# CALVARY

### **BAPTIST ACADEMY**



# Enrollment Packet 2017-2018

Registration will begin Monday, March 20, 2017



9333 Linwood Avenue Shreveport, LA 71106 318.687.4923 CalvaryAcademyShreveport.org

Calvary Baptist Academy is an equal opportunity educational agency employer and does not discriminate or deny services based on race, color, national origin, sex, handicap, and/or age.

### CALVARY BAPTIST ACADEMY General Enrollment Information 2017-2018

In an effort to inform you about registration and other important matters, please read and comply with the following instructions:

- All students are registered conditionally, pending satisfactory completion of all requirements.
- It is a **state law** that we **must** have a copy of each **student's birth certificate**, **health record**, **social security card**, **and school records form from previous school(s)** at the time of registration. (If this is already in our files, it will not be necessary to submit it again)
- Be sure to read all documents. Both father and mother are required to sign the forms before coming in to register. **There are two places to sign:** 
  - Statement of Cooperation
  - Financial Contract
- High school students that have a valid driver's license must register their vehicle through the Superintendent's Office and will be assigned a parking area.
- Kindergarten students must be five years of age on or before September 30.
- Grade level entrance tests will be given to all new students to help ensure proper grade level.
- Registration and Book fees are due at the time the student is registered. Classroom fees are due by **July 1**. (*Registration and Classroom fees are non-refundable*)
- Students will be registered in the order that registration fees are paid. When a class becomes full, a waiting list will be started for the next class. It is important to register early.

### CALVARY BAPTIST ACADEMY Fees & Tuition Schedule 2017-2018

#### **REGISTRATION & BOOK FEES**

\*Due at time of registration \$200 discount if registered by April 14 \$100 discount if registered by May 31

Kindergarten: \$435 1st - 6th Grade: \$510 7th & 8th Grade: \$545 9th - 12th Grade: \$570

STUDENT YEARLY TUITION

#### **CLASSROOM & ADDITIONAL FEES**

\*Due by July 1, 2017

#### **CLASSROOM FEES**

Kindergarten – 6th Grade: \$295

7<sup>th</sup> & 8<sup>th</sup> Grade: \$260 9<sup>th</sup> – 12<sup>th</sup> Grade: \$280

**ON-CAMPUS SECURITY OFFICER FEE:** \$100/family

SENIOR GRADUATION FEE: \$100/student

#### **GRADE** # OF STUDENTS TOTAL TUITION Kindergarten – 3<sup>rd</sup> Grade \$ \_\_\_\_\_ \$5,050 X 4th - 6th Grade \$5,250 X 7th & 8th Grade \$5,750 X 9th - 12th Grade \$6,250 X TOTAL ANNUAL FAMILY TUITION = **Multiple Student Discount** (10% OFF for 2 students; 15% OFF for 3 or more students) **Calvary Baptist Church Member Discount** (\$150 OFF per family) **Annual Payment Discount** (\$500 discount per family if tuition paid in full by August 1) **Semester Payment Discount** (\$150 discount per family if paid by August 1 & January 1) **TOTAL DISCOUNTS** TOTAL ANNUAL FAMILY TUITION WITH DISCOUNTS

Tuition is due on the first of the month. Monthly payments (10 payments August 1 – May 1) can be made by AUTOMATIC BANK DRAFT or CREDIT CARD CHARGE. A credit card processing fee of \$10/month will be collected from credit card users. Insufficient bank drafts will be resubmitted with a \$25 insufficient fee added. Delinquent accounts will be charged a \$50/month finance fee.

# CALVARY BAPTIST ACADEMY Application for Enrollment 2017-2018

Date of Application _		l	
Grade to Enter:			

nudent s ivame	Last	First	Middle	Name Used
Date of Birth/	/	Place of Birth (city, state)		Sex Race
.ddress			SS	SN
s the student living v	vith both parents	? Yes No If i	not, with whom?	
				mation that the school needs, please list this ne, address, employer, and phone numbers oj
e person responsible for				
ather's Name			Cell Phone	
lmail		Employ	yer	Work Phone
Nother's Name			Cell Phone_	
mail		Employ	yer	Work Phone
tep-Parent's Name			Cell Phone_	
mail		Employ	yer	Work Phone
OCAL EMERGEN	ICY CONTACT	(other than parent)		Phone
ast School Attended	l (if not local, provid	'e address)		
Tumber of children i	n family	Children's names and	l ages	
as the student ever	failed a grade? _	Yes No If so, w	hy?	
amily Physician			Phone	
Vho recommended (	CBA to you?			

## CALVARY BAPTIST ACADEMY Statement of Cooperation 2017-2018

#### In signing this form, we the undersigned, realize and agree to the following stipulations:

- I give Calvary Baptist Academy permission for my child to take part in all school activities including bus trips, sports activities, and school-sponsored trips away from the school premises.
- I also believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for
  my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with
  Christian principles and discipline as set forth in the Scriptures, including corporal punishment.
- Calvary Baptist Academy assumes no responsibility for injuries sustained in athletic participation, gym or P.E. classes, or
  other incidents over which we have no control.
- Should legal action on my child's behalf, for any reason, be taken against Calvary Baptist Academy or any employee or
  agency thereof, and the school or its agent not be found at fault, I agree to pay the attorney fees, damages or other costs that
  Calvary Baptist Academy or its agent should incur to defend itself against such action.
- I agree to the following procedure, in case of serious illness or accidental injury to the student at school: Ervery effort will be made to contact parents. If we are unable to reach parents, the student will be taken to the most convenient emergency room for medical treatment, if this is deemed necessary. Parents will be responsible for any bills incurred.
- This Statement of Cooperation will be in effect for as long as my children listed (or others to be enrolled) attend Calvary Baptist Academy whether in the daycare, kindergarten, elementary, middle school, or high school.
- I understand that should my marital status change, it is my responsibility to have a corrected Statement of Cooperation updated, signed, and delivered to Calvary Baptist Academy.
- The following criteria shall be followed for your child/student to enroll at Calvary Baptist Academy:
  - Application
  - Reading on grade level entering
  - Have a 2.0 GPA or higher
  - Pass LEAP Test if coming from public school
  - Pass proficiency test in reading and math
  - Have an acceptable discipline record
  - Have a 90% or better in attendance
  - Have approval of Principal and Superintendent

Both parents must sign unless there is a sole guardian:			
Father's Signature	Date		
Mother's Signature	Date		



### **CALVARY BAPTIST ACADEMY**

9333 Linwood Avenue Shreveport, Louisiana 71106



Chad McDowell, Superintendent

Brenda Blue, Elementary Director

### **Elementary Teacher Request**

"Train up a child in the way he should go, and when he is old he shall not depart from it." ~Psalm 22:6

We, the faculty and staff of Calvary Baptist Academy, recognize and appreciate the trust that parents bestow upon us in allowing us to educate their children. We do not accept this charge lightly. Rather, we are united in our effort to ensure that all children entrusted to us benefit from a positive, nurturing, and equitable learning environment.

As we begin the registration process for the 2017-2018 school year, faculty and staff will continue to pray for guidance in making the best decisions for our students and for Calvary Baptist Academy. We ask for parents' continued support as we move forward with necessary changes for the upcoming school year.

Due to numerous factors that must be taken into consideration for student homeroom placement, teacher preference requests by parents will not be the primary reason for student placement in a particular class. Our goal must be to meet the needs of all CBA students to the best of our abilities. **Because of this change,** there will be no need for parents to line up for registration prior to the morning that registration begins.

The mission of Calvary Baptist Academy is to "connect people to Christ by providing a Biblical worldview education while encouraging students to be arrows of truth and light."

Thank you for your continued support as we move forward in this vital ministry.

Sincerely,

#### Chad McDowell

Chad McDowell Superintendent

TEACHER REQUEST	Student Name	Grade
1st REQUEST	2nd REQUEST	3rd REQUEST

Phone: (318) 687-4923 Fax: (318) 687-4925

CalvaryAcademyShreveport.org

### CALVARY BAPTIST ACADEMY Financial Contract 2017-2018

This contract and agreement made by a Religious Corporation, hereafter re	by and between the Calvary Baptist Church of Shreveport, Louisiana, eferred to as The Academy, and:
Father (Print Name)	
Mother (Print Name)	
Additional Person Responsible for Tuition	on
Relationship to Student _	

The Academy shall and does agree to operate and/or maintain the Calvary Baptist Academy located at 9333 Linwood Avenue, Shreveport, Louisiana, for grades kindergarten through twelfth for the school year beginning in August 2017 and ending in May 2018.

It is expressly understood that students are accepted only for the entire school year or for the remainder of a school year if enrolled after the school year begins. Charges for enrollment are made for a position in the school and not for a period of attendance. Parents are held responsible for the full payment of the school year or such part of the school year as remains after late entrance.

No reduction or credit of enrollment fees will be granted if a student is expelled or suspended for cause. No other reason for reduction of fees will be granted unless The Academy in its sole discretion agrees to terminate the contract.

I have read the fees and tuition schedule and I understand that the fees and tuition, which is a part of the registration process, is non-refundable and non-transferable. I also understand that the remainder of my tuition payments is due August 1<sup>st</sup> and each month thereafter until paid in full.

I understand that report cards and student records may be withheld if the student's account is delinquent by the end of the grading period. I also understand that my child(ren) may be suspended if the account becomes delinquent. The child will not be readmitted until the account is brought up to date.

I understand that a transferring or graduating student whose parent/guardian has an outstanding financial obligation to The Academy will not receive transcripts or diploma until all financial obligations are paid in full.

Parents agree to pay all costs of collections, including reasonable attorney's fees.

I have read and agree to the terms of this financial contract.  Parents of the child(ren) named on following page desire and do enroll said child(ren) in the academy in the following manner:
PLAN A – Annual payment for <u>yearly</u> tuition (due by August 1, 2017)
PLAN B – <u>Semester</u> payment for tuition (due by August 1, 2017 and January 1, 2018)
PLAN C – <u>Monthly</u> payment by bank draft or credit card for tuition (beginning August 1, 2017 through May 1, 2018 or until the full amount of fees and tuition is paid)

\*Regardless of your tuition payment method, the financial contract must be signed on the following page.

## CALVARY BAPTIST ACADEMY Financial Contract 2017-2018 continued...

Payment if Different from Parent

ent #1		Grade	Annual Tuition	
ent #2		Grade	Annual Tuition	
ent #3		Grade	Annual Tuition	
ent #4		Grade	Annual Tuition	
idual Responsible for Payment			Phone	
ess				
If choosing to pay MONTHL	Y, please choose o	ne of the following p	payment methods:	
	BANK DRAFT A	UTHORIZATION		)
\$	nning August 1	\$ Due August 1 <sup>st</sup> an	SEMESTER d January 1st	
CBA will draft your account o			holiday or weekend.	
Insufficient bank drafts will be	e resubmitted with a \$25	insufficient fee added.		
	*Please attach voided c	heck to this page*		)
	Please attach volded c	neck to this page*		/
	CREDIT CARD	AUTHORIZATION		
\$ MONT Taken out 1st of each month beginni		narge myVISA	MCAMEX	DISCOVE
continuing until balance is paid	Acct #		Exp. Date	_CSV
Taken out 1st of each month beginni	HLY Please ch	narge myVISA		
Father's Signature	Date	Mother's Signatur	е	Date
Signature of Person Responsible for	Tuition Data	Signature of Witne		 Date