



ANTIOCH CHRISTIAN ACADEMY

227 Eross Street
San Antonio, TX 78202
210.222.0159

ENROLLMENT CONTRACT

Academic Year 2013-2014

The Antioch Christian Academy has reserved a place for your child as a member of the student body for the academic year commencing in the Fall, 2013. **UNLESS YOU SIGN AND DELIVER THIS CONTRACT, ACCOMPANIED BY THE REQUISITE DEPOSIT, TO THE SCHOOL THE RESERVATION WILL EXPIRE AND THE PLACE BEING HELD FOR YOUR CHILD MAY BE OFFERED TO ANOTHER APPLICANT.**

I, the undersigned parent, hereby request that the School enroll my child

_____, in Grade _____ for

the 2013-2014 academic school year, and agree to perform the obligations set out below:

PAYMENT OF TUITION, FEES AND EXPENSES

I agree to pay when due the following amounts:

- All scheduled tuition and fees as published in the "Tuition and Fee Schedule for 2013-2014".
- All penalty charges for tuition and fee payments received after the 5th of the month, and all returned check charges (\$30.00 per returned check), plus any costs of collection, including reasonable attorney's fees. **(Note: If a student's account becomes (15) fifteen days past due, the student will not be allowed to attend classes until his or her past due balance has been paid in full.)**
- Fees, tuition and any other related expenses are NON-REFUNDABLE.

PAYMENT OBLIGATION

I understand my obligation to make the above payments in full when due is unconditional. I understand that this contract reserves a place for my child at the School for the entire academic year. I agree I must give written notice of withdrawal for my child to the Administrator at least a full day in advance of my child's withdrawal date.

ACCEPTANCE OF POLICIES, PROCEDURES, RULES, REGULATIONS AND STANDARDS

- I accept in my own capacity and on behalf of my child the policies, procedures, rules, regulations and standards issued or practiced by the School or stated in the school handbook, as modified from time to time.
- I and my child understand and agree that the School reserves the right, at its discretion, to place on probation, suspend, expel or refuse to enroll any student whose academic performance, or whose behavior or conduct, in the judgment of the School, is inadequate or unacceptable in light of such policies, procedures, rules, regulations and standards.
- I understand and agree that the policies, procedures, rules, regulations and standards of the School are intended for School wide latitude in dealing with academic matters and disciplinary concerns pertaining to any student and the School as a whole. The School makes no representation or agreement that its academic or disciplinary procedures will conform to due process of law or any similar criteria.
- I understand and agree that the Administrator, or their delegate, has the final authority to determine in the Administrator's discretion all academic and disciplinary matters relating to any student, and the application of the School's policies, practices, rules, regulations and standards to any student.
- I agree that in the event I have a disagreement, conflict or dispute with the School regarding this contract or the School's policies, procedures, rules, regulations or standards, I will attempt to resolve such dispute amicably directly with the School without the necessity of any formal proceedings. However, if such dispute cannot be satisfied through direct discussions with the School, the parties agree to settle the dispute in an amicable manner by mediation. Any unresolved controversy or claim arising out of or relating to this Contract, the School's policies, procedures, rules, regulations or standards, or the obligation of the parties hereunder, shall be settled by binding arbitration.
- I agree that my child may participate in all School activities, including athletics and School sponsored trips off campus, unless prior to such activity or trip the School receives written notice to the contrary, and that with the tuition payment due August 23, 2010, I will provide to the School a completed Student Health Record, which includes an emergency release. I further consent and hereby authorize and empower any employee or volunteer of the School to transport my child to sites off the School's campus for such field trips or School activities. I hereby agree to assume all responsibility and risk from the participation by my child in any field trip or school activity, whether conducted on or off the School's campus, at any time during, before or after regular School hours and from travel to and from the field trip or School activity.
- I further agree to hold harmless, indemnify and defend the School teacher, employees and volunteers from all damages or liability for any injury to a child on the School premises.

- I will hold harmless, indemnify and defend the School, its Directors, officers, employees (including administration, faculty and staff), representatives, agents and volunteers, against any expense, including attorney's fees, court costs and other expenses of litigation incurred by any of them as a result any Claim, demand, or cause of action brought by a third part against the School because of any act committed by me or my child.
- I am the person who is legally and financially responsible for the student named above.
- If this Contract is executed by more than one parent or guardian, I understand that all persons executing this Contract as parents or guardians are jointly and severally liable for all obligations hereunder.

This Contract embodies the entire agreement and understanding between the parties hereto, supersedes all prior arrangements, oral or written, express or implied, relating to the subject matter hereof, may not be amended except in a written instrument signed by all parties. No representations, inducements, promises, or agreements, orally or otherwise, have been made by any party or anyone acting on behalf of any party, that are not set forth in this contact, and no agreement, statement or promise not contained in this Contract shall be valid or binding. This Contract is to be governed by construed in accordance with, and enforced under the laws of the State of Texas. The terms of this Agreement are performable in Bexar County, Texas. This Contract will be binding upon an inure to the benefit of the parties and their respective heirs, executors, administrators, legal representatives, successors and assigns.

Signature of Parents or Guardians of the above-named student:

Signature

Date

Printed Name

SSN

Enrollment Information
Antioch Christian Academy

Child's Name: _____ D.O.B. _____

Nickname: _____ Home Phone _____ Cell Phone: _____

Address: _____ Zip Code: _____

Mother's Name: _____ Driver's License # _____

Place of Employment: _____ Work # _____

Father's Name: _____ Driver's License # _____

Place of Employment: _____ Work # _____

Parent's Marital Status: (please circle) Married Separated Divorced Single Legal Guardian

Persons authorized to take child from facility in the event the parent(s) cannot be reached:

Name	Phone #	Address
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Name	Phone #	Address
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Name	Phone #	Address
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In the event of an emergency where the parents cannot be reached please notify:

Name	Phone #	Address
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Name	Phone #	Address
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Name	Phone #	Address
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Please indicate the days and times your child (ren) will be attending and meals that will be consumed: Breakfast _____ Lunch _____ PM Snack _____

Days attending: Monday___ Tuesday___ Wednesday___ Thursday___ Friday___

Times attending: From _____ to _____ each day.

Enrollment Date: _____ Withdrawal Date: _____

Parent Signature: _____ Date: _____

Consent for Medical Treatment

As the parent or legal guardian of _____, I hereby authorize Antioch Christian Academy to call an emergency ambulance in case of an accident or acute illness and to arrange for necessary medical and surgical care in case I am not immediately available. The designated physician, any licensed physician (M.D.) or dentist (D.D.S.) called by Antioch Christian Academy may treat and do whatever is necessary for the health and well being of my child. It is understood that a conscious effort must be made to notify me (parent) before such action will be taken. I also agree to accept responsibility for the cost of medical services.

Parent Signature: _____ Date: _____

Child's Physician: _____ Phone # _____

Address: _____

Child's Dentist: _____ Phone # _____

Hospital Preferred: _____ Phone # _____

Address: _____

Insurance Company: _____ Phone # _____

Check any illness or condition that your child has experienced and give dates when illness occurred or condition was detected. All spaces must be completed.

Allergies _____ Food Allergies _____ Asthma _____ Diabetes _____ Hearing Loss _____

Epilepsy/ Seizures _____ Heart Condition _____ Existing Illnesses _____

Explain: _____

Allergic to any drug, food and/or insect? _____ Explain: _____

_____ (The school will provide replacement to food allergies with a doctor's statement)

What is the typical reaction/ treatment? _____

Hospitalized in the past 12 months? _____ Cause: _____

Does your child take medication regularly? * _____ If yes, explain: _____

**Please keep in mind that we do not administer medications here at ACA.*

The above information was completed by:

Parent Signature

Date

Permission to participate in water activities:

_____ has my permission to participate in water activities planned by Antioch Christian Academy (i.e. Splash Day, water balloons, kiddie pool, sprinklers, etc.)

Parent Signature _____ Date: _____

Permission for transportation/field trips:

Antioch Christian Academy has my permission to transport _____ on excursions or other planned trips away from the center. I will not hold Antioch Christian Academy responsible for any accident that may occur but will expect those in charge to take due care of my child.

Parent Signature _____ Date: _____

Receipt of Operational Policies

I have received, read, understand and agree with the Antioch Christian Academy Operational Policies Handbook that was given to me at the time of enrollment.

Parent's Signature: _____ Date: _____

Agricultural Risk Protection Act of 2000

I have received the flyer required by the Agricultural Risk Protection Act of 2000.

Parent's Signature: _____ Date: _____

PK2 Supply List

8 Jumbo crayons (primary colors)	1 pocket folders
1 Package of paper plates	1 pkg of brown/ white lunch bags
2 packages of Huggies wet wipes	1 package #2 pencils
2 packages of multicolored construction paper	1 school supply box
*Pull Ups with Velcro straps (if needed)	1 paint smock
2 – 8 oz bottles of school glue	2 large boxes of Kleenex
1 package of flushable wipes	1 Kinder Mat for Naptime
** 1 change of clothing	1 Watercolor paint set

* If your child is wearing pull ups it won't be long before they are wearing underwear so please be prepared to send plenty of extras.

** Please bring the clothes in a large labeled ziplock bag. We will ask that you exchange clothes according to the season.

PK 3 & 4 Supply List

1 package of 12 - #2 pencils	24 count crayons
1 school supply box	2 - 80z bottles of school glue
1 Kinder manuscript writing tablet	1 - paint smock
2 packages of flushable wipes	1 Kinder Mat for Naptime
1 package of washable markers	* 1 change of clothing
2 large boxes of Kleenex	1 pair of blunt scissors
2 bottles of antibacterial soap	3 pocket folders
1 package of construction paper	1 package of Huggies wet wipes
1 package of brown paper bags	1 large bottle of hand sanitizer

* Please bring the clothes in a large labeled ziplock bag. We will ask that you exchange clothes according to the season.

ANTIOCH CHRISTIAN ACADEMY
PHYSICAL EXAMINATION FORM

Child's Name: _____ D.O.B. _____

Physician Name: _____

Physician Address: _____ Phone # _____

_____ was examined on _____
Child's Name Date

and was found to be in good health. He/ She is not to be limited from participating in any regular childcare activities.

Comments:

Suggestions:

Physician Signature

Date