



SCHOOL AGE STUDENT ENROLLMENT FORM 2012-2013

Student's Full Name _____ Today's Date _____

Date of Birth _____ Gender Male Female

Primary Address _____

Home Phone Number _____ Email Address _____

Mother's Name _____ Cell # _____

Employer _____ Work Phone _____

Father's Name _____ Cell # _____

Employer _____ Work Phone _____

Please provide information for two people we can contact in the event of any emergency/authorized pick up:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please let us know if your family attends church regularly, how often and the Church name. _____

How did you hear about CHCA? If a friend, please let us know who. _____

SCHEDULE PREFERENCE

School Age Students

Before & After

Before

After

Mon-Fri

\$285

\$83

\$229

School they will be attending: Alberta Smith Crenshaw Spring Run

Annual Registration Fee: \$65 Individual / \$95 Family

Snacks are included for who participate in the after school program. Tuition is automatically withdrawn from your savings or checking account on the 5th of each month. If account is deemed "insufficient funds", a \$25 late fee will be added to your account. Families with outstanding balances after the 8th of each month may not return to school until balance has been paid in full.

EMERGENCY MEDICAL RELEASE

Physician _____ Office Phone _____

Allergies _____ Food Allergy Action Plan (signed by Physician)

I voluntarily furnish medical information on the above-certified child to Clover Hill Christian Academy. I hereby request that in the event that I or the people I authorize for an emergency cannot be reached in a timely manner, that an official representative of Clover Hill Christian Academy seek first aid for my child. I further give my consent for an emergency medical facility to administer necessary medical treatment to my child if I am unable to be reached or the situation requires immediate attention.

Please sign here to verify that you understand that the CHCA registration fee is nonrefundable even if your child withdraws from the school and that all the information on this enrollment form is accurate and complete.

Signature _____ Date _____

AUTHORIZATION AGREEMENT ACH PREAUTHORIZED PAYMENTS (DEBITS)

I hereby authorize **CLOVER HILL CHRISTIAN ACADEMY** to initiate debit entries or such adjusting entries, either debit or credit, which are necessary for corrections, to my _____CHECKING / _____ SAVINGS account indicated below and the financial institute named below to credit (or debit) the same to such account.

Financial Institution Name

City

State

Transit/Routing Number*

Account Number*

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

Name

Signature

Date

*Please attach voided check.