

# Crawford Christian Academy

## *Re-Enrollment Form*

543 Randolph St., Meadville, PA 16335  
Phone: 814-724-6606 Fax: 814-337-4357

Dear CCA families,

It's that time of year already - time to consider re-enrollment for next year! The 22-23 school year has been a whirlwind, so no wonder it's flying by. A year highlighted by new students, new staff, expanding programs, the big move into Vernon campus, additional classes... on and on we go, wherever the Lord leads us!

As we continue following His vision for this school and navigate healthy growth, we can't say enough how thankful we are for **committed and supportive parents and families. We appreciate your many sacrifices** and that you entrust us to help "train up children in the way they should go..." (Prov. 22:6). Lots of good things are happening at CCA and most importantly, children continue to grow and thrive as they seek to know, love, and serve God!

Please look over the attached documents and after you review the information, we kindly ask that families complete and submit the Re-Enrollment Form at your earliest convenience. Please return it to the school office and take advantage of the discounted registration fee of \$125 per child through March 15th.


**We remain committed to providing high-quality programs at a fair and affordable cost** to families and trust God's continued provision through tuition assistance for families that need it. Families can set up payment plans and apply for financial assistance through FACTS, just as before. Friendly reminder that a new tuition assistance application must be submitted each year for consideration.

The 23-24 tuition schedule reflects our best efforts to balance economic factors such as inflation and rising costs that affect every aspect of our programs. You will see that tuition did increase slightly and that book fees are included in the cost. Instead of a separate expense, book fees are rolled in with tuition and can be part of monthly payments.

As we develop and expand programs at all levels, more students will move to the Vernon campus and we anticipate two or more elementary grade levels moving there next year. These exciting adjustments are contingent on numerous factors and we will update families when decisions are finalized. Until that location is ready for everyone, we will continue the multi-site concept and are very thankful for this ongoing partnership with Calvary Baptist Church.

As always, **we ask for continued prayer and patience as we navigate these exciting growth challenges.** We are thankful for the opportunity to work together with your family throughout the remainder of this school year and look forward to receiving your completed re-enrollment form for the 2023-2024 school year soon.

Thank you for your consideration and please contact us with questions and concerns.



Scott McCurdy  
CCA Administrator



**CRAWFORD CHRISTIAN ACADEMY  
K-12<sup>TH</sup> FINANCIAL INFORMATION  
2023/2024**

**Non-Refundable Registration Fee Per Student**

\$125.00 - (February 1st-March 15th )

\$150.00 - (March 15th - April 30th)

\$175.00 - (On or after May 1st)

	Kindergarten/Vo-Tech	Elementary	High School
<b>First Child</b>	\$3203	\$5325	\$5538
<b>Second Child</b>	\$1976	\$3283	\$3423
<b>Third Child</b>	\$1670	\$2773	\$2894
<b>Fourth Child</b>	\$1363	\$2263	\$2365
<b>**Fifth Child</b>	No Tuition Charge	No Tuition Charge	No Tuition Charge

\*Note: **All monthly tuition plans** are handled through the F.A.C.T.S. Management System

\*\* Families with 5 or more enrolled students will receive no tuition charge starting with the 5th student. Book rental fees and registration fees will still be applied. Please contact our finance manager for billing questions by emailing [CCA.FINANCE@crawfordchristianacademy.org](mailto:CCA.FINANCE@crawfordchristianacademy.org).

**Book Rental Fees**

Book rental fees are **INCLUDED** in this year's tuition rates

Your student will receive one set of books for the year.

If your student needs a replacement book your account will be charged for the replacement.

**Prepayment Savings**

There is a **2% discount** applied if full payment is received by **August 15<sup>th</sup>**

**After-school Care**

If your child needs after-school care, he/she will be charged the applicable daycare rate.

**IPad Fee (Optional)**

\$50 per child with IPad Agreement Form

**Sports fees: (Payable during the season)**

\$75.00 per sport

Bus fee - \$5.00/game

# 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 1/23

School Year Beginning: August 30, 2023

### Non Refundable

**Re-enrollment fee:** February 1-March 15: \$125, March 16-April 30: \$150, beginning May 1: \$175

Mother's Name _____	Father's Name _____
Mother's Address _____	Father's Address _____
_____	_____
Mother's Cell Phone _____	Father's Cell Phone _____
Mother's Home Phone _____	Father's 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.)	
Monday am/pm    Tuesday am/pm    Wednesday am/pm    Thursday am/pm    Friday am/pm	
The Following Children have an IEP _____	

Student (Full Name)

Birth Date

Grade Entering in Fall

\_\_\_\_\_  
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**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 policies 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 \_\_\_\_\_

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,  
select your payment plan, and  
return to the school office  
with your reenrollment form.

# Crawford Christian Academy

## TUITION CALCULATION

Family Name: \_\_\_\_\_

School Year: \_\_\_\_\_ 23/24 \_\_\_\_\_

	<u>Kindergarten/Votech</u>	<u>Elementary</u>	<u>High School (7-12)</u>
Grade: ____ (K-12) 1 <sup>st</sup> Child Tuition: _____/yr.	\$3203	\$5325	\$5538
Grade: ____ (K-12) 2 <sup>nd</sup> Child Tuition: _____/yr.	\$1976	\$3283	\$3423
Grade: ____ (K-12) 3 <sup>rd</sup> Child Tuition: _____/yr.	\$1670	\$2773	\$2894
Grade: ____ (K-12) 4 <sup>th</sup> Child Tuition: _____/yr.	\$1363	\$2263	\$2365

\* "Minus" any applicable discounts: \_\_\_\_\_/yr. Total Tuition owed : \_\_\_\_\_

**\*Available Tuition Assistance will be assessed on a "need" basis and will be determined by June 30th.**

### Step 1: Choose your Payment Plan:

- 1. Full payment before August 15<sup>th</sup>** 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): \$45.00 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): \$45.00 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: \_\_\_\_\_

### Step 2: Register For FACTS (Monthly Plans or Tuition Assistance)

- Go to **factsmgmt.com** and click on "Parent Log in."
- Click on "Payment Plans/Financial Aid" from within the drop down box.
- **Current Users**- "Sign in" into your account and submit any changes or updates.
- **NEW USERS** -click on the gray "Register" button, and highlight the "Search for my Institution" box
- Search **area code 814**. Our school name should be the first on the list for you to select.
- Click on our School to be Redirected to the next page.
- Toward the bottom of the next page click on the red selections for **applying for financial aid or setting up a payment plan.**
- **Fill out the Form and submit - CCA Finance office will complete the set up and you will receive a follow up email.**

**\*\*\* The deadline to apply for tuition assistance is May 15<sup>th</sup>\*\*\***

\*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 Guardian

\_\_\_\_\_  
Date

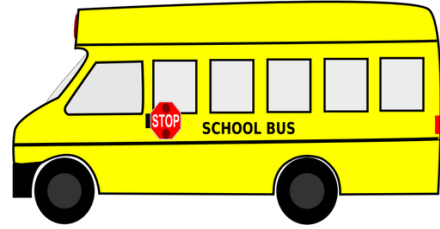
\_\_\_\_\_  
Date

Revised 1/23

Office Use: Registration Fee: \_\_\_\_\_ Ch# \_\_\_\_\_ Tuition Assistance Received \_\_\_\_\_

Family Name : \_\_\_\_\_

### AFTER-SCHOOL Needs



Transportation: Please Check all that apply

- Morning Bus
- Afternoon Bus
- Parent Pick Up at CCA

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School District \_\_\_\_\_

Day Care: Please Indicate Which Days you expect to need After-Care  
(Elementary Only)

- I do NOT plan on using After Care
- I DO plan on using After Care

Students needing care: \_\_\_\_\_

Please indicate days and times you plan on using after care for the 2023/2024  
school year :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_