

CRAWFORD CHRISTIAN ACADEMY
RE-ENROLLMENT STUDENT FORM

543 Randolph Street
Meadville, PA 16335
(814) 724-6606

Office Use

Date Received _____
Registration Fee _____
Information Complete _____
Revised 2/20

School Year Beginning: Tuesday, September 1, 2020

Re-enrollment fee: Now-April 1: \$125, April 2-April 30: \$150, beginning May 1: \$175

Parent's Name(s) _____	
Current Address _____	
Mother's Cell Phone _____	Father's Cell Phone _____
Home Phone _____	
Mother's e-mail address _____	Father's e-mail address _____
School District You Live In _____	
Do you need afterschool daycare? _____ (Elementary only; please circle am, pm, or both.)	

Please inform the school office of your intent regarding transportation for your child(ren) by July 15th.

_____ I intend to use the public school bus transportation system for my child(ren).

Please list below the names of students and grade in which they will be entering in the fall.

Student (Full Name)	Birth Date	Grade Entering in Fall
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of church & complete address where you presently attend.

Pastor's name _____

To assist CCA in planning/preparing for Grandparent's Day, please provide Grandparent names and addresses.

Name _____

Address _____

Name _____

Address _____

In making this application, I agree to abide by and support school policy. If I have a question concerning this, I will contact the appropriate school personnel to seek a clearer understanding. I also commit the care of my child(ren) to those in charge while he/she is in school. Parents will be contacted concerning any necessary disciplinary action concerning their child(ren). I understand that my cooperation is expected and appreciated in the following: regular tuition payments, practical help, faithful prayer support.

For those who will be in grades seven to twelve: (Each high school student must sign.)

I understand that as a student of Crawford Christian Academy, I will be expected to abide by the rules and polices of the school and be in submission to those who are in authority over me.

Student's signature _____

Student's signature _____

Student's signature _____

Student's signature _____

Father's/Legal Guardian signature: _____

Mother's/Legal Guardian signature: _____

All school families:
Please fill out the attached
Tuition Calculation Sheet and
return it to the school office with
your re-enrollment form.

CRAWFORD CHRISTIAN ACADEMY TUITION CALCULATION

School Year: _____ Name: _____

K-12 1st Child Tuition: _____/yr.

K-12 2nd Child Tuition: _____/yr.

K-12 3rd Child Tuition: _____/yr.

K-12 4th Child Tuition: _____/yr.

* "Minus" any applicable discounts: _____/yr.

Total Tuition owed for _____ school year: _____/yr.

*Available scholarships will be assessed on a "need" basis and will be determined by June 1st.

PAYMENT OPTIONS (Please choose one):

1. **Full payment before August 15th** Total: _____ x 98% (.98) = _____.
(Payment is made either through automatic withdrawal by FACTS or payment to the school directly.)

2. **10 Month Payment Plan** (August through May): \$43.00 Facts **FAMILY** enrollment fee applies
(This fee is taken out of your savings/checking account by FACTS Tuition Management Co.)
Total Tuition: _____/10 = Monthly Payment: _____

3. **12 Month Payment Plan** (July through June): \$43.00 Facts **FAMILY** enrollment fee applies
(This fee is taken out of your savings/checking account by FACTS Tuition Management Co.)
Total Tuition: _____/12 = Monthly Payment: _____

4. **Semester plan** taken out in August and January. There is a \$10.00 enrollment fee.

***NOTE:** If you choose a 10 or 12 month payment plan, you will need to go to factsmgt.com and click on "Parent Log in." Click on "Payment Plans/Financial Aid" from within the drop down box. If you currently have an account with FACTS, click the green "Sign in" button and sign in to your account to submit any changes or updates. If you are new to the FACTS site, click on the gray "Register" button, and highlight the "Search for my Institution" box. You will then be directed to a search for the area code for our school. Once you have typed in the area code and hit search, our school name should be the first on the list for you to select. You will be directed to a new page with information to sign up for your monthly payments. Toward the bottom of the page click on the red selections for applying for financial aid or setting up a payment plan.

The deadline to apply for financial aid is May 15th.

***Please also note:** FACTS charges \$25.00 for each unsuccessful payment attempt due to insufficient funds.

PARENT/GUARDIAN AGREEMENT:

We (I) understand the investment in our child's/children's education, and are committed to meeting our above obligation to Crawford Christian Academy. We also agree to abide by the financial policies as outlined in the CCA Student and Parent Handbook.

Father or Guardian

Mother or Co-Guardian

Date

Date