

ENROLLMENT APPLICATION 2019-20

SPRING MOUNTAIN CHRISTIAN ACADEMY

, (additional student)

aoals, aims, and standards. Outside of SMCA I will uphold its principals per Parent-Student Handbook.

12152 SE Mather Rd.

Office Phone: 503-454-0319 / Office Fax: 866-286-0473

Email: springmountain@smcak12.com

(150 sch. days) Smcak12.com \$2,500 (Part time) K4 \$150 K4 & K5 \$30 \$3,460 (Full time) K4/ K5 \$170 \$160 \$40 1-3 \$3.940 One application per family. Please print clearly. \$4.060 \$160 \$40 4-5 6-8 \$4.420 \$170 \$40 **MOTHER Information** Faculty: \square yes \square no \$4.440 9-12 \$180 LAST Name: FIRST Name: _____ CELL Phone #: ______Include in school alerts & communications: \square yes \square no ☐ Early \$25 (March 1-May 31) ☐ Regular \$50 (June 1-July 31) **Application Fee** e-mail: ______ Include in school communications: \square yes \square no □ Late \$100 (August 1 - Thereafter) (per STUDENT): *The enrollment fee is not refundable. Faculty: ☐ yes ☐ no **FATHER Information** \$55 a month K4 part time - \$25 a month **Hot Lunch** LAST Name: FIRST Name: *Christmas break and spring break days excluded CELL Phone #: Include in school alerts & communications: □ yes □ no Book fee discount: **Early Bird** e-mail: ______ Include in school communications: \square yes \square no **Book Fee** If paid by March 30th - \$30 off, by May 31th-\$20 off Mailing Address: Address: _____ zip: _____ STUDENT Information PE T-shirt size ORDER New or Grade in Social Security # required M/F FIRST Name **LAST Name** Date of Birth School sweater (youth: S, M, L for 9-12th graders. 2019-20 returning adult: S. M. L. XL) Y/N size 1 3 4 5 **STUDENT COMMITMENT 6-12 Grades:**

FAMILY Last Name

☐ New Enrollment

Book Fees

, agree to abide by the school's standards of conduct, uniform,

Sports Fees

☐ Re-Enrollment

Grade

Annual Tuition

ANNUAL/12MONTHS/DAILY

Emergency contact/pick up permission

First/Last Name	Phone	e-mail	Relationship to child	Pick up permission? Yes/No		

and other regulations expected of me at Spring Mountain Christina Academy and will not give the impression to students, parents, or faculty that I am not in harmony with the

TUITION DISCOUNTS (one per family): <i>Discounts, Scholarships, an</i> Multifamily Discount: $\Box 1^{st}$ – the oldest child 0% $\Box 2^{nd}$ to oldest of				nildren 100% (FREE	of charge).
Ministry Discount: Pastoral discount is available for up to 25%. O	ther key church positions wi	II have the annual family servi	ce hours waived.	Application is ava	ilable in the office.
Tuition Assistance: The main criteria for tuition assistance is base from April $1 - \text{May } 30^{\text{th}}$. The application fee is \$25 and nonrefund			ance application	verification. The ap	plication window is
Scholarship: Students in 9-12 grades may receive \$250 per sembehavior verification is required every semester. The application	-		•		
Payment Options: □Annual Payment 5% □Semester Payment 2' the discount, the amount should be paid by August 14 th (Annual pawill be removed.			_	• • •	
ENROLLMENT PROCESS: Upon submitting the registration application weeks for review/verification/cancellation. Within two weeks of received					
PARENT AGREEMENT (both parents/guardians, please initial):					
1. We read and agree with the SMCA statement of faith, a					
2. We will faithfully support the school through our praye (administration or faculty), and <i>not</i> around our child.	rs and positive attitude, and si	hare any complaints, questiona	ble or negative coi	mments, with <i>only</i> t	the people involved
3. We will uphold the spiritual emphasis of SMCA and sup	port the high academic standa	ards of the school by providing	a place at home fo	or our child to study	and giving our child
encouragement in the completion of assigned homewo					
4. We understand the importance of commitment and inv		-		•	
child/children spend a minimum of one to two hours a 5. We understand that parents' failure to comply with SM					
school performances, attending school events, particip		<u> </u>	•		•
6. We understand that we need to have our own medical	_		•	-	
related events. We give permission to the school author					
7. We understand that SMCA is a tuition driven school and				per family/year (for	single parent home
15hrs/yr, 40 if fin. Aid is awarded). In the case of service 8. We understand that withdrawal penalty (20% during I-s				cords will be on ho	ld until all accounts are
settled and materials returned.	70 4 2070 44 6 56 7	app., a,	, , , , , , , , , , , , , , , , , , , ,		a antinan accounts are
9. We understand that it is our responsibility to contact the	ne SMCA office regarding any o	changes to contact (phone/ema	iil) and/or address	information.	
SCHOOL EVENT PERMISSION (please initial):					
I hereby certify that my child has permission to participate in			•		
I hereby grant permission for SMCA to photograph/videotape	my son/daughter for the scho	ool yearbook, publications, scho	ol FaceBook, or w	ebsite.	
REFERENCE (new families only): (1) Previous School □Principal or	□Teacher: Full Name	Phone _		Email	
(2) Other person who can speak on behalf of the family (not relati	ves): Full Name	Phone _		Email	
CHURCH AFFILIATION:	Years of membership	Church Attendance: \square We	ekly \square Occasiona	ally \square Other (pleas	se explain)
Church Participation:	Children participate in:	□Sunday School □Teens □	☐Choir ☐Other:	:	
Parent 1:	Signature:	Dat	te:		
Parent 2:	Signature:		te:		
1 1 J ======	date				
□ Registration □ Ann/Book Fee □ Payment Auth. □ Imm	unizations (K5,1,6, & New (ONLY) \square SS# for 9-12 th gr.	☐ All signature	s \square Other forms	attached? yes/no