



MARANATHA CHRISTIAN ACADEMY

P.O. Box 877•5135 McEver Road
Oakwood, GA • 30566
770-536-6334 • Fax 770-531-9625
www.MCAGeorgia.com

2010-2011 Tuition and Fee Schedule

Application Fee

\$75 Application Fee is required for those applying for the first time or those students returning to MCA after attending another school. This fee covers the application processing, testing materials and billing set-up and must accompany the completed application form. This fee is non-refundable.

Registration Fee

To be paid in full upon new student registration or re-enrollment. This fee is non-refundable.
The fee for new students is **\$250.00** Fee for re-enrolling students is **\$150.00**.

Textbook/Instructional Fee

Due upon enrollment for new students.
Due by June 1, 2010 for all re-enrolling students.

Payments Methods: **FACTS, SSO*, MasterCard, Visa, Discover**

Those choosing FACTS , are collected via automatic withdrawal from families bank account based upon an agreement with FACTS. There is a yearly fee of \$38.00 for this service, charged directly by FACTS, which will be deducted from your account before the first tuition payment.. Annual payments can be made by check or cash directly to the school without enrolling in FACTS. **Your Bank Card can be set up for monthly payment as well.**

MCA Student Scholarships Available through Corporate Giving for Education. Every family that participates will receive scholarship funding. It is possible for your child's complete tuition to be realized through this program.

Grade	Registration Fee	Textbook/Instructional Fee	1 Pay Plan	4 Pay Plan (Jul, Oct , Jan, Apr)	10 Pay Plan (Jul—Apr)	11 Pay Plan (Jun—Apr)
K3 - K4 - 1/2 Day*	\$150	\$100	\$2700	\$2755/\$688.75	\$2810/\$281.00	\$2835/\$257.73
K3 - K4 - Full Day*	\$150	\$100	\$4700	\$4795/\$1198.75	\$4890/489.00	\$4935/\$448.64
K5 – 1/2 Day	\$150	\$450	\$3200	\$3265/\$816.00	\$3330/333.00	\$3360/\$305.45
K5 **	\$150/250	\$450	\$5400	\$5510/1377.50	\$5620/\$562.00	\$5670/\$515.45
1st - 6th Grade	\$150/250	\$450	\$6000	\$6120/\$1530.00	\$6245/\$624.50	\$6610/\$600.91
7th - 11th Grade	\$150/250	\$450	\$6250	\$6375/\$1593.75	\$6500/\$650.00	\$6565/\$596.818
12th Grade***	\$150/250	\$450	\$7500	\$7650/\$1912.50	\$7800/\$780.00	\$7875/\$715.91

Exclusions: Tuition does not include before or after-care, lunches, snacks, field trips, retreats, individual student pictures, year book, PSAT college entrance testing. Miscellaneous fees maybe charged for events or functions not listed here.

* All K3 and K4 students MUST be fully potty trained

**Graduation Expenses Included



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2010-2011 Enrollment Contract

Page 1

Student Name: _____ Grade: _____ Date of Birth: _____

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Responsible Parties (Person(s) responsible for payment) —PLEASE PRINT—

Parent or Guardian: _____ Social Security #: _____
(required)

Parent or Guardian: _____ Social Security #: _____
(required)

Maranatha Christian School accepts no state, local or federal tax money for the operation of the school. The school operates solely on student tuition, fees and fundraisers. It is critical that all charges be paid completely and promptly. On the basis of this enrollment contract, the school incurs financial obligations for faculty, staff, facilities, and supplies that span the entire year. We expect, in good faith, that your child(ren) will attend MCA for the entire school year.

Please read over this entire contract, **check the appropriate boxes, initial items 3 through 9, and sign at the bottom of the page.**

1. Tuition payment plan: Check your tuition payment plan choice.

- _____ Yearly: Payment in full for the year . July 1 deadline for re-enrolling students. Due upon enrollment for new students.
- _____ Quarterly: Four payments due July 5, Oct 5, Jan, 5 and Apr 5. Payments made via bank draft through FACTS.
- _____ 10 Monthly Payments: July - April. Payments are made via bank draft through FACTS and can be on the 5th or 20th of the month.
- _____ 11 Monthly Payments: July - May. Payments are made via bank draft through FACTS and can be on the 5th or 20th of the month.
- _____ **11 Monthly Payments through Corporate Giving for Education "Pay it Forward Scholarship" (June-May)**

Note: NSF charges by FACTS are \$25.00 on each failed attempt to withdraw funds. Delinquent monthly or quarterly payments, after 3 attempts to withdraw funds, will result in withdrawal from the FACTS program. The student will not be allowed to come back to school until the account is brought current. Your account will then be placed on the monthly plan, overseen by MCA, for the remainder of the year and a one-time service charge of \$40.00 will be applied by MCA. Payments for the remainder of the school year will only be accepted in the form of a cashier's check, money order, or cash. Any parent request to change their payment plan during the school year will result in a one-time service fee of \$40.00 made payable to MCA. **Tuition and fees are non-refundable, except as outlined in this contract.**

2. Internet Agreement: Part of the program of studies at MCA involves the use of computer technology including Internet use. I understand that my child will use the internet for educational purposes under the direct supervision of a teacher.

Initial _____

3. Photographs: Unless requested by me in writing apart from this contract, MCA has permission to use photographs/video of my child as a student in school newspapers, yearbook publications, and on the MCA website as appropriate and common for school communication and publicity. Parents understand that MCA is not responsible for students who are identified in newspapers, on websites, or at public events.

Initial _____



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Enrollment Contract

4. Handbook: I/we, the parent/guardian, agree to read and abide by school policies as stated in the parent/student handbook..

Initial _____

5. Early Withdrawal Penalty: A student withdrawn for any reason, prior to the first day of school is eligible for a full refund of prepaid tuition , minus an early withdrawal fee of \$200. Should a student be withdrawn after school has begun, for any reason, including expulsion from the school, tuition must be paid through the last day of the month in which the student is withdrawn. Prepayment will be forfeited upon early withdrawal and deducted prior to any refunds or calculation of additional monies due. Registration/Reservation Fee and Textbook/Instructional Fee are non-refundable.

***For students in K3 and K4, we request 30 days notice before withdrawal. Tuition must be paid through the last day of the month in which the student withdraws. If a 30 day notice is not given, then 1 additional month of tuition will be charged.*

Initial _____

6. Lost Library Book Fee: \$20 or price of replacing the book (if book is of higher value). Student can replace the book themselves at no cost.

Lost text book fee: \$60 or price of replacing the book (if book is of higher value).

Initial _____

7. Payment Policies and Procedures: I/we, the parent/guardian(s), have read and agree to abide by the stipulations as set forth in the MCA Financial Policies and Tuition and Fees document. If tuition is past due, any fees for field trips, class trips, etc. regardless of payer's intent, will be transferred to the tuition account to satisfy any past due amount. Past due accounts may be turned over to a collection agency; parents are responsible for all collection fees.

Initial _____

Effective Date of Contract: This contract shall be effective only upon my/our signatures, receipt of MCA Enrollment Contract, and acceptance by the school and is subject to the admission policies of MCA. Enrollment as specified in this agreement may be cancelled pursuant to item # 6 above, by parent(s) or guardian(s) in writing.

By my/our signatures below, we have read and agree with the Financial Policies of MCA as outlined on the 2010-2011 Financial Policies and Tuition and Fess Schedule.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Maranatha Christian Academy admits students of any sex, race, color, national or ethnic origin to all rights privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national ethnic origin in the administration of its educational policies, admissions policies, scholarships, athletic programs, or other school-administered programs.



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2010-2011 Student Pickup Authorization

STUDENT PICKUP AUTHORIZATION FORM

If you plan to have someone else other than yourself pick up your child, please fill out this form. ONLY PERSONS NAMED ON THIS FORM WILL BE ALLOWED TO PICK UP YOUR CHILD, without you, the parent/guardian, calling the school first. Proper identification (Driver's License) will be required.

PARENTS NAMES: _____ (Please Print)

_____ (Please Print)

Parents listed above will be included on the pick up list automatically.

STUDENTS NAME(s) (List all children this form applies to. If you have a child that has different pick up requirements, please fill out an additional form)

INDIVIDUALS AUTHORIZED TO PICK UP MY/OUR CHILD

Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions
Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions
Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions
Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions

INDIVIDUALS NOT AUTHORIZED TO PICK UP MY/OUR CHILD

Name of Unauthorized Person(s) _____ _____	Please note that any parent who has legal custody (either shared or full) shall have legal authorization to pick up the child unless legal documents to the contrary are presented to the school. DOCUMENTS ON FILE: ____ YES ____ NO
Relationship to Student:	

By filling out this form you authorize Maranatha Christian Academy to release your child to any authorized persons listed.

Parent/Guardian Signature	Date
---------------------------	------



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2010-2011 Student Medical Release

Student Name: _____ Date Of Birth: _____ Grade: _____
Address: _____ City: _____ State: _____ Zip: _____
Parent Emergency Contact Numbers: 1) _____ 2) _____ 3) _____

MEDICAL INFORMATION

Check the appropriate box if your student has or has ever had any of the following medical conditions. Please explain under remarks.

- | | | |
|---------------------------|----------------------------|--|
| ____ 1. Allergies | ____ 5. Epilepsy | ____ 9. Dizziness or Fainting |
| ____ 2. Asthma | ____ 6. Hay Fever | ____ 10. Physical Handicap |
| ____ 3. Bee/Wasp Reaction | ____ 7. Heart Trouble | ____ 11. Respiratory Problems |
| ____ 4. Diabetes | ____ 8. Penicillin Allergy | ____ 12. Any Medical Problems not listed |

Remarks: _____

Does your child take prescribed medication regularly? Yes ____ No ____ If so, what medication _____
Will your child require an epi-pen or asthma inhaler on site? ____ Yes ____ No. If, YES, please provide one to keep on site at school.
If medication is taken at school, please provide medications and any instructions we need to know about administering this medication.

MCA is authorized to give the following OTC medications? ____ Ibuprofen ____ Acetaminophen ____ Tums ____ Pepto-Bismol

EMERGENCY CONTACTS

The people listed below, in addition to parents/guardians, have authority to be contacted regarding the above named student in the event a parent cannot be reached.

Last Name	First Name	Relationship	Home #	Cell#	Other Phone #
In case of an emergency, we will provide this information to the hospital or physician on call.					

Student's Physician: _____ Ph: _____ Dentist: _____ Ph: _____

Insurance Company: _____ Policy #: _____ Group #: _____

PARENT/GUARDIAN RELEASE

As the parent/legal guardian of the above named minor, I authorize representatives of Maranatha Christian Academy to administer the medication mentioned above. In the event I cannot be reached, I authorize a representative of Maranatha Christian Academy to consent to any X-ray examination, anesthetic, medical, dental, or surgical treatment which will aid the hospital and/or health care practitioner in making a diagnosis and providing emergency treatment for my child. I agree to be financially responsible for all costs and fees incurred in the emergency treatment provided to my child, including but not limited to emergency medical transportation deemed necessary by the attending staff, adult, paramedic, or healthcare practitioner. I understand that every reasonable effort will be made to contact me before these actions are taken. All copies of this form are to have an original signature and notary signature (MCA has a notary on staff)

Parent/Guardian Signature

Printed Name

Date



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Student Record Release

The following student has expressed an interest in attending Maranatha Christian Academy. Please return this form and the following information to the school Registrar at the above address.

Student Applicant ~ *Please print*

Student

Birthday

Previous School

Grade Last Attended

Street Address

City

State

Zip

Phone #

Fax #

Parent/Guardian ~ *Please print*

I certify that I am the parent or legal guardian of the above-named student.

Parent Signature

Date

- Student Needed:
- Academic Records
 - Birth Certificate
 - Health Records
 - Achievement Tests or Achievement Test Summaries
 - Diagnostic Testing Summaries
 - Significant Discipline or Behavior Difficulties
 - Psychological Evaluations
 - Recommendation for Remediation
 - Record of Remediation and Resulting Summary
 - Special Education, IEP
- Records



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K-4 through 5th Grade
Teacher's Recommendation

To the Parent: *Please complete the student information and give this form to the student's teacher with a stamped envelope addressed to Maranatha Christian Academy, P.O. Box 877, Oakwood, GA 30566. Please read and sign the statement below.*

I hereby voluntarily waive my right of access to any information on this recommendation form and agree that the statement shall remain confidential.

Signature of Parent or Legal Guardian

Date

Name of Student

Current Grade

To the Teacher: *We appreciate your cooperation and candor in completing this form. Please return the completed form directly to Maranatha Christian Academy. If you have any questions, please call us at 770-536-6334.*

How long have you known this student? _____

To your knowledge has this student ever been suspended or expelled from your school or any other prior school? ____ Yes ____ No

If Yes, please explain the circumstances? _____

Please evaluate the students abilities in the following areas:

	Excellent	Above Average	Average	Needs Improvement
Follows directions				
Completes tasks				
Works independently				
Works in a group				
Seeks help when needed				
Demonstrates good organizational skills				
Works neatly				
Moves from one task to another				
Displays intellectual curiosity				
Retains learned material				
Participates in class discussions				
Cooperates with classmates				
Respects property of others				
Respects teacher				
Respects others in authority				
Exhibits self-control				
Adjusts to new situations				

For students entering **K4 through 2nd Grades** please complete the grid below:

	Well Developed	Average Development	Needs Development
Fine motor skills			
Large motor skills			
Speech (articulation)			
Visual perception			

Please comment on what you have observed regarding the student's:

Emotional Development: Does the student display appropriate maturity relative to his/her age? How does the student react to conflict, frustration, and transition?

Personal Qualities: Is he/she reserved or outgoing? Do you consider this student a person of honesty and integrity? Does the student display leadership qualities? Does she/he exhibit concern for others?

Relationships with others: Does this student demonstrate concern for others? Is he/she cooperative with classmates and teachers? Is he/she respected by his/her peers?

To your knowledge does this student receive outside tutoring or instruction?

Please describe the family's involvement and cooperation with the school community.

What three words come to mind when you first think of this student?

Signature

Name of School

Your name (please print)

Address

Position

Phone

Date



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Math Teacher Recommendation

Grades 6th-12th

To the Parent: *Please complete the student information and give this form to the student's teacher with a stamped envelope addressed to Maranatha Christian Academy, P.O. Box 877, Oakwood, GA 30566. Please read and sign the statement below.*

I hereby voluntarily waive my right of access to any information on this recommendation form and agree that the statement shall remain confidential. I hereby authorize the release of my child's records and evaluative data.

Current School

Phone Number

Fax Number

Name of Student

Applying for Grade

Signature of Parent or Legal Guardian

Date

To the Teacher: *We appreciate your cooperation and candor in completing this form. Please return the completed form directly to Maranatha Christian Academy. If you have any questions, please call us at 770-536-6334.*

How long have you known this student? _____ In what years did you teach the student? _____

What course did you teach him/her? _____ Class Size: _____

To your knowledge has this student ever been suspended or expelled from your school? ____Yes ____No

If Yes, please explain the circumstances, if known? _____

Student's Math Background: Please check which level of math class you feel this student will be ready for at the beginning of the next school year.

____ Basic First Year Algebra (does not include extensive study of rational expressions, irrational numbers, and quadratic equations)

____ 2nd Year Algebra (includes numerical trigonometry through the laws of sine and cosine)

____ 1st Year Algebra (a thorough course which includes quadratics)

____ Pre-Calculus (an introduction)

____ Geometry

____ Calculus (an introduction)

____ 2nd Year Algebra (not including trigonometry)

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgement, do not hesitate to say so.

	Excellent	Above Average	Average	Needs Improvement	No basis for Judgement
Knowledge of the basic skills					
Problem Solving Ability					
Effort/Determination					
Overall Performance					
Academic Potential					
Intellectual Curiosity					
Ability to Work Independently					
Responsibility					
Organization					
Concern for Others					
Honesty/Integrity					
Self-Esteem					
Maturity (relative to age)					
Respect Accorded by Faculty					
Respect Accorded by Peers					
Overall Evaluation as a Student					
Overall Evaluation as a Person					

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application.

Signature

Name of School

Your name (please print)

Address

Position

Phone

Date



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English Teacher Recommendation

Grades 6th-12th

To the Parent: *Please complete the student information and give this form to the student's teacher with a stamped envelope addressed to Maranatha Christian Academy, P.O. Box 877, Oakwood, GA 30566. Please read and sign the statement below.*

I hereby voluntarily waive my right of access to any information on this recommendation form and agree that the statement shall remain confidential. I hereby authorize the release of my child's records and evaluative data.

Current School

Phone Number

Fax Number

Name of Student

Applying for Grade

Signature of Parent or Legal Guardian

Date

To the Teacher: *We appreciate your cooperation in completing this form. Please return the completed form directly to Maranatha Christian Academy. If you have any questions, please call us at 770-536-6334.*

How long have you known this student? _____

To your knowledge has this student ever been suspended or expelled from your school or any other prior school? ____ Yes ____ No

If Yes, please explain the circumstances? _____

Briefly describe your course. It is especially helpful to know what texts are used.

How accurately does the student read and understand what he or she has read?

How well does the student write in comparison with other students whom you have taught? Please be specific about areas of strength and weakness.

How well does the student accept advice or criticism?

What are the first three words that come to mind when describing this student?

Please evaluate the students abilities in the following areas:

	Excellent	Above Average	Average	Needs Improvement
Overall academic achievement				
Study habits				
Academic Potential				
Works independently				
Works in a group				
Seeks help when needed				
Demonstrates good organizational skills				
Displays intellectual curiosity				
Participates in class discussions				
Cooperates with classmates				
Respects property of others				
Respects teacher				
Respects peers				
Respects others in authority				
Exhibits self-control				

If the student is relatively weak or strong in any areas listed above, please elaborate.

Is there additional information you would like to share about this student?

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application process.

Signature

Name of School

Your name (please print)

Address

Position

Phone

Date