



Calvary Christian Academy

5212 Sulphur Drive

Mira Loma, CA 91752

(951) 361-0438

calvarychristianacademy@joimail.com

Application for Enrollment / Re-Enrollment 2018 - 2019 School Year

Parent's Name _____
Last Father Mother

Home Address _____
Street City Zip

Phone Number _____ E-Mail Address _____

HSLDA Membership # _____ (Required for Enrollment) Date Effective Thru ____ / ____ / ____
(Group # 299127)

Students Enrolling or Re-enrolling

Name (First, Middle, Last)	Grade	Birth Date
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____

Siblings not enrolled

_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____

Fees are per family and must be submitted with application.

Enrollment:

- ❖ \$150.00 per year per family if enrolling **on or before June 30th**
- ❖ \$175.00 per year per family if enrolling **July 1st - July 31st**
- ❖ \$200.00 per year per family if enrolling **August 1st or thereafter**

I have read and understand the Calvary Christian Academy School Policies. I understand all fees are non-refundable.

Father's signature: _____

Date: ____ / ____ / ____

Mother's signature: _____

Date: ____ / ____ / ____

Legal guardian signature _____

Date: ____ / ____ / ____



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School Policies

- ❖ We understand that Calvary Christian Academy was founded to assist Christian, home schooling families in their efforts to educate their children.
- ❖ We understand and accept that although Calvary Christian Academy is keeping our children's cumulative records, the school is in no way responsible for the actual education of our children. We, the parents, are responsible for providing all curriculum materials and instruction and agree to provide parental supervision during school hours.
- ❖ We understand and accept that Calvary Christian Academy can not offer legal immunity. It is therefore mandatory to establish and maintain membership with Home School Legal Defense Association. (Membership may be established online by visiting www.hslda.org)
- ❖ We understand and accept that it is our responsibility to maintain updated medical records or waivers as mandated by law.
- ❖ We understand and accept that in order to comply with California State Law, instruction must be given in English in the core subjects to include English, Mathematics, Social Studies, Science, Fine Arts, and Physical Education.
- ❖ We understand and accept that we are responsible for submitting our children's individual report cards, attendance records, and enrollment forms.
 - Enrollment forms and fees in full are due no later than June 30th or late fees will apply
 - Completed course of studies are due no later than September 30th
 - Completed yearly report cards and attendance records are due no later than June 30th

California State Law mandates that *public* schools provide education of at least 175 days per calendar year. This number may include field trip and co-op class days.

Signatures below signify understanding and acceptance of above school policies and are required for enrollment in Calvary Christian Academy.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____



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Liability and Medical Release

Name of Family _____

Address: _____ City _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail address _____

Children's Names

_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____

Liability/Medical Release

This liability and medical release form is effective from the date you enroll in Calvary Christian Academy until you leave the school or until the current academic year has ended. A current form must be signed, dated, and submitted each year at the time of enrollment or re-enrollment.

I shall by law give up all claims against Calvary Christian Academy and each of its overseers, for any injury, accident, illness or death occurring during or by reason of any school function.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child(ren). It is understood that the resulting expense will be the responsibility of the parent(s) and/or guardian or participant. Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.

Parent/Guardian Signature

Date
