CORAM DEO
ACADEMY

5400 W CANAL DR · KENNEWICK, WA 99336 · 509.392.7420
WEBSITE - WWW.CDACADEMY.COM · EMAIL – CDACADEMY.COM@GMAIL.COM

Elementary Reenrollment Form - 2018/2019

Father's Name: _____

Mother's Name: _____

Address: _____

State: _____ Zip: _____

Cell Phone(s): _____

Carrier: _____

Please re-enroll the following *returning student(s):*

Name:	For Grade:
Name	For Grade:
Name:	For Grade:
Name:	For Grade:

If you will enroll a child for the first time, please fill out our regular enrollment form for that child.

TUITION AND REGISTRATION FEES

Registration fees are due with your enrollment form and are nonrefundable. The tuition schedule is as follows:

- **Tuition:**
  - 1st-7th full time: $4,635 first child. $4,140 second child. $3,720 third or more children.
  - If all seats in a class are filled, you will be put in a waiting pool.
  - We ask families that require financial aid to submit an application through TADS. TADS is a 3rd party financial aid service that CDA uses to determine financial need. You will find the link to TADS on our website under Financial Aid. TADS will be open from February 1 through April 30, 2018.

- **Registration fees:**
  - Early registration fee: $75 per child.
  - Late registration fee (after May 15): $150 per child.

Registration fees must be submitted with this application.

- **Billing Cycle:**
  - The billing cycle for 2018-19 will be July 1 to June 1. Your first tuition invoice for academic year 2018-19 will be issued June 15, 2018. The first tuition payment will be due July 1 and on the first of very month thereafter. You will receive statements in the mail each month to remind you of your payments.
  - Your tuition will be calculated based on number of children and any financial aid you receive. The final figure will then be divided by 12 and that will be your monthly tuition payment.
  - If you have any questions about tuition, billing, or school finances, please email either Leann LaFerriere CDA.llaferriere@gmail.com or Adam Diaz adamdiaz88@gmail.com.
- **Early withdrawal of student(s):**
  Since we budget according to the number of students enrolled, by submitting this application you are agreeing to pay three months tuition following the month of early withdrawal.

If you have tuition concerns, please don't let a financial burden keep you from applying. Our main objective is to have families who are strongly committed to Classical Christian education. We will not turn away such a family because of an inability to pay full tuition. We focus on families, not finance.

Please state any changes in family dynamics; that is, divorce, separation, custodianship change, and anything else that affects your children. If none, write "none."

_____

_____

_____

_____

My signature below indicates I have read and agree to abide by the Coram Deo Academy policies as currently published on www.cdacademy.com. I understand my financial commitment and the dates payments are due, and I agree to faithfully meet my obligations to the school.

For any volunteer activities, please sign the *Disclosure and Authorization for Background Investigation.*

Signatures of Parent or Guardian: _____

Date: _____

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Medical Release Form

Complete one medical release form for each student you wish to enroll.

I, _____, the parent or legal guardian of
(parent/legal guardian name)

_____, (hereafter the Student) hereby release Coram Deo Academy
(student name)
and Quinalt Baptist Church, including their respective teachers, board members, and staff, from responsibility and liability for any injury or illness the Student may sustain while on church property or during school-sanctioned field trips. In the event that the Student is injured during school activities and requires medical attention, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event that treatment is called for, which a physician or hospital refuses to administer without my consent, I hereby authorize any adult staff or volunteer of Coram Deo Academy as my agent to consent to any x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist, as appropriate, licensed to practice under the laws of the state where services are rendered, either in a doctor's office, clinic, or hospital.

I agree to hold harmless any adult staff or volunteer of Coram Deo Academy from any and all claims, suits, costs, and actions, of any kind whatsoever, arising from the exercise of the power granted by this authorization.

_____ _____
Parent/Legal guardian signature Parent/Legal guardian printed name

Health insurance company: _____

Policy/Group number: _____

Date_____

Grandparent Contact information

If you would like to add your student's grandparents to our mailing list, please enter their information below. Throughout the year we will mail/email auction invitations, newsletters, grandparents' day invitations, and more.

Student Name (s)

Grandparent Name (s)

Phone (s) | Email (s)

Address

City, ST | ZIP Code

Grandparent Name (s)

Phone (s) | Email (s)

Address

City, ST | ZIP Code

Grandparent Name (s)

Phone (s)

Address

City, ST, ZIP

If you plan to serve as a volunteer, please authorize us to make a background check.

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with Coram Deo Academy ("Client'), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act

Residents of Washington State only:

Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect My Ministry directly.

☐ I wish to receive a copy of any report on me that is requested.

_____

Signature TODAY'S DATE

(continued on next page)

LAST NAME _____FIRST NAME_____MIDDLE NAME/INITIAL_____

_____ _____ _____

SSN D/L or STATE ID STATE ISSUED

HOME ADDRESS_____

CITY _____COUNTY_____STATE _____ ZIP_____

EMAIL ADDRESS: _____

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used: _____

Protect My Ministry,
Inc.

14499 Dale Mabry Hwy, Ste 201
South

Tampa, FL
33618

Phone: 800-319-5581 Fax: 800-319-
5582