

**Student Information**

Last Name	First	Middle	Birthdate	Grade	SSN
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Today's Date	Affiliated Church	<b>Lives with:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Father	<b>*Are there any COURT-MANDATED custody/visitation orders limiting access to this student?*</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>*If Yes, please attach legal order*</i>
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Last School Attended	<b>Demographics:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> African American or Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multiethnic <input type="checkbox"/> Other _____
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**Does your child require medication at school or at home? (If yes, list below)**

If your child requires medication at school, all medication sent to school must be in the original properly labeled container and an "Authorization for Administration of Medication" form on file.

1. \_\_\_\_\_  
 2. \_\_\_\_\_

Medication	Prescribing Physician
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1. \_\_\_\_\_  
 2. \_\_\_\_\_

Dosage	Hour (s) given
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1. \_\_\_\_\_  
 2. \_\_\_\_\_

Dosage	Hour (s) given
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**Vision/Hearing Problems**

☐ Wears glasses/contacts - ☐ For board work ☐ For reading/computer ☐ All the time  
 Date of last eye exam \_\_\_\_\_ ☐ Wears Hearing aid (s)

**Medical Conditions**

☐ **Severe Allergies** - ☐ Food ☐ Latex ☐ Textiles ☐ Medications ☐ Insects ☐ Environmental ☐ Other \_\_\_\_\_

<input type="checkbox"/> Explain: _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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☐ **Current Asthma** - \_\_\_\_\_ Uses Inhaler \_\_\_\_\_ On Daily Medication \_\_\_\_\_

☐ **Diabetes** - \_\_\_\_\_ Insulin Dependent \_\_\_\_\_

**Current Seizures** - \_\_\_\_\_ On Medication \_\_\_\_\_

**Behavior Problems** \_\_\_\_\_

☐ **Movement Limitations** \_\_\_\_\_

Recent illness, hospitalization or surgery. If checked, please provide date (s) and description( s)

☐ \_\_\_\_\_

**Medical conditions which might require care or accommodation at school (please describe):**

\_\_\_\_\_

Other \_\_\_\_\_

Physician/Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

**Mother/Guardian**

Last Name	First	Email	Employer
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Home Address	Home Phone	Work Phone	Cell Phone
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**Father/Guardian**

Last Name	First	Email	Employer
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Home Address	Home Phone	Work Phone	Cell Phone
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**Emergency Contact**

Please list names of persons in close proximity to the school to whom we may release your child or contact if you cannot be reached. No student will be released to anyone other than the parents, guardians, adults listed on this page without additional consent.

Name	Relationship	Primary Phone	Secondary Phone

**Billing Information**

Provide the name and address for where you wish your monthly invoice to be sent. Please inform the school office of any changes in your address throughout the current school year.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**\*\*Ask us about volunteer opportunities that are available to help off-set your student's tuition; CKCA Governing Board approval is required, as well as volunteering on a consistent basis.**

**\*\*Grandparents are considered for this opportunity also; the same requirements required.**

## **STUDENT HANDBOOK & DISCIPLINE AGREEMENT**

We have read the student handbook in its entirety and agree to follow the guidelines and expectations as parents/guardians and as a student of Central Kansas Christian Academy. Also, we acknowledge the rules and procedures of the Central Kansas Christian Academy Discipline Plan. We agree to the terms given and acknowledge the consequences that will occur when inappropriate behavior is displayed.

Central Kansas Christian Academy does not and shall not discriminate on the basis of race, color, religion, gender (male or female, according to biological status at birth), age, national origin (ancestry), disability, marital status, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services.

## **ACCIDENT/MEDICAL AGREEMENT**

I/We the undersigned parent (s) or legal guardian of the student named on this page do hereby give authorization to the school to obtain emergency medical care and necessary transportation to a hospital emergency room. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the student, but treatment will not be withheld if the undersigned or authorized adult cannot be reached. I/We understand that CKCA does not provide accident/medical insurance for students, and I/We further understand that all costs related to medical treatment may be my/our responsibility and not that of the school.

## **TUITION AGREEMENT**

By signing and dating below I agree to fulfill my obligation of payment (options below) for my child's tuition for the school year of 2021-2022. If by circumstance, payments are not able to be made according to selection chosen, please contact CKCA for further arrangements.

All payment options are based on a **\$2999.00** (per student) tuition fee and **do not reflect scholarships received.**

**Book fee and enrollment fee are not included and are to be paid in full by enrollment. All tuition must be paid on or before April first of the current school year.**

The **book fee (\$200)** and **enrollment fee (\$200)** can be paid prior to enrollment by mailing a check or making a credit card payment over the phone. You can mail your payment to USA Gym Supply: PO Box 847, Great Bend, KS 67530 (Checks payable to CKCA) or call Brittany at (620) 792-2209 to make a credit card payment over the phone. Otherwise, the book and enrollment fees (\$400) will be due at enrollment on August 5th, 2021.

**New Policy in Effect as of the 2020-2021 Academic Year:** Any student account over 30 days in arrears will be considered delinquent and the student will be unable to return, unless the account is made current.

**I hereby select to:**

☐ Pay in full, receiving a 3% discount (\$2909.03). \*This total does **NOT** include book fees and enrollment fees\*

☐ Pay in 9 monthly installments, beginning at the time of enrollment (Aug-April) \$333.23 per/month

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## **Tuition Payment Plan**

On or before Aug. 5th: (Total due: \$733.23)		Book Fee	\$200.00
		Enrollment Fee	\$200.00
		August Pymt	\$333.23
September 1st	\$333.23	January 1st	\$333.23
October 1st	\$333.23	February 1st	\$333.23
November 1st	\$333.23	March 1st	\$333.23
December 1st	\$333.23	April 1st	\$333.23