



# Christian Life Academy

## 2018-19 Pre-K & Kindergarten Registration Form

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

Class Applying to:  
(Please check  preference)

### K3

- K3 (MWF) 8:15-3:10  
 K3 (M-F) 8:15-3:10

### K4

- K4 (MWF) 8:15-3:10  
 K4 (M-F) 8:15-3:10

### Kindergarten

- 5 Full Days 8:15-3:10

Office Use Only:

Date Rec'd \_\_\_\_\_  
Reg. Fee \_\_\_\_\_

Start Date: \_\_\_\_\_

Student's Name \_\_\_\_\_ Do they use a nickname? \_\_\_\_\_ Gender: Male / Female

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 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: \_\_\_\_\_

Has your child attended pre-school before? \_\_\_\_\_ If so, where? \_\_\_\_\_ (circle pre-school levels that apply) K3, K4, K

Please provide a brief description of his/her experience:

What other information about your child would be helpful with his/her adjustment to school?

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. \_\_\_\_\_



# Tuition Rates & Fees 2018-19

**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:

Tuition is paid in 10 monthly installments. Payments begin August 1st and finish with the last payment in May.

<b>Non Members:</b>	<b>K3 &amp; K4 (MWF) (3 Full Days)</b>	<b>K3, K4, and Kindergarten (5 Full Days)</b>
1st Child	\$4,800 (\$480 Mo.)	\$5,600 (\$560 Mo.)
2nd Child	\$4,200 (\$420 Mo.)	\$5,000 (\$500 Mo.)
3rd Child	\$3,800 (\$380 Mo.)	\$4,500 (\$450 Mo.)

<b>First Assembly Members &amp; Pastors:</b>	<b>K3 &amp; K4 (MWF) (3 Full Days)</b>	<b>K3, K4, and Kindergarten (5 Full Days)</b>
1st Child	\$3,800 (\$380 Mo.)	\$4,500 (\$450 Mo.)
2nd Child	\$3,800 (\$380 Mo.)	\$4,500 (\$450 Mo.)
3rd Child	\$3,500 (\$350 Mo.)	\$4,000 (\$400 Mo.)

- Annual payments are due by August 1st. Monthly payments are due by the 10th of each month.
- 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.*

K3 and K4 (3 Day) = \$175      K3 and K4 (5 Day) = \$200      Kindergarten = \$250

**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)

**K3, K4 & K Before Care & Extended Care:** For Extended Care costs, please see Extended Care Application. Before Care is \$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       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.**
- I have discussed Behavior Techniques with a staff member at Christian Life Academy and or Little Blessings Childcare Center.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

For questions, please call us at (203) 775-5191. Completed applications and fees may be mailed to:  
Christian Life Academy, 133 Junction Road, Brookfield, CT 06804