

**2017-2018 Application for Enrollment Today's Date \_\_\_\_\_**  
**\*\*\*FORMS WILL NOT BE ACCEPTED WITHOUT PAYMENT\*\*\***

Name of Student \_\_\_\_\_  
Last First MI

**Birth Date** \_\_\_\_\_ Circle one: Male Female  
New Students require birth certificate

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

Father's Name \_\_\_\_\_ Father's Email \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Email \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Student lives with \_\_\_\_\_

Who is responsible for Tuition obligation? \_\_\_\_\_

Do you have siblings? Please indicate the sibling's name/age/school they attend \_\_\_\_\_

\_\_\_\_\_

Previous school attended \_\_\_\_\_ Grade completed \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Has your child ever been suspended or expelled from school?  Yes  No If yes, explain.

Is there an academic or behavioral concern we should be informed of?  Yes  No

Please note our policy: If Olive Branch Christian Academy finds that student information which effects academic performance or student's behavior has not been thoroughly disclosed, Olive Branch Christian Academy will terminate enrollment and registration and tuition paid will not be refunded.

Does your family attend church regularly? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, What church do you attend \_\_\_\_\_

If yes, how often? \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ A few times annually

**Olive Branch Community Church Members:**  I would like to apply for a church member discount.  
*Membership discount applications must be filled out annually.*

How did you hear about Olive Branch Christian School? \_\_\_\_\_

OFFICE USE ONLY: Enrollment forms received on \_\_\_\_\_ Time \_\_\_\_\_  
Payment amount \_\_\_\_\_ Check/Cash number \_\_\_\_\_ Coupon: \_\_\_\_\_

## DAYCARE REGISTRATION

Please mark the box with the daycare schedule you are selecting for this year.

Options:

Cost:

Morning Daycare from 6:30 a.m. to 8:20 a.m.      \$73.00/month  
Approximate time of drop off: \_\_\_\_\_

Afternoon Daycare from 3:00 p.m. to 6:00 p.m.      \$135.00/month  
Approximate time of pick up: \_\_\_\_\_

Fulltime Daycare (morning and afternoon)      \$180.00/month  
Approximate time of drop off: \_\_\_\_\_ Approximate time of pick up: \_\_\_\_\_

Hourly\*      Number of hours \_\_\_\_\_      \$5.00/per hour  
Days Required  Mon.  Tues.  Wed.  Thurs.  Fri.

\*Note: you will be charged for the entire hour (even if you are only utilizing a portion of it)

I am enrolling my child in the daycare program indicated above and understand that tuition payments and daycare payments are due by the first day of each month. If hourly, pay at time of invoice. Invoices will be sent home weekly.

- I understand that I must notify the OBCA office two weeks in advance of any changes I wish to make to my daycare schedule.
- I understand that if I do not indicate the time of pick-up when signing out, I will be charged till 6:00 pm.
- I understand that if my child is picked up after 6:00 p.m. I am charged \$1.00 per minute.
- I understand that if my child has been picked up after 6:00 p.m. on multiple occasions, my use of the afterschool daycare may be suspended.

Date \_\_\_\_\_ Mother's Signature \_\_\_\_\_ Home # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Date \_\_\_\_\_ Father's Signature \_\_\_\_\_ Home # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

7702 El Cerrito Road, Corona, CA 92881 (951) 279-9977

# Olive Branch Christian Academy 2017-2018 Financial Contract

## Registration

- A non-refundable registration fee is due at the time of registration. This fee holds your child's place on the roster and contributes to the cost of your child's textbooks, insurance costs, A.C.S.I. fees, and assessment materials. It is not prorated during the year as the costs are incurred whether your child attends for one month or a complete year.
- All textbooks are property of the school.
- Registration includes the initial back to school supplies for each student. When supplies run out parents are responsible to replenish any supplies needed.
- Returning Students who have a past due balance will be allowed to register but will not be allowed to attend school if past dues still exist on the first day of school.

## Payments Options

Returning Academy Students (prior to March 1)

- 1. One Payment in Full in the amount of \$225.00.
- 2. Four equal payments of \$56.25 starting February 2017 and continuing through May 2017.  
*A missed payment may result in your child being dropped from the enrollment list*
- 3. One Payment in Full in the amount of \$300.00. **(New Families, Preschool Families or Returning Families enrolling after March 1<sup>st</sup>)**

## Tuition and Withdrawals

- Monthly tuition payments are due the first day of every month. No child will be allowed to attend class unless their tuition is current.
- Payments received after the 5<sup>th</sup> of the month are considered past due.
  - You will be charged a late fee of \$25.00 if the payment is received after the 5<sup>th</sup> of the month.
  - Your child will not be allowed to attend school until payment is made in full. The position your child holds will be considered open to those on the waiting list and/or open enrollment.
- There will be a \$25 service fee for all checks returned from the bank.
- Students who have a past due balance but will not be allowed to attend school.
- As good stewards of our resources with which God has entrusted us, we require at least two weeks' notice if, for some reason, your child will be withdrawn from school. Upon withdrawal (for any reason) at any time after the first day of school, 10% of the balance of remaining tuition will be withheld from a refund or billed upon withdrawal. Those who withdraw for any reason must fill out an exit form. Until the exit form is completed and returned to the office a spot is still held for your student, and you will be charged until the form is received. Charges will be computed on a daily basis.

**Payment Options:**

2017-2018 Tuition: **If you are registering after July 15th, Option 2 is not available.**

1. One payment in full, \$6,200.00 due by August 1, 2017.
2. Twelve equal monthly payments starting July 1, 2017 and ending June 1, 2018. Single student rate: \$517; Sibling discount for 2<sup>nd</sup> child rate: \$440.00; Sibling discount for 3<sup>rd</sup> child: \$388.00; Sibling discount for 4<sup>th</sup> child rate: \$336.00; Sibling discount for 5<sup>th</sup> child rate: \$285.00.
3. Ten equal monthly payments starting August 1, 2017 and ending May 1, 2018. Single student rate: \$620.00; Sibling discount for 2<sup>nd</sup> child rate: \$527.00; Sibling discount for 3<sup>rd</sup> child rate: \$465.00; Sibling discount for 4<sup>th</sup> child rate: \$403.00; Sibling discount for 5<sup>th</sup> child rate: \$341.00.
4. Enrolled after September, payments due monthly or elect to pay in full on a pro-rated basis.

***A Financial Commitment letter will be sent to you via email outlining the payment plan you have chosen.***

***No Monthly invoices will be sent.***

**Payment Option you are choosing:-----1-----2-----3-----4(Circle One)**

- Single Student: Student's Name \_\_\_\_\_
- 2<sup>nd</sup> Sibling: Student's Name \_\_\_\_\_
- 3<sup>rd</sup> Sibling: Student's Name \_\_\_\_\_
- 4<sup>th</sup> Sibling: Student's Name \_\_\_\_\_
- 5<sup>th</sup> Sibling Student's Name \_\_\_\_\_

***ALL of the below information must be completed for enrollment.***

Person responsible for Tuition obligation: \_\_\_\_\_

Email of person financially responsible for tuition: \_\_\_\_\_

**Mother's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Print Mother's Name: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell # (\_\_\_\_\_) \_\_\_\_\_ S.S.# \_\_\_\_\_ D.L.# \_\_\_\_\_

**Father's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Print Father's Name: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell # (\_\_\_\_\_) \_\_\_\_\_ S.S.# \_\_\_\_\_ D.L.# \_\_\_\_\_