



ERATH CHRISTIAN ACADEMY

STUDENT ENROLLMENT FORM

Child's Name: _____

Address: _____

DOB: ____/____/____ Enrollment Date: ____/____/____ School Year of Attendance: ____/____

Mother's Information

Name: _____

Home Phone: _____ Place of Work: _____

Work Address: _____

Work Phone: _____ Cellular: _____

Email Address: _____

Father's Information

Name: _____

Home Phone: _____ Place of Work: _____

Work Address: _____

Work Phone: _____ Cellular: _____

Email Address: _____

List two emergency contacts below

Name: _____ Relationship to child: _____

Address: _____

Phone: _____

Name: _____ Relationship to child: _____

Address: _____

Phone: _____

____/____/____
Enrollment Date



CONTRACT, RATE & TERMS AGREEMENT

We (I), _____ & _____, have received and read the Erath Christian Academy (Provider) Handbook of Policies and Procedures, and we (I) agree to comply with all of the provisions in this contract. Erath Christian Academy will provide education for my (our) child(ren)

_____ DOB ____/____/____ under the following conditions:

1. Parent / guardian compliance with all policies and regulations stated in the Parent's handbook.
2. All fees will be paid on time. The agreed upon payment method will be written in below. A fee of \$35 will be charged for all checks returned by the bank. In the event of a returned check, all future payments must be made in cash or on a credit card.
3. Refunds are not given for days the child is absent (sick, vacation days, etc) or the school is closed (holidays). Sick care is not available. It is the parent's responsibility to make substitute arrangements.
4. This contract serves for the entirety of the school year. Should you choose to leave during the year, you are responsible for completing your payment of the annual tuition fee in its entirety. Children starting later in the year are responsible on a per-semester basis @ \$2,000/semester or 5-monthly payments @ \$400/month.
5. Parents arriving past the aftercare closing time of 5:00 PM must pay the late fee of \$5/minute. Parents must notify the provider if they are delayed beyond their scheduled arrival time.
6. A deposit of \$200 is due at the time of registration.
7. This contract and rate is valid for the length of the school year. Policies may be changed at any time and at the sole discretion of Erath Christian Academy.
8. Prior to the commencement of care, the following contract and forms must be on file, and remain up-to-date at all times, at the sole responsibility of the parent/guardian:
 - a. ENROLLMENT FORM
 - b. CONTRACT, RATE AND TERMS AGREEMENT
 - c. EMERGENCY MEDICAL AUTHORIZATION FORM
 - d. FOOD ALLERGY FORM
 - e. PICKUP AUTHORIZATION FORM
 - f. MEDIA USE FORM

Occurrences, which are contrary to this contract, will invalidate the contract and be cause for dismissal of the child from our program.

Payment Schedule and Fees Agreed Upon ('25-'26 school year):

- ***Annual tuition at ECA is \$4,000. As a convenience offered, tuition can be broken down into quarterly payments or 10-monthly payments beginning in August of the school year.***

☐ 10-Monthly Payments (@ \$400.00) ☐ 4-Quarterly Payments (@\$1,000.00) ☐ 1-Annual Payment (@ \$4,000.00)
☐ Sibling Discount Applies (list sibling names): _____
☐ Registration Fee: \$200.00 ☐ Book Fee: \$400.00 ☐ Chromebook Fee: \$200.00

By signatures on this Contract, the PARENT/GUARDIANS agree to abide by the Contract, Rate and Terms Agreement, the policies of the Parent Handbook, and to all terms and conditions contained therein and realizes any violation of the terms listed is cause for termination without notice. A signature of PARENT(S)/GUARDIAN(S) to this contract indicates that they have received, read, understand, and agree to abide by the written policies of the Parent Handbook.

Parent: _____ Signature: _____ Date: ____/____/____

Parent: _____ Signature: _____ Date: ____/____/____

Provider: _____ Signature: _____ Date: ____/____/____

Office Use: _____

ECA

ERATH CHRISTIAN ACADEMY

MEDIA USE PERMISSION FORM

Child's Name: _____ Age: _____

Here at Erath Christian Academy, we advertise our school activities through photos with our student. I understand the policy of Erath Christian Academy and I do / do not give my permission for my child to be used in the following:

Photos for advertising purposes on the school's social platforms _____

Parent Signature: _____ Date: ____/____/____



EMERGENCY MEDICAL AUTHORIZATION FORM

I hereby give my permission for my child(ren) _____ may be given emergency treatment (First Aid & CPR) by a qualified staff member at Erath Christian Academy.

I also give my permission for my child(ren) to be transported by ambulance, aid car, or staff car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

In case of emergency, and if emergency transportation is needed, I _____ agree to pay all costs, including transportation.

Child's Dentist / Phone #: _____

Child's Physician: _____

Physician's Address & Phone #: _____

Medical Insurance: _____

Father's Name: _____ Signature: _____ Date: __/__/__

Mother's Name: _____ Signature: _____ Date: __/__/__

ALLERGY AND FOOD PREFERENCE INFORMATION

Substances	Child's Name					(Check if allergic)	
	<i>MAY</i> be exposed	May <i>NOT</i> be exposed	<i>IS</i> allergic	Is <i>NOT</i> allergic	Not Sure	Parent(s)	Other Family Member
Foods:							
Peanuts							
Other nuts & seeds							
Citrus fruits							
Other fruits							
Cow's milk							
Yogurt							
Other dairy							
Corn							
Oats							
Wheat							
Other grains							
Yeast							
Egg yolks							
Egg whites							
Soy foods							
Fish							
Shell fish							
Environmental:							
Dust							
Mold spores							
Cats							
Dogs							
Other animals							
Pollen							
Bee stings							
Medical:							
Penicillin							
Latex							
Other (please list):							