



Christian Academy

3600 Brightseat Rd., Landover MD, 20785
 301-386-9400 Phone 301-773-6282 Fax
www.shabachministries.org

APPLICATION FOR ADMISSION

Indicate grade level to which you are applying

<i>Pre- School</i>	<i>Elementary School</i>	<i>Middle School</i>	<i>Multi - Graded Classes</i>		<i>Homeschool</i>
6weeks-17months _____	Kindergarten _____	Grade 6 _____	Grade 3 _____	Grade 9 _____	Oversight _____
18months- 23months _____	Grade 1 _____	Grade 7 _____	Grade 4 _____	Grade 10 _____	Group Class _____
Pre - K2 _____	Grade 2 _____	Grade 8 _____	Grade 5 _____	Grade 11 _____	
Pre - K3 _____	Grade 3 _____		Grade 6 _____	Grade 12 _____	
Pre- K4 _____	Grade 4 _____		Grade 7 _____		
	Grade 5 _____		Grade 8 _____		

Name of Student _____
 Last Name First Name Middle Name

Address _____
 Number and Street Name City State Zip

Home Phone Number _____ With whom does the child reside? _____

____ Male ____ Female Date of Birth _____
 (MM) (DD) (YYYY)

Age of student as of August 31st this year _____

Father's Name _____
 Last Name First Name

Address _____
 Number and Street Name City State Zip

Home Phone _____

Work Phone _____ Occupation _____

Cell Phone _____ Email _____

Mother's Name _____
 Last Name First Name

Address _____
 Number and Street Name City State Zip

Home Phone _____

Work Phone _____ Occupation _____

Cell Phone _____ Email _____

NOTE: Fees are due when this application is submitted

Office Use Only: Date of Application _____ Check # _____ M.O.# _____

List other children in the student's immediate family attending or applying for admission to SCA:

<i>Student's Name</i>	<i>Date of Birth</i>	<i>Grade</i>	<i>Age</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever been placed on probation, suspended, expelled from school or has your child been subject to any disciplinary action? If yes, please explain:

Has your child ever received or been recommended for special education services? Yes No
 Does your child currently have an IEP? (Individualized Educational Plan)? Yes No
 Has your child ever been diagnosed with a learning disability? Yes No
 Has your child been diagnosed with ADD, or ADHD? Yes No
 Has your child been prescribed any on-going medications? Yes No
 Do you have concerns regarding your child's behavior or ability to learn? Yes No

Please provide explanation regarding any questions that were answered yes.

Indicate hobbies, interests, and/or natural talents of the student.

(New Students Only) Indicate previous schools attended during the last three years. Include a copy of academic school records from each school.

Name of School	Address	Highest Grade Level Attended
		Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12
		Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Important Information that You Should Know:**Applicants for the Pre - School Program**

Please complete this application and return to the Office of the Registrar for consideration. In the event there is no slot available, your application fee can be returned or you may remain on our waiting list for future consideration.

Application fees are non - transferable and when the space is available non - refundable.

Application Fee:***New Student - \$75.00******Returning Student - \$50.00*****Applicants for Homeschool Program**

Please provide the following information when returning this application:

- *Copy of child's Birth Certificate*
- *Copy of educational, psychological, speech, behavior, physical therapy or occupational therapy assessments, when applicable.*
- *Letter on church letterhead attesting to church membership*

Application Fee:***New Student - \$100.00******Returning Student - \$75.00*****Applicants for Kindergarten - High School (New Applicants Only)**

Please provide the following information when returning this application:

- *Copy of child's Social Security Card*
- *Copy of child's Birth Certificate*
- *Letter on church letterhead attesting to church membership. Members of FBCG do not need a letter.*
- *Report cards and/or past progress reports from all school's attended prior to SHABACH! Christian Academy*
- *Copy of Standardized tests (does not apply to students applying for Kindergarten)*
- *Copy of educational, psychological, speech, behavior, physical therapy or occupational therapy assessments, when applicable.*

Application Fee:***New Student - \$200.00******Returning Student - \$150.00*****Before And After Care Services**

School Age Students Only: K-Grade 8

Please indicate whether or not this is a service you will need

Yes *No*

If yes please complete a Before And After Care Selection Form with this application.

CHURCH INFORMATION

Church _____ Phone Number _____

Pastor's Name _____

Are you are a born again believer in Jesus Christ? _____

Address _____
Number and Street Name City Sate Zip

STATEMENT OF FAITH

We believe in God, the Father, the Almighty, the Creator of the heavens and the earth. We believe that God has existed from all eternity in three persons: God the Father, God the Son, and God the Holy Spirit.

We believe in the eternal deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His substitutionary death on Calvary for our sins, in His triumphant bodily resurrection from the grave, in His exaltations as Lord of all, and in His indwelling victorious life within His body, the church.

We believe that all men have sinned and come short of God's standard and therefore need a Savior.

We believe that salvation is offered as a gift, free to the sinner. The gift must be responded to in individual faith, not trusting in any personal works whatsoever, but in the sacrificial death of Jesus Christ alone.

I/ we , the undersigned, pledge that the information given on this application is true and accurate to the best of my/ our knowledge. I/we have submitted an application fee of _____, which is non-refundable. If my/our child is accepted to SHABACH! Christian Academy (SCA), I/we agree to comply with all rules and regulations which the school may deem necessary for the proper operation of the school. I/we sincerely pledge our loyalty to the aims and ideals of the school and will support the school program in every way possible. I/we understand that the school reserves the right to dismiss any child who does not cooperate with the educational process or behavior guidelines, and to dismiss any family that does not honor the Parent/School Covenant.

I/we understand that upon admission of my/our child to SCA, I/we will be required to sign a contractual agreement that details my/our financial commitment to SCA. I/we have received a Tuition and Fees schedule for SCA. I/we understand that SCA operates under the umbrella of SHACBACH! Ministries, Inc. If accepted for admission to SCA and I/we have an outstanding balance due to past obligations to SCA, my/our child will not be permitted to attend school until the debt is satisfied. I/we understand that all students are accepted on a nine-week probationary basis.

SHABACH! Christian Academy does not discriminate on the basis of race, gender, or national origin.

Father/Guardian Signature

Date

Mother/Guardian Signature





**Before & After Care
Selection Form
Fall 2010**

**Please complete this form if you are interested in enrolling or re-enrolling in the
Before & After Care Program.**

Mark an (X) in the box for the service you need.

Select the Service you require	Zone 1 3:15pm – 4:30pm	Zone 2 3:15pm – 5:30pm	Standard 3:15pm – 6:30pm
<input type="checkbox"/> Before AND After Care	<input type="checkbox"/> Monthly Amount \$257.99	<input type="checkbox"/> Monthly Amount \$281.00	<input type="checkbox"/> Monthly Amount \$308.59
<input type="checkbox"/> Before OR <input type="checkbox"/> After Care	<input type="checkbox"/> Monthly Amount \$78.15	<input type="checkbox"/> Monthly Amount \$142.99	<input type="checkbox"/> Monthly Amount \$207.40

*If you pick up 1 minute or more after the time you registered for, you will have an additional fee of
\$10.00/day*

Emergency Aftercare is \$20.00 a day

Bible Lessons

Praise & Worship

Breakfast

Snack

Payments Begins August 1, 2010

Child's Name

Date

Signature of Parents or Legal Guardian

Date



2010-2011 Tuition & Fees

Payment Plans	Annual Tuition	Tuition Deposit Due Upon Acceptance	Balance	11-Monthly Payment Plan Begins 06/01/2010	10-Monthly Payment Plan Begins 07/01/2010	09-Monthly Payment Plan Begins 08/01/2010	Pay In Full Amount 5% Discount
Kindergarten	\$6,490.00	\$324.50	\$6,165.50	\$562.50	\$618.55	\$687.06	\$5,841.00
Grades 1 st -4 th	\$6,380.00	\$319.00	\$6,061.00	\$ 553.00	\$608.10	\$675.44	\$5,742.00
Grades 5 th -8 th	\$6,875.00	\$343.75	\$6,531.25	\$595.75	\$655.13	\$727.69	\$6,187.50
Multi Grade Levels 3 rd -8 th	\$6,911.00	\$345.55	\$6,565.45	\$598.86	\$658.54	\$731.49	\$6,219.90
Multi Grade Levels 9 th -12 th	\$7,560.00	\$378.00	\$7,182.00	\$654.91	\$720.20	\$800.00	\$6,804.00

A \$2.00 service charge added to all monthly amounts

New Applicants: All new applicants must complete an application and pay an application fee of \$200.00, which is non-refundable and non-transferable. It is the policy of SCA not to accept payment with an application unless there is a space available in the grade for which the student is applying.

Re-enrolling Applicants: All re-enrolling applicants must complete a registration form and submit a registration fee of 150.00, which is **non-refundable and non-transferable**. It is the policy of SCA not to accept payment with an application unless there is a space available in the grade for which the student is applying.

Any student, whether a new applicant or re-enrolling applicant, applying to SCA after June 1st must pay their application fee, tuition deposit and any payments due at the time of application. The application fee and tuition deposit are **non-refundable and non-transferable**.

Tuition Payments: Upon notification of acceptance of admission to SCA, applicants must sign their financial contract and make a deposit of 5% of the tuition due within 10 days of their acceptance notification. This deposit is **non-refundable and non-transferable**. If the deposit and contractual agreement are not received within 10 days, your application will be considered withdrawn.

-All payments are due on the first day of the month. Any payment received after 6:30 p.m. on the 15th of the month will be charged a 5% late fee.

-All students withdrawing from SCA after June 30th will be assessed a 25% surcharge of the tuition balance due on their account for the school year.

Discounts: A five percent (5%) tuition discount is given to any account that pays tuition fees in full prior to the start of the school year.

Service Hours: All families are required to donate fifteen (15) hours of service to the school annually. At least ten (10) of those hours must be in the classroom. In lieu of service hours, a \$15.00 per hour fee is assessed and will be added to the account.

Financial Contract: The person responsible for tuition payment must sign the Financial Contract before a child will be allowed to attend school.

Before/After Care: Before and Aftercare is provided for an extra fee.

Outstanding Balances: For re-enrolling students, any past due balances from the previous year must be cleared. If balances are due from the previous year, the school will apply any monies received under the current contractual agreement to past due balances before monies are applied to the current school year expense.