



2020/2021
Summit Baptist Christian Academy
Application for Admission
4310 Moon Station Lane NW
Acworth GA 30101
770.702.8054 OFFICE / 770.975.9113 FAX
angela.york@summitchurch.org

Office Use Only
 Date Received _____
 Amount Paid _____
 Check # _____
 Tuition Rate _____

Please select your class preference by indicating 1st, 2nd & 3rd choice.

- Wee Ones** (12-17 months) ___ Mon/Wed (9am- noon)
- Toddlers** (18-23 months) ___ Mon/Wed (9am-noon)
- 2 year old** class (9am-noon) ___ Mon/Wed ___ Tues/TH ___ Mon/Tues/TH ___ Mon-TH ___ *Add LB (9am-1pm)
- 3 year old** class (9am-1pm) ___ Mon/Tues/TH ___ Mon-TH ___ M-Fri
- 4 year old** class (9am-1pm) ___ Mon-TH ___ M-Fri
- Kindergarten** ___ Mon-Fri

Children must be the age of the class registered for on or before September 1st.

- ✓ Children enrolled in 3 and 4 year classes must be completely potty trained.
- ✓ Each new student will be admitted under probation for 30 school days.
- ✓ Older 4's (turn 5 by October 31st) may be accepted in Kindergarten with referral and assessment but will still need to repeat Kindergarten the following year.

Childs Information

Child's Legal Name _____ Name used at home _____

Address _____ City _____ Zip _____

Subdivision _____ Home Phone _____

Date of Birth _____ Present age _____ Male / Female

Comments regarding child's class placement _____

Family Information

Guardian Name _____ Relationship _____ Cell # _____

Occupation _____ Email _____ Business # _____

Guardian Name _____ Relationship _____ Cell # _____

Occupation _____ Email _____ Business # _____

Applicant lives with: (circle one) both parents mother father other _____

Names & ages of siblings also attending SBCA _____

Names & ages of other children in the home _____

Previous Program attended _____

Reason for leaving previous program _____

Whom may we thank for referring you to our program? _____

Do you have a church home? Yes No Name of Church _____

Emergency Contact

Person authorized to act for parent in an emergency:

Name _____ Phone _____

Relationship _____ Cell Phone _____

Medical Information

Food allergies _____ Symptoms _____

What actions should be taken? _____

Drug allergies _____ symptoms _____

What actions should be taken? _____

Medical Conditions / Special Needs _____

Pediatrician _____ Phone _____

In the event of a medical emergency involving my child, I understand that SBCA will make every effort to contact me. If the school cannot reach me, I give my permission for the school to seek medical attention for my child. Any medical fees incurred will be my responsibility. I agree to hold harmless SBCA for their actions on my behalf.

Parent signature _____ Date _____

Photographs

I give SBCA permission to use photographs or video of my child in SBCA slideshows, websites or publications relating to the school. **YES** or **NO (please circle)**

2020– 2021 Financial Policies

Admission fees

Admission fees are paid annually and are non-refundable. SBCA will not accept admission for the following year from students that are behind in their tuition payments or have any unpaid charges.

Documentation

A copy of child's Birth Certificate and current Georgia Immunization record must be presented at time of registration.

Tuition

Tuition is a yearly rate. For your convenience, you may pay over 9 installments beginning August 1st. Tuition payments will be due August, September, October, November, December, January, February, March and April. Tuition may be paid in full at anytime.

Late Charges

Tuition is due the 1st of the month. A \$10 late charge may be added if paid after the 10th. Accounts that are more than 30 days past due are subject to further fees and losing your child's placement. Charges for late pick up and Lunch Bunch appear in the Student Handbook.

Withdrawals

If a child must be withdrawn from SBCA, a parent must give written notice to Director and clear account. A 30 day paid notice is required from families who are withdrawing their child/children. The next payment will be expected if a 30 day notice is not provided. Any pre-paid tuition will be refunded within 60 days. I have read and agree to all of these policies:

Parent Signature _____ Date _____