNED UPON RECEIPT OF THIS SIGNED CONSENT AGREEMENT.

\_\_\_\_\_  
STUDENT’S NAME (PLEASE PRINT)

\_\_\_\_\_  
STUDENT’S SIGNATURE

\_\_\_\_\_  
PARENT/ LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**PERSONAL REFERENCE (1<sup>ST</sup> THROUGH 6<sup>TH</sup> GRADE ONLY)**

APPLICANTS MUST SUBMIT TWO PERSONAL REFERENCES FILLED OUT BY ANY ADULT OTHER THAN APPLICANT'S PARENT/GUARDIAN.

WE WOULD APPRECIATE YOUR VALUABLE OBSERVATION AND RECOMMENDATIONS REGARDING THE APPLICANT NAMED BELOW WHO IS SEEKING ADMISSION TO CHRIST FELLOWSHIP ACADEMY, A CHRISTIAN SCHOOL, AND A MINISTRY OF CHRIST FELLOWSHIP. THANK YOU IN ADVANCE FOR YOUR ASSISTANCE.

PLEASE RETURN THIS FORM TO:

ADMISSIONS DEPARTMENT, CHRIST FELLOWSHIP ACADEMY, 8900 SW 168TH STREET, PALMETTO BAY, FLORIDA 33157, OR FAX TO (786)430.1061.

**PRINT** NAME OF APPLICANT: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_  
LAST FIRST

DESCRIBE YOUR RELATIONSHIP WITH THE APPLICANT: \_\_\_\_\_

DESCRIBE THE APPLICANT'S CHARACTER (LOYALTY, INTEGRITY, RESPECTFULNESS, ETC.): \_\_\_\_\_

DESCRIBE THE APPLICANT'S INVOLVEMENT IN CHURCH ACTIVITIES, YOUTH GROUP, AND EXTRA CURRICULAR ACTIVITIES: \_\_\_\_\_

DO YOU THINK THE APPLICANT WILL BE SUCCESSFUL AT CHRIST FELLOWSHIP ACADEMY? PLEASE EXPLAIN YOUR ANSWER: \_\_\_\_\_

PLEASE NOTE SIGNIFICANT STRENGTHS OR WEAKNESSES OF THE APPLICANT: \_\_\_\_\_

HAS THE APPLICANT BEEN INVOLVED IN?

USE OF DRUGS    USE OF ALCOHOL    DISHONESTY    DISRUPTIVE BEHAVIOR    EMOTIONAL INSTABILITY

YOUR ESTIMATE OF THE APPLICANT'S FUTURE ACADEMIC SUCCESS:

SUPERIOR    ABOVE AVERAGE    AVERAGE    BELOW AVERAGE    POOR

YOUR SPECIFIC RECOMMENDATION:

HIGHLY RECOMMENDED    RECOMMENDED    DO NOT RECOMMEND

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**PERSONAL REFERENCE (1<sup>ST</sup> THROUGH 6<sup>TH</sup> GRADE ONLY)**

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DESCRIBE THE APPLICANT'S INVOLVEMENT IN CHURCH ACTIVITIES, YOUTH GROUP, AND EXTRA CURRICULAR ACTIVITIES: \_\_\_\_\_

DO YOU THINK THE APPLICANT WILL BE SUCCESSFUL AT CHRIST FELLOWSHIP ACADEMY? PLEASE EXPLAIN YOUR ANSWER: \_\_\_\_\_

PLEASE NOTE SIGNIFICANT STRENGTHS OR WEAKNESSES OF THE APPLICANT: \_\_\_\_\_

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USE OF DRUGS    USE OF ALCOHOL    DISHONESTY    DISRUPTIVE BEHAVIOR    EMOTIONAL INSTABILITY

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HIGHLY RECOMMENDED    RECOMMENDED    DO NOT RECOMMEND

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

