



ELEVATE CHRISTIAN ACADEMY

World-Changing Education from a Life-Changing Perspective

Dear Parents,

As we begin the enrollment process for the 2016-2017 “continuation” school year, I hope that you share my opinion that this has been an outstanding year for the students of Elevate Christian Academy. In the face of depressed economic conditions, our enrollment has actually grown beyond our expectations. I feel this reflects, in part, the realization by our community of the importance of education as a means of achieving success in the face of a more competitive society. As college tuitions inflate and competition for scholarships and good jobs increases, we appreciate that a Christian private school education is an investment in our children's future.

For your assistance in the re-enrollment process, I have included the attached packet for you to complete for the 2016-2017 “continuation” school year. Additional copies of this re-enrollment packet are available in the school office. In order to re-enroll your child, this packet must be completed and returned with the enrollment fee before admission for the 2016-2017 “continuation” school year may be finalized. Please note that signatures from all parties with custodial rights are required on these forms. Priority enrollment is limited to the months of October and November:

- First priority will be given to students who are currently enrolled.
- Second priority will be given to new students who are siblings of currently-enrolled students.
- Final priority will be extended to children whose parents are members of Elevate Church.

Please keep in mind that open enrollment will begin on December 1, 2016. All priorities will be removed during open enrollment. At this point students who meet the school's admission criteria will be admitted in the order in which their completed applications are received. Classes and sections will be limited based on student-teacher ratios; I am committed to maintaining this important quality of our school as we move forward. To ensure your child's enrollment, it is important that you submit your re-enrollment packet and fees by the deadline.

Allow me to take this opportunity to encourage you to spread the word in our community of how God is working through the lives of our ECA "family" to provide a superior Christian education. As our enrollment grows, we will be able to offer even more opportunities while continuing to keep our costs affordable.

Please keep us in your prayers as we move through this very important enrollment period. We pray that God will continue to use us as we interview prospective families and make enrollment decisions for next year.

Sincerely,

Joshua D. Kurth, Ed.S., LPC
Pastor/Administrator
J.Kurth@ElevatePanama.org

Elevate Christian Academy

(Panama) 507-6252-9114 • (U.S.A.) 314-637-7443 • ECA@ElevatePanama.org • Website: ElevatePanama.org

“Continuation” Application

January 16th – May 26th 2017

1. Complete and return the “Continuation” Application forms.
2. Submit the non-refundable \$150 registration fee by November 25th. If paid after November 25th, the non-refundable registration fee is \$187.50.
3. Once your complete application (see checklist) is submitted and approved by the Admissions Board, you will be notified of your child’s acceptance for the upcoming “continuation” school year.
4. Payment of registration fees by November 25th secures your child’s position within our student body for the upcoming 2017 “continuation” school year.

Elevate Christian Academy seeks to enroll students with above average capability who are of good moral character. Students are admitted on the basis of academic testing, school records, teacher recommendations, and an interview.

- First preference is given to returning students. Currently enrolled students who do not enroll by November 25th are not guaranteed acceptance for the upcoming school year.
- Preference is given to applicants whose siblings attend Elevate Christian Academy and satisfy the above criteria.
- No student may re-enroll unless their account is current.
- Remaining spaces will be filled during open enrollment.

All candidates are carefully considered. No student has the right to re-enrollment. All applications for re-enrollment are approved at the sole discretion of the school’s Admissions Board. We strive to make a fair decision based on the services that our school can provide for each child. Elevate Christian Academy admits students without regard to sex, race, color, nationality, or ethnic origin. We set high standards for our students, and we expect them to work hard and strive to reach their full potential with the support of their teachers, administration and their parents/guardians.

Re-Enrollment Application

Please complete one application for each student applying for admission.

Student Information

Student's Name _____ Male Female Birth Date _____ / _____ / _____

Social Security No. _____ - _____ - _____ Citizenship _____ Birthplace _____ Ethnic Background (optional):

1. Are you Hispanic or Latino? Yes No

2. Regardless of your answer to question 1, please mark one or more races that you consider yourself to be:

White Black Asian American Indian or Alaskan Native Native Hawaiian or other Pacific Islander Other

Previous School Attended _____ Public Private Homeschool*

School Name

Years Attended _____

Street Address

Highest Grade Completed _____

City

Was the A.C.E. curriculum used in this school? Yes No

County

State

ZIP

If you are currently using the A.C.E. curriculum, please list the last PACE completed in each of the following subjects:

Math _____ English _____ Social Studies _____ Science _____ Word Building _____ Literature _____ Creative Writing _____

Have you taken the online diagnostic tests? _____ If yes, what is your student ID? _____

***Please include all homeschool records.**

Account Information

Primary Account Name _____ *Email* _____

Mailing Address _____ *Address* _____ *City* _____ *County* _____

State/ Province

ZIP/ Postal Code

Country

Ship-to Address _____ *Address* _____ *City* _____

(if different)

State/ Province

ZIP/ Postal Code

Country

If you have ever had an account with A.C.E. or Lighthouse Christian Academy—Account # _____

Parent Information

Father's Name: _____ Social Security No. _____ - _____ - _____

Biological Father? Yes No If "No," biological father's name: _____

Employment

Home Phone (International—Include Codes)

Cell Phones (Include Codes)

Mother's Name: _____ Social Security No. _____ - _____ - _____

Biological Mother? Yes No If "No," biological mother's name: _____

Employment

Home Phone (International—Include Codes)

Cell Phones (Include Codes)

Marital Status of Child's Biological Parents: Married Not Married Widowed Divorced** Separated**

****If divorced, please include a photocopy of most recent Child Custody Order. If separated, both parent/guardian signatures are required.**

Medical Information

Individual(s) to contact if those listed above cannot be reached for a MEDICAL EMERGENCY:

Name: _____ Phone _____

I hereby authorize Elevate Christian Academy to give and/or obtain EMERGENCY MEDICAL assistance for my student in the event that I cannot be reached. I assume FULL financial responsibility for any such medical service rendered. I hereby give permission that my child, _____, may be given emergency treatment by a staff member at Elevate Christian Academy. I also give permission for my child to be transported by car, or ambulance to an emergency center for treatment, and agree to hold Elevate Academy and its employees harmless. Elevate Academy will attempt to make contact with the persons listed as emergency contacts and will follow their wishes if the circumstance allows. In the event that no one can be contacted, Elevate Academy will contact a physician, ambulance personnel or emergency room personnel and will follow the recommendations of these persons. ***I agree to pay any expenses that Elevate Academy may incur in the emergency treatment of my child.***

Does the applicant have a current Panama School Certificate of Immunization Form? No Yes

A copy of this form, as required by law, must be submitted to Elevate Academy before the applicant can attend school. Elevate Academy also requires a copy of the child's Birth Certificate/Passport. ***Students entering Kindergarten and 6th grade must have current Immunization Records. Students participating in sports must have a Sports Physical on file with Elevate Academy.***

The information provided by me in this application is to the best of my knowledge complete, accurate, and true. I understand that all students in grade K – 12th and their parents will be interviewed by the administration before final acceptance. I agree to abide by the school's policies, procedures, and requirements contained in the Parent-Student Handbook and Tuition Agreement. I understand that Registration and Matriculation Fees are **non-refundable**. Families that do not fulfill their 10 hour per year commitment are subject to a \$100 fine, billed to their account by May 20th of the current school year.

SIGNED: _____ Date: _____ SIGNED: _____ Date: _____

Father/Guardian

Mother/Guardian

Name of person responsible for financial contract if other than parents: _____

Social Security Number of Person Being Billed: _____ - ____ - ____ - ____

Vehicle Emergency Medical Information / Transportation Agreement

Child's name _____ Birth date _____

Address _____ Home Phone _____

Known Allergies _____ Current Medication _____

Special needs/conditions _____

Father's / Guardian's name _____ Mother's / Guardian's name _____

In case of an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Physician _____ Phone _____

Medical Centers that Elevate Christian Academy uses:

Hospital Chiriqui

Address: Y Calle Central, Calle Central, David, Panama Phone: +507 774-0128

I give permission for my child, _____, to ride on the Elevate Christian car/van to be transported to and from private school or on designated field trips.

In the event of an emergency involving my child, if I cannot be reached, I hereby authorize any necessary medical treatment to be given. I further agree that I will not hold Elevate Christian Academy, or its representatives, liable in any way. I understand that I will be responsible for all medical expenses incurred during the treatment of my child.

Parent / Guardian: _____ Date: _____

TUITION AGREEMENT (Please select one)

_____ **Plan #1 – 1 full annual tuition of _____ less 3% due by January 16th = _____**

_____ **Plan #2 – 5 equal payments of annual tuition beginning January 1st. to continue for the entire school year.**

Tuition fees are due on the first of the month. I have chosen payment plan # _____ and agree to pay _____ for the entire school year in full (less 3%) on January 16th; OR \$ _____ for 5 equal monthly payments beginning January 1st. I understand that a late fee of \$30.00 will be applied to my account if payment has not been received by the 5th of the month. Elevate Christian Academy reserves the right to terminate enrollment and the parent will remain liable for the balance due for the remainder of the contract, as well as any expense associated with recovery of said debt including court or collection costs. No school records (academic and/or health), report cards, or diplomas will be released if there is an outstanding balance on the student's account.

Annual tuition is due for each student. Our budget is planned and carried out based on student enrollment. Students who are withdrawn for any reason are obligated to the annual tuition defined in this contract. Families relocating beyond a 30 mile radius may withdraw with 1 month's written notice and 1 month's payment. Verification must be provided. If this contract is broken for any other reason, Elevate Academy reserves the right to demand and collect any legal, collection, or administrative fees which may be incurred.

Classroom concerns should initially be addressed to your child's teacher. Administrative staff is available by appointment if additional support is needed. A concern that has not been addressed in this manner is not considered a legitimate reason for withdrawing your child and does not release you from your financial obligation.

Returned check fee of \$30.00 will be assessed on all returned checks. All returned checks must be paid in cash.

I understand that this is a legally binding contract and I agree to financially support the programs of Elevate Christian Academy. Further, I have read the Elevate Christian Academy Handbook that is provided online and is available at the front desk, and I agree to abide by all rules and regulations set forth. I have attached my registration fee of \$150, if paid before November 25. After November 25, please remit payment of \$187.50. Please note: all Application, Registration and Processing Fees are NON-REFUNDABLE.

Fundraisers: The school receives no church assistance, federal, state, or local funding. Fundraisers are a necessary part of the financial advancement of Elevate Academy. All families are strongly encouraged to participate in all our fundraising projects.

Referral Discount: We have been blessed with family referrals that have allowed this ministry to grow! We want to thank all of the families that have referred Elevate Christian Academy to other friends and family. For the 2017 school year, we will be offering a Referral Discount, available/redeemable after the referred family has attended for four consecutive months.

The Referral Discount will give the family that referred an attending full-time new family a discount of -\$100 from one month of owed tuition. This discount only applies to the family doing the referring. It does not get applied to the new (referred) family's account. This discount applies to new, regular rate enrollments.

Tuition & Fees Schedule (Due Dates), 2016/2017 Continuation School Year January 16th through May 26th 2017

Registration & Processing Fee (5 month Payment, per student): \$150 before November 25, 2016
(Due upon registration)

Registration & Processing Fee (Annually, per student): \$187.50 after November 25, 2016
(Due upon registration)

Tuition (5 month total Tuition): \$727.50 Due January 1, 2017

Tuition (5 Month Payment Plan): \$150.00 Starts January 1, 2017

10% discount on tuition for 1st additional student

15% discount on tuition for any additional students

Curriculum, tax, and shipping is not included

Parent/Guardian (Mother) _____ Date _____

Parent/Guardian (Father) _____ Date _____

School Administrator _____ Date _____

Student Pick-up Authorization

The people listed below are authorized to pick up this child from Elevate Christian Academy. Please include parents, guardians, all emergency contacts, grandparents, carpool pick-up, childcare providers, etc.)

Child's Name _____

Adult's Name _____

Adult's Name _____

Adult's Name _____

Adult's Name _____

Adult's Name _____

Adult's Name _____

Adult's Name _____

PLEASE NOTE: Anyone coming to pick up your child whose name does not appear on this list will not be allowed to leave with your child. All those picking up a child must be prepared to present state issued picture identification or driver's license. This is to ensure the safety of your child. There will be no exceptions to this policy. Parent signature below acknowledges acceptance of this policy.

Parent/Guardian Signature _____ Date: _____

Parent Handbook Acknowledgement

Our Parent Handbook is located on our school's web page. It is vital that you read the information contained in the manual prior to the child's first day of school. To find it go to ElevatePanama.org/school.

I have read the Parent Handbook online. As the Parent/Guardian I understand that I am responsible for adhering to all of the policies and procedures contained in this parent handbook.

I am unable to access the Parent Handbook online. I would like to receive a paper copy for an additional \$5.00 fee.

Parent/Guardian Signature _____ Date: _____

Media Release

- I grant permission to Elevate Christian Academy/Church to use my child's name, photograph, slide, audio, and/or video recording in its media releases (including newspapers, special events, school publications, presentations and/or web pages.
- I deny

Parent/Guardian Signature _____ Date: _____

