



CHRISTIAN CENTRAL ACADEMY

Quality Education ~ Christian Values

2010-2011 REGISTRATION FORM

Every year you are asked to confirm your child's continuing enrollment at CCA and secure his or her place for the upcoming academic year by returning this **completed** form with the **non-refundable** registration fee **by March 31**. (Newly admitted applicants must return the paid registration within 3 weeks of receipt of the acceptance package.) Please supply all information requested.

Registration Fees on time by March 31:

One student - \$125

Multiple students - \$150

Late Registration Fees:

One student - \$150

Multiple students - \$200

PLEASE NOTE – all NEW students, including siblings of current CCA students, must submit an Application for Admission.* (*Before officially registering **any new** student (including siblings of current CCA students), we must receive and process an "Application for Admission." While you may also include one or more new student(s) on this Registration Form, that student(s)'s registration will be considered to be "on hold" until formal acceptance for admission has been processed. Children entering KINDERGARTEN must be 5 years old by December 2010.)

Printing is appreciated.

Name of Student(s):			Sex (M/F)	Grade in Fall 2010	Date of Birth	Social Security # (required by guidance office)	Ethnicity (see codes below)**	Current CCA student?
First	Middle	Last						
1.			M/F					Yes/No*
2.			M/F					Yes/No*
3.			M/F					Yes/No*
4.			M/F					Yes/No*
5.			M/F					Yes/No*

**Ethnicity groups: 1-American Indian or Alaska Native; 2- Black or African American (not Hispanic); 3-Asian or Pacific Islander; 4-Hispanic or Latino; 5-White (not Hispanic); 6-Multi-racial (not Hispanic origin)

PARENT INFORMATION

Father's Name:			Mother's Name:		
Address:			Address:		
City:	ST:	Zip:	City:	ST:	Zip:
Phone - Home:			Phone - Home:		
Work:			Work:		
Cell:			Cell:		
Email:			Email:		
Occupation - Company/Organization:			Occupation - Company/Organization:		
Position/Title:			Position/Title:		

STUDENT(S) reside primarily with:

Mother & Father Mother only
 Father only Father/Step Mother
 Mother/Step Father Guardian (relationship: _____)

For mailing purposes: TITLE of party to be addressed:

Mr. & Mrs. Mrs. Mr. Ms. Dr. & Dr.
 Dr. & Mrs. Mr. & Dr. Rev. & Mrs. Rev. & Rev.
 Dr. other: _____

FULL NAME desired for above "Title to be addressed": _____

EMERGENCY CONTACT: _____ PHONE _____ RELATIONSHIP to student _____

SCHOOL DISTRICT: (in which you reside) _____ Have you contacted your district regarding TRANSPORTATION?: YES / NO

(Most districts require you to apply each year for transportation yourself no later than **April 1**. For transportation for WILLIAMSVILLE & BUFFALO DISTRICT residents only: Christian Central Academy will notify those districts of transportation needs only after receiving the completed paid registration.)

CHURCH you attend: _____ CLERGY'S NAME: _____

Address: _____ City _____ State _____ Zip _____

Please COMPLETE AND SIGN OTHER (SECOND) SIDE.

Please return BOTH pages to the Admissions Office, CCA, 39 Academy St., Williamsville, NY 14221 716-634-4821.

Person(s) responsible for financial obligations for student(s) at CCA (i.e., who will be signing the Tuition Contract).
PLEASE NOTE: In situations of sole or shared custody of student(s), unless specified otherwise by, for example, a court order or other written agreement, CCA is limited to interacting only with the party/parties who actually sign the tuition contract. Thank you for your understanding of our policy. (If an exception is in place in writing, please provide the office with a copy of such statement.)

Name(s) _____
Address _____ City _____ State _____ Zip _____

Will you be applying for financial assistance? YES, NO. (If yes and you have not already done so, please contact the Business Office to request a **Financial Aid Application**. Return ASAP. Must be applied for annually. Any assistance provided will be reflected in the tuition contract.)

OTHER IMPORTANT information:

1. Every year the CCA office prepares a **PARENT DIRECTORY** distributed to all CCA families **exclusively** for their personal and the school's **in-house** use only. All student names, grades and parent names are listed. Please check all the following you **give** us permission to also include: mailing address phone # e-mail (This information will be taken from the front of this form.)
2. We often have occasion to use pictures of our students for news articles, photos and/or videos/other media for CCA publicity purposes. Do we have your permission to use your child's image for such purposes? YES NO

3. For special mailings, such as Grandparents Day invitations, Academy Advantage, etc., please complete the following **EACH YEAR.**

Grandparents

Grandparents

NAME _____ NAME _____
ADDRESS _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

4. Your hometown newspaper: _____
(For publishing honor rolls and other student news .e.g. Tonawanda News, the Bees, Grand Island Dispatch, Buffalo Challenger, **NOT Pennysavers or Buffalo News**)

(The following must be completed and signed to validate this registration.)

**CHRISTIAN CENTRAL ACADEMY
SCHOOL- FAMILY AGREEMENT**

In this Agreement between **CHRISTIAN CENTRAL ACADEMY AND**

(Parent's Name(s) _____, I / We hereby enroll

(Student(s)'s Names) _____
for the **2010-2011** school year and accept responsibility to work closely with **CCA** in the education of my/our child(ren), upholding the school as we:

PRAY for the ministry of **CHRISTIAN CENTRAL ACADEMY**, the students, teachers, and staff, seeking the advancement of the school in all areas.

TRUST the staff to act wisely in the education of our child. When there are problems or questions, we pledge to call the school quickly.

SPEAK directly with school personnel and refrain from destructive criticism and gossip.

ENCOURAGE our child to be diligent to meet academic requirements, by providing an environment for study, and interest in his work, and praise for work faithfully done according to his ability.

FOSTER regular attendance and report absences promptly when our child is sick.

SUPPORT the school staff and the school's guide for Christian conduct.

ATTEND school functions (such as *PTO meetings and conferences*) and contribute when volunteers are needed for field trips, extra help for teachers, fund raisers, music, drama, sports activities, and service projects.

PAY our tuition as we have pledged. Notify the school promptly in case of a financial problem.

CONTRIBUTE to the General Fund as God enables us, because we understand that our tuition covers only about 85% of the total cost of educating our child.

UNDERSTAND that our child will be instructed according to The Statement of Faith of *Christian Central Academy*.

PARENT / GUARDIAN SIGNATURE(S):

Date: _____

Date: _____

OFFICE USE Only

Date received _____ Registration Fee for **one student** PAID \$125; for **multiple students** PAID \$150 cash check # _____
(After 3/31) Late Fee for **one student** PAID \$150; for **multiple students** PAID \$200