

ENROLLMENT PACKET

2024 - 2025 School Year



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Martinsburg, WV 25403

www.tcca.life

304.241.8285

Shelly Eldridge - Educational Director

admin@tcca.life

Dear Parents,

Welcome to The Classical Christian Academy, and thank you for the sacred honor of entrusting your child to us! We are eager to know you and your deep hopes for your children. At The Academy, our calling and passion is to assist you in shaping your child's capacity to think critically, live virtuously, and lead and serve others for the glory of God. This is what inspires and empowers us every day. We promise to offer our full and joyful dedication to see your child grow, learn, and develop this academic year.

Our 2024-2025 school year is going to be both rigorous academically as well as fun-filled with moments of wonder for your child. From their piano lessons, to hands-on agriculture learning, to thrilling field trips, and many themed learning days, we are gearing up to give your students the very best experiences throughout the school year.

Included in this Registration Packet is the essential paperwork needed for your child's enrollment to be finalized for the 2024-2025 academic year. These forms are required for licensing purposes and provide the necessary information that is required to ensure the proper education and safety of your child. Please fill them out in full and return to us by email, in person, or postal service to begin your application process for enrollment.

Our school year will generally follow the Berkeley County School schedule - with adjustments, but our first day of school for the 2024-2025 year will be Wednesday, August 21st. We will offer opportunities to meet our teachers at orientations and also have exciting opportunities with summer camps at our Arden campus!

If you have any questions regarding information in your Registration Packet, our Educational Director, Shelly Eldridge, is a great asset during the enrollment process. Her information is below - please reach out to her with questions. We are grateful for your support of our school, and I look forward to an excellent academic year.

Best Regards,

Rev. Ralph C. Campbell

TCCA Headmaster

Shelly Eldridge
admin@tcca.life

Student Registration Information:

Student's Full Name: _____ Last Grade completed _____

Date of Birth: _____ Gender: Female: _____ Male : _____ Incoming grade _____

Primary Contact Name: _____ Phone: _____

Student Address: _____

Checklist Of Required Paperwork To Be Returned

___ Emergency Contact

___ Medical Release Form

___ Health Screen Assessment or Copy of Last Physical

___ Special Dietary Needs

___ Immunization Records

___ Consent of Observation and Video/Audio/Photograph Permission

___ School Activities Permission

___ Technology agreement _____ Technology fee paid - Date _____

___ Internet Use Permission

___ Transfer student _____ Records request - Date sent _____

___ Hope Scholarship _____ Notice of Intent to BOE _____ Withdraw letter

___ Tuition Financial Acknowledgement and Agreement

___ Application/Enrollment Processing Fee of \$195 enclosed _____ Date fee was paid

Emergency Contact Form

Child's Full Name: _____

Primary Physical Address: _____

City: _____ State: _____ Zip: _____

Father's Name or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Name, Position: _____

Father's Work Number: _____ Cell Number: _____

Father's Primary Email Address: _____

Mother's Name or Guardian: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Employer Name, Position: _____

Mother's Work Number: _____ Cell Number: _____

Mother's Primary Email Address: _____

TCCA will make every effort to contact the above guardians before contacting Emergency contacts.

Emergency Contacts

1st Authorized Person (for emergency contact and/or pick-up) Must be different than listed above

Name: _____ Cell Number: _____

Address: _____

Employer Name and Phone: _____

Is authorized to pick up student

2nd Authorized Person (for emergency contact and/or pick-up) Must be different than listed above

Name: _____ Cell Number: _____

Address: _____

Employer Name and Phone: _____

Is authorized to pick up student

Medical Information

Healthcare Company: _____ Name of Policy Holder: _____

Policy Number: _____ Group Number: _____

Insurance Contact Number: _____ Date: _____

Primary Care Physician: _____ Phone: _____

Dentist Name: _____ Phone: _____

Medical Release

I, _____, parent (or legal guardian) request that my minor child, _____, be transported by ambulance to the following medical center in case of emergency:

I, _____, parent (or legal guardian) request that my minor child, _____, be transported to the closest medical center in case of emergency.

I, _____, parent (or legal guardian) of minor child, _____, hereby authorize an Academy staff member who is trained in child/infant CPR to perform that procedure on my child should it be deemed necessary.

I, _____, parent (or legal guardian) of minor child, _____, hereby authorize any medical or surgical treatment by medical personnel that may be necessary in an emergency, and in my absence, for the well being of the above-mentioned minor.

Printed Name of Guardian (1) _____ Date: _____

Signature of Guardian (1): _____

Printed Name of Guardian (2) _____ Date: _____

Signature of Guardian (2): _____

Child's Health Assessment

Where do you usually take your child for medical care?

Name: _____ Phone Number: _____

When was the last time your child had a physical exam? Date: _____

I have included my child's last physical exam and full medical report including immunizations

My child, _____, has the following known allergies:

I have included a physician diagnosis of known allergy.

My child, _____, has the following medical conditions:

I have included a physician diagnosis of medical condition including action plan in case of emergency.

Current Medications

Please include regularly given over the counter medications

Medication Name	Dosage	Frequency

I understand that if prescription medications are asked to be given to enrolled students at TCCA that a physician's note must be obtained prior. Physician's note must state dosage, frequency, and length of time medication can be given to the student.

I understand that over the counter medications can be given with a guardian note per the directions on the original box.

Any medication given to a student at TCCA must be in the original package.

Does your child have a history of any of the following? Please check Yes or No.

	Yes	No	Comments
Birth Defects			
Prematurity			
Hospitalization			
Surgery			
Vision Problems			
Ear Problems			
Speech Problems			
Heart Problems			
Allergic Reactions			
Bleeding Problems			
Diabetes			
Behavioral Issues			
Seizures			
Asthma			
Limits on Physical Activity			

Please communicate here any additional medical information:

Medical Statement for Children with Special Dietary Needs

This statement must be completed and submitted to The Classical Christian Academy before any meal substitutions can be made. The parent/guardian will complete Part 1 and the physician will complete either Part 2 OR Part 3. Refer to the information below for clarification. Attach a sheet with additional information if necessary. If changes are needed, the parent/guardian is required to submit a new form signed by the child's physician.

GUIDANCE

Disability:

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act (ADA)* of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

USDA regulations 7 CFR Part 15b require substitutions or modifications in CACFP meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify: the child's disability; an explanation of why the disability restricts the child's diet; the major life activity affected by the disability; the food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and food service may, but is not required to, make food substitutions for them. However, when in the licensed physician's assessment, food allergies may result in severe, life threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made.

Special Dietary Needs That Are Not a Disability:

Food service may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Each special dietary request must be supported by a statement, which explains the food substitution that is requested. It must be signed by a recognized medical authority. The medical statement must include: an identification of the medical or other special dietary condition which restricts the child's diet; the food or foods to be omitted from the child's diet; and the food or choice of foods to be substituted.

Part 1 - Parent or Guardian must complete:

Child's Full Name: _____ Date of Birth: _____

Primary Physical Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian Name: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Part 2 - For Children with a DISABILITY - Licensed Physician must complete - please supply signature and contact information

Name: _____ Signature: _____

Phone Number: _____ Date of last visit: _____ Today's Date: _____

Describe the patient's disability and the major life activities that are affected by the disability:

Foods to be omitted	Substitutions (must be listed)

Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc.):

Please provide any other information regarding the diet:

Part 3 - For Children with special dietary needs that are NOT A DISABILITY - (Recognized Medical Authority must complete - physicians, physician assistants, and/or nurse practitioners)

Name: _____ Signature: _____

Phone Number: _____ Date of last visit: _____ Today's Date: _____

Describe the medical or other special dietary need that restricts the child's diet:

Foods to be omitted	Substitutions (must be listed)

Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc.):

Please provide any other information regarding the diet:

Please ensure all immunization records and last physical are attached to your child's completed enrollment packet.

Letters of waivers must be signed by a physician and attached with the completed enrollment packet.

Video / Audio / Photograph Permission

Upon enrollment, please provide a still photo of your child for TCCA student records.

During enrollment, photographs/videos of your child may be taken by TCCA staff on personal devices. These photos/videos will be used for the following reasons listed below. If we take video, please note there may be audio of your child. Please INITIAL next to each statement that you give permission for.

___ Photographs/videos used for art, craft, and parent projects only given to parent(s)/guardian(s) of said child.

___ Photographs/videos used for bulletin board displays within TCCA buildings.

___ Photographs/videos of daily classroom and center activities taken during operation hours that may be shared with other TCCA families, via TCCA parent communication apps and used for parent/guardian meetings, general public during an Open House, or training purposes.

___ Photographs/videos of special occasions including but limited to field trips, parties, holidays, and recitals that may be shared with other TCCA families and general public during an Open House, or training purposes.

___ Photographs/videos of daily classroom, gym, Chapel, and special activities/ occasions shared on the TCCA website and our social media platforms.

I recognize and understand that having my child enrolled at TCCA, that other TCCA families might photograph or video my child at special occasions - sponsored and affiliated with TCCA. TCCA does not have control of these videos and photographs - nor can TCCA instruct other TCCA families in their distribution of videos and photographs.

___ No, I do not give permission for my child to be photographed or videotaped for any reason or purpose. I understand that my child may be removed from group pictures to protect your family choice during events and special occasions.

___ Yes, I do give permission for my child to be photographed or videotaped for any reason or purpose. I give permission for my pictures and/or videos to be used for promotional purposes.

Name: _____

Date: _____

Signature: _____

Activities Permission Form School Year 2024 - 2025

I, _____, parent (or legal guardian) give permission for my child, _____, to participate in physical extracurricular activities (including physical education) while on the TCCA Campus or off the Campus during Field Trips or Summer Cohorts, while under the supervision of the TCCA Staff.

- Yes, I give permission
- No, I do not give permission for my child to participate in physical activities.

Parent Signature: _____ Date: _____

Internet Usage Permission Form School Year 2024 - 2025

Your student may be issued a device (Amazon Fire, iPad, or Chromebook) for classwork purposes. They may access the Internet for such activities as Age of Learning as well as connectivity to the classroom Vibe SmartBoards. All Internet usage by students is monitored for safety and appropriateness by TCCA Staff. Students, parents, and staff sign policy standards in regards to internet safety procedures and policies to follow.

- No, I do not give permission for my student _____, to access the Internet while at TCCA during the school day.
- Yes, I give permission for my student _____, to access the Internet while at TCCA during the school day.

Parent Signature: _____ Date: _____

Absences and Closures

Inclement weather and closures

TCCA does NOT follow Berkeley County Public Schools closures. TCCA will communicate via our school communication app and emails to parents. Please be sure you receive notifications on the app in order to stay up to date.

Should other conditions such as: loss of heat, loss of A.C., loss of power, loss of water, etc. prevent us from opening on time or at all, a notification to the families will be announced through our App.

If it becomes necessary to close early, we will contact you through our App as soon as possible. Your child's early pick-up is your responsibility to arrange.

Absence

If your child is going to be late or absent, please make our main office aware by email or phone no later than 9:30 a.m. A signed note of absence will be required upon your child's return to school. For illness lasting longer than two days, please provide a doctor's excuse.

Students that are absent due to illness, must be fever free (100.4 or higher), vomit free, and diarrhea free for 24 hours without the assistance of medications for return to the classroom environment.

If absences affect the learning environment, and your child needs to collect work to complete at home, it is the parent's responsibility to make arrangements with the child's teacher for pick up. TCCA is not responsible for home delivery of items. Any items that are taken home, are property of TCCA and must be returned when the student returns to the classroom.

If excessive absences cause a child to fall behind in work, the expectation is for parents to assist in their child's ability to catch up with work.

Excessive absences may result in removal from The Classical Christian Academy.

The Classical Christian Academy
2024 - 2025
Acknowledgement and Agreement

My child, _____, is formally requesting enrolled in _____ (grade) at The Classical Christian Academy for the 2024 - 2025 school year.

- A full year tuition will be \$7788.00
- The monthly tuition cost is based on my financial agreement, but I recognize that I will be responsible for paying tuition in full by August 2025. 12 month payments \$649/mo - 10 month payments \$778.80/mo
- Tuition agreements must be signed by August 1st, when 2024 - 2025 school year first payment is due.
- Tuition agreements with family choice of payment will determine a family's monthly fees.
- Tuition payments include the day(s), week(s) that my child is not present due to illness, vacation and/or school closures.
- I recognize that my family is responsible for applying for The Hope Scholarship and The Classical Christian Academy does not apply for or grant acceptance. I recognize I must abide by standards and procedures designated within the criteria. TCCA does not take responsibility.
- Technology fees are required for enrollment per the following:
 - Junior Kindergarten - \$50 in September and February - total \$100
 - Kindergarten - \$100 in September and February - total \$200
 - 1st Grade - Middle School - \$150 in September and February - total \$300

I certify by signing below that I have read and fully agree to the terms and conditions above. If our family chooses to not attend TCCA in the Fall of 2024 - I will communicate with three weeks advance notice (July 31, 2024) or are at risk of being charged the first month's tuition.

Parent Signature: _____ Date: _____

Administrator signature: _____ Date: _____

Accepted: _____ Waitlist #: _____ Date on WL: _____ Date off WL: _____

Tuition Agreement

My child, _____, is formally requesting enrolled in _____ (grade) at The Classical Christian Academy for the 2024 - 2025 school year.

The Tuition is (Please choose one of the options below that best fits you and your family)

_____ **\$ 7788.00 per year (2% discount if paid in full by the first day of school)**

_____ **\$ 778.80 monthly for 10 months (August - May)** - does not include summer camp

_____ **\$ 649.00 monthly for 12 months (August - July)** - does not include summer camp

_____ I have received HOPE Scholarship Funds and my tuition will be reduced by -\$4,488.82 (I have already confirmed on www.hopescholarshipwv.com)

HOPE REDUCED PAYMENTS AS FOLLOWS: \$7788 – \$4488.82 = \$3299.18

_____ **One time payment = \$3233.20** (total is -2% of 3299.18= 65.98 savings)

_____ **\$329.92 for 10 months** (August – May) - does not include summer camp

_____ **\$274.93 for 12 months** (August – July) - does not include summer camp

Monthly fees are due on the first of the month unless the first falls on a holiday then it is due the following day. Payments made after the 6th of the month are considered late, a \$5.00 per day late charge will be assessed. Tuition payments include the day(s)/week(s) that your child is not present due to illness, vacation, and school closures.

I certify by signing below that I have read and fully agree to the terms and conditions above and agree to provide payment by:

- **Check made payable to The Classical Christian Academy the first of each month**
- **Cash payments given to the Educational Director the first of each month**
- **Credit Card payment - information is provided on the credit card payment voucher. These payments will be an automatic payment processed with a 3% processing fee on the first of each month.**

Parent Signature: _____ **Date:** _____