



CHRISTIAN ACADEMY

Enrollment Package

**Special Education &
Gardiner Scholarship**

Tuition & Fees

2019-2020

CORAL PARK CHRISTIAN ACADEMY

8755 SW 16th St. Miami, FL 33165 / Off: (305) 559-9409 / Fax: (305) 559-0237

www.coralparkchristian.org

CORAL PARK CHRISTIAN ACADEMY

2019-2020 Financial Information Page

PK4 (Gardiner)FT \$6000 Kindergarten SPED \$ 6140 Tuition in 11 payments available (July-May)

Registration (Due Upon registration)	\$ 420.00
Curriculum Fee (Due July 2019)	\$ 400.00
School Improvement Fee (Charge per family/see below)	
Monthly Tuition (10 pymts August – May)	\$ 614.00
Campus Security (per student)	\$ 180.00
Technology Fee	\$ 150.00
Athletic Fee	\$ 50.00
Graduation Fee (Due February 2020)	\$ 130.00

5th Grade (SPED/GARD) \$ 6,800.00 annual tuition Tuition in 11 payments available (July-May)

Registration (Due Upon registration)	\$ 440.00
Curriculum Fee (Due July 2019)	\$ 575.00
School Improvement Fee (Charge per family/see below)	
Monthly Tuition(10 pymts August – May)	\$ 680.00
Campus Security (per student)	\$ 180.00
Athletic Fee	\$ 50.00
Testing Fee (due February 2020)	\$ 70.00
Graduation Fee (Due February 2020)	\$ 150.00
Science Lab Fee	\$ 70.00

DESCRIPTION OF FEES

ALL FEES ARE NON-REFUNDABLE. Fees must be honored by due date to secure your child's placement.

School Improvement Fee	\$ 350.00
Entrance Exam Fee (Non-refundable)	\$ 80.00
NSF/Check returned Fee	\$ 40.00
Late Payment Fee	\$ 35.00
Meal Plan	\$ 100.00
Meal Plan (Aug,Dec,March only)	\$ 80.00
Meal plan (if ordered daily)	\$ 8.00

BEFORE & AFTER CARE FEES

After care service (monthly)	\$ 170.00
After care service (Aug,Dec,March only)	\$ 100.00
Monthly Morning Care (only)	\$ 70.00
Before or After care (1 day only)	\$ 20.00

1st to 4th Grade (SPED/GARD) \$ 6,640.00 annual tuition Tuition in 11 payments available (July-May)

Registration (Due Upon registration)	\$ 440.00
Curriculum Fee (Due July 2019)	\$ 400.00
School Improvement Fee (Charge per family/see below)	
Monthly Tuition(10 pymts August – May)	\$ 664.00
Campus Security (per student)	\$ 180.00
Technology Fee	\$ 150.00
Athletic Fee	\$ 50.00
Testing Fee (due February 2020)	\$ 70.00

6th – 8th Grade (SPED/GARD) \$ 7,070.00 annual tuition Tuition in 11 payments available (July-May)

Registration (Due Upon registration)	\$ 480.00
Curriculum Fee (Due July 2019)	\$ 720.00
School Improvement Fee (Charge per family/see below)	
Monthly Tuition(10 pymts August – May)	\$ 707.00
Campus Security (per student)	\$ 180.00
Athletic Fee	\$ 50.00
Testing Fee (due February 2020)	\$ 70.00
Graduation Fee (Due February 2020)	\$ 200.00
Science Lab Fee	\$ 70.00

TUITION DISCOUNTS AVAILABLE

Full Tuition Payment (Due August 1st,2019)	5% off
Semester Payment (Due Aug 12th & Jan 6th)	3% off
Second Sibling Discount	\$ 400.00
Third Sibling Discount	\$ 500.00
Fourth Sibling Discount	\$ 600.00

Church Member Discount. (More info @ main office) Combination of discounts will not be offered

Family Referral Credit (applied only once to enrollment fee)	\$ 200.00
U.S Active Military/Veteran (credit per family/per year, proof required)	\$ 200.00

* For your convenience, we accept Visa and MasterCard payments. A convenience fee of \$2.00 will be added to each transaction.

School Hours for 2019-2020

Kindergarten	8:00am – 2:45pm	Before Care	7:00am - 7:59am
1st– 8th grade	8:00am – 3:00pm	After Care	3:00pm - 6:00pm

Late pick up fee apply to all programs (After 12:01 noon (early release) 3:15pm, 6:01pm \$ 1.00 per minute)
(Fee will be paid separate in cash or check)

PAYMENT SELECTION FORM

This form must be included in the Registration package

I am opting for the following payment plan for the Academic Year 2019-2020 *(Please select one)*

<input type="checkbox"/> 10 Month Payment Plan (Kinder- 8 th Grade only, August thru May)	<input type="checkbox"/> 11 Month Payment Plan (Kinder – 8 th Grade only, July thru May)
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My signature below indicates that I have reviewed the aforementioned, fully understand my financial obligations to Coral Park Christian Academy and my willingness to cooperate fully. Furthermore, I understand that this will be the payment schedule I will be expected to adhere to for the Academic Year 2019-2020.

Print Name: _____

Parent/Guardian Signature _____ **Date:** _____

FINANCIAL POLICIES AND OTHER INSTRUCTIONS:

- Returned checks are **NOT** re-deposited. Your account will be placed on a cash basis **if a second check** is returned. All Checks are payable to **Coral Park Christian Academy**.
- **MONTHLY FEES WILL NOT BE PRORATED. ACCOUNT BALANCES ARE DUE THE 1ST OF EVERY MONTH.** A Late fee of \$ 35.00 will be added to any account, regardless of whether you receive government or scholarship assistance **IF ACCOUNT BALANCE IS NOT RECEIVED BY THE 5TH OF EVERY MONTH. No exceptions will be made to this policy.**
- For any account **30 days past due**, the student will be suspended from school until the balance is paid in full.
- If you withdraw your student, you are financially responsible for the balance owed. Students attending part of a month are responsible for the full payment of that month regardless of the withdrawal date. If Voluntary Withdrawal occurs, fees of any kind are non-refundable.
- Student Health Examination Form **(Yellow Form 3040)** and Certificate of Immunization **(Blue Form 680 Part A)** are mandatory and must be up to date in your child's file. If forms are not updated, CPCA reserves the right to refuse to admit your child. He or she will not be allowed to attend class until the updated forms are received.
- **All Students** must follow the school dress code. Uniform information will be available in our Main Office.
- **Teachers** are not allowed to administer any medication without a signed "Medication Authorization Form".
- **Coral Park Christian Academy** follows the same closing procedures as the Miami Dade County Public School System in the event of a natural disaster or any other emergency.
- **Coral Park Christian Academy** reserves the right to withhold Report Cards, School Records, grades and/or diplomas due to outstanding account balances. Once account has been cleared, grades and/or diplomas will be released and sent to the mailing address indicated on your child's application.

STUDENT 2019-2020 ENROLLMENT/RE-ENROLLMENT FORM

TODAY'S DATE: _____

STUDENT'S LAST NAME _____ **FIRST** _____ **MIDDLE** _____

SOCIAL SECURITY# _____ MALE FEMALE BIRTH DATE: _____

HAS STUDENT ATTENDED CPCA PREVIOUSLY? YES NO

ENTERING GRADE LEVEL: _____

HOME INFORMATION: (WHERE STUDENT LIVES):

TITLE (CIRCLE): MR. MRS. MS. DR. REV _____

PARENT'S LAST NAME _____ **FIRST** _____ **MIDDLE** _____

RELATIONSHIP TO STUDENT: MOTHER FATHER GUARDIAN BILL THIS PARENT? YES NO

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OCCUPATION: _____ EMPLOYER'S NAME: _____

HOME/CELL PHONE: _____ WORK PHONE: _____

SOCIAL SECURITY (last 4#) _____ CHURCH PARENT ATTENDS: _____

MARITAL STATUS: MARRIED SEPARATED DIVORCED SINGLE

EMAIL: _____

(Required)

Who has legal custody of child? _____

Note: Legal documentation must be provided for a court-ordered custody

PARENT'S SPOUSE (LIVING AT THE ABOVE ADDRESS)

TITLE (CIRCLE): MR. MRS. MS. DR. REV _____

PARENT'S LAST NAME _____ **FIRST** _____ **MIDDLE** _____

RELATIONSHIP TO STUDENT: MOTHER FATHER GUARDIAN BILL THIS PARENT? YES NO

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OCCUPATION: _____ EMPLOYER'S NAME: _____

HOME/CELL PHONE: _____ WORK PHONE: _____

SOCIAL SECURITY (last 4#) _____ CHURCH PARENT ATTENDS: _____

EMAIL: _____

PARENT (NOT LIVING WITH STUDENT)

TITLE (CIRCLE): MR. MRS. MS. DR. REV _____

PARENT'S LAST NAME _____ **FIRST** _____ **MIDDLE** _____

RELATIONSHIP TO STUDENT: MOTHER FATHER BILL THIS PARENT? YES NO

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OCCUPATION: _____ EMPLOYER'S NAME: _____

HOME/CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

CORAL PARK CHRISTIAN ACADEMY

STATEMENT OF COOPERATION

The rules and guidelines, as set forth in our Parent/Student Handbook, are taken seriously by the CPCA administration and staff. It is not necessary that a student or parent agree with every rule and policy the school endorses. It is expected, however, that the parents and the students cooperate with the policies as long as the student is enrolled at Coral Park Christian Academy. In submitting an application for my child, I give permission for my child to participate in all school activities, including sports and school-sponsored trips away from the premises understanding that every reasonable care will be extended to my child during school hours, activities, and events. I agree to hold the school harmless for any liability in the event my child is accidentally injured during school hours and events. If I do seek legal recourse against Coral Park Christian Academy and the school is found to be NOT at fault, I agree to pay any attorney's fees, or other costs that CPCA or its agent should incur to defend itself against such action.

I, the undersigned acknowledge that I have read and agree to cooperate with the policies stated in the Parent/Student Handbook.

Each Student in the family in grades 6 through 8 must sign:

Student's Name: _____

Student's Signature: _____

Date: _____

Student's Name: _____

Student's Signature: _____

Date: _____

Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____