

LIBERTY CHRISTIAN ACADEMY

Eagles' Nest Learning Center

P.O. Box 514
 Wright City, MO 63390
 636-745-0388 ext.02
 Fax (636) 745-0390

New Students must submit the following prior to the first day of school:

- Enrollment Fee
- Enrollment Forms
- Emergency/Medical Forms
- Signed Financial Policy
- Completed Financial Agreement
- Signed Payment Consent Form with Voided Check Attached
- Signed Registration Agreement
- Immunization Record
- Birth Certificate

Grade	Full Day Care	*School Only	*Part Time Tues. & Thurs.	*Part Time Mon., Wed., Fri.	Enrollment Fees
Infant	\$145/wk	NA	NA	NA	\$75
K-1	\$140/wk	NA	NA	NA	\$75
K-2	\$135/wk	\$80/wk	\$80/wk	\$100/wk	\$95
K-3	\$125/wk	\$75/wk	\$75/wk	\$95/wk	\$115
K-4	\$120/wk	\$70/wk	\$70/wk	\$90/wk	\$115
Kindergarten	\$110/wk	\$85/wk	NA	NA	\$200
Before & After Care	Included*	\$50/wk Public \$45/wk LCA*	NA	NA	\$60
Summer Camp Kindergarten-6 th grade	\$110/wk + Activity Costs	NA	\$70/wk	\$90/wk	\$60

*Detailed rate information is outlined in the 2009-2010 financial policy.

EAGLES' NEST ENROLLMENT FORM

Eagles' Nest Office Use Only:	Admission Date _____
	Hours in Care: <u>Full Day</u> <u>Part-time</u>

Child

First name _____ M _____ Lastname _____	Height: _____
Sex <u>M</u> <u>F</u>	
Birth date _____ Nickname _____	Weight: _____
Street Address _____	Hair Color: _____
City _____ State _____ Zip _____	Eye Color: _____
Home Phone _____	Distinctive Marks: _____
Birthplace _____ Race/Ethnicity _____	Code Word: _____

Parents: () Married () Divorced () Separated () Widowed () Single

	Father	Mother
Name		
Home Phone		
Work Phone		
Cell Phone		
Fax Phone		
Email		
Home Address (If different from child address above)	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Employer		
Work Address	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Work Hours	From _____ To _____ on M TU W TH F	From _____ To _____ on M TU W TH F

If parents divorced, child lives with: Both parents, Mother, Father, Legal Parent/Guardian

Is divorce or legal guardian paperwork Decree on file? Yes, No

If parents divorced, legal guardian is: Mother, Father, Legal Guardian

If legal guardian is not parent please fill in the following:

Legal Guardian _____
 Street Address _____
 City _____ State _____ Zip _____
 Telephone _____

Child's Doctor (or clinic):	
Preferred Practitioner:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

Child's Dentist (or name of clinic):	
Preferred Practitioner:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

Emergency Contact Information

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to Child		
Home Street Address		
City, State, Zip Code		
Home Phone		
Cell Phone		
Work Phone		
Is this person authorized to make medical decisions for your child if you cannot be reached?		

Pick-Up Information

The following people HAVE permission to pick-up my child/children from Eagles' Nest. It is the parent's responsibility to notify us in writing of any changes.

	Person 1	Person 2
Name		
Relation		
Street Address		
City, State, Zip Code		
Home Phone		
Cell Phone		
Work Phone		

	Person 3	Person 4
Name		
Relation		
Street Address		
City, State, Zip Code		
Home Phone		
Cell Phone		
Work Phone		

Note: Any person unfamiliar to employees will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without permission from the parent.

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services, and forfeiture of enrollment fees.

Father/Guardian Signature	Date
Mother/Guardian Signature	Date

EAGLES' NEST HEALTH REPORT

Name of Child:	DOB:	Age:	Sex:
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Child's health history and current health problems:

Any special medical conditions, including chronic health problems:

Any special medications and/or restrictions:

Are your child's immunizations up to date? _____

If not, what is needed? _____

Has your child had any of the following common childhood illnesses?	Yes/No	Is your child prone to:	Yes/No
Chicken Pox	(Y)(N)	Ear Infections	(Y)(N)
German Measles	(Y)(N)	Stomach Upsets	(Y)(N)
Scarlet Fever	(Y)(N)	Diabetes	(Y)(N)
Measles	(Y)(N)	Headaches	(Y)(N)
Mumps	(Y)(N)	Colds	(Y)(N)
Whooping Cough	(Y)(N)	URI	(Y)(N)
Rubella	(Y)(N)	Sore Throat	(Y)(N)
Rheumatic Fever	(Y)(N)	Heart Disease	(Y)(N)
	(Y)(N)	Other:	(Y)(N)

Does your child have any speech, hearing, or visual problems? (Y)(N)

Describe: _____

Has your child ever been tested for any of the above? (Y)(N)

Describe: _____

Has your child ever had any surgeries? (Y)(N)

Describe: _____

Known medical problems: (Y)(N)

Describe: _____

Child's Blood Type: _____

Drug Reactions: (Y)(N)

Describe: _____

Contact with Tuberculosis: (Y)(N)

Allergies: (Y)(N)

Describe: _____

	Date	Results/Reaction
Last Tetanus Shot		
TB Test		
Chest X-ray		
Sickle Cell Test		

Agreements:

When my child is ill, I understand and agree that Eagles' Nest will not accept my child for care. This includes: fever, diarrhea, vomiting, bad cough, and/or communicable disease.

My signature below certifies that my child is to my knowledge, in good health, and free of disabilities that would endanger him/her or other children.

Also by signing below I agree that this is a legally binding form. Providing false information could be grounds for termination of childcare services, forfeiture of enrollment fees, or both.

Father/Guardian Signature	Date
Mother/Guardian Signature	Date

PERMISSION TO ADMINISTER NON-PRESCRIPTION MEDICATIONS AND EXTERNAL PREPARATIONS

I hereby give Eagles' Nest permission to administer the following non-prescription medications and external preparations to my child, _____ DOB: ____/____/_____, in accordance with the directions for use on the container.

Medication or Preparation		Brand
Baby wipes	(Y)(N)	
Band-aids	(Y)(N)	
Neosporin, bacitrician, or similar ointment	(Y)(N)	
Bactine or similar first-aid spray	(Y)(N)	
* Sunscreen	(Y)(N)	
* Insect repellent	(Y)(N)	
Non-prescription ointment (such as A & D, Desitin, Vaseline)	(Y)(N)	
Ipecac syrup	(Y)(N)	
Pain & fever reducer (Tylenol, Motrin, or Generic Brand)	(Y)(N)	
* Other:	(Y)(N)	

* Must be provided by the parent.

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

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture of enrollment fee, or both.

Father/Guardian Signature	Date
Mother/Guardian Signature	Date

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

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

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

Name of Child #1	____/____/____ (D.O.B)
Name of Child #2	____/____/____ (D.O.B)

Emergency Parental Consent

When there is a medical emergency, or when a child needs immediate medical treatment, the staff of Eagles' Nest will take all reasonable steps to see that the children in their care receive adequate medical care. When appropriate, Eagles' Nest will call 911 and the parent(s).

If the parent(s) cannot be reached, Eagles' Nest will call the person(s) listed below who are authorized by the parent to give permission for the medical treatment of the child.

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

If the parent(s) and the authorized person(s) cannot be reached, Eagles' Nest will call the child's doctor, identified below. If the child must be taken to a hospital, Eagles' Nest has permission to have the child transported by ambulance to the child's hospital identified below. If, under the circumstances, it is more reasonable to bring the child to another hospital, Eagles' Nest 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 child's doctor to provide the appropriate medical treatment for the child.

Name of Doctor:	Phone Number:
Address:	
Name of Dentist:	Phone Number
Address:	
Name of Hospital/Clinic:	Phone Number:
Address:	

I agree to promptly notify a director 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 childcare services, forfeiture of enrollment fees, or both.

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

EMERGENCY TRANSPORTATION AUTHORIZATION

Permission to Transport Child

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 *Eagles' Nest* my permission to transport my child _____ to a safe location in the case of any emergency that would require evacuation of the LCA campus.

Father/Guardian Signature	Date
Mother/Guardian Signature	Date

FIELD TRIP PERMISSION AND WAIVER FORM

The children enrolled in our program have many opportunities to participate in various off campus activities as an outgrowth of learning theme interests. On a regular basis, it will be to their advantage to attend activities away from Eagles' Nest and the Liberty Christian Academy Campus on an optional basis ("field trips"). However, Eagles' Nest, 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 must abide by all Eagles' Nest rules, regulations and employee instructions on all field trips. I understand that Eagles' Nest 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 in the field trips taken by Eagle's Nest 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's participation in field trips taken with Eagles' Nest and Liberty Christian Academy of East Central Missouri including transportation.

Child's Name

Parent/Guardian Signature

Date

LIBERTY CHRISTIAN ACADEMY
Eagles' Nest Learning Center

Financial Policy 2009-2010
Kindergarten

Enrollment Fee:

A \$200 enrollment fee is due at the time of enrollment for each student entering Kindergarten. *Payment arrangements are available upon request. A space cannot be reserved until both the fee and forms are received. The enrollment fee reserves a space for 30 days unless otherwise approved by a director and is non-refundable and non-transferable.*

Enrollment fee expiration date ___ / ___ / _____. Director initials _____. Parent initials _____.

Supply Fee:

A \$5 monthly supply fee is due on the 1st of each month. If the 1st falls on a weekend or holiday, payment will be due on the next business day.

Tuition Payment Options:

Program	Tuition	Prepay In Full-3%	12-month payment	11-month payment	10 month payment	Weekly Payment
*School Only	\$3400.00	\$3298.00	\$284.34	\$309.10	\$340.00	\$85.00
**Full Day Care	\$4400.00	\$4,054.60	\$348.34	\$380.00	\$418.00	\$110.00
<i>1st Monthly Payment Due in</i>			<i>June</i>	<i>July</i>	<i>August</i>	

*School Only students may attend from 7:40 a.m. - 3:10 p.m. Monday-Friday when school is in session.

**The full day program includes Before & After School care, lunches, and snacks. Childcare is included for days when classes are out. Payment for care during days when there is a scheduled school closing are included in the normal tuition payment. Credit will not be given for illness, vacations, holidays, missed days, or closings due to inclement weather, power outages, or other reasons beyond our control during the school year.

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 to the *Office* by July 15, 2009 (3% discount).
- Semi-Annual Payment Option** – two equal payments, with the first payment due by August 15th and the second payment due by January 15th.
- Monthly Payment Options** – ten, eleven, or twelve automatic payments* (June-May). The payment can be made on 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.
- Bi-Weekly Payment Option** – twenty (20) automatic payments paid every other Friday.
- Weekly Payment Option** – forty (40) automatic payments paid each Friday for the following week.

Payment Schedules:

A payment schedule will be sent home after a payment option has been chosen. Payment schedules may be revised periodically. A revised schedule is effective immediately and will override any previous schedules.

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 with the highest tuition is considered the 1st 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 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.

Closings:

Credit *will not* be given for closings due to inclement weather, power outages, or other reasons beyond our control.

Holidays:

Below is a list of paid Eagles' Nest Holidays. We will be closed on these days, but you will be required to pay your normal tuition amount.

September 7 – Labor Day

November 26 & 27 – Thanksgiving

December 24 & 25 – Christmas Holiday

December 28, 29, 30 – We are **OPEN**. *Optional vacation days

December 31 & January 1 – New Year's Holiday

April 2 & 5 – Good Friday and Easter Holiday

May 31 – Memorial Day

July 5 – Independence Day Observance

August 2010 – Date to be announced for staff development/training.

*Optional Vacation Days: Applicable only to students enrolled in full day care. For each day your child is scheduled not to attend, credit will be given in the amount of 1/5 of your child's weekly tuition. In order to receive credit for these days, the appropriate form **MUST** be returned to the office no later than Friday, December 11th. Revised payment schedules will be sent home by Friday, December 18th.

Sick & Vacation Days:

Tuition is due whether your child attends or not, for as long as your child is enrolled in the program. However, each child enrolled in full day care will be given five sick *or* vacation days/year. September will mark the beginning of a new year. The requirements for claiming these days are:

- Your child must have been enrolled in full day care for a minimum of 60 days.
- Your family's account must be current.
- In order to use sick days, your child must be absent for at least three consecutive days and submit a doctor's note.
- In order to use vacation days, you must notify a director at least two weeks in advance.
- Days may not be carried over or accumulated.

Early Arrival/Late Pickup Fees:

An early arrival/late pickup fee of \$1/minute will be charged for unapproved early arrivals or late pickups as outlined in the handbook. This fee is to be paid directly to the childcare provider on duty.

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 for families who select a monthly or twice-monthly payment plan. The authorization form should have a voided check and credit card information attached. Whenever a change of bank or account occurs, the school office needs to be notified 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 from the program, 2 weeks paid notice is required. i.e. You plan on withdrawing on February 1st, so you will need to give 2 weeks notice on Jan 18th. When withdrawing or enrolling a student mid month, the entire month will be due. i.e. A student starts on the 20th of January the entire month is due, vice versa, the student withdraws on the 4th of January the entire month is due. After a student has left the program, they must re-enroll and pay enrollment fees before they will be allowed to re-enter the program.

Stop Payment Fee:

There will be a stop payment fee of \$15 assessed each time an automatic payment 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 or denied by your financial institution. This will include non-sufficient funds, stopped payments, closed accounts, denied credit cards, or any other reason an item is returned or denied. 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 and letter from School Board |
| 4. Fourth Offense | <i>Tuition will be due a month in advance</i> |

If sufficient repayment arrangements are not made within ten (10) business days, services may be terminated and accounts may be turned over to the Prosecuting Attorney or Small Claims Court for collection or prosecution.

Late Payment Policy:

There will be a \$5 late fee assessed any time a payment is five business days late.

Delinquent Account Policy:

Any account with a past due balance equal to or greater than two weeks tuition 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 thirty (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 the above Financial Policies:

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

LIBERTY CHRISTIAN ACADEMY
Eagles' Nest Learning Center

Financial Agreement 2009-2010
Kindergarten

Directions:

Please indicate your choice of payment schedule by initialing beside *one* option listed below. If you choose a monthly payment plan, you will also need to complete the following steps:

1. Indicate your choice of transaction date by initialing in the designated area.
2. Turn this sheet over and complete *both* credit card *and* bank information.

Payment Options:

Option 1: Annual Payment – Prepay full tuition by July 15th. Reflects 3% discount off total yearly tuition.

- Check
 Cash
 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 Charge (5% will be added to each transaction)

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: Bi-Weekly Payment Option – Payments beginning the Friday prior to the start date reflect total amount due divided into 20 payments.

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

Option 7: Weekly Payment Option – Payments beginning the Friday prior to the start date reflect total amount due divided into 20 payments.

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

Please initial the transaction date of your choice should you choose a monthly payment option (options 3 –5):

- 4th Day of Each Month** **19th Day of Each Month**
 Twice-Monthly Payments on the 4th and 19th Days of Each Month

LIBERTY CHRISTIAN ACADEMY
Eagles' Nest Learning Center

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 myself (us) and LCA. 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

Cardholder E-mail: _____

Cardholder Name

Account Number

Cardholder Billing Address

Expiration Date

City State Zip Code

Cardholder 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 when choosing Preauthorized Account Deduction.
- 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 Code

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 Late Payment, Delinquent Account, and Returned Payment Policies. This amount may be charged to my credit card as outlined in the same policies.

Father/Guardian Signature Date

Mother/Guardian Signature Date

ATTACH A VOIDED CHECK

Please keep a copy of the financial agreement and preauthorized payment consent form for your records.

LIBERTY CHRISTIAN ACADEMY
Eagles' Nest Learning Center

Registration Agreement 2009-2010

I have read and understand the admission policies of Eagles' Nest Learning Center, and agree to supply all needed information and supplies to the office before my child is allowed to enter the program.

I have read, understand, and agree to the Financial Policies of Eagles' Nest Learning Center.

I agree to give 2 weeks paid notice to a director if I wish to withdraw my child from this program.

I agree to sign my child in and out every day.

I agree that Eagles' Nest Learning Center will not release my child to anyone without my written or verbal consent to do so.

I understand the early drop off and late pick up fees policy.

I understand and agree to adhere to Eagles' Nest Learning Center's well-child health policies.

I understand that in order for Eagles' Nest Learning Center to administer any prescription medication, I must submit the completed Request to Give Medication Form and supply the medication in the original container.

I understand that I must sign and leave with staff on duty all accident, incident, and sickness reports. A copy of any report will be made available upon my request.

I give Eagles' Nest Learning Center/Liberty Christian Academy permission to photograph my child during class/activity times for use in the school yearbook, website, brochures, or any other Eagles' Nest Learning Center/Liberty Christian Academy publication.

I give Eagles' Nest Learning Center consent to watch preschool approved movies/videos.

I understand that Eagles' Nest Learning Center has the right to discontinue service if they deem it necessary to do so.

I have read, and agree to, all policies and procedures listed in the Eagles' Nest Learning Center Handbook.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

LIBERTY CHRISTIAN ACADEMY
Eagles' Nest Learning Center

Fundraising Requirement 2009 – 2010

Each student enrolled in Kindergarten is required to raise a minimum of \$500 in fundraising profit. Below is a list of scheduled or ongoing fundraisers and how the profit is calculated:

Yard Sale (June 2009)

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%

Discount Card Sales (August 2009)

Receive a \$4 credit for each card sold

Pumpkin Rolls (October – December 2009)

Receive a \$5 credit for each pumpkin roll sold

Golf Tournament (April 2010)

Steak Dinner - \$10/dinner ticket sold
Sign Sales - \$100/new sign sold
Golfers - \$25/golfer

Trivia Night (May 2010)

To be determined

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*

OneCause/SchoolPop (Year round)

Receive a credit for each purchase made through the OneCause/SchoolPop website benefiting LCA
OneCause/SchoolPop also offers a credit card that benefits LCA; a percentage of each purchase made on the card is credited
Credits are automatically calculated by OneCause/SchoolPop and reported to LCA
Credit will post to your account at the end of each calendar quarter* as reported by OneCause/SchoolPop

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 child chooses not to participate in fundraisers, you may elect to pay a \$500 fundraising fee. If a child only satisfies a portion of the fundraising requirement, any remaining amount will be charged to your account. 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. Only fundraisers designated for general funds are included in the fundraising requirement. Fundraiser profit for specific groups (athletics, clubs, etc.) does not apply toward the fundraiser requirement. 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.

LIBERTY CHRISTIAN ACADEMY
Eagles' Nest Learning Center

Enrollment Referral Form 2009 – 2010

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 complete the information below to let us know that you have been in contact with them.
2. Provide us 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 credit will be applied per 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.

Name of Parent	Names of children	Address	Phone Number

Current ENLC Referring Family: _____

CHILDREN'S INFORMATION - K-3, K-4, & K-5

Name of Child:	DOB:	Age:	Sex:
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(For some questions, answers are underlined. Please select the right answer by circling it.)

Has your child had previous childcare placement? Yes, No

Where was your child enrolled? _____

Are any medications given regularly? Yes, No _____

Who will take care of the child during illness? _____

What is your child's favorite food? _____

What food does your child dislike? _____

Is your child potty trained? Yes, No

Can your child be relied upon to indicate bathroom wishes? Yes, No

Does your child have any "accidents"? Yes, No

What words does your child use for: Urination: _____ BM's: _____

Does he/she sleep through the night? Yes, No

Does your child take an afternoon nap? Yes, No How long? _____

Special toy or blanket for naptime Yes, No What? _____

What forms of discipline are most often used in the child's home? _____

How does your child behave when sick? _____

How is your child most easily settled when upset or afraid? _____

What are your child's favorite activities, toys, books, or games? _____

By signing this form, you verify that all of the information provided is correct to the best of your knowledge. Providing false information could result in forfeiture of enrollment fee, termination of childcare services, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Eagles' Nest	Date