

# CENTRAL CHRISTIAN ACADEMY

1505 WEST STREET • SOUTHTON, CONNECTICUT 06489 • (860) 621-6701

www.centralchristianonline.org

Dr. Jim Townsley, *Pastor/Administrator*

Mr. Timothy LeJeune, Sr., *Principal*

## **Thank You For Allowing Us to Have a Part in Your Child's Training!**

Dear CCA Parents,

Just as the seasons come and go, so do the fleeting opportunities for training children in a manner that prepares them for life and that glorifies God (I Cor. 10:31). While there is yet much training to be accomplished during the current school year, with the new school year approaching, the possibilities of continued training are fresh and exciting!

As we begin our planning, we need your assistance. CCA families who are able to register early are a great help to us. An accurate count helps us to secure the right faculty, purchase necessary furniture, and order curriculum. In addition, we are able to secure discounts by ordering items early. For these reasons and many more, those who register early are a tremendous help!

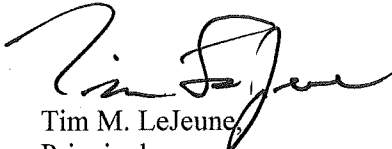
Accordingly, please find attached a 2012/2013 Re-enrollment Packet. These are being distributed during the month of February to families with children currently enrolled so that they will have a "head start." Beginning in March, enrollment will be open to all families on a first-come/first-serve basis. As an additional incentive, there is a discount of 50% off the registration fee for returning students who are registered on or before April 30.

In closing, here are two items of special note:

- Last year, there was a small increase in tuition (after 5 years with no increases). This coming year, there will be another modest increase in the amount charged for tuition. Parents, be assured that we are working hard to keep your costs down; however, small increases in our fees are necessary for us to balance our budget and keep pace with inflation. Thank you for your patience and understanding.
- Also, please don't forget that "Word of Mouth" is by far the best form of advertisement, and we need your help! Would you help us get the word out about CCA? A generous Referral Credit will once again be available for both the family that recommends CCA and the family that is recommended. Please contact Mrs. Vieira in the school office for more details.

On behalf of Pastor Townsley, our Deacon Board, the CCA faculty and staff, we look forward to having your family as part of the CCA "family" for the 2012/2013 school year.

Yours for Christian education,



Tim M. LeJeune  
Principal

Phil. 1:3-4 "I thank my God upon every remembrance of you, Always in every prayer of mine for you all making request with joy..."

A MINISTRY OF CENTRAL BAPTIST CHURCH

# CENTRAL CHRISTIAN ACADEMY

Southington, Connecticut

2012-2013

## SUMMER, 2012

- 6/16 Summer Tutoring Begins
- 7/6 Summer Tutoring Midterms
- 7/9-7-13 **CBC VACATION BIBLE SCHOOL**
- 7/16-7/20 Basketball Camp
- 7/23-7/27 Music Camp

## AUGUST, 2012

- 7/30-8/3 Volleyball/Soccer Camp
- 3 Summer Tutoring Ends
- \* 23 **PARENT ORIENTATION** – 7:00 PM
- 27 **FIRST DAY OF SCHOOL**

## SEPTEMBER, 2012

- 3 Labor Day – No School
- \* 4-5 **CBC REVIVAL CONFERENCE**
- 8 Volleyball Jamboree
- 10-30 Fall Fundraiser
- 20 Progress Reports Go Home

## OCTOBER, 2012

- 6 Fall Festival
- 8 Columbus Day – No School
- 11 Progress Reports Go Home
- 17 PSAT Test – Grades 10-11
- \*17-21 **CBC MISSIONS CONFERENCE**
- 25-26 CACS Soc./Vol. Tournament
- 26 Last Day of First Quarter (43 days)

## NOVEMBER, 2012

- 1 Report Cards Go Home
- \* 1 **PTF MEETING** – 7:00PM
- 2-3 NEACS Soc./Vol. Tournament
- 8-9 NEACS Teachers' Convention – No School
- 20 Progress Reports Go Home
- 20 Grandparents' Day Program – 9:15 AM
- 21-23 Thanksgiving Vacation – No School

## DECEMBER, 2012

- 13 Progress Reports Go Home
- 14 **CHRISTMAS PROGRAM** – 7:00 PM
- 20 Christmas Vacation Begins – No School

## JANUARY, 2013

- 3 Christmas Vacation Ends - School Resumes
- 11 Last Day of Second Quarter (42 days)
- 17 Second Quarter Report Cards Go Home
- \* 17 **PTF MEETING** – 7:00PM
- 21 MLK, Jr. Day – No School

\* Parent Attendance Event

## FEBRUARY, 2013

- 7 Progress Reports Go Home
- 18 Presidents' Day – No School
- 21-22 CACS Basketball Tournament
- 28 Progress Reports Go Home
- 2/28-3/1 NEACS Basketball Tournament

## MARCH, 2013

- 1 Open Registration for 2013-14 School Year
- 8 NEACS High School Fine Arts Competition
- 15 Last Day of Third Quarter (43 days)
- 21 Report Cards Go Home
- \* 21 **OPEN HOUSE/PTF MEETING** – 7:00PM
- 22 Athletic Banquet – 6:30 PM

## APRIL, 2013

- 3/29-4/1 Easter Vacation – No School
- 11 Progress Reports Go Home
- \* 7-11 **CBC REVIVAL CONFERENCE**
- 15-19 Standardized Tests – K5-11
- 24 Teacher & Secretary Appreciation Day

## MAY, 2013

- 2 Progress Reports Go Home
- 3 Spring Play – 7:00 PM
- 17 Last Day of School for Pre-K & Kindergarten – 11:20 AM Dismissal
- Kindergarten Graduation – 7:00 PM
- 22 Student Service Day – 11:20 AM Dismissal
- School Picnic – 11:45 AM
- 23 Last Day of School – 11:20 AM Dismissal
- End of Fourth Quarter (47 days)
- Secondary Awards Assembly – 9:00 AM
- Elementary Awards Assembly – 10:00 AM
- Eighth Grade Graduation – 7:00 PM
- 24 Senior Commencement Exercises – 7:00 PM

## JUNE/JULY, 2013

- 6/10 Summer Tutoring Begins – Grades 1-12
- 7/5 Summer Tutoring Mid-terms
- 7/8-7/12 **CBC VACATION BIBLE SCHOOL**
- 7/15-7/19 Boys' Basketball Camp
- 7/22-7/26 Music Camp

## AUGUST, 2013

- 7/29-8/2 Volleyball/Soccer Camp
- 2 Summer Tutoring Ends – Grades 1-12
- \* 22 **PARENT ORIENTATION** – 7:00 PM
- 26 **First Day of School for 2013-14 School Year**

**CENTRAL CHRISTIAN ACADEMY  
STUDENT REGISTRATION CARD  
(Please type or print in ink)**

STUDENT's Last Name: \_\_\_\_\_ Today's Date \_\_\_\_\_  
First Name: \_\_\_\_\_ Name student goes by (if different): \_\_\_\_\_  
Middle Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade to enter: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Race/Ethnicity:  American Indian/Alaskan Native  Hispanic/Latino  Asian/Pacific Islander  
 Black, not of Hispanic origin  White, not of Hispanic origin  Other  
Street: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Church Now Attending: \_\_\_\_\_ Attend Sunday School? Yes/No

**PARENT A** Lives with Student

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr. / Mrs. / Miss / Dr. / Rev.  
Rel. to Student: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Ph.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PARENT B** Lives with Parent A

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr. / Mrs. / Miss / Dr. / Rev.  
Rel. to Student: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Ph.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**TUITION PAYER** (If different from Parent A. Parent A will be billed unless otherwise indicated.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr. / Mrs. / Miss / Dr. / Rev.  
Street: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Rel. to Student: \_\_\_\_\_ Authorized Pickup: Yes/No Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
I choose the following payment plan: \_\_\_\_\_ yearly \_\_\_\_\_ semester \_\_\_\_\_ 10 month

**OTHER CONTACTS** (Emergency Medical Information)

Contact #1: \_\_\_\_\_ Rel. to Student: \_\_\_\_\_ Phone #: (Day): \_\_\_\_\_  
Contact #2: \_\_\_\_\_ Rel. to Student: \_\_\_\_\_ Phone #: (Day): \_\_\_\_\_  
Student's Physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**TRANSPORTATION**

**BEFORE SCHOOL** (Please check one)

\_\_\_\_ AM Car \_\_\_\_ AM Bus

**K4-K5 HALF DAY**

\_\_\_\_ Car

**AFTER SCHOOL** (Please check one)

\_\_\_\_ PM Car \_\_\_\_ PM Bus

**PERSONS AUTHORIZED TO PICK UP MY STUDENT FROM SCHOOL** (Other than parents A and B)

#1 \_\_\_\_\_ #2 \_\_\_\_\_  
#3 \_\_\_\_\_ #4 \_\_\_\_\_  
#5 \_\_\_\_\_ #6 \_\_\_\_\_

**BUS STUDENTS ONLY** (For pick up/drop off at address other than home): \_\_\_\_ AM \_\_\_\_ PM \_\_\_\_ Both

Care giver's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr. / Mrs. / Miss / Dr. / Rev.  
Relationship to Student: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LAST SCHOOL ATTENDED:** \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Selecting CCA: \_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Interview Date: \_\_\_\_\_ Amt. Rec'd.: \_\_\_\_\_ Family Billing ID# \_\_\_\_\_  
Interviewer: \_\_\_\_\_ Reg. Fee: \_\_\_\_\_ School Year: \_\_\_\_\_  
Enrollment Date: \_\_\_\_\_ Starting Date: \_\_\_\_\_

## STATEMENT OF COOPERATION

**In making application to Central Christian Academy I understand that:**

1. It is my responsibility as a parent/guardian to pay all registration, tuition and fees as stated on the current financial information sheet. I understand that no records will be released until all bills are paid up-to-date and that 30 day delinquent payments (15 days for the May payment) will result in my child's exclusion from school. In the event of withdrawal I am responsible for the balance of the semester's tuition and fees.
2. The administration of the school has the final responsibility for the grade placement of my child.
3. I agree to uphold and support the academic standards of Central Christian Academy by providing a place at home for my child to study and to give my child encouragement in the completion of homework and assignments.
4. My participation is needed in lending practical help and prayer support to the school as it helps me train my children. Because of this, I will endeavor to attend Parent-Teacher Meetings and planned Parent-Teacher Conferences.
5. The teacher and the administration are hereby given full discretion in the discipline of my child. This includes the withdrawal of privileges, the issuing of demerits, detentions, suspensions, and expulsion.
6. We are expected to support the standards of the school at home. Should there be any questions, we will contact the teacher or administrator to arrange for a conference. If the problem cannot be remedied, we agree to quietly withdraw our child(ren) from the school rather than encourage discord or unrest among other parents.
7. The school reserves the right to dismiss any student when he or his parent is found to be out of harmony with the rules and policies of Central Christian Academy.
8. In full recognition of the serious risks involved, I have elected to have my child take part in school activities, on and off the school premises, including sports and school sponsored trips. I release the school from any and all liability to me or my child which may otherwise be incurred as a result of any injury suffered as a result of such participation in school or school activities. In case of accident or serious illness, I request that the school contact me and my designated physician and follow his instructions. If the school staff members are unable to reasonably contact me or my physician, the school may make whatever arrangements it deems necessary.
9. I agree to abide by the policies set forth in the school handbook.

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I have read and agree to comply with the above STATEMENT OF COOPERATION.

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Signature of Parent A

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Signature of Parent B

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Signature of Sole Guardian

# CENTRAL CHRISTIAN ACADEMY

1505 West Street • Southington, CT 06489

(860) 621-6701

## EMERGENCY MEDICAL INFORMATION & SPORTS PARTICIPATION PERMISSION

Student's Name \_\_\_\_\_ Home Phone # (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Please list any allergies your child has had: \_\_\_\_\_

Please list any diseases your child has had: \_\_\_\_\_

Please check if your child is subject to:

Asthma     Earache     Hay Fever     Bronchitis     Other \_\_\_\_\_

Medications your child takes regularly: \_\_\_\_\_

Epi-Pen     Inhaler (Asthma)     Diabetes     Heart Condition     Bleeding Disorders

In case of an emergency requiring medical care outside of the school, please indicate the sequence in which you would like us to contact you.

- Contact father: Phone # \_\_\_\_\_
- Contact mother: Phone # \_\_\_\_\_
- Contact personal physician: Name \_\_\_\_\_ Phone # : (\_\_\_\_\_) \_\_\_\_\_
- Take child to nearest hospital
- Take child to \_\_\_\_\_ Hospital City: \_\_\_\_\_
- Other Procedure: \_\_\_\_\_

**If your child is playing high school sports, you MUST fill out the following information:**

Sport(s) \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

Employer of policy holder \_\_\_\_\_ Work Phone \_\_\_\_\_

Address of employer \_\_\_\_\_

Has student had any head injuries?  Yes  No How many \_\_\_\_\_ When \_\_\_\_\_

Has anyone in your family died suddenly before age 60?  Yes  No Explain \_\_\_\_\_

**I give permission for \_\_\_\_\_ to participate in \_\_\_\_\_ all sports/ \_\_\_\_\_ all sports except \_\_\_\_\_. I assume all responsibility for notifying the school of any change in my child's health both before and during participation in any sport(s). I hereby give permission for the provision of emergency medical treatment for my child in the event of injury or illness that occurs during participation in school sponsored activities.**

**In case of surgical emergency, I hereby give permission to the physician selected by the Central Christian Academy Administrator to hospitalize, secure proper treatment, and order injection, anesthesia or surgery for my child.**

Parent's Signatures:

\_\_\_\_\_  
Father

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Date

**CENTRAL CHRISTIAN ACADEMY  
FINANCIAL INFORMATION  
2012-2013**

**REGISTRATION FEE (non-refundable, due upon registration)**

New Student - \$100 per student, maximum \$200 per family

Returning Student - \$50 per student, maximum \$100 per family, through April 30, \$100 or \$200 after April 30

**MATERIAL AND ACTIVITY FEE (non-refundable, due August 1)**

|              |          |          |            |            |
|--------------|----------|----------|------------|------------|
| K3-K4: \$208 | 2: \$414 | 5: \$384 | 8: *\$349  | 11: *\$427 |
| K5: \$299    | 3: \$407 | 6: \$369 | 9: *\$408  | 12: *\$387 |
| 1: \$440     | 4: \$400 | 7: \$326 | 10: *\$427 |            |

(Electives)

|            |      |
|------------|------|
| Chemistry: | \$57 |
| Speech:    | \$24 |
| Bus. Math: | \$34 |
| Alg. II:   | \$39 |
| Adv. Math: | \$39 |
| Home Ec:   | \$50 |
| Cons. Math | \$40 |

\*Plus the corresponding book fee(s) for enrollment in one or more of the electives listed at the right

**TUITION**

| Grade                   | Yearly<br>Due Aug 1 | Semester<br>Due Aug 1 & Jan 1 | 10 month<br>Aug 1 - May 1 |
|-------------------------|---------------------|-------------------------------|---------------------------|
| K3 - K5 (8:20-11:20 AM) | \$2,590             | \$1,295                       | \$259                     |
| K3 - 6th grade          | \$4,050             | \$2,025                       | \$405                     |
| 7th - 12th grade        | \$4,300             | \$2,150                       | \$430                     |

**TUITION DISCOUNTS**

1. Multiple siblings (excludes half-day Kindergarten)

a. There is a 20% discount on total tuition when 2 children are enrolled all day.

b. There is a 30% discount on total tuition when 3 children are enrolled all day.

c. The fourth child may attend FREE.

d. Parents who pay the entire amount of yearly tuition on or before September 1 qualify for the following discount:

K-6 (\$50), 7-12 (\$100).

**ADDITIONAL FEES**

\* \$20 for all NSF (non-sufficient funds) checks

\* \$195 for instrumental private lessons per semester

\* \$20 lab fee per semester for Biology, Chemistry,

\* \$35 for 7-12th Band/Handchimes per semester

Physics, Keyboarding, Computer 9-12

\* \$20 for Elementary Band per semester

\* \$50 Eighth Grade Graduation fee

\* \$150 Senior High Graduation fee

\* \$125 Foreign Language fee

\* A \$15 late fee is charged for payments received after the 10th. If payment is not received within **thirty days** (15 days for the August and May payment), the student is not permitted to attend classes.

\* Before and after school care is also available

**ATHLETICS**

\$140 Boys Soccer

\$175 Girls Basketball

\$100 Girls Volleyball

\$190 Boys Basketball

Additional financial information is available in the student handbook.

**EXTENDED SCHOOL CARE**  
**Sign-Up Sheet**  
**2012/2013**

| <u>Times</u>     | <u>Fees</u>     | <u>Parent's Name</u> | <u>Days/Wk</u> | <u>Child(ren)'s Names</u> | <u>Grade</u> |
|------------------|-----------------|----------------------|----------------|---------------------------|--------------|
| 7:00AM to 7:45AM | See rates sheet | _____                | _____          | _____                     | _____        |
|                  |                 | _____                |                | _____                     | _____        |
|                  |                 | _____                |                | _____                     | _____        |
|                  |                 | _____                |                | _____                     | _____        |
| 7:45AM to 8:15AM | NO CHARGE       | _____                | _____          | _____                     | _____        |
|                  |                 | _____                |                | _____                     | _____        |
|                  |                 | _____                |                | _____                     | _____        |
|                  |                 | _____                |                | _____                     | _____        |
| 2:45PM To 3:15PM | NO CHARGE       | _____                | _____          | _____                     | _____        |
|                  |                 | _____                |                | _____                     | _____        |
|                  |                 | _____                |                | _____                     | _____        |
|                  |                 | _____                |                | _____                     | _____        |
| 3:15PM To 4:15PM | See rates sheet | _____                | _____          | _____                     | _____        |
|                  |                 | _____                |                | _____                     | _____        |
|                  |                 | _____                |                | _____                     | _____        |
|                  |                 | _____                |                | _____                     | _____        |
| 3:15PM To 5:30PM | See rates sheet | _____                | _____          | _____                     | _____        |
|                  |                 | _____                |                | _____                     | _____        |
|                  |                 | _____                |                | _____                     | _____        |
|                  |                 | _____                |                | _____                     | _____        |

## Extended School Care Rates 2012-2013

(There is a \$10 daily rate for those who do not sign up)

### 7:00-7:45 AM

#### 5 Days - AME

(August - April) \$20/Wk = **\$80/Mo.** for 9 Months = \$720

#### 4 Days - AM4

\$720 x 80% = \$576 div. by 9 = **\$64/Mo**

#### 3 Days - AM3

\$720 x 60% = \$432 div. by 9 = **\$48/Mo**

#### 2 Days - AM2

\$720 x 40% = \$288 div. by 9 = **\$32/Mo**

7:45AM - 8:20AM - No Charge

2:45PM - 3:15PM - No Charge

### 3:15 - 4:15PM

#### 5 Days - PM1

(August - April) \$20/Wk - **\$80/Mo** for 9 Months = \$720

#### 4 Days - PM4

\$720 x 80% = \$576 div. by 9 = **\$64/Mo**

#### 3 Days - PM3

\$720 x 60% = \$432 div. by 9 = **\$48/Mo**

#### 2 Days - PM2

\$720 x 20% = \$288 div. by 9 = **\$32/Mo**

### 3:15 - 5:30PM

#### 5 Days - PME

(August - April) \$40/Wk - **\$160/Mo** for 9 Months = \$1,440

#### 4 Days - EC4

\$1,440 x 80% = \$1152 div. by 9 = **\$128/Mo**

#### 3 Days - EC3

\$1,440 x 60% = \$864 div. by 9 = **\$96/Mo**

#### 2 Days - EC2

\$1,440 x 40% = \$576 div. by 9 = **\$64/Mo**