



# ENROLLMENT APPLICATION 2020-2021

## SUMMIT CHRISTIAN ACADEMY

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

\* One application per family.

### FATHER 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

### MOTHER 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: \_\_\_\_\_

### STUDENT Information:

	LAST NAME	FIRST NAME	Date of Birth	M F	New or Returning	Grade in 2020-21	Social Security # is required for 7-12 <sup>th</sup> graders	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	Regular Tuition: ANNUAL/12MONTHS (150 sch. days)	Annual Fee: Books & Events <i>*Annual Fees are non-refundable</i>	Registration Fee: <i>*DUE AT REGISTRATION *PER STUDENT</i>
K4	<input type="checkbox"/> \$3,600/\$300mo	<input type="checkbox"/> \$275	<input type="checkbox"/> \$200
K5	<input type="checkbox"/> \$4,200/\$350mo	<input type="checkbox"/> \$325	<input type="checkbox"/> \$75 off, if registered before March 31 <sup>st</sup> , 2020
1-5	<input type="checkbox"/> \$4,500/\$375mo	<input type="checkbox"/> \$375	<input type="checkbox"/> \$25 off, if registered before June 15 <sup>th</sup> , 2020
6-8	<input type="checkbox"/> \$4,680/\$390mo	<input type="checkbox"/> \$400	<i>*Registration fees are non-refundable</i>
9-12	<input type="checkbox"/> \$4,980/\$415mo	<input type="checkbox"/> \$400	
Registration Fee: <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check Total Amount: \$			
<i>* For available discounts, please see pg. 2</i>			

School Bus (150 school days)	<input type="checkbox"/> 1 <sup>st</sup> STOP (N. Nevada St. & E. Vicksbury Ave.) \$3.25
	<input type="checkbox"/> 2 <sup>nd</sup> STOP (N. Crestline St. & E. Walton Ave.) \$2.75
	<input type="checkbox"/> 3 <sup>rd</sup> STOP (N. Pines & E. Indiana Ave) \$3.00
	<input type="checkbox"/> Will provide my own transportation

**PAYMENT OPTIONS:** *Note, the annual and bus fees will be applied without discount.*

\_\_ Annual Payment 5%, \_\_ Semester Payment 2%, \_\_ Quarterly, \_\_ MONTHLY (12 payments on the 14<sup>th</sup> 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 14<sup>th</sup> & February 14<sup>th</sup>; Quarterly payments should be paid by August 14<sup>th</sup>, November 14<sup>th</sup>, February 14<sup>th</sup>, and May 14<sup>th</sup>. If the payment is not received by the due date, the discount will be removed.*

**Multi-Family Discount:** *Note, the annual and bus fees will be applied without discount.*

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

**Tuition Assistance:** *Note, the annual and bus fees will be applied without discount.*

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 31<sup>st</sup>, 2020**. 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 regulations 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.

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

**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: \_\_\_\_\_

<p><b>SCA OFFICE USE ONLY:</b></p> <p>Application received by: _____ date: _____</p> <p><input type="checkbox"/> Registration <input type="checkbox"/> Payment Auth. <input type="checkbox"/> Family Commitment Form <input type="checkbox"/> Annual Fee <input type="checkbox"/> Immunizations (K5, 1, 6, &amp; New ONLY) <input type="checkbox"/> SS# for 7-12<sup>th</sup> gr. <input type="checkbox"/> All signatures</p>
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