

OFFICE USE ONLY

Amount _____
Check # _____

Scotts Hill Christian Academy
2024-2025 REGISTRATION FORM

OFFICE USE ONLY

Class Age _____
Days per week _____
Class Assigned _____

Student's Name _____ Date _____
Last First Middle

Preferred Name _____ Previously Enrolled in SHCA? YES NO If YES, previous teacher _____

Street Address _____
Street City State Zip

Date of Birth _____ Sex _____ Email (mom) _____ Mother's Cell _____
Email (dad) _____ Father's Cell _____

Does your child have any known allergies? (i.e. dust, drugs, plants, animals, foods)

Does your child have any medical conditions? (i.e. hyperactivity, ADD, Asthma, etc.)

Does your child receive ST, OT, PT, or any other therapies? If so, a conversation with the Administration will be required before your registration is finalized.

Please list siblings, names and ages (even if they are not enrolled in our school).

Mother's Name _____ Employment _____ Phone _____

Father's Name _____ Employment _____ Phone _____

If parents are separated or divorced, with whom does the child live? _____

Church now attending _____ Members _____ Yes _____ No

Previous Preschool(s) Attended _____

Emergency Contacts/Able to Pick Up Child (Other than Mother/Father):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Scotts Hill Christian Academy staff to take my child to an Emergency Room for prompt medical care.

I give consent for any and all treatment deemed necessary by the attending physician.

Signature of Parent or Legal Guardian _____ Date _____

SCOTTS HILL CHRISTIAN ACADEMY FINANCIAL AGREEMENT

- For the **2-day Pre-2 Class**, the tuition is \$1,800/yr or \$200 monthly for each child. The tuition for each month is to be paid no later than the first day of that same month. A late fee of \$15 will be added if tuition is paid after the 15th.
- For the **4-day Pre-2 Class**, the tuition is \$3,105/yr or \$345 monthly for each child. The tuition for each month is to be paid no later than the first day of that same month. A late fee of \$15 will be added if tuition is paid after the 15th.
- For a **2-day (2- or 3-year old) program**, the tuition is \$1,710/yr or \$190 monthly for each child. The tuition for each month is to be paid no later than the first day of that same month. A late fee of \$15 will be added if tuition is paid after the 15th.
- For a **3-day (2- or 3- or 4-year old) program**, the tuition is \$2,340/yr or \$260 monthly for each child. The tuition for each month is to be paid no later than the first day of that same month. A late fee of \$15 will be added if tuition is paid after the 15th.
- For a **4-day (4-year old) program**, the tuition is \$3,015/yr or \$335 monthly for each child. The tuition for each month is to be paid no later than the first day of that same month. A late fee of \$15 will be added if tuition is paid after the 15th.
- For a **5-day (2- 3- or 4-year old) program**, the tuition is \$3,600/yr or \$400 monthly for each child. The tuition for each month is to be paid no later than the first day of that same month. A late fee of \$15 will be added if tuition is paid after the 15th.
- Tuition is charged per year. As a convenience it is broken down into 9 equal payments, due September-May.
- Withdrawals from school must be made in writing two weeks prior to the child's last day.
- *The non-refundable registration fee is \$125 per family, due at time of registration.*
- *A \$110 supply fee is charged for each child enrolled in a Pre-K class (4-year olds) and is due on August 12, 2024. (This fee is non-refundable.)*
- *A \$35 supply fee is charged for each child enrolled in a Pre-2, 2-year-old, or 3-year-old class and is due on August 12, 2024. (This fee is non-refundable.)*

I, the undersigned parent or legal guardian of _____, do hereby state that I have received, read, and understand the policies regarding the registration fee, supply fee, and tuition for my child to attend Scotts Hill Christian Academy. I agree to pay tuition according to the above terms.

Signature of Parent or Legal Guardian _____ Date _____

By enrolling my child in SHCA and signing this registration form, I acknowledge that my child's photo may be taken while enrolled in SHCA, and I grant SHCA permission to use my child's likeness and image in a photograph, video, or other digital media, including, but not limited to, Facebook, Instagram, and other social media and in any and all of SHCA's publications, including web-based publications. I understand and agree that all rights, including copyrights, in the photos, and the photos themselves, are the exclusive property of SHCA, and I am not entitled to any compensation or consideration for use by SHCA. I irrevocably consent to all uses of my child's likeness and image by SHCA as presented in the photos, and SHCA may edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. I hold harmless, release, and forever discharge SHCA from all claims, demands, and causes of action that my child may have or that anyone acting on my child's behalf may have arising out of or relating in any manner to the photos and their use by reason of this authorization.

I, the undersigned parent or legal guardian of _____, do hereby enroll my child in SHCA.

Signature of Parent or Legal Guardian _____ Date _____