



## Enrollment Application Checklist

Please attach checklist to the top of your application. All documents (except reference letters) must be submitted with your application. Incomplete applications will not be processed.

- \$ 50.00 Application Fee (Please make checks/money orders payable to KCA)
- Completed Application
- Copy of Student's Social Security Card
- Copy of Birth Certificate
- Copy of Parent(s) Identification
- Current Immunization / Physical Form (obtain through Doctor's office)
- Student Health Appraisal Form
- Copy of any IEP's/504's (applicable only to students who receive special services)
- Copy of most recent report card and/or progress reports
- Clergy or Community Reference Form provided to:  
*(If you are not a current member of a church, please provide two (2) reference letters from either previous teachers or community leaders)*

Name of Reference	Date

Name of Reference	Date

\*Enrollment decisions will be delayed until all reference letters are received.

Thank you for your interest in Kingdom Christian Academy!

*You may submit your application the following ways:*

**Mail:** Kingdom Christian Academy • P.O. Box 924 • Dover, DE 19903-0924 **Fax:** 302-741-2469

**Email:** info@kingdomchristianacademy.org

Office use only: Date Rec: \_\_\_\_\_  New student  Re-enrolling

Address verification  Birth Certificate  Immunization

Before Care  After Care  Both  App Fee

Enrollment Amount paid: \_\_\_\_\_ Date: \_\_\_\_\_

Interview Date \_\_\_\_\_ Start Date \_\_\_\_\_

Referred By: \_\_\_\_\_



Application for:  New Admission  Re-Enrollment  Former KCA Returning Student

*Thank You for Printing Legibly and Completing All Information (one application per student)*

Student's Legal Name: \_\_\_\_\_  
Last First Middle Suffix (Jr., III)

Date of Birth: \_\_\_\_\_ US Citizen:  YES  NO Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Month Day Year M/F (Upcoming)

Student's Home Address: \_\_\_\_\_  
Street Apt. # City State Zip Code

Student's Home Phone: (\_\_\_\_) \_\_\_\_\_

**FOR REPORTING PURPOSES ONLY. KCA DOES NOT DISCRIMINATE  
BASED ON RACE OR NATIONAL ORIGIN.**

Please check the race/ethnic category that best describes this student (choose only one):

- Asian/Pacific Islander  American Indian or Alaskan Native  Black, not Hispanic  
 White, not Hispanic  Hispanic/Latino  Multiracial/Other

**Primary Language Spoken by Child**

English  Other \_\_\_\_\_

**Primary Language Spoken by Parents**

English  Other \_\_\_\_\_

**Former School Information (To Be Completed by Applicants for New Admission or Former Students Returning Only)**

Has this student ever attended KCA?  Yes  No If yes, when \_\_\_\_\_

Please list the last school attended: \_\_\_\_\_  
School Name Current Grade

Address

City, State, Zip

Has this student ever been retained?  Yes  No If yes, which grade? \_\_\_\_\_

Has your child received previous educational or psychological testing?  Yes  No If yes, please provide copies when you come to the interview

Has your child received an IEP or 504 Plan?  Yes  No If yes, please provide copies when you come to the interview.

**INTERVIEWS WILL NOT BE CONDUCTED WITHOUT THIS INFORMATION**

**Parent/Guardian**  Resides with student  Does not reside with student

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone :(\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security # \_\_\_\_\_

**Parent/Guardian**  Resides with student  Does not reside with student

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone :(\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security # \_\_\_\_\_

Is there a joint custody or parenting plan in effect?  Yes  No (If yes, plan must be on file with the school)

Is the non-custodial parent actively involved with student and/or student's education?  Yes  No

Is there a restraining order in effect?  Yes  No (If yes, legal documentation must be on file with the school)

## STUDENT SUMMARY

**Current KCA students must only answer question #1. New and Former Students Returning must complete all questions.**

- 1.) Is there anything important we should know about student or changes at home that would impact his/her education at KCA?  
 Yes  No *If yes, please explain:* \_\_\_\_\_
- 2.) Student's academic strengths: \_\_\_\_\_
- 3.) Student's academic weaknesses: \_\_\_\_\_
- 4.) Behavioral issues and/or concerns: \_\_\_\_\_
- 5.) How does student react when he/she is angry? \_\_\_\_\_
- 6.) How do you discipline your student? \_\_\_\_\_
- 7.) How does student respond to discipline/correction? \_\_\_\_\_
- 8.) How does student interact with other students? \_\_\_\_\_
- 9.) How would you describe student's personality? \_\_\_\_\_
- 10.) What are student's character/personality strengths? \_\_\_\_\_
- 11.) What are student's character/personality weaknesses? \_\_\_\_\_
- 12.) Why do you desire to send your student to KCA? \_\_\_\_\_

### Emergency Contact

(Person to contact in case you can't be reached)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

**(Do not list parents/guardians,  
LOCAL CONTACTS ONLY)**

### Emergency Contact

(Person to contact in case you can't be reached)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

### **Please list the Name(s) of all siblings who attend/will attend Kingdom Christian Academy**

NAME	GENDER	GRADE

Place of Worship: \_\_\_\_\_

Address: \_\_\_\_\_

Church phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**Father:** Regular church attendance?  Yes  No

Born Again Believer?  Yes  No

Are you an active member?  Yes  No

Area of church service: \_\_\_\_\_

**Mother:** Regular church attendance?  Yes  No

Born Again Believer?  Yes  No

Are you an active member?  Yes  No

Area of church service: \_\_\_\_\_

*The undersigned acknowledge that the information submitted on this application is true and accurate to the best of their knowledge. KCA reserves the right to dismiss any student/family for failure to provide accurate information and/or if the Administration and School Board determine that the behavior and/or lifestyle for the parent(s) exhibits that the parent is no longer in support of the Christian mission of the school. The undersigned also understands that if the student is accepted for admission that subject to a sixty (60) day probationary period. We understand and agree that any disputes (of a civil nature) arising from this application and/or related to our child's education at KCA shall be settled by biblically based Christian mediation and, if necessary legally binding Christian arbitration.*

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Kingdom Christian Academy, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded to made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs. KCA is a religious corporation and does exercise its right to discriminate based upon and to promote Christian principles.



## Student Health Appraisal Form

Name: \_\_\_\_\_  
Last First Middle

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

Birthdate: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Month Date Year

Does your child wear glasses? Yes / No      Contacts? Yes / No

Name of Child's Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Health Insurance Information:

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Policy/Member#: \_\_\_\_\_

Has your child ever had an allergic reaction to anything (eggs, peanut butter, bee stings, etc)? If yes, please give the date and severity of the reaction.

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been on special medication? If yes, please give the medication and the reason for the medication.

\_\_\_\_\_  
\_\_\_\_\_



Is your child taking medication regular? If yes, please give name of medication and reason for medication.

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Has your child ever had a serious injury we should be made aware of? If yes, please give details of the injury.

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Is there any other medical information not listed that KCA should be made aware of?

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Place an 'X' if child has problems with any of the following:

- |                                    |                                                |                                            |                                    |
|------------------------------------|------------------------------------------------|--------------------------------------------|------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Epilepsy/Seizures     | <input type="checkbox"/> Asthma            | <input type="checkbox"/> Hearing   |
| <input type="checkbox"/> Speech    | <input type="checkbox"/> Constipation/Diarrhea | <input type="checkbox"/> Frequent Colds    | <input type="checkbox"/> Vision    |
| <input type="checkbox"/> Fainting  | <input type="checkbox"/> Behavior Problems     | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Breathing |

Please provide details:

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\_\_\_\_\_  
Guardian/Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian/Parent Signature

\_\_\_\_\_  
Date



## Reference Form

### For the Applicant:

One form is necessary for each student. Fill in the name and address portion below before giving this form to your community/church leader. *Please advise them to be mail this form to Kingdom Christian Academy at the address below.* Provide an addressed stamped envelope with this form to the person you are asking to complete.

Name of Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Address of Church: \_\_\_\_\_

### To the Community/Church Leader

Thank you for taking the time to comment on each statement for this student and his/her family.

How long has the family attended your church/organization? \_\_\_\_\_

How long have you known the family and how well do you know them? \_\_\_\_\_

What best describes this family's involvement?

Weekly \_\_\_\_\_ Irregular \_\_\_\_\_ Not at all \_\_\_\_\_

What has been the level of involvement of this family in your church/organization? \_\_\_\_\_

Does this parent attend organizational sponsored events? \_\_\_\_\_



How enthusiastically would you recommend the family for acceptance at KCA?

Readily \_\_\_\_\_ Hesitantly \_\_\_\_\_ Not at all \_\_\_\_\_

Please describe the growth of the applicant, giving examples of strengths and weaknesses, behaviors and participation.

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Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

Contact Number \_\_\_\_\_ Best time to call \_\_\_\_\_

Thank you for your time. Your responses will be kept confidential!



## PAYMENT SCHEDULE

### **Registration Fees:**

Registration Fee:	\$60
Comprehensive Fee:	\$40

### **Tuition Scale**

Tuition	One Student	Two Students	Three or More Students
Child 1	\$ 395.00	\$ 395.00	\$355.50
Sibling 2	\$ 0.00	\$ 355.50	\$316.00
Sibling 3	\$ 0.00	\$ 0.00	\$276.50
Sibling 4	\$ 0.00	\$ 0.00	\$237.00
Sibling 5	\$ 0.00	\$ 0.00	\$197.50
Sibling 6	\$ 0.00	\$ 0.00	\$197.50

*Tuition includes academic breaks and holidays.*

*Multi Child Discount of 2 students reflect a 10% discount for the second child*

*Multi Child Discount of 3 or more students reflects the following scale:*

*Child 1 – 10% Sibling 2 – 20% Sibling 3 – 30% Sibling 4 – 40% Sibling 5 and over – 50%*

*Payments can be made either on a:*

**Yearly Plan:** One payment due by August 1, 2011 (Receive 10% off)

**Semi Annual Plan:** Two payments (1<sup>st</sup> payment by 8/1/11, 2<sup>nd</sup> payment by 1/1/12) (Receive 5% off)

**Monthly Plan:** 10 monthly payments made on the **1<sup>st</sup> day of each month** (8/1/11 – 5/1/12)

**Tuition received 5 days after designated payment date is assessed a \$25 late fee. Students whose accounts are outstanding 10 days after the designated payment date are placed on Financial Suspension until the account becomes current.**

**Curriculum Fee:** Please determine the grade level of your child for curriculum fee that is due.

Grade Level	Rate
Pre K(3)	\$50.00
Pre K(4)	\$ 75.00
Kindergarten	\$120.00
First	\$290.00
Second	\$265.00
Third	\$250.00
Fourth	\$253.00
Fifth	\$238.00
Sixth	\$243.00
Seventh	\$203.00
Eighth	\$210.00