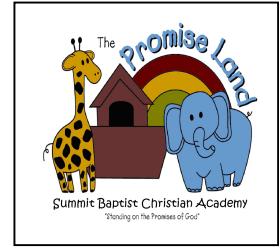


**Summit Baptist Christian Academy**  
**Application for Admission**  
 4310 Moon Station Lane NW  
 Acworth GA 30101  
 770.975.4595 X 248  
[angela.york@summitchurch.org](mailto:angela.york@summitchurch.org)



**Please select your class preference by indicating 1st, 2nd and 3rd choice.**

- Wee Ones (12-17 months)       Mon/Wed
- Toddlers (18-23 months)       Mon/Wed       Tues/Thurs
- 2 year class     Mon/Wed       Tues/Thurs       Mon/Wed/Thurs       Mon-Thurs
- 3 year class     Mon/Tues/Thurs       Mon/Wed/Fr       Mon-Thurs
- 4 year class     Mon-Thurs       Mon-Fri
- Kindergarten       Mon-Fri

- \* Children must be the age of the class registered for on or before September 1st.
- \* Children enrolled in 3 and 4 year classes must be completely potty trained.
- \* Each new student will be admitted under probation for 30 school days.

**Childs Information**

Child's Name \_\_\_\_\_ Name used at home \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_

Subdivision \_\_\_\_\_ Home \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present age \_\_\_\_\_ Male / Female

Comments regarding your child's class placement \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family Information**

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Email-

\_\_\_\_\_

Father's Name

\_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business

Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant lives with:(circle one) both parents mother father

other \_\_\_\_\_

Names if not living with parents:

\_\_\_\_\_

Names and ages of siblings also attending SBCA

\_\_\_\_\_

Names and ages of other children in the home

\_\_\_\_\_

Previous Program attended

\_\_\_\_\_

Reason for leaving previous

program \_\_\_\_\_

Church

Attendance \_\_\_\_\_

—

How did you hear about our program?

\_\_\_\_\_

**Emergency Information**

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Food allergies \_\_\_\_\_

Symptoms \_\_\_\_\_

What actions should be taken?

\_\_\_\_\_

Drug

allergies \_\_\_\_\_ symptoms \_\_\_\_\_

\_\_\_\_\_

What actions should be taken?

\_\_\_\_\_

Person authorized to act for parent in an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Phone \_\_\_\_\_

In the event of a medical emergency involving my child, I understand that SBCA will make every effort to contact me. If the school cannot reach me, I give my permission for the school to seek medical attention for my child. Any medical fees incurred will be my responsibility. I agree to hold harmless SBCA for their actions on my behalf.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

### **2012 - 2013 Financial Policies**

#### **Admission fees**

Admission fees are paid annually and are non-refundable. SBCA will not accept admission for the following year from students that are behind in their tuition payments or have any unpaid charges.

#### **Documentation**

A copy of the child's birth certificate and current immunization record must be on file prior to the beginning of the school year.

#### **Tuition**

Tuition is a yearly rate. For your convenience, you may pay over 9 installments beginning June 1st. Payments will be due June, July, August, September, October and November of 2012, and February, March and April of 2013.

#### **Late Charges**

Tuition is due no later than the 1st of the month. A late charge will be added if paid after the 1st. Accounts that are more than 30 days past due are subject to further fees and losing your child's placement. Charges for late pick up and Lunch Bunch appear in the

**Withdrawals**

If a child must be withdrawn from SBCA, a parent must come into the office to fill out a withdrawal form and to clear the account. A 30 day notice is required from families who are withdrawing their child/children. The next payment will be expected if a 30 day notice is not provided. Any pre-paid tuition will be refunded within 60 days.

I have read and agree to all of these policies:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I give SBCA permission to use photographs or video of my child in SBCA slideshows, websites or publications relating to the school.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_