

Re-Enrollment Application for 2012-2013

Trinity Christian Academy

979 Mary Dunn Road · Barnstable, Massachusetts 02630
508-790-0114

Name _____
First Middle Last
Preferred Name _____ Male Female D.O.B. ___/___/___ Grade 2012-2013 _____ Pre-K: ___2___3___5 Days
Home Address _____
Street Address and Post Office Box Apartment # City State Zip
Home Phone _____ Student's Cell _____ Student's e-mail _____

Father or Male Guardian

Mother or Female Guardian

Name (Dr./Mr./Rev.) _____
Home Address _____
City _____ State _____ Zip _____
Phone (h) _____ Cell _____
E-mail _____
Profession/Position _____
Employer _____
Phone (w) _____

Name (Dr./Mrs./Ms./Rev.) _____
Home Address _____
City _____ State _____ Zip _____
Phone (h) _____ Cell _____
E-mail _____
Profession/Position _____
Employer _____
Phone (w) _____

Check all that apply:	Father Deceased	Mother Deceased	Parents Separated	Parents Divorced
Student lives with?	Father & Mother	Father	Mother	Grandparent
	Guardian	Stepfather	Stepmother	Other _____
Receives mail?	Father	Mother	Guardian	Other _____
Legal Custody?	Father	Mother	Guardian (documentation required)	
Financial responsibility?	Father	Mother	Guardian	

Advertising Photo Release

Permission is hereby granted to Trinity Christian Academy for the use of my child's picture or likeness in its advertising – to include, but not limited to, newspaper, video, television advertisement, or internet and media use. No monetary compensation will be paid for the use of any photo or likeness to my child or me. As parent/guardian of named student above

I **give** my consent to this release in full. Parent Signature _____ Date _____
I **do not** give my consent to this release. _____

Church Affiliation

Do you attend church as a family? yes no Regular Occasional Seldom
Place of Worship _____ Pastor _____

TCA Mission Statement: Through the teaching of a dedicated Christian faculty, high academic standards, the foundation of Biblical Truth and a wholesome Christian environment, Trinity Christian Academy of Cape Cod seeks to educate and equip its students to become productive citizens in our society for the glory of God.

By submitting this application you indicate that you understand the Christian mission and focus of this school and recognize our Christian perspective and worldview as it's expressed in all aspects of our curriculum and common life throughout our school.

Parent Signature: _____ Date: _____
(Gr. 3 – HS) Student Signature: _____ Date: _____

Office Use Only	
Date Received _____	Received By _____
Re-Enrollment Fee Check # _____	Cash _____
_____ \$420 Fee BEFORE March 31 st	
(\$300 Tuition, \$120 Fee)	
_____ \$420 Fee AFTER March 31 st before July 31 st	
(\$200 Tuition, \$220 Fee)	
_____ \$420 Fee AFTER July 31 st	

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RE-ENROLLMENT
REGISTRATION AGREEMENT
2012 – 2013

_____ () will, () will not be attending grade _____ for the 2012 – 2013 academic year.
(Name of Student)

In consideration of the acceptance of this Registration Agreement by Trinity Christian Academy, the undersigned agree(s) to return this signed agreement and pay the required non-refundable fee of **\$420.00**. The undersigned also agree(s) that failure to do so by the specified date may result in forfeiture of a class position for the above named student for the 2012 – 2013 academic year.

If re-enrollment registration is received by March 31, 2012, \$300 will be applied toward your tuition.
If re-enrollment registration is received after March 31 and before July 31, 2012, \$200 will be applied toward your tuition.
No part of the re-enrollment fee will be applied to your tuition if it is received after July 31, 2012.

Please indicate below which method of payment you intend to use for this academic year.

- | | | |
|---|--|--|
| <input type="checkbox"/> Plan A – Full tuition
August 1, 2012 | <input type="checkbox"/> Plan B – Two equal
payments through FACTS
First payment in August,
second payment in January. | <input type="checkbox"/> Plan C – 10 Month plan
through FACTS, First
payment due in August 2012 |
|---|--|--|

If you were previously enrolled in FACTS, your account will automatically be re-enrolled in FACTS and **your first payment will be withdrawn on August 20, 2012.**

It is further agreed that enrollment, as specified within this Registration Agreement may be cancelled by the parent(s) or guardian in writing, without penalty (except forfeit of the \$420.00 Registration fee) prior to August 1, 2012. If tuition and financial contracts are not received by August 1st this contract is null and void and will forfeit your child's class position. You will need to re-register for an additional \$420.00 if re-enrollment is still desired.

I understand that unless tuition is paid in full by August 1, 2012, I will be billed for Tuition Refund Insurance. This fee will cover 50% of the unused tuition, in the event that my child is dismissed from school, or leaves for any reason. I agree to pay the school within 30 days whatever balance remains unpaid, after this claim is received.

This instrument shall be interpreted in accordance with the laws of the Commonwealth of Massachusetts.

Signature of Parent(s) or Guardian(s)
Financially responsible for the student:

Billing Address:

Date: _____

Accepted: Trinity Christian Academy

By: _____
Date: _____

Business Office Use Only

Check#: _____
Amount: _____
Date: _____