**New Life Christian Academy**

**Summer Enrichment Program**

***Student(s) & Parent(s) Agreement and Contract***

*Mission Statement*

New Life Christian Academy Summer Enrichment Program will provide a safe and orderly environment where staff, parents and children engage in activities to improve academic achievement, increase character development and foster a sense of community.

*Responsibilities of the Program*

* We understand that the Program will provide a range of activities and programs for the enhancement of the children.
* We understand that the Program will provide educational and recreational field trips for the purpose of expanding the knowledge base of the students.

*Responsibilities of the Student*

* I understand that I am to treat myself, my peers, and the staff with respect.
* I understand that failure to comply with the New Life Christian Summer Enrichment Program rules will result in disciplinary action and possibly removal from the program with the refund to be negotiated.

*Responsibilities of the Parent / Guardian*

* I understand that I am responsible for tuition even when my child is absent as the staff must be paid regardless of attendance. Tuition is due in two installments of $365.00 per student. One payment in June and the other in July. Lump sum payment is also accepted. Only one bounced check is allowed after which time all fees must be paid in cash. The returned check fee is $30.00. Failure to pay the tuition due will result in a small claims court case to collect the owed funds.
* I understand that I am to bring my child on time and should contact the office if my child will be absent.
* I understand that my child should be picked up on time with 3:15 p.m. being the latest, unless they are enrolled in the aftercare program that ends 5:15 p.m. After 5:15 there is a late fee of $25.00 per half an hour. (5:15-5:45, $25.00, 5:45-6:15, $50.00, etc.)
* I understand that my child must comply with the established behavior code and there is a 3-strike policy with regards to behavior and that after 3 infractions my child will be removed from the program, workout a refund of tuition for that current month. No further tuition will be due if the child is removed. Any prepaid tuition past the dismissal date will be refunded and mailed to you.
* I understand that my child will be immediately removed from the program regardless of how many strikes they do or do not have for any category 2 infraction (i.e. dangerous behavior toward any peer or adult, having a weapon or showing disrespect etc.)

**I/We have read the above contract and understand and agree to the terms.**

Signature of child (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent(s)/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**Emergency Information Form**

\_\_\_ Male \_\_\_ Female Age/Grade \_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_

Last Name First Name Middle

Address Phone

City State Zip Code

Father’s / Legal Guardian Name Work Phone

Mother’s / Legal Guardian Name Work Phone

If you are unavailable, list two persons to whom your child may be released to. Your signature authorizes this release. We will not release your child to anyone other than the parents or those you have listed.

Name Phone

Name Phone

Health Information

Has Pupil had any of the following health problems?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Asthma |  | Convulsive Disorder |  | Rheumatic Fever |  |
| Cerebral Palsy |  | Heart Condition |  | Speech Problems |  |
| Allergy |  | Hemophilia |  | Hearing Problems |  |
| Diabetes |  | Meningitis |  | Vision Problems |  |
| Other |  |  | | | |
| Is there a health problem that would prevent full participation in the program? | | | | | |
|  | | | | | |
| Is there a need for special seating? | | | | | |
|  | | | | | |
| Is the child on any long-term medications? | | | | | |
|  | | | | | |

Student Interest Form / Needs Assessment

Name of Child

School Attending

Grade entering into the fall

To assist us in assisting your child, please answer the following questions completely. Please share any information that you feel will better assist us in working with your child.

My child Loves to:

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

My child Really dislike:

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

The subject(s) that my child struggled with the most this past school year was / were:

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

An area of weakness for my child would be:

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

An area of strength for my child would be:

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

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Trip Permission Slip

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to accompany New Life Christian Academy Summer Enrichment Program on any and all field trips during the course of the summer session. I understand that all safety precautions will be taken both at and away from the center. I further understand that my child must adhere to all rules and regulations, including the disciplinary code. Failure to follow the rules will result in disciplinary action and possible dismissal from the program with or without a refund. I also give permission for my child to be photographed. I understand that these when photos will be used for publicity and other purposes that enhance the program.