

LIFE CHRISTIAN ACADEMY



New Elementary Students

Tuition and Fees 2021/ 2022 School Year

Non-Refundable Application Fee: \$75.00 per student

Non-Refundable Enrollment Fee: \$200.00 per student

K5 - 5th Grade Annual Tuition: \$6,165.00 (There are monthly payment plans available thru our tuition management company and a 3% discount if tuition is paid in full by the first day of classes.)

Available payment plans: 11 month plan (August-June) \$560.46/Month
Enrollment must be complete by July 31, 2021 to qualify for 11-month payment plan.

10 month plan (August-May) \$616.50/Month

9 month plan (September-May) \$685.00/Month

Note: If you need child care during the months of June, July & August, our 9-month plan may work best for you.



After we process your Enrollment forms and fees, a contract will be sent to you. Enrollment is not complete until your signed contract and all other necessary paperwork is returned to the school Admissions Office and your financial account is set up.

**Kindergarten thru 5th grade classes are held at our Boulevard Campus, 1221 Boulevard, Colonial Heights
8:00 am to 2:30 pm (Before & After School Care is available at the rate of \$5.00 per hour.)**

Tuition Discounts: Discounts offered include a 15% discount for Active Duty Military Families, and 2nd and 3rd child discounts. .

Additional Fees:

Annual Curriculum Fee: \$550.00 per student (First Half—\$275 due by 9/7/21)

Remainder billed at \$55.00 per month, January thru May 2022. Includes curriculum, consumables and year book.

Annual Supply Fee: \$165.00 per student (Due by 9/7/21)

Includes all art, classroom and anti-bacterial supplies. **No supply list will be issued.**

Additional fees may apply throughout the year, including class field trips, PE uniforms, lunch account, sports fees, sports banquet, lab fees, etc. Before and After School Care charges will be billed at \$5.00 per hour when applicable.



Please call the Admissions Office (804-520-5297) if you have any questions.

Life Christian Academy is a ministry of Life Church • 16801 Harrowgate Road • South Chesterfield, VA 23834 • 804-526-5941

Life Christian Academy does not discriminate on the basis of race, gender, color, nationality, or ethnic origin in administration of its educational policies, admission policies, discipline policies, and any school administered program.

LIFE CHRISTIAN ACADEMY



Elementary Campus: 1221 Boulevard, Colonial Heights, VA 23834
Phone: 804-805-2473 Fax: 804-805-2461

STEPS OF ENROLLMENT (Elementary Students)

1. Call and schedule an interview and tour with our Admissions Office (804-520-5297)
2. Pick up an information package that will include current rates and fees, a list of needed documents, yearly calendar, enrollment forms, curriculum overview, etc.
3. Complete and return the following to the Director of Admissions:
 - A. Enrollment Form
 - B. Conditions of Enrollment
 - C. Student Information Record
 - D. Field Trip Permission Form
 - E. Authorization to request student records
 - f. \$275.00 Fees (Non-refundable \$75.00 Application Fee & \$200.00 Enrollment Fee)
4. Read Student Handbook, outlining all school rules and regulations. (This document can be found on our website www.lifechristian-academy.com, under "Forms and Publications.")
5. Upon acceptance, you will need to provide the following:
 - A. A current comprehensive Commonwealth of Virginia School Entrance Physical with Certificate of Immunization.
 - B. An official state birth certificate
 - C. Custody papers (if applicable).
 - D. A sports physical (if applicable).
6. Signed copy of School Contract (which will be drafted and emailed or mailed to the parents for review) must be returned to the Admissions Office prior to student beginning classes. FACTS Online billing account must be set up by financially responsible party.
7. Start-up fees (Supply Fees, Curriculum Fees, 1st month's Tuition, etc.) as outlined in the school contract, must be paid prior to first day of classes.



Life Christian Academy

2021—2022 Admission/Enrollment Form Returning Student New Student



Elementary: 1221 Boulevard • Colonial Heights, VA 23834 • 804-805-2473
Preschool, Middle & High School: 16801 Harrowgate Road • South Chesterfield, VA 23834 • 804-526-5941

Student's Full Name _____
Address _____ City _____ Zip _____
Sex: Male/Female Birthdate _____ Current Age _____ Current Grade _____ Grade Applying For _____ Virtual Academy _____
List names of siblings attending LCA _____
Student's Email _____ Student's Cell Number _____

Family Information: Student Lives With: Mother / Father / Stepmother / Stepfather / Grandparent / Other _____
Father / Stepfather / Guardian / Other _____
Name _____ Home Phone _____ Cell _____
Address _____ City _____ Zip _____
Email _____
Mother / Stepmother / Guardian / Other _____
Name _____ Home Phone _____ Cell _____
Address _____ City _____ Zip _____
Email _____

Name(s) to appear on financial contract (if different from above).

Name(s) _____ Relationship _____
Address _____ City _____ Zip _____
Cell Phone _____ Email _____

NEW STUDENT INFO (please answer all questions):

Student Currently Attends: _____ Current Grade: _____
Describe your reason for wanting to attend LCA _____
Please list all previous schools or daycare centers attended in the last 3 years _____
May we contact them? _____ I was referred to LCA by: _____
Has your child ever repeated a grade? Yes/no. If yes, what grade? _____
Has your child ever been suspended, expelled, or asked to withdraw from a school? _____
Has this child ever experienced disciplinary issues? _____
If yes to either, please explain. _____

For Office Use: Start Date: _____ Student ID #: _____ Paperwork complete: _____

As an essential part of the enrollment process, the pledge written below must be read and signed. This Pledge will be filed as part of the student's permanent records. Admittance and enrollment is not complete without this form. In the interest of being good stewards and wise in our business practices, this pledge serves as a protective legal hedge for the benefit of our families and the school. We dearly value your patronage as we work together to fulfill God's plan and the mission and purpose of Life Christian Academy.

CONDITIONS OF ENROLLMENT AND PLEDGE OF COOPERATION

- _____ 1. I understand that it is a privilege, not a right, for my child to attend Life Christian Academy (LCA). I further understand that all students are accepted on a probationary status. I further understand that the school reserves the right to dismiss any student who does not cooperate with any phase of the educational process, be it curricular or extra curricular, or whose attitudes and actions are not in harmony with the aims and ideals of LCA. I give the LCA administration full discretion in the discipline of my child, including the issuing of detention, in or out of school suspension, and expulsion from the school for conduct deemed by Life Christian Academy Board to be improper, regardless of where the incident(s) given rise to such discipline occurs.
- _____ 2. In order to preserve the spiritual atmosphere nurtured at LCA, I understand that discipline will be more swiftly and rigorously enforced than is a public school environment or in some other private schools. I further understand there may be times where I disagree with the discipline imposed upon my child. I further understand that in the event of such disagreement, I am to follow the guidelines set forth in the LCA Protocol for Presenting Concerns.
- _____ 3. I understand that LCA, in the interest of nurturing its school atmosphere and spiritual goals, has a "No Tolerance Policy" regarding the use of alcohol, drugs, tobacco, weapons, pornographic material through any media, immoral or illegal involvement, on or off campus. If in the judgment of the LCA administration, it is determined my child should be drug/alcohol tested, I agree to have my child tested at my own expense by an appropriate LCA approved medical provider who will conduct the test. If I am unwilling to permit such a drug/alcohol test, or to release the results of such test to LCA, I shall withdraw my child from LCA and thereby waive all rights to any recourse.
- _____ 4. I understand and agree to the need for determined investigations of student activities which may involve and include searching my child's belongings (i.e.: book, carrying bag, lunch box, purse, gym bag), person, and school locker. In the case of secondary students, I also give permission for any motor vehicle to be searched that is brought on campus.
- _____ 5. I agree to fully cooperate with LCA administration regarding all actions requested of me pertaining to my child's enrollment at the school and in the enforcement of its rules and policies. I agree to uphold the aims and ideals of the school and to encourage my child to likewise abide by the aims and ideals of the school. I agree as a parent to abstain from reprimanding or questioning any child other than my own. I agree to bring any situations of concern to the appropriate LCA staff member and understand that discipline resolutions of someone else's child will be handled with LCA staff and administration.
- _____ 6. I understand that my child's continued enrollment at LCA is conditioned upon my prompt and timely payment of all tuition and fees (including late fees). I further understand that in the event of withdrawal or expulsion of my child for any reason, I waive all rights to a refund of tuition and fees previously remitted and further understand that I shall remain obligated for the full year of tuition and fees not yet having been paid.
- _____ 7. I acknowledge that I have read the LCA current handbook (available at www.lifechristian-academy.com) before execution of this application. I agree that my child's enrollment at LCA is subject to all terms and conditions of the handbook which are fully incorporated herein by reference.
- _____ 8. I understand that in the event of withdrawal from preschool, which requires a 30 day notice, I am responsible for all preschool tuition during the withdrawal period from preschool.
- _____ 9. By my/our signature(s) to this Statement, I/we release and hold harmless Life Christian Academy and individual sponsors, including teacher(s), Administrator, and sponsoring church from all liability for mishap or injury to the student named herein during school or any school activity or trip. It is understood that the best possible care will be given my child. In the event of medical treatment, and I give my consent to allow an authorized representative of Life Christian Academy to seek medical aid for my child at the nearest appropriate facility.

I have read and initialed the above pledge and the student hand book, reviewed the rules/policies with my child, and understand and agree to abide by the provisions of both documents.

Student Name _____

Grade _____

Parent Signature _____

Date _____

Parent Signature _____

Date _____

Photo Release Form: I give my consent for Life Christian Academy to use my child/children's photos in school publications (this may include, but not limited to the yearbook, newspaper clips/award publications, brochures etc.)

_____ Yes, my child's photo may be used _____ No, my child's photo may not be used



Student Information Record - School Year 2021 - 2022

Student's Full Name _____ Student's Cell Number _____

Place of Birth: City _____ State _____ **New Students:** Please attach copy of Birth Certificate

Parent/Guardian _____ Cell Number _____

Employer _____ Work Number _____

Parent/Guardian _____ Cell Number _____

Employer _____ Work Number _____

Emergency Contact _____ Cell Number _____

Full Address _____ City _____ State ____ Zip _____

Relationship _____

Emergency Contact _____ Cell Number _____

Full Address _____ City _____ State ____ Zip _____

Relationship _____

Emergency Contact _____ Cell Number _____

Full Address _____ City _____ State ____ Zip _____

Relationship _____

List anyone other than immediate family who may pick up your child. **Is there a custody order for this child? Yes / No**

Name _____ Relationship _____

Name _____ Relationship _____

List anyone who may not pick up your child.

Food Allergy _____ Reaction _____

Medication Allergy _____ Reaction _____

Please indicate below any health problems your child may have: please circle

Asthma/respiratory Diabetes Hearing Loss Heart problems Neuromuscular disorder Orthopedic disorder

Seizures Stomach/colon disorder Vision Problems ADD/ADHD Learning Disabilities Emotional Disorder

Psychological Disorder Other _____

At anytime, has the student received educational, psychological, or any other type of testing? Yes/no If yes, please explain.

Does your child have an IEP? Yes / No

Does the student have any special needs or accommodations which may affect their activities or progress? If yes, please explain.

Is there anything else the teacher should know? _____

Does Life Christian Academy have permission to treat your child in an medical emergency, if ever needed? ____ Yes ____ No

RELEASE FROM LIABILITY

For All 2021 - 2022 Field Trips

I/We, the undersigned, hereby grant my/our child _____ permission to travel on all Life Christian Academy sponsored trips to the various points of interest with their class. I/We understand that our/my child may ride in a bus or car.

By my/our signature(s) to this Statement of Permission, I/we release and hold harmless the above named school and individual sponsors, including teacher(s), Administrator, and sponsoring church from all liability for mishap or injury to the student named herein from the time of departure to the time of return. It is understood that the best possible care will be given my child. In the event of medical treatment, I give my consent to allow an authorized representative of Life Christian Academy to seek medical aid for my child at the nearest appropriate facility.

Signatures:

Father _____ Date _____

Mother _____ Date _____

Guardian _____ Date _____

T-Shirt Size: (Please circle one)

YOUTH

XS (2-4)
S (6-8)
M (10-12)
L (14-16)

ADULT

S
M
L
XL
XXL
XXXL



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Admissions Office Phone: 804-520-5297 Fax: **804-805-2461**

Elementary Campus: 1221 Boulevard, Colonial Heights, VA 23834

Middle & High School Campus: 16801 Harrowgate Road, South Chesterfield, VA 23834

AUTHORIZATION TO RELEASE SCHOOL RECORDS

Date: _____

Fax Number: _____

To: (Student's current school) _____

Student's Name: _____ D.O.B.: _____

Please furnish us with the following information in order to provide proper placement of this student.

- _____ Academic Records including report cards and transcripts showing explanation of grading scale.
- _____ IEP (Individual Education Plan)
- _____ Grades to date of withdrawal
- _____ Current Physical
- _____ Immunization Records
- _____ Psychological and/or educational testing
- _____ Discipline records (including suspensions and expulsion)
- _____ Teacher notes and observances
- _____ SAT/ACT Scores
- _____ Attendance records
- _____ Any special education testing or placement information
- _____ Other

My signature authorizes the release of the above records:

Signature of Parent/Legal Guardian

Date