



# ENROLLMENT APPLICATION 2017-18

## SPRING MOUNTAIN CHRISTIAN ACADEMY

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 Smcak12.com

FAMILY Last Name \_\_\_\_\_

Re-Enrollment       New Enrollment

One application per family. Please print clearly.

### FATHER Information

Faculty:  yes  no

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_

CELL Phone #: \_\_\_\_\_ Include in school alerts & communications:  yes  no

e-mail: \_\_\_\_\_ Include in school communications:  yes  no

### MOTHER Information

Faculty:  yes  no

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_

CELL Phone #: \_\_\_\_\_ Include in school alerts & communications:  yes  no

e-mail: \_\_\_\_\_ Include in school communications:  yes  no

### Mailing Address:

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ to be included in school alerts & communications:  yes  no  no home phone

Grade	Annual Tuition ANNUAL/12MONTHS/DAILY (150 sch. days)	Book Fees	Sports Fees
<b>K4 &amp; K5</b>	\$2,340 (Part time) K4 \$3,360 (Full time) K4/ K5	\$150 \$170	\$30
<b>1-3</b>	\$3,720	\$160	\$40
<b>4-5</b>	\$3,840	\$160	\$40
<b>6-8</b>	\$4,200	\$170	\$40
<b>9-12</b>	\$4,320	\$180	\$40

<b>Application Fee</b> (per STUDENT):	<input type="checkbox"/> Early \$25 (April 1-May 1) <input type="checkbox"/> Regular \$50 (June 1-July 31) <input type="checkbox"/> Late \$100 (August 1 - Thereafter) *The enrollment fee is not refundable.
<b>Hot Lunch</b>	\$55 a month    K4 part time - \$25 a month *Christmas break and spring break days excluded
<b>Early Bird Book Fee</b>	Book fee discount: If paid by March 30 <sup>th</sup> - \$30 off, by May 30 <sup>th</sup> -\$20 off

### STUDENT Information

	FIRST Name	LAST Name	Date of Birth	M/F	New or returning	Grade in 2015-16	Social Security # required for 9-12 <sup>th</sup> graders.	PE T-shirt size (youth: S, M, L adult: S, M, L, XL)	ORDER School sweater	
									Y/N	size
1										
2										
3										
4										
5										

### STUDENT COMMITMENT 7-12 Grades:

I, \_\_\_\_\_, (additional student) \_\_\_\_\_, agree to abide by the school's standards of conduct, uniform, and other regulations expected of me at Spring Mountain Christina Academy and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards. Outside of SMCA I will uphold its principals per Parent-Student Handbook.

### Emergency contact/pick up permission

First/Last Name	Phone	e-mail	Relationship to child	Pick up permission? Yes/No

**TUITION DISCOUNTS** (one per family): *Discounts, Scholarships, and Payment Options may not exceed 25% in total assistance.*

**Multifamily Discount:**  1<sup>st</sup> – the oldest child 0%  2<sup>nd</sup> to oldest child 10%  3<sup>rd</sup> to oldest child 20%  4<sup>th</sup> to oldest child and the following children 100% (FREE of charge).

**Ministry Discount:** Pastoral discount is available for up to 25%. Other key church positions will have the annual family service hours waived. Application is available in the office.

**Tuition Assistance:** The main criteria for tuition assistance is based on the Federal Poverty Guidelines and the Tuition Assistance application verification. The application window is from April 1 – May 30<sup>th</sup>. The application fee is \$25 and nonrefundable. Application is available in the office.

**Scholarship:** Students in 9-12 grades may receive \$250 per semester (minimum GPA of 3.7 or above in the preceding semester), total of \$500/year. The GPA and exemplarily behavior verification is required every semester. The application window is from April 1 – May 31. The application fee is \$25 and nonrefundable. Application is available in the office.

**Payment Options:**  Annual Payment 5%  Semester Payment 2%  Quarterly  MONTHLY (12 payments on the 14<sup>th</sup> of each month, Aug-July) Auto Pay ONLY \*In order to secure the discount, the amount should be paid by August 14<sup>th</sup> (Annual payment), by August 1<sup>th</sup> & February 14<sup>th</sup> (Semester payments). If payment is not received by the due date, the discount will be removed.

**ENROLLMENT PROCESS:** Upon submitting the registration application to the office, two weeks are required for processing. When the Enrollment Confirmation is issued, the family has two weeks for review/verification/cancellation. Within two weeks of receiving the Enrollment Confirmation, the enrollment is confirmed and valid as issued, and the annual payment is due.

**PARENT AGREEMENT** (both parents/guardians, please initial):

- \_\_\_\_ 1. We read and agree with the SMCA statement of faith, as stated in the Parent-Student Handbook and with established policies and guidelines.
- \_\_\_\_ 2. We will faithfully support the school through our prayers and positive attitude, and share any complaints, questionable or negative comments, with *only* the people involved (administration or faculty), and *not* around our child.
- \_\_\_\_ 3. We will uphold the spiritual emphasis of SMCA and support the high academic standards of the school by providing a place at home for our child to study and giving our child encouragement in the completion of assigned homework.
- \_\_\_\_ 4. We understand the importance of commitment and involvement to insure success for our child/children. We understand that it is our responsibility to make sure our child/children spend a minimum of one to two hours a day, five days a week on assigned schoolwork or enough time to complete all assignments in the daily schedule.
- \_\_\_\_ 5. We understand that parents' failure to comply with SMCA policies and discipline, and lacking parental commitment (including but not limited to bringing children to required school performances, attending school events, participating in school fundraisers, and financial obligations) will forfeit the student's privilege to attend SMCA.
- \_\_\_\_ 6. We understand that we need to have our own medical and major accident insurance in case of an emergency situation during school hours at the church facility and school related events. We give permission to the school authorities, in case of emergency, to obtain medical treatment for our child in our absence.
- \_\_\_\_ 7. We understand that SMCA is a tuition driven school and so required each family involvement through completion of 30 service hours per family/year (for single parent home 15hrs/yr, 40 if fin. Aid is awarded). In the case of service hours' incompleteness, we agree to pay off the remaining hours (\$10/hr).
- \_\_\_\_ 8. We understand that withdrawal penalty (20% during I-sem and 10% during II-sem) will apply for any withdrawal reasons and school records will be on hold until all accounts are settled and materials returned.
- \_\_\_\_ 9. We understand that it is our responsibility to contact the SMCA office regarding any changes to contact (phone/email) and/or address information.

**SCHOOL EVENT PERMISSION** (please initial):

\_\_\_\_ I hereby certify that my child has permission to participate in SMCA school field trips and other related school events that are part of the school curriculum.

\_\_\_\_ I hereby grant permission for SMCA to photograph/videotape my son/daughter for the school yearbook, publications, school FaceBook, or website.

**REFERENCE** (new families only): (1) Previous School  Principal or  Teacher: Full Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

(2) Other person who can speak on behalf of the family (not relatives): Full Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**CHURCH AFFILIATION:** \_\_\_\_\_ Years of membership \_\_\_\_\_ Church Attendance:  Weekly  Occasionally  Other (please explain)

Church Participation: \_\_\_\_\_ Children participate in:  Sunday School  Teens  Choir  Other: \_\_\_\_\_

**Parent 1:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent 2:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SMCA OFFICE USE ONLY** Application received by: \_\_\_\_\_ date: \_\_\_\_\_

Registration  Ann/Book Fee  Payment Auth.  Immunizations (K5,1,6, & New ONLY)  SS# for 9-12<sup>th</sup> gr.  All signatures  Other forms attached? yes/no