



ENROLLMENT APPLICATION 2017-18

SUMMIT CHRISTIAN ACADEMY

8913 N. Nettleton Lane
 Spokane, WA 99208
 Office Phone: 509-924-4618 X 202 Fax: 509-467-4942
 Email: secretary@ncek12.com | www.ncek12.com

** 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

School activities are posted on SCA FaceBook weekly, please provide your FB name: _____

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

School activities are posted on SCA FaceBook weekly, please provide your FB name: _____

HOME Information

HOME Address: _____ City: _____

State: _____ Zip: _____

HOME Phone #: _____ Include home phone in school alerts & communications: yes no

STUDENT Information

	FIRST Name	LAST Name	Date of Birth	M F	New or Returning	Grade in 2017-18	Social Security # is required for 7-12 th graders	PE-T-Shirt (Required) Youth: XS, S, M, L, XL Adults: S, M, L, XL	ORDER (Optional) School Red Sweater \$20.00	
									Y/N	Size
1										
2										
3										
4										

EMERGENCY contact/pick up permission:

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

STUDENT COMMITMENT 6-12 Grades: I, _____, (additional student) _____, agree to abide by the school's standards of conduct, uniform, and other regulations expected of me at Summit Christian 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 the school, I will uphold its policy per Parent-Student Handbook.

FAMILY Last Name _____

<input type="checkbox"/> Non-member	<input type="checkbox"/> Re-Enrollment
<input type="checkbox"/> Member of the Church <i>On the Hill</i>	<input type="checkbox"/> New Enrollment

Grade	Regular Tuition: ANNUAL/12MONTHS (150 sch. days)	Annual Fee: Books & Activities	Registration: \$100 -\$50 off, if registered before April 1, 2017 -\$25 off, if registered before June 1, 2017 <i>*Registration fees are non-refundable</i>
K4	\$3,180/\$265mo	\$200	
K5	\$3,780/\$315mo	\$250	
1-5	\$4,080/\$340mo	\$300	
6-8	\$4,260/\$355mo	\$325	
9-12	\$4,560/\$380mo	\$350	

** For membership and other available discounts, please see pg. 2*

Hot Lunch (150 school days)	<input type="checkbox"/> Elementary (PK-5) \$2.50 <input type="checkbox"/> Secondary (6-12) \$3.00
School Bus (150 school days)	<input type="checkbox"/> N. Pines (exit 289) & E. Indiana Ave (7-Eleven): \$3.00 <input type="checkbox"/> E 30 th Ave & Mt. Vernon (behind Rosauers): \$2.75 <input type="checkbox"/> 5 th Ave & S. Ray St (behind Fred Mayer Store): \$2.50 <input type="checkbox"/> N. Crestline St & E. Empire Ave (Post Office): \$2.25

PAYMENT OPTIONS: __ Annual Payment 5%, __ Semester Payment 2%, __ Quarterly, __ MONTHLY (12 payments on the 14th of each month, Aug-July) Auto Pay ONLY.

**In order to secure the Annual discount, the amount should be paid within 15 days of the agreement confirmation; Semester payments should be paid by August 14th & February 14th; Quarterly payments should be paid by August 14th, November 14th, February 14th, and May 14th. If the payment is not received by the due date, the discount will be removed.*

TUITION DISCOUNTS (one per family): Note, the annual, lunch, and bus fees will be applied without discount.

Church On the Hill Membership Discount: Active members of the church *On the Hill* receive the automatic annual discount of \$700 per child, upon church membership verification.

Multi-Family Discount: __ 1st - the oldest child 0%, __ 2nd to the oldest child 10%, __ 3rd to the oldest child 15%, __ 4th to the oldest child 70%, and the following children 100%.

Ministry Discount: Full-Time pastoral discount is available up to 25%. Other key church positions may have the annual family service hours waived. If applicable, fill out the Ministry Form.

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 March 1 – April 1, 2017. The application fee is \$25 per family and is non-refundable.

Scholarship: Current SCA students in grades 7-12 may receive \$250 per semester (minimum GPA of 3.7 or above in the preceding semester), for a total of \$500/year. The GPA and exemplary behavior verification is required every semester. The application window is from March 1 – April 1, 2017. The application fee is \$25 and is non-refundable.

ENROLLMENT PROCESS: Upon submitting the registration application to the SCA 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 SCA statement of faith, established policies and guidelines, as stated in the Parent-Student Handbook: <http://www.ncek12.com/campus/spokane>
- ____ 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 SCA 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 the established SCA 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 SCA.
- ____ 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 SCA 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). In the case of service hours' incompleteness, we agree to pay off the remaining hours (\$10/hr). By the end of January each family should complete 50 % of assigned hours.
- ____ 8. We understand the 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. We understand that withdrawal during the school year might surface unnecessary complications when transferring from school to school.
- ____ 9. We understand that a one-time change of our tuition contract is permissible within a two week window, and for other requests a \$25 fee is applicable.
- ____ 10. We understand that it is our responsibility to contact the SCA office regarding any changes to our contact information (phone/email and/or address).

SCHOOL EVENT PERMISSION (please initial):

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

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

CHURCH AFFILIATION: _____ Pastor's Full Name: _____ Phone: _____

Years of membership _____ Church Attendance: Weekly Occasionally; Church Participation: _____ Children participate in: Sunday School Teens Choir

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 _____

Parent 1 Signature: _____ Date: _____ **Parent 2** Signature: _____ Date: _____

NCE OFFICE USE ONLY: Application received by: _____ date: _____
 Registration Annual/Book Fee Payment Auth. Immunizations (K5,1,6, & New ONLY) SS# for 7-12th gr. All signatures Other forms attached?

Enter Your Information Here:	
Full Name: _____	Address: _____
Email Address: _____	Date of Birth (DOB) or _____
Phone: _____	Social Security # (SSN): _____ <small>(responsible parent/guardian for payment authorization)</small>
OPTION 1 - Recurring Automatic Payment from Checking Account	
<input type="checkbox"/> Annual (One Time) <small>(AUGUST)</small>	<input type="checkbox"/> Semester <small>(AUG & FEB)</small>
<input type="checkbox"/> Use SAME bank account on file from prior year	<input type="checkbox"/> Quarterly <small>(AUG, NOV, FEB & MAY)</small>
<input type="checkbox"/> New Bank account information	<input type="checkbox"/> Monthly <small>(AUG-JULY)</small>
Depository Name <small>(first & last)</small> : _____	
Bank Name: _____	
ACH Routing #: _____	
Checking Account #: _____	
PLEASE ATTACH VOIDED CHECK TO THIS FORM	
<p>I (we) hereby authorize Northwest Christian Education, hereinafter called COMPANY, to initiate debit entries to my (our) bank account on the 14th of the month for the selected payment option. The amount authorized to be transferred will be the amount of the payment plus any past due balance and/or applicable fees. For any changes submitted to the Enrollment Application that affect the amount, the payment amount will also be adjusted.</p> <p>This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.</p> <p>I understand that thirty (30) days notice, in writing, to the COMPANY is required if I change banks and/or accounts.</p>	
Signature: _____	Date: _____
<small>(Checking account owner signature required)</small>	
OPTION 2 - Recurring Credit Card Payment	
<input type="checkbox"/> Annual (One Time) <small>(AUGUST)</small>	<input type="checkbox"/> Semester <small>(AUG & FEB)</small>
<i>We accept Visa, MasterCard, American Express and Discover</i>	
Card Holder Name <small>(as shown on card)</small> : _____	
Card Number: _____	
Expiration Date: _____ / _____	Security Code #: _____
Address <small>(must be the billing address for the credit card holder)</small> : _____	
City: _____	State: _____ Zip _____
<p>I authorize Northwest Christian Education to charge my credit card on the 14th of the month for the selected payment option amount based on the 16-17 Enrollment Confirmation.</p> <p>* If semester and/or quarterly, this authorization will remain in effect until I notify NCE in writing two weeks prior to the automatic charge that I wish to change and/or discontinue credit card payment option.</p>	
Authorized Signature: _____	Date: _____
OPTION 3 - CHECKS BY MAIL - payment due on the 14th of the month for the selected payment option	
<input type="checkbox"/> Annual (One Time) <small>(AUGUST)</small>	<input type="checkbox"/> Semester <small>(AUG & FEB)</small>
<input type="checkbox"/> Quarterly <small>(AUG, NOV, FEB & MAY)</small>	
<i>Make checks payable to: Summit Christian Academy</i>	
Mail completed form and/or payment to: Summit Christian Academy, 8913 N. Nettleton Lane, Spokane, WA 99208	