

SUNSHINE PRE-SCHOOL
2675 GREAT NECK ROAD, COPIAGUE N. Y. 11726
PHONE: 631-842-5993

ENROLLMENT FORM

F [ ] 3 YEAR CLASS 4 YEAR CLASS
M [ ]

Child's Name First Last Birth Date
Address Number Street Town Zip Code Home Phone
Mom's Cell#
Dad's Cell#
School District

Father's Name Place of Employment Phone
Mother's Name Place of Employment Phone

EMERGENCY PHONE - Relative or friend we can call if you cannot be reached.

Others living in your household: Children and their ages, grandparents. etc.

Language (s) spoken in the home Religious Preference

Doctor's Name & Address Phone

Pertinent Health Information: Please complete Health Forms provided.

Toilet Trained: How Long? Expresses Himself: Well Average Poorly

Any Play Restrictions?

Other school experience including Sunday School

May your child participate in field trips?

How did you learn about our school?

Desired day of entry PLEASE CIRCLE DESIRED SESSION BELOW

SESSIONS

TUITION

4 Yr. Old Pre-School
8:45 AM - 2:45 PM

5 FULL DAYS - \$5500. Annually / \$550. Monthly

3 Yr. Old Pre-School
8:45 AM - 2:45 PM

5 FULL DAYS - \$5500. Annually / \$550. Monthly
3 FULL DAYS - \$4600. Annually / \$460. Monthly (Mon. Wed. Fri.)

8:45 AM - 12:00 PM

5 HALF DAYS - \$4000. Annually / \$400. Monthly
3 HALF DAYS - \$2900. Annually / \$290. Monthly (Mon. Wed. Fri.)

Tuition payments are based on a 10-month academic year. The first payment is due on August 1st, and the remaining 9 payments are due Sept. 1st through May 1st. Payments are considered late after the 10th of the month and will incur a \$25.00 late charge.

REGISTRATION & ADDITIONAL FEES

3 YR. OLD PRE-SCHOOL

5 Full days \$415.00
5 Half day \$350.00
3 Full days \$350.00
3 Half days \$300.00

(Includes Registration Fee \$250.00 and Curriculum Fee)

4 YR. OLD PRE-SCHOOL

5 Full days \$415.00
(Includes Registration Fee \$250.00 and Curriculum Fee)

NOTE: Registration Fees are not refundable or applicable.

Date of Application: Parent's Signature:

## REQUIREMENTS FOR ENROLLMENT

1. Each new applicant must complete this application and submit all required forms.
2. Pre-School Three-Year-Old Students:
  - a. Must be three years old on or before Dec. 1 of the calendar year.
  - b. Must present birth and immunization certificates.
  - c. Must be completely toilet trained and able to take care of all their needs in the bathroom.
  - d. Enrollment will be determined by the date of receipt of application and registration fee.
3. Pre-School Four-Year-Old Students:
  - a. Must be four years old on or before Dec. 1 of the calendar year.
  - b. Must present birth and immunization certificates.
  - c. Must be completely toilet trained and able to take care of all their needs in the bathroom.
  - d. Enrollment will be determined by the date of receipt of application and registration fee.
4. There is a Probation Period of ten (10) school weeks for all students. We use this probation period to:
  - a. Assess that each pre-school student is completely toilet trained.
  - b. Avoid the enrollment of students having specific learning challenges or special needs that the school is not able to accommodate.
  - c. Reserve the right to dismiss any student, at any time during the probation period, that is not fully toilet trained or has a specific learning challenge or special need that we are not able to accommodate.
5. Acceptance of applicant will be by verbal notice to the parents as soon as the application has been reviewed.

## NONDISCRIMINATORY POLICY

Copiague Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally made available to students at the school. There is no discrimination on the basis of race, color, or national and ethnic origin in either administration of education and admissions policies, or in student aid, athletic and other programs.

## TUITION PAYMENT POLICIES

The following information is provided to avoid misunderstandings and individual interpretations.

1. Tuition payments are based on a 10-month academic year. The first payment is due on Aug 1<sup>st</sup>, and the remaining 9 payments are due Sept. 1<sup>st</sup> through May 1<sup>st</sup>. Payments are considered late after the 10<sup>th</sup> of the month and will incur late charges.
2. The Board considers that all unpaid tuition accounts from past years are still due to the Copiague Christian Academy. No overdue account has ever been cancelled by the Board. Careful records are kept, and any parent may determine the status of his or her account by inquiry to the School Office.
3. No parent should enroll or re-enroll children in the school unless he or she intends to discharge all school obligations in full. No children of parents owing overdue tuition will be re-admitted the following semester, unless the parents make suitable arrangements with the School Office concerning the payment of the overdue amount.
4. When a student is voluntarily withdrawn from the school for any reason, tuition must be paid in full for each calendar month, or fraction thereof, that the student was in attendance, on the basis of one tenth of the annual tuition for each of the months or fractions thereof. Each calendar month must be paid for even if the initial and final months are both fractional.
5. If a student is released or withdrawn at the recommendation of the school, tuition will be due on the basis of 1/180th of the annual rate for each day of enrollment.
6. Registration fees will not be refunded in whole or in part after the student has been accepted into Copiague Christian Academy.
7. In an effort to conserve costs, no financial statement is sent. Please call the school office if you have any questions.

STUDENT BODY OF THE COPIAGUE CHRISTIAN ACADEMY

- Parents must be in agreement and support of our objectives and philosophy.
- Students and parents will agree to abide by rules of conduct, decorum and dress as set by the School Board and Principal.

One of the MAJOR GOALS of the COPIAGUE CHRISTIAN ACADEMY will be to provide education of the HIGHEST ACADEMIC EXCELLENCE. According to our concept, this means not only having an excellent curriculum and staff, but also that EACH AND EVERY STAFF MEMBER will be born-again Christian and have that SPECIAL AND GENUINE CONCERN AND LOVE FOR CHILDREN without which the BEST POSSIBLE EDUCATION FOR YOUR CHILD could not be achieved.

COPIAGUE CHRISTIAN ACADEMY PARENTS CODE

RECOGNIZING MY PARTNERSHIP WITH COPIAGUE CHRISTIAN ACADEMY

I PLEDGE:

1. To cooperate fully in the educational functions of CCA, doing my best to make Christian education effective in the life of each of my children that he or she may love and serve the Lord Jesus Christ all of his or her life.
2. To pay all of my financial obligations to CCA on or before due date. If I am ever unable to pay on time, I will notify the School Office in advance, (A) giving a reasonable explanation for the delay, and (B) stating when the payment can be made. I will be responsible for all late charges.
3. To attend meetings and parent functions of the School regularly, even though I may not be able to achieve perfect attendance.
4. To fulfill my obligation to ensure that my children are dressed in conformance with the established dress code.
5. To pray earnestly for the Copiague Christian Academy.
6. To support the School by gifts in addition to my tuition payments and fees, as the Lord enables.
7. To undertake volunteer duties and responsibilities for CCA as opportunities arise and as God provides time and strength.
8. To recommend CCA to others as opportunities arise.
9. To seek the advancement of CCA in all areas, spiritually, academically and physically.
10. As a CCA parent, I recognize that it is my responsibility to strive diligently toward observance of the above, as God enables me by the power of His Holy Spirit. If I become dissatisfied with the School in any respect I will seek to resolve the matter with the person or persons involved rather than begin to spread criticism or hold a negative attitude in my heart.

Signed \_\_\_\_\_  
Father

Signed \_\_\_\_\_  
Mother

Signed \_\_\_\_\_  
Guardian

Date \_\_\_\_\_

THE REGISTRATION FEE IS REQUIRED WITH THIS APPLICATION

# COPIAGUE CHRISTIAN ACADEMY

2675 Great Neck Road

Copiague, NY 11726

631-842-5993

Child's Name:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	Grade:	Home Phone:	Date:
		Cell Phone:	

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Had allergies: Please List	<input type="checkbox"/>	<input type="checkbox"/>	
Been hospitalized	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>	
Had an injury requiring an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Worn dental bridge, braces or mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under the age of 50 ever:	YES	NO	If Yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

**CHECK ALL THAT APPLY TO YOUR CHILD:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ADHD<br><input type="checkbox"/> Asthma/trouble breathing<br><input type="checkbox"/> Autism/Asperger<br><input type="checkbox"/> Dental injuries<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Ear Infections | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS)<br><input type="checkbox"/> Headaches/migraines<br><input type="checkbox"/> Heart Conditions<br><input type="checkbox"/> High Blood Pressure<br><input type="checkbox"/> Mental Health Condition<br>(depression, eating disorder, anxiety, OCD, ODD, etc.) | <input type="checkbox"/> Scoliosis<br><input type="checkbox"/> Single Organ ( <input type="checkbox"/> kidney, <input type="checkbox"/> testicle)<br><input type="checkbox"/> Skin Condition<br><input type="checkbox"/> Speech Condition<br><input type="checkbox"/> Urinary Condition |
|--|--|---|

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:
TREATMENTS	YES	NO	
Outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?

No     Yes: \_\_\_\_\_

Please list any additional concerns: (use back of sheet if necessary) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

