



ENROLLMENT APPLICATION 2022-2023

SUMMIT CHRISTIAN ACADEMY

4224 E. 4th Avenue, Spokane, WA 99202
 Office Phone: 888-924-4618 X 202 Fax: 509-232-5786
 Email: summitacademy@ncek12.com | <http://ncek12.com/>

* One application per family.

PARENT 1 INFORMATION

Faculty: yes no

LAST Name: _____ FIRST Name: _____

CELL Phone #: _____ Include in school alerts & communications: yes no

E-mail: _____ Include in school communications: yes no

PARENT 2 INFORMATION

Faculty: yes no

LAST Name: _____ FIRST Name: _____

CELL Phone #: _____ Include in school alerts & communications: yes no

E-mail: _____ Include in school communications: yes no

HOME INFORMATION

HOME Address: _____ City: _____ State: _____ Zip: _____

HOME Phone #: _____ Include home phone in school alerts & communications: yes no

School activities are posted on SCA Facebook & Instagram, please follow us for weekly updates: <https://www.facebook.com/SCASpokane> & <https://www.instagram.com/summitchristianacademy/>

FAMILY FACEBOOK NAME : _____

INSTAGRAM NAME: _____

VIBER NAME: _____

STUDENT Information:

	LAST NAME	FIRST NAME	DATE OF BIRTH	GRADE IN 2022-2023	EMAIL ADDRESS FOR JH & HS STUDENTS (if applicable)	CELL # FOR JH & HS STUDENTS (if applicable)	PE T-SHIRT (Required) K4-6: XS, S, M, L, XL 7-12 gr: S, M, L, XL
1							
2							
3							
4							
5							

FAMILY Last Name

Re-Enrollment New Enrollment

GRADE	* TUITION FEE ANNUAL/12MONTHS (150 school days)	ANNUAL FEE Books & Material *Annual Fees are non- refundable <i>DUE BY AUGUST 14TH, 2022</i>	* FACILITY FEE *Facility Fees are non- refundable <i>DUE BY SEPTEMBER 14TH, 2022</i>	REGISTRATION FEE <i>*DUE AT REGISTRATION *PER STUDENT</i>
K4	\$3,600yr/\$300mo	\$325	600/yr	<input type="checkbox"/> \$200
K5	\$4,200yr/\$350mo	\$370	600/yr	<input type="checkbox"/> \$75 off, if registered before March 31 st , 2022
1 - 5	\$4,500yr/\$375mo	\$420	600/yr	<input type="checkbox"/> \$25 off, if registered before June 15 th , 2022
6 - 8	\$4,680yr/\$390mo	\$445	600/yr	<i>*Registration fees are non-refundable</i>
9 - 12	\$4,980yr/\$415mo	\$445	600/yr	
Registration Fee: <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check Total Amount: \$				

** For available discounts, please see pg. 2*

HOT LUNCH (150 school days)
<input type="checkbox"/> (Pre-K - Kindergarten) \$3.75
<input type="checkbox"/> Elementary (1 - 5) \$4.25
<input type="checkbox"/> Secondary (6 - 12) \$4.75
<i>Changes may apply per health guidelines.</i>

PAYMENT OPTIONS: Available only for tuition.

Annual Payment 5%, Semester Payment 2%, Quarterly, MONTHLY (12 payments on the 14th of each month, Aug-July) Auto Pay ONLY.

*In order to secure the Annual discount, the amount should be paid within 15 days of the agreement confirmation; Semester payments should be paid by August 14th & February 14th; Quarterly payments should be paid by August 14th, November 14th, February 14th, and May 14th. If the payment is not received by the due date, the discount will be removed.

MULTI-FAMILY DISCOUNT: The facility fee will include the multi-family discount. Note, the annual & lunch fees will be applied without discount.

1st - the oldest child 0%, 2nd to the oldest child 10%, 3rd to the oldest child 20%, 4th to the oldest child 50%, and the following children 100%.

TUITION ASSISTANCE: Available only for tuition. Please see the SCA office for additional opportunities.

The main criteria for tuition assistance is based on the Federal Poverty Guidelines and the Tuition Assistance application verification. The application window for current families will close on **March 31st, 2022**. For new families, the tuition assistance is available as funds permit. The application fee is \$25 per family and is non-refundable.

ENROLLMENT PROCESS: Upon submitting the registration application to the SCA office, two weeks are required for processing. When the Enrollment Confirmation is issued, the family has two weeks for review/verification/cancellation.

- Within two weeks of receiving the Enrollment Confirmation, the enrollment is confirmed and valid as issued, and the annual payment is due.
- A one-time change to the Enrollment Confirmation contract is permissible within a two-week window, and for other requests, a \$25 fee is applicable.

EMERGENCY contact/pick up permission:

First/Last Name	Phone	E-mail	Relationship to child	Pick up permission? Yes/No

STUDENT COMMITMENT 6-12 Grades: I, _____, (additional student) _____, (additional student) _____, agree to abide by the school's standards of conduct, uniform, and other policies expected of me at Summit Christian Academy and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards. Outside of the school, I will uphold its policy per the Parent-Student Handbook.

SCHOOL EVENT PERMISSION (please initial):

_____, _____ I hereby certify that my child has permission to participate in SCA fieldtrips and other related school events that are part of the school curriculum. *The SCA office will provide additional information for each event.*

_____, _____ I hereby grant permission for SCA to photograph/videotape my son/daughter for the school yearbook, publications, school Facebook, or website.

IMMUNIZATIONS (please initial):

_____, _____ Immunization Records or Certificate of Exemption form due before the first day of school (K5, 1, 6 & NEW STUDENT/S ONLY). Please see links for details:

<http://ncek12.com/images/stories/pdf/CertificateImmunizationStatusForm.pdf>

<http://ncek12.com/images/stories/pdf/CertificateofExemption.pdf>

CHURCH AFFILIATION: _____ Pastor's Full Name: _____ Phone: _____

Years of membership _____ Church Attendance: Weekly Occasionally; Church Participation: _____ Children participate in: Sunday School Teens Choir

REFERENCE (new families only): (1) Previous School Principal or Teacher: Full Name _____ Phone _____ Email _____

(2) Other person who can speak on behalf of the family (not relatives): Full Name _____ Phone _____ Email _____

Signature of both parents:

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

SCA OFFICE USE ONLY:

Application received by: _____ date: _____

Registration Payment Auth. Family Commitment Form Annual Fee Immunizations (K5, 1, 6, & New student/s ONLY) All signatures