



REGISTRATION FORM (K-12)

We would like enrolment to begin (mm/dd/yyyy) ____/____/____

Student Information #1

First Name _____

Last School Attended _____

Last Name _____

District _____

SIN# _____

School Phone # (_____) _____

Grade _____

Last Grade _____

Age _____ Date of Birth (mm/dd/yyyy) ____/____/____

Serious behavioural/ disciplinary difficulty? N Y – If “Yes” please explain.

Suspension or expulsion?? N Y – If “Yes” please explain.

Probation or Police record? N Y – If “Yes” please explain.

Substance abuse? N Y – If “Yes” please explain.

Student Information #2

First Name _____

Last School Attended _____

Last Name _____

District _____

SIN# _____

School Phone # (_____) _____

Grade _____

Last Grade _____

Age _____ Date of Birth (mm/dd/yyyy) ____/____/____

Serious behavioural/ disciplinary difficulty? N Y – If “Yes” please explain.

Suspension or expulsion?? N Y – If “Yes” please explain.

Probation or Police record? N Y – If “Yes” please explain.

Substance abuse? N Y – If “Yes” please explain.

Student Information #3

First Name _____ Last School Attended _____
 Last Name _____ District _____
 SIN# _____ School Phone # (_____) _____
 Grade _____ Last Grade _____
 Age _____ Date of Birth (mm/dd/yyyy) ____/____/_____

Serious behavioural/ disciplinary difficulty? N Y – If “Yes” please explain.

Suspension or expulsion? N Y – If “Yes” please explain.

Probation or Police record? N Y – If “Yes” please explain.

Substance abuse? N Y – If “Yes” please explain.

Parent/Guardian Information

**** Please check the box(es) beside the email address(es) to be used by the school for communication. ****

Father’s information

First Name: _____ Marital Status: M D W
 Last Name: _____ Lives with student: N Y
 Occupation: _____ Home Phone: (_____) _____
 Employer: _____ Cell: (_____) _____
 Email Address: _____ Work: (_____) _____ Ext: _____
 I give permission for my home phone # to be published on a list issued to school families

Mother’s information

First Name: _____ Marital Status: M D W
 Last Name: _____ Lives with student: N Y
 Occupation: _____ Home Phone: (_____) _____
 Employer: _____ Cell: (_____) _____
 Email Address: _____ Work: (_____) _____ Ext: _____
 I give permission for my home phone # to be published on a list issued to school families.

Address

Home Address

Street: _____

Province _____

City: _____

Postal Code: _____

Mailing/Other Address (Complete only if different from Home Address.)

Street/PO Box#: _____

Province _____

City: _____

Postal Code: _____

Church Affiliation

Church Name _____

Pastor's name _____

Complete Address _____

Phone # (_____) _____

Attendance: Attend Regularly No Church Home

Additional Documentation

Please complete the attached forms and submit with application.

Reference Letter

- Page 1 - 1 per family
- Page 2 - 1 per student enrolling

One per family

- Parental Understanding and Commitment / Financial Commitment Form
- Statement of Faith

One per student enrolling

- Medical form
- School Permission Form

OFFICE USE ONLY

Date Rec'd (mm/dd/yyyy) _____ # Students _____

Registration Paid Amount: _____ Post-dates received

Notes:



STATEMENT OF FAITH

Preamble

Charlotte County Christian Academy is non-denominational in its teaching approach and in its acceptance of constituents. CCCA adheres to and teaches basic tenets of the Christian faith only, not denominational positions.

All faculty, staff and council members must be able to sign the Statement of Faith without reservation. Each parent must be able to sign either that s/he agrees with the Statement of Faith, or that s/he agrees with the school's right to uphold the Statement of Faith.

CCCA Statement of Faith

1. We believe that the Bible is God's inspired, infallible Word, and we seek to establish our faith and actions on its teaching. (2 Timothy 3:16, 2 Peter 1:21)
2. We believe in one God, who is Father, Son, and Holy Spirit. (Matthew 28:19, John 10:30, 15:26, 1 Corinthians 8:6)
3. We believe in the full deity and full humanity of Jesus Christ; his virgin birth, sinless life, miracles, atoning death, physical resurrection, ascension, and his physical return to earth. (Matthew 26:64, Mark 6:2, Luke 1:34-38, Acts 1:9-11, Acts 2:23-24, Romans 5:8-9, Philippians 2:6-11, Hebrews 2:9, 1 Peter 3:18,)
4. We believe that humanity was/is created by God in His own image and that though we are spiritually separated from God because of sin we are reconciled to God by the work of Christ on the cross. (Genesis 1:27, Romans 5:7-9, 1 Corinthians 15:20-23)
5. We do not teach hatred towards any group or individual. We believe, according to the teaching of the Old and New Testament, that sexual intimacy outside of marriage is morally wrong and that marriage is meant to be an exclusively heterosexual institution. (Genesis 2:24, Leviticus 18:22, Matthew 19:4-6, Mark 10:6-9)
6. We believe that Jesus Christ is the Saviour of all, and that those who receive new life in Christ experience a personal relationship with God. They are called to live a holy life in character and conduct through the help of the Holy Spirit who is sent to indwell, guide, teach and empower them for service. (John 14: 6, 26, John 16:13, Acts 1:8, 2 Timothy 1:9, Revelation 3:20)
7. We believe that the Church is the body of Christ, in fellowship with Christ and with fellow believers, and is commissioned by Christ to share the Good News with everyone. (Matthew 28:19-20, Ephesians 1:22-23, 3:10-11)
8. We believe God desires for people everywhere to know Him and that the purpose of His Church is to share the love, peace, and salvation that Christ brings to the world. (1 Timothy 2:3-4, 2 Peter 3:9)
9. We believe that human life begins at conception and that the unborn child is fully human and deserves the same protection as any other person. (Job 31:15, Psalm 22:10, Psalm 127:3, Ecclesiastes 11:5, Isaiah 44:24, Jeremiah 1:5, Luke 1:31)
10. We believe in the resurrection of all people: the saints to eternal life/fellowship with God and the lost to suffer eternal separation from God. (John 3:16-18, John 5:28-29, 1 Corinthians 15:20-28, 1 Thessalonians 4:14-17, Revelation 20:12-15)

Each parent to select a statement and sign below.

Father

- I have read and agree with the CCCA Statement of Faith
- I have read the CCCA Statement of Faith and agree with the school's right to uphold this statement

Mother

- I have read and agree with the CCCA Statement of Faith
- I have read the CCCA Statement of Faith and agree with the school's right to uphold this statement

Signature

Date

Signature

Date



PARENTAL UNDERSTANDING AND COMMITMENT FORM

We understand that a basic responsibility of Christian parents is to “train up a child in the way he should go...that when he is old he will not depart from it.” (Proverbs 22:6). Charlotte County Christian Academy is a school seeking to mold your children’s lives after God’s fashion. Successful Christian living hinges on three areas: the home, the church, and the school. These institutions must work cooperatively together. Parents should not give their responsibility to the Christian school and let them train the children alone. Both the home and the school share this responsibility. Therefore, as parents we pledge to do our part and enter into covenant with CCCA.

- It is my choice as a parent that my child have an academic education based on the Word of God and its teachings.
- I believe it is in the best interests of the school and the children that parents express a positive attitude toward the goals, aims, and standards of the school. Should a problem or misunderstanding arise, I will immediately seek to resolve it privately with the administration.
- I agree to uphold and support the high academic standard of the school by providing a proper atmosphere for my child to study and to give my child encouragement in the completion of any homework or assignments.
- I appreciate the standards of the school and will not tolerate profanity, obscenity in word or action, dishonour to the Lord or the Word of God, or disrespect toward the personnel of the school.
- I have read the Charlotte County Christian Academy Student/Parent Handbook and agree with the school's outlook and aims. I fully approve of the STANDARD OF CONDUCT for students and the DRESS CODE and agree to support all regulations of the school made in the applicant’s behalf and authorize this school to employ such discipline as is deemed wise and expedient for the training of my child.
- I commit myself to promptly pay my financial obligations to the school, understanding that REGISTRATION FEE and monthly TUITION are payable in advance.
- I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligations are not met.
- I understand that the staff of Charlotte County Christian Academy will treat my child with love and respect and are committed to providing the best possible academic instruction.

Each parent/guardian to sign below.

Father/Guardian

Mother/Guardian

Signature

Date

Signature

Date



MEDICAL INFORMATION

Please complete one page each student being enrolled.

Student Information

First Name _____ Physician _____

Last Name _____ Physician # (_____) _____

Date of Birth (mm/dd/yyyy) ____/____/____ Medicare # _____ Expiry ____/____

Does applicant have any mental, emotional, physical limitations, or learning disabilities that may affect his/her activities or progress, or for some reason should be known by his/her teachers? N Y – If “Yes” please explain.

Does your child have any allergies. N Y – If “Yes” please explain.

Does your child require regular medication to be administered at school. N Y – If “Yes” please explain.

NOTE: If medication is required on a regular basis, or at a specified time, medication must be brought to the school office, labeled with child’s name and dosage requirements, and a medical permission form must be completed.

Permission to Receive Medication

By signing this form I understand that Charlotte County Christian Academy is not responsible for any injury or harm that may occur as a result of this medication. Charlotte County Christian Academy reserves the right to revoke this privilege if it is being abused (constant use of pain medication, etc.).

**** In order to receive pain medication, students must check with their Home Room teacher before coming to the school office for such medication.****

My child will be permitted to be given the following pain medication(s) during school hours if necessary, understanding that this does not mean they are allowed to abuse this privilege. (Please check all allowable ones)

Aspirin (ASA) Tylenol (Acetaminophen) Advil (Ibuprofen)

My child is NOT permitted to receive any pain medications.

Parent/Guardian signature

Signature

Date

IMMUNIZATION RECORD

An immunization record is required for all elementary students enrolling in our school.

Copy of immunization record attached. Y N – Please explain.

Emergency Information and Medical Treatment

In case of emergency, and parent(s) cannot be reached, please contact:

Emergency Contact #1

First Name _____

Home Phone (_____) _____

Last Name _____

Cell (_____) _____

Relationship to child _____

Work (_____) _____ Ext: _____

Emergency Contact #1

First Name _____

Home Phone (_____) _____

Last Name _____

Cell (_____) _____

Relationship to child _____

Work (_____) _____ Ext: _____

Authorization for Emergency Treatment

I hereby authorize Charlotte County Christian Academy to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical aid and surgical care in the case that I, or the designated guardian, am not immediately available. Any qualified physician, called by CCCA, may treat and do whatever is necessary for the health and well-being of my child.

It is understood that a conscientious effort must be made to notify me before such action will be taken. I also agree to accept responsibility for the cost of above medical services.

Parent/Guardian Signature

Signature

Date



PERMISSIONS FORM

Please complete one page each student being enrolled.

Student Information

First Name _____

Date of Birth (mm/dd/yyyy) ____/____/____

Last Name _____

School Sponsored Events off School Property

Yes No I give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school's premises. I absolve Charlotte County Christian Academy liability to me or my child because of any injury to my child at school or during any school activity.

Publishing of Image (Photos or Video)

Yes No I give permission for my child's photo to be published in print media.

Yes No I give permission for my child's photo/video to be published on school website and/ or Face Book page.

Yes No I give permission for my child's photo to be published in video media (for such things as school dramas, etc.)

Cell Phones/ Electronics

CCCA does not allow students to have cell phones or other electronics on their person or in their bookbags or lockers during the school day. If a parent feels that it is necessary for the student to carry a cell phone, it must be turned into the school office at the beginning of the school day. If a student is in grades 9-12 or is leaving the school grounds at lunch time, they may pick their phone up from the office at the beginning of lunch and return it to the school office at the end of lunch.

Please check one:

My child does not carry a cell phone.

My child does carry a cell phone. I understand that when it is brought to school, it will be signed into the school office for the school day and may be signed out at lunch time if s/he is leaving the school grounds or is in grades 9-12.

Junior/Senior High Permission to Leave School Property

By signing this form, I understand that Charlotte County Christian Academy is not responsible for any injury or harm that may occur off school property during the designated lunchtime. Charlotte County Christian Academy reserves the right to revoke this privilege if it is being abused (constant tardiness, etc.).

Yes No My child will be permitted to leave CCCA grounds during the designated noon hour. This does not mean they are allowed to leave school grounds at other times during the day (breaks, etc.)

Yes No My child will be permitted to leave school grounds at noon hour in a car driven by a teenage driver?

Yes No I have discussed this with my child

Students in Grades 7-12 Must Sign the Following

I recognize that Charlotte County Christian Academy is a Biblically based Christian school working in cooperation with parents. I agree to abide by the rules of the school as set forth in the student handbook. I understand that as a student of CCCA I am to refrain from profane and vulgar language, the use of tobacco, alcohol and illegal drugs, and sexual activity, and that failure to do so could be cause for my dismissal from CCCA. I also agree to respect and support the authority under which I am placed as a student at CCCA.

Student's Signature Date

Parent/Guardian Signatures

Signature of both parents is required.

Father/Guardian Signature Date

Mother/Guardian Signature Date



STUDENT RECORD RELEASE

One copy of this page to be completed for each school from which records are required.

Releasing School

School Name _____

Address _____

Email _____

Phone (_____) _____

Fax (_____) _____

Receiving School

School Name: Charlotte County Christian Academy

Street Address: 40 School House Lane, Pennfield NB
E5H 1Y2

Mailing Address: PO Box 1033, St. George NB E5C 3S9

Email: info@charlottecca.ca

Phone: (506) 813-9501

Date (mm/dd/yyyy): ____/____/____

My child(ren) has/have withdrawn from your school. Please release their academic and health records to the above-named receiving school.

| Student's Name: (first and last) | Age | Grade level at time of withdrawal |
|----------------------------------|-----|-----------------------------------|
| | | |
| | | |
| | | |
| | | |

Signatures

Parent/Guardian Signature

Date

CCCA Signature

Date



REFERENCE FOR ADMISSION

Confidentiality Statement

Understanding the need for a frank evaluation of Charlotte County Christian Academy's ability to serve the educational needs of our child, we, the undersigned parents/ guardians of the student(s) named below, hereby waive our right to review this form at a later date in order to allow this document to remain confidential.

Instructions for Applicant

Please complete the section below, then sign the Confidentiality Statement. Give the form to the person you wish to use as a reference. Your reference should not be a member of your immediate family. Please ask your reference to complete the form and return it to Charlotte County Christian Academy.

Student(s) First and Last Name(s)

Parents'/ Guardians' names (Please print)

Father's Name (please print)

Father's Signature

Mother's Name (please print)

Mother's Signature

Instructions For Person Providing Reference

The family named above has applied for application for their school-aged student(s) to Charlotte County Christian Academy. Your frank evaluation will aid CCCA in deciding if we can adequately serve this family in the education of their child(ren). Please complete the following questionnaire and return to **Charlotte County Christian Academy, PO Box 1033 St. George NB E5C 3S9** or email to **info@charlottecca.ca**

Reference

How long have you known the family?

What is your acquaintance with the family? With the student(s) applying?

In your opinion, what benefits would there be for this family to be part of Charlotte County Christian Academy?

To your knowledge, are there any concerns about this family/student in relation to being part of CCCA?

Please complete this page for each of the students for which you are acting as reference.

Student's name: _____

Character

Please circle the answer(s) that best describe the applicant.

- | | | | | |
|------------------------|--|--|--|---|
| Concern for others: | <input type="checkbox"/> Self-centered | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Considerate | <input type="checkbox"/> Unselfish |
| Influence for good: | <input type="checkbox"/> Self-centered | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Considerate | <input type="checkbox"/> Unselfish |
| Acceptance by peers: | <input type="checkbox"/> Not accepted | <input type="checkbox"/> Tolerated | <input type="checkbox"/> Accepted | <input type="checkbox"/> Well-liked |
| Choice of friends: | <input type="checkbox"/> Questionable | <input type="checkbox"/> Careless | <input type="checkbox"/> Somewhat discerning | <input type="checkbox"/> Discerning in friendships |
| Respect for authority: | <input type="checkbox"/> Disrespectful | <input type="checkbox"/> Critical | <input type="checkbox"/> Generally respectful | <input type="checkbox"/> Honours those in authority |
| Responsibility: | <input type="checkbox"/> Unreliable | <input type="checkbox"/> Somewhat dependable | <input type="checkbox"/> Very dependable | <input type="checkbox"/> Absolutely responsible |
| Emotional stability: | <input type="checkbox"/> Unstable | <input type="checkbox"/> Sometimes stable | <input type="checkbox"/> Usually well-adjusted | <input type="checkbox"/> Consistently well-adjusted |

Please respond to the following for students entering grades 7-12

To your knowledge, does the applicant participate in any of the following?

- Alcohol: habit some none Comment: _____
- Tobacco: habit some none Comment: _____
- Illegal Drugs: habit some none Comment: _____
- Sexual Activity: habit some none Comment: _____
- Pornography: habit some none Comment: _____

Any additional comments that may be helpful may be added below or on a separate sheet of paper.

Reference

Name (please print): _____

Email or Phone: _____

Referee Signature

Date



FINANCIAL COMMITMENT FORM

Registration Fees 2024-25

Registration Fee *per student* for K to 12 is due upon submission of application. (Non-Refundable.)

| | |
|--|-------|
| Wee/Pre school | \$60 |
| K-12 Before August 1st: | \$100 |
| K-12 After Aug 1st: | \$125 |
| K -12 After first day of school: \$150 | \$150 |

Tuition Fees 2024-25

| | 1 st Child | 2 nd Child | 3 rd Child | 4 th Child |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Wee school - age 3 (1-Day) | \$560 | | | |
| Pre school – age 4/5 (2-Day) | \$1250 | | | |
| Pre school – age 4/5 (4-Day) | \$2450 | | | |
| Kindergarten to Grade 12 | \$4500 | \$2500 | \$1500 | \$1500 |

Payment Options

I understand my financial obligations and will, upon notification of acceptance (please check one of the following):

- Make a lump sum payment for the total amount [5% discount on tuition portion (K-12) for lump sum payment received **before Aug 1**]
- Make 2 equal payments in August and January
- Submit 10 equal monthly post-dated cheques starting August thru May dated the 1st or 15th of the month
- Submit 20 equal post-dated bi-monthly tuition cheques dated the 1st & 15th of each month (½ payment on the 1st and ½ on the 15th), August–May

NOTE: If a student enrolls after a school year begins or withdraws before the year ends, tuition will be pro-rated according to the *quarter* in which the student is enrolled. All other fees must be paid in full.

Fee Commitment

| | |
|-------------------------------|------|
| 1 st Child Tuition | \$ |
| 2 nd Child Tuition | \$ |
| 3 rd Child Tuition | \$ |
| 4 th Child Tuition | \$ |
| Subtotal | \$ |
| Bursaries / Awards | – \$ |
| Total | \$ |

Comments:

Parent/Guardian Signatures

Father/Guardian Signature

Date

Mother/Guardian Signature

Date