



Christian Life Academy

1st - 12th Grade Registration Form 2016-17

133 Junction Rd.
Brookfield, CT 06804
(203) 775-5191
www.brookfieldcla.org

Hours: 8:15am - 3:10pm

Date: _____ Student's Name _____ Grade Applying For _____

Address _____ City _____ State _____ Zip _____

Home Phone# (____) _____ G8+ Student's Cell (____) _____ G8+ Student's Email _____

Date of Birth ____/____/____ U S Citizen? Yes No What country? _____ Ethnicity _____

Child's First Language _____ Language Spoken at Home _____ In which country was your child born? _____

Father/Guardian's Name _____ Employer _____ Work # _____

Father/Guardian's Cell Phone # _____ Email _____ Occupation _____

Mother/Guardian's Name _____ Employer _____ Work # _____

Mother/Guardian's Cell Phone # _____ Email _____ Occupation _____

Father/Mother's address if different from above _____

Are there extenuating family or custody circumstances? _____ If so, please explain below _____

Does your family attend church? _____ If so, where? _____ Town _____

Student's Grandparents Names:

Maternal _____ Paternal _____

Address _____ Phone _____ Address _____ Phone _____

City/State/Zip _____ City/State/Zip _____

Other siblings' names & ages: _____

Please list all schools your child has attended, beginning with the most recent. Be sure to include all addresses and a brief description of their experience: _____

Is there any pertinent family background information about your child we should be aware of? Please use a separate piece of paper if you need additional space. _____

Does your child have any special medical, behavioral, or developmental concerns? _____ If so, please provide a detailed description, including any documentation you may have and any medications taken. _____

Circle grades previously attended at Christian Life Academy: LB K3 K4 K 1 2 3 4 5 6 7 8 9 10 11 12

Does your child have an IEP (Individualized Educational Plan) or has been told he/she has learning disabilities or behavioral issues? Please list a diagnoses and include a copy of the student's IEP from their current school.



Tuition Rates & Fees 2016-17

Registration Fees: *Registration fees are non-refundable and due at the time of registration.*

- \$80 New Students (Maximum \$150 per Family)
- \$80 Returning Students, if done before April 1st (Maximum \$150 per Family)
~ after April 1st the registration fee will be \$125 (Maximum \$250 per Family)

Annual Tuition: Annual payment are due by August 1st. Monthly payments are due by the 10th of each month.

<u>1st - 8th Grade:</u>	1st Child	2nd Child	3rd Child
Non-members:	\$5,500 (\$550. Mo.)	\$5,000 (\$500. Mo.)	\$4,500 (\$450. Mo.)
First Assembly Members & Pastors:	\$4,500 (\$450. Mo.)	\$4,500 (\$450. Mo.)	\$4,200 (\$420. Mo.)

<u>9th - 12th Grade:</u>	All Students
Non-members:	\$6000 (\$600. Mo.)
First Assembly Members & Pastors:	\$5000 (\$500. Mo.)

- Annual payments are due by August 1st.
- Students withdrawing after August 15th will be responsible for the first month's tuition.
- Any child withdrawn after school begins is responsible for the year's tuition.
- All monthly tuition payment options require payments directly withdrawn from your checking account.
- Insufficient funds or payments received after the 10th of the month (for monthly payments) or later days past due are subject to a \$25 late fee.

Book & Supply Fees: (Maximum \$1,000 per family) *Book & Supply fee is due by July 15th.*

- Grades 1-4: \$295
- Grades 5-8: \$395
- Grades 9-12: \$0 (no fee)

Fundraising: **\$250** for one enrolled student **or \$400** for two or more attending children per family. All parents are expected to participate in fundraising & other activities that contribute to the financial well-being of the school. This requirement can be met by participating in events & activities throughout the year. Any amount remaining at the end of the school year will be billed to your account by May 31st.

Other Potential Fees:	Developmental Testing Fee:	\$50 (if necessary)
	Academic SAT Testing:	\$50
	Academic Resource Center:	Billed monthly at \$20 per hour
	Extended Care:	Billed Monthly Upon Use
	Before Care:	\$5 daily or \$50 per month

Will your child be attending the Extended Care Program? Circle Anticipated Days: M T W TH F
Anticipated Pick-up Time: _____

Will your child be attending Before Care? (circle one): Yes No Not Sure

Answering these questions does not commit you to the Extended Care or Before Care Programs at this time. It helps us with future planning.

Marketing: How did you learn about CLA?

- Mailer
- Sign Driving By
- CLA Family: _____
- Newsletter
- Word of Mouth
- Other: _____

- I have read the attached financial policy of Christian Life Academy and I agree to the terms set forth in it, including the policy that all monies paid to Christian Life Academy are non-refundable.**
- I have read the Statement of Faith, Mission, Philosophy, and Parent Handbook for Christian Life Academy and I agree to support the administration, faculty, and staff in upholding all policies as well as the mission of the school.**

Signature of Parent/Guardian

Date

For questions, please call us at (203) 775-5191.

Please mail completed application and fee to:
Christian Life Academy, 133 Junction Road, Brookfield, CT 06804