



# Christian Life Academy

## Elementary (1<sup>st</sup> - 8<sup>th</sup>) Registration Form 2017-18

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 \_\_\_\_\_

Phone# \_\_\_\_\_ Date of Birth \_\_\_\_\_ US 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 : \_\_\_\_\_

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

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 2017-18

**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 Child</u>	<u>2nd Child</u>	<u>3rd Child</u>	<u>4th Child</u>
Non-members	\$5,900 (\$590 Mo.)	\$5,400 (\$540 Mo.)	\$4,900 (\$490 Mo.)	\$4,400 (\$440 Mo.)
First Assembly Members & Pastors	\$4,900 (\$490 Mo.)	\$4,900 (\$490 Mo.)	\$4,600 (\$460 Mo.)	\$4,300 (\$430 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

**Fundraising:** \$250 for one enrolled student in a family **or** \$400 for two or more attending children in a family. All parents are expected to participate in fundraising and other activities that contribute to the financial well-being of the school. This requirement can be met by participating in events and 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:**

New Student Assessment	\$30 (if necessary)
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?    Yes    No    Not Sure    (circle one)

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

**Marketing:** How did you learn about CLA?

- Mailer                       Friend                       CLA Family (Name ) \_\_\_\_\_
- Sign Driving By           Newspaper                 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