

LIBERTY CHRISTIAN ACADEMY

School Grades 1 - 12

Page 1 of 20

New Student Enrollment Form

One Per Family

Student Information

Student's Name:	_____	_____	_____	_____
	Last	First	Middle	Suffix
Preferred Name:	_____	_____	Grade to Enter:	_____
Date of Birth:	_____	Gender: _____	SSN: _____	
Race:	_____	Blood Type: _____	Church Affiliation:	_____
E-Mail Address:	_____	_____	Student Cell Phone:	_____

Student Information

Student's Name:	_____	_____	_____	_____
	Last	First	Middle	Suffix
Preferred Name:	_____	Title: _____	Grade to Enter:	_____
Date of Birth:	_____	Gender: _____	SSN: _____	
Race:	_____	Blood Type: _____	Church Affiliation:	_____
E-Mail Address:	_____	_____	Student Cell Phone:	_____

Student Information

Student's Name:	_____	_____	_____	_____
	Last	First	Middle	Suffix
Preferred Name:	_____	Title: _____	Grade to Enter:	_____
Date of Birth:	_____	Gender: _____	SSN: _____	
Race:	_____	Blood Type: _____	Church Affiliation:	_____
E-Mail Address:	_____	_____	Student Cell Phone:	_____

Student Information

Student's Name:	_____	_____	_____	_____
	Last	First	Middle	Suffix
Preferred Name:	_____	Title: _____	Grade to Enter:	_____
Date of Birth:	_____	Gender: _____	SSN: _____	
Race:	_____	Blood Type: _____	Church Affiliation:	_____
E-Mail Address:	_____	_____	Student Cell Phone:	_____

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New Family Enrollment Form

One Per Family

Family Information

This family information is applicable to the following students:

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Primary Residence Information

Address Line 1: _____

Address Line 2: _____

City State Zip Code County

Home Phone 1: _____ Home Phone 2: _____

Primary Parent or Guardian One- Relation to the child(ren):

Name: _____
Last First Middle Suffix

Preferred Name: _____ Title: _____ E-Mail Address: _____

Cell Phone: _____ Pager: _____ Add as an Emergency Contact?: _____

Company Name: _____ Job Title: _____ Allowed to pick up student?: _____

Business Phone 1: _____ Ext: _____ Business Phone 2: _____ Ext: _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____ Pastor: _____

Primary Parent or Guardian Two- Relation to the child(ren):

Name: _____
Last First Middle Suffix

Preferred Name: _____ Title: _____ E-Mail Address: _____

Cell Phone: _____ Pager: _____ Add as an Emergency Contact?: _____

Company Name: _____ Job Title: _____ Allowed to pick up student?: _____

Business Phone 1: _____ Ext: _____ Business Phone 2: _____ Ext: _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____ Pastor: _____

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New Family Enrollment Form

One Per Family

Secondary Residence Information

Address Line 1: _____
Address Line 2: _____

City	State	Zip Code	County
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Home Phone 1: _____ Home Phone 2: _____

This family information is applicable to the following students:

Secondary Parent or Guardian One- Relation to the child:

Name: _____

Last	First	Middle	Suffix
------	-------	--------	--------

Preferred Name: _____ Title: _____ E-Mail Address: _____

Cell Phone: _____ Pager: _____ Add as an Emergency Contact?: _____

Company Name: _____ Job Title: _____ Allowed to pick up student?: _____

Business Phone 1: _____ Ext: _____ Business Phone 2: _____ Ext: _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____ Pastor: _____

Secondary Parent or Guardian Two- Relation to the child:

Name: _____

Last	First	Middle	Suffix
------	-------	--------	--------

Preferred Name: _____ Title: _____ E-Mail Address: _____

Cell Phone: _____ Pager: _____ Add as an Emergency Contact?: _____

Company Name: _____ Job Title: _____ Allowed to pick up student?: _____

Business Phone 1: _____ Ext: _____ Business Phone 2: _____ Ext: _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____ Pastor: _____

Please list any custody issues and attach a copy of the divorce or legal guardianship decree.

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One Per Family

Emergency Contacts (other than Parents)

Contact Name:	_____	Relation:	_____
Home Phone:	_____	Business Phone:	_____
Cell Phone:	_____		_____
Contact Name:	_____	Relation:	_____
Home Phone:	_____	Business Phone:	_____
Cell Phone:	_____		_____
Contact Name:	_____	Relation:	_____
Home Phone:	_____	Business Phone:	_____
Cell Phone:	_____		_____

People Authorized to Pickup Students From School (other than Parents and Emergency Contacts)

Name:	_____	Phone:	_____
Name:	_____	Phone:	_____
Name:	_____	Phone:	_____

Family Medical Contacts and Information

Physician:	_____	Phone Number:	_____
Dentist:	_____	Phone Number:	_____
Hospital:	_____	Phone Number:	_____
Insurance:	_____	Phone Number:	_____
Policy Number:	_____		

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Family Enrollment Form

One Per Family

Authorization for Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child(ren) at the time of an illness, accident, or injury, I give my permission for:

Any Employee of Liberty Christian Academy to obtain whatever treatment may be deemed necessary for:

Student Name:	Student Name:
Student Name:	Student Name:

Emergency Parental Consent

When there is a medical emergency, or when a child needs immediate medical treatment, the staff of Liberty Christian Academy will take all reasonable steps to see that the students in their care receive adequate medical care. When appropriate, Liberty Christian Academy will call 911 and the parent(s). If the parent(s) cannot be reached, Liberty Christian Academy will call the person(s) listed below who are authorized by the parent to give permission for the *medical treatment* of the student.

Name:	Phone:
Name:	Phone:

If the parent(s) and the authorized person(s) cannot be reached, Liberty Christian Academy will call the student's doctor, identified in the student's medical information. If the student must be taken to a hospital, Liberty Christian Academy has permission to have the student transported by ambulance to the student's hospital, identified in the student's medical information. If, under the circumstances, it is more reasonable to bring the student to another hospital, Liberty Christian Academy is authorized to give permission to do so. In the situation where the parent(s) and the person(s) authorized to give permission for medical treatment cannot be reached, the parent authorizes the attending physician to provide the appropriate medical treatment for the child.

Please list any medical problems, allergies, and prescribed medications for each student:

Student Name:	
Medical Problems:	
Allergies:	
Medications:	
Student Name:	
Medical Problems:	
Allergies:	
Medications:	
Student Name:	
Medical Problems:	
Allergies:	
Medications:	
Student Name:	
Medical Problems:	
Allergies:	
Medications:	

I agree to promptly notify the Liberty Christian Academy office of any changes of the above information. This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information may result in termination of services.

Father/Guardian Signature:	Phone:
Mother/Guardian Signature:	Phone:

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Family Enrollment Form

One Per Family

Emergency Transportation Authorization

I understand that I will be notified as soon as possible in case of an emergency which requires transportation to an alternate facility for safety purposes. I give *Liberty Christian Academy* my permission to transport my child(ren), listed on the reverse side of this form, to a safe location in the case of any emergency that would require evacuation of the LCA campus.

(Custodial Parent's Signature Required):

Father/Guardian Signature:	Phone:
Mother/Guardian Signature:	Phone:

Field Trip Permission and Waiver

The students enrolled in our school have many opportunities to participate in various off campus activities as an outgrowth of learning themes. Occasionally, it will be to their advantage to attend activities away from the Liberty Christian Academy Campus on an optional basis ("field trips"). However, Liberty Christian Academy, and the Board of Education cannot assume responsibility for the safety and welfare of students while engaged in a field trip beyond making reasonable staff provision for activities.

I understand that my child(ren) must abide by all Liberty Christian Academy rules, regulations and employee instructions on all field trips. I understand that Liberty Christian Academy staff cannot prevent injuries because they cannot always control the conditions present.

Your signature below constitutes and is evidence of your agreement to (1) accept general liability for the participation of your child(ren) in the field trips taken by Liberty Christian Academy and (2) indemnify and hold harmless Liberty Christian Academy of East Central Missouri, its Board of Education, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorneys' fees and cost expended in defense thereof, incurred or resulting from your child(ren) participating in field trips taken with Liberty Christian Academy of East Central Missouri, including transportation.

(Custodial Parent's Signature Required):

Father/Guardian Signature:	Date:	Phone:
Mother/Guardian Signature:	Date:	Phone:

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Family Enrollment Form

One Per Family

Permission to Administer Over the Counter Medication

This permission form is applicable to the following students:

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

Please complete this section if you wish to allow LCA to give your child over the counter medications, as needed.

I hereby give Liberty Christian Academy permission to administer the following non - prescription medications and external preparations to my child(ren), listed above, in accordance with the directions for use on the container.

Medication or Preparation			Brand
	Yes	No	
Pain & fever reducer (Tylenol or Motrin, generic brands)*	Yes	No	
Benadryl	Yes	No	
Neosporin, triple antibiotic, or similar ointment	Yes	No	
First - aid, insect sting, or burn spray	Yes	No	
Sunscreen*	Yes	No	
Insect repellent	Yes	No	
Non - prescription ointment (such as A & D, Vaseline, etc.)	Yes	No	
Heartburn or upset stomach relief (such as Tums, Pepto Bismol)	Yes	No	
Non - prescription eye and ear drops	Yes	No	
Other*	Yes	No	

* If your child requires a specific brand of medication, it must be provided and brought to the office by the parent in the original container, with the student's name clearly marked. LCA will NOT administer the first dose of any prescribed or over-the-counter medication in case of severe reactions to a new medication.

I hereby request that Liberty Christian Academy administer one or more of the above medications or external preparations in accordance with the directions on the container as needed. I release Liberty Christian Academy from any liability for administering these medications and preparations.

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Father/Guardian Signature

Date

Mother/Guardian Signature

Date

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Family Enrollment Form

One Per Family

Permission to Administer Prescription Medication

Student Name:

Medication*	Start Date	End Date	Dosage	Time to be Given	Special Instructions	

Parent Signature:

Date:

Medication*	Start Date	End Date	Dosage	Time to be Given	Special Instructions	

Parent Signature:

Date:

Student Name:

Medication*	Start Date	End Date	Dosage	Time to be Given	Special Instructions	

Parent Signature:

Date:

Medication*	Start Date	End Date	Dosage	Time to be Given	Special Instructions	

Parent Signature:

Date:

Student Name:

Medication*	Start Date	End Date	Dosage	Time to be Given	Special Instructions	

Parent Signature:

Date:

Medication*	Start Date	End Date	Dosage	Time to be Given	Special Instructions	

Parent Signature:

Date:

Student Name:

Medication*	Start Date	End Date	Dosage	Time to be Given	Special Instructions	

Parent Signature:

Date:

Medication*	Start Date	End Date	Dosage	Time to be Given	Special Instructions	

Parent Signature:

Date:

* This prescription medication must be provided and brought to the office by the parent in the original container, with the student's name clearly marked. LCA will NOT administer the first dose of any prescribed or over-the-counter medication in case of severe reactions to a new medication.

LIBERTY CHRISTIAN ACADEMY

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Family Enrollment Form

One Per Family

Financial Policy

Application Fees:

Application fees are due at the time of application for each new student in the family. *The application fee is non-refundable and non-transferable.*

- New Students** – A one-time application fee of \$50 is due for each new student enrolling at LCA.
- Eagles' Nest Students** – Students transferring from Eagles' Nest into the school will pay a one-time reduced application fee of \$25.

Additional Applicable Fees:

- Athletic Fees** – An athletic fee is due for each sport played by the student.
- Lab Fees** – A lab fee of \$25 is due for each science class in which a high school student is enrolled.
- Graduation Fee** – A graduation fee is due for each senior graduating.
- Foreign Language Fee** – A foreign language fee is due for each student enrolled in a foreign language class for the purchase of a headset.

Enrollment Fees:

A \$350 enrollment fee is due at the time of enrollment for each enrolling student in the family. The cost of books is included in the enrollment fee. A space cannot be reserved until the enrollment fee has been paid. All enrollment forms must be completed and turned in to the office prior to the first day of class. *The enrollment fee is non-refundable and non-transferable.*

Tuition Payment Options:

Grade Level	Tuition	Pre Pay in Full 3% Discount	12 Month Payment Schedule	11 Month Payment Schedule	10 Month Payment Schedule
1st - 4th	\$3,400.00	\$3,298.00	\$283.34	\$309.10	\$340.00
5 th -8 th	\$3,750.00	\$3,637.50	\$312.50	\$340.91	\$375.00
9 th -12 th	\$4,150.00	\$4,025.50	\$345.84	\$377.28	\$415.00
Senior Hourly	\$650/hour \$2,075.00 minimum	TBD: \$	TBD: \$	TBD: \$	TBD: \$
<i>1st Monthly Payment Due in:</i>			<i>June</i>	<i>July</i>	<i>August</i>

Tuition may be paid using any *one* of the following options:

- Annual Payment Option** – a single payment of total tuition for the year is due in the *Office* by July 15th.
- Semi-Annual Payment Option** – two equal payments, with the first payment due on August 15th and the second payment due on January 15th.
- Monthly Payment Option** – ten, eleven, or twelve automatic payments (June-May). The payment can be made on either the 4th or 19th of each month, with the date selected by the family.
- Twice-Monthly Payment Option** – twenty, twenty-two, or twenty-four automatic payments (June-May). The payments are made on the 4th and 19th of each month.

School Tuition Payment Discounts:

Discounts are available to qualifying students enrolled full-time in kindergarten through 12th grade at Liberty Christian Academy. The following discounts are not available to students enrolled in Eagles' Nest Infant – K4 classes. Discounts do not apply to application and/or enrollment fees. Discounts **can not** be combined, with the exception of the prepay discount.

1. **Pre-Pay Discount:** There is a 3% discount on tuition if the amount is paid in full by July 15th. Tuition paid after July 15th will be charged at the full amount. This discount does not apply to application and/or enrollment fees.
2. **Multi-Child Discount:** Multi-Child discounts are available for full-time students in kindergarten through 12th grade. Students enrolled part-time, seniors enrolled for less than a full day, or Eagles' Nest Infant – K4 classes do not qualify for the multi-child discount. When calculating the multi-child discount, the child(ren) with the highest tuition are considered the 1st child and 2nd child.
 - 1st and 2nd children pay full tuition
 - 3rd child receives a 20% discount
 - 4th and additional children receive a 50% discount
3. **Pastoral Discount:** Pastoral discounts are available. Please contact the school office for details.

Fundraising & Service Hour Requirements:

Each student enrolled in Liberty Christian Academy is required to raise a minimum of \$500 in fundraising profit. Half of the fundraising requirement must be completed by December 31st or paid by January 10th. The remaining half of the fundraising requirement must be completed by May 15th or paid by May 25th. Any unpaid amounts will be automatically deducted from your account 5 business days after the due date. See the fundraising requirement form for more details. In addition, each family enrolled is required to complete a minimum of 20 service hours. See the service hour work log form for more details.

Approved Methods of Payment:

1. Preauthorized Account Deduction from a checking account
2. Preauthorized Credit Card Charge – you will be assessed a 5% fee per transaction
3. Check/Cash is **only** accepted for Semi-Annual & Annual payments

The Preauthorized Payment Consent Form must be completed by all families. The authorization form must have a voided check and credit card information attached. Whenever a change of bank or account occurs, the school office needs to be notified in writing, and a new authorization form must be completed at least ten (10) days prior to the next withdraw to avoid NSF or stop payment fees.

Withdrawal/Mid-Year Enrollment:

When withdrawing or enrolling a student mid-month, the entire month will be due. For example, if a student starts on the 24th of January the entire month is due, vice versa; if a student withdraws on the 4th of January the entire month is due.

Stop Payment Fee:

There will be a stop payment fee of \$15 assessed each time an automatic withdrawal is canceled less than ten (10) days in advance. No payment will be stopped with less than twenty four (24) hours notice.

Returned Payment Policy:

There will be a fee assessed each time a payment is attempted and returned from the bank. This will include non-sufficient funds, stopped payments, closed accounts, denied credit cards, or any other reason an item is returned. You may receive a letter and charges from your financial institution in addition to our fees.

- | | | |
|----|----------------|---------------------------------------|
| 1. | First Offense | \$35 Fee |
| 2. | Second Offense | \$50 Fee |
| 3. | Third Offense | \$75 Fee |
| 4. | Fourth Offense | Remaining Tuition will be due in FULL |

Delinquent Account Policy:

Any account with a past due balance equal to or greater than 2 weeks will be charged interest at the rate of 1.5% per month (18% annually) calculated from the original due date. Families with accounts that are not brought current within 30 days will be asked to attend a parent conference with school administration. At this time the entire delinquent amount, including interest and transaction fees, will be charged to your credit card.

I have read and agree to adhere to all LCA Financial Policies:

Father Signature

Date

Mother Signature

Date

LIBERTY CHRISTIAN ACADEMY

School Grades 1 - 12

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Family Enrollment Form

One Per Family

Financial Agreement

Directions:

Please indicate your choice of payment schedule by initialing beside *one* option listed below. Turn this sheet over and complete both credit card and bank information. If you choose a monthly payment plan Indicate your choice of transaction date by initialing in the designated area below.

_____ 4th day of each month _____ 19th day of each month
_____ Twice-Monthly Payments on the 4th and 19th Days of Each Month

Payment Options

Option 1: Annual Payment – Prepay full tuition by July 15th. Reflects 3% discount off total yearly tuition only - not fees.

_____ Check
_____ Cash
_____ Preauthorized Credit Card (5% will be added to the total amount)

Option 2: Semi-Annual Payments – Two equal payments due by August 15th and by January 15th.

_____ Check
_____ Cash
_____ Preauthorized Credit Card (5% will be added to the total amount)

Option 3: Twelve-Month Payment Plan – Payments beginning in June reflect total amount due divided into 12 or 24 payments.

_____ Preauthorized Account Deduction
_____ Preauthorized Credit Card Charge (5% will be added to each transaction)

Option 4: Eleven-Month Payment Plan – Payments beginning in July reflect total amount due divided into 11 or 22 payments.

_____ Preauthorized Account Deduction
_____ Preauthorized Credit Card Charge (5% will be added to each transaction)

Option 5: Ten-Month Payment Plan – Payments beginning in August reflect total amount due divided into 10 or 20 payments.

_____ Preauthorized Account Deduction
_____ Preauthorized Credit Card Charge (5% will be added to each transaction)

Option 6: Mid-Year Enrollment Payment Plan – Payments beginning the first month of enrollment reflect total amount due divided into a determined number of payments. Full payments must be completed by May. Please indicate choice of transaction date by initialing in the above designated area.

_____ Preauthorized Account Deduction
_____ Preauthorized Credit Card Charge (5% will be added to each transaction)

For Office Use Only:

Number of Payments _____

Payments Beginning _____

Total Tuition Due: _____

Monthly Payment Amount _____

LIBERTY CHRISTIAN ACADEMY

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Family Enrollment Form

One Per Family

Preauthorized Payment Consent Form

Preauthorized Credit Card Charge:

I (we) hereby authorize Liberty Christian Academy (hereafter referred to as "LCA") to initiate recurring credit/debit card charges to the below referenced credit/debit card account for the purpose of collection of tuition related payments. I (we) understand that the charges to the below referenced credit/debit card account will be based on charges that are *due and payable* at the time of the credit card transaction. I also understand that a 5% transaction fee will be added to each transaction. I understand that this agreement is between LCA and myself (us). I further understand that LCA utilizes Pay Pal to bill all credit/debit cards. Therefore, I hereby indemnify and hold harmless, LCA from any and all liability resulting from any and all single and/or recurring transactions. ***I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give LCA written notice of revocation. A minimum of 10 business days is required to affect revocation.***

Visa MasterCard American Express Discover

E-mail: _____

Cardholder Name

Account Number

Cardholder Billing Address

Expiration Date

City State Zip

Cardholder's Signature

CVV Number:

For Visa, MasterCard, and Discover Card: The CVV Number is a three digit security code printed on the back of your card. The number appears in reverse italic at the top of the signature panel at the end.

For American Express: The CVV Number is a 4 digit number found on the front of your card.

Preauthorized Account Deduction:

- Please provide credit card information above in addition to account deduction information.
- Please attach a voided check from the account to be drafted – deposit slips are not accepted.

Name on Account

Bank or Credit Union Name

Street Address

Routing Transit Number

City State Zip

Account Number

I (we) hereby authorize a recurring bank draft on the account designated by the attached voided check. I (we) understand the transaction will occur on the date(s) of each month that I have indicated. I (we) understand that if I (we) choose the Preauthorized Account Deduction, that credit card information is still required. In the event that my account becomes delinquent or a payment is returned, I (we) agree to pay the fees outlined in the Delinquent Account and Returned Payment Policies. This amount may be charged to my credit card as outlined in the same policies.

Father Signature Date

Mother Signature Date

Please keep a copy of the financial agreement for your records. You may want to use the copy as a reminder to record your Pre-Authorized payments each month.

LIBERTY CHRISTIAN ACADEMY

Of East Central Missouri

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People Advancing Liberty (PAL) Membership Application

The PAL Bylaws and Tenets of Faith are available on the website @ www.lcaeagles.com or in the LCA office.

Name:		
E- Mail:	Cell Phone:	Home Phone:
Address:		

Children enrolled in LCA (if any):

Name:	Grade:
Name:	Grade:
Name:	Grade:
Name:	Grade:

Having read the Bylaws of People Advancing Liberty (PAL) of Liberty Christian Academy of East Central Missouri and being in wholehearted agreement with the Tenets of Faith and Bylaws of the PAL Organization, I hereby apply for membership in the PAL Organization. As a member, I understand that, as the Lord enables, I will fulfill the following obligations:

1. Pray regularly for the school and childcare ministry.
2. Support the school through regular giving.
3. Promote Christian education whenever and wherever possible.
4. Attend meetings and activities of the school.
5. Serve on committees and perform other functions for the school as requested from time to time.

Please select the committee(s) on which you prefer to serve in order of preference:

<input type="checkbox"/> Building and Maintenance Committee	<input type="checkbox"/> Public Relations Committee
<input type="checkbox"/> Education Committee	<input type="checkbox"/> Policies & Procedures Committee
<input type="checkbox"/> Finance Committee	<input type="checkbox"/> Special Events Committee
<input type="checkbox"/> Fund Raising Committee	

If you would like to be considered for serving on the LCA Board of Trustees or as the PAL Spokesperson, please request a Candidate Profile and additional information or requirements from the LCA office.

Signature of Applicant:	Date:
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Family Enrollment Form

One Per Family

SERVICE HOURS WORK LOG

Due May 14th, 2010 to the office.

20 Service Hours per family required.

Uncompleted service hours billed at \$15.00/hour at the end of the school year.

Family Name to be Credited: _____

Please Note: Specific service hour opportunities can be obtained from the school office, or communicated by the office as needed. Only items listed on the form or in office communications count towards service hours unless otherwise approved. Items such as class parties and field trips may not be used as service hours. Contact the school office with any questions. Please see the reverse side for examples of service hour opportunities.

Date	Event/ Activity	Time In	Time Out	# of Hours	Supervisor Signature

Parent Signature: _____	Date: _____
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Family Enrollment Form

One Per Family

SERVICE HOUR OPPORTUNITIES

- Serve on School Committee(s)
- Serve as a School Board Member
- Organize Chapel Days for the year
- Volunteer to Be Class Sponsor for future Senior Mission Trips
- Organize Senior Activities
- Organize Pep Rallies for Spirit Days
- Fall and Spring Productions
- Playground Installation
- Saturday Work Days
- Pumpkin Roll Baking
- Open House
- Help with Homecoming Activities
- Help with Golf Tournament
- Organize Field Day, Talent Show, Etc.
- Organize May Staff Appreciation Week
- Help With Set Up, Serving, and Clean Up at Graduation
- Other Opportunities to Be Announced

To sign up to work at an event, please contact the school office @ 636-745-0388.

Thanks!

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Family Enrollment Form

One Per Family

Enrollment Referral Policy

God has blessed the LCA family with an awesome opportunity to disciple the young people of today for Christ. In order to disciple them, we must first bring them in. The best advertisement for any organization is word of mouth. We have established an incentive program allowing LCA families who are active in recruitment to be rewarded for their efforts.

There are two ways that you can utilize this program to reach your friends and family with the good news of the opportunity of Christian education available through LCA:

1. Contact the prospective families directly and instruct them to use your family name as their referral on their Application for Enrollment.
2. Provide the office with the names, addresses and phone numbers of people you feel would be interested in enrolling and we will contact them to share information about Liberty Christian Academy.

If a family enrolls their child(ren) as a result of your recommendation, you will receive a credit to be applied toward your fundraising requirement. This \$250 credit will be applied per new family enrollment in quarterly installments.

In order to receive this credit, the following requirements must be fulfilled:

1. The enrolling family must be a full paying family. Credit will only be issued for full - time and/or full - tuition students.
2. The enrolling family MUST list your name as the person who referred them to LCA on their Application for Enrollment, which is completed prior to enrollment. Referral names submitted after enrollment cannot be credited.

Please complete the following information for families that you would like LCA to contact, on your behalf.

Name:	Phone Number:
Address:	
<i>office use only</i>	
Contacted By:	Contact Date:
Notes:	
Name:	Phone Number:
Address:	
<i>office use only</i>	
Contacted By:	Contact Date:
Notes:	

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Family Enrollment Form

One Per Family

Fundraising Requirement 2009 - 2010

Each family with students enrolled in Liberty Christian Academy is required to raise \$500 in fundraising profit per child enrolled. We need your participation in fundraisers which helps with budgeted school needs and provides students with technology, library books, etc. Only fundraisers designated for general funds are included in the fundraising requirement. Fundraiser profit for specific groups (athletics, missions, clubs, etc.) does not apply toward the individual family fundraiser requirement.

Below is a partial list of scheduled or ongoing fundraisers and how the profit is calculated:

Discount Card Sales (August 2009) - Receive a \$4 credit for each card sold

Trivia Night (Fall 2009) - Receive a \$50 credit for each table reserved

Pumpkin Rolls (October – December 2009) - Receive a \$5 credit for each pumpkin roll sold

Yard Sale (Spring 2010) -

LCA hosts an annual yard sale where any family may set up a table and sell items.

At the end of the day, any profit is given to the school and credited at 100%

Golf Tournament (April 2010) -

Steak Dinner - \$10/dinner ticket sold;

Golfers - \$25/golfer

Sign Sales - \$100/each new sign sold; \$50/each returning sign sold;

Scrip Gift Card Program (Year round) - Receive a 2% credit on each order placed.

If you have family members or friends who order, be sure to designate who to credit on the order form.

Credit will post to your account at the end of each calendar quarter*

School Pop (Year round) - Receive a credit for each purchase made through the School Pop website benefiting LCA

School Pop also offers a credit card that benefits LCA; a percentage of each purchase made on the card is credited. Credits are automatically calculated by School Pop and reported to LCA.

Credit will post to your account at the end of each calendar quarter* as reported by School Pop.

Student Referrals (Year round) - Receive credit for each new family enrollment as follows:

First & second child - \$250

Each additional child - \$125

Credit is for the first year completed and will post to your account at the rate of 25% per full quarter.

The credit will be posted to your account at the end of each full academic quarter** completed by the new student.

The student must be enrolled four (4) full quarters to receive the full amount of the credit.

Fundraiser events and dates are subject to change/cancellation by LCA. If a fundraiser is added, specific credit information can be obtained in the office. Once your fundraising requirement has been satisfied, LCA will offer 50% of any additional profit as a credit toward current tuition.

If a family chooses not to participate in fundraisers, you may elect to pay a \$500 fundraising fee per child enrolled. If a family only satisfies a portion of the fundraising requirement, any remaining amount will be charged to your account. Families may make payment arrangements with the office for partial or full payment of fundraising fees. Fundraising requirements must be completed or paid by **May 14th**. Any family enrolling after Jan 1st, will only be required to fulfill 50% of the requirement. All other families will be obligated to meet the full requirement.

*Calendar quarters end on the last day of March, June, September, & December. Credit should post by the 15th day of the following month.

**Academic quarters follow the school calendar. Credit should post by the 15th day of the following month.