

REQUIREMENTS

Are all school aged children registered at a Private Christian Homeschool: Yes No

Father has signed the CLA Statement of Faith: Yes No

Mother has signed the CLA Statement of Faith: Yes No

Both parents have signed the Parent Agreement: Yes No

Member of HSLDA: Yes No

Membership No. _____

Expiration Date _____

Group Discount: CLA Other _____

Note: If you answered “No” to any of the above statements, your student does not qualify for enrollment.

Names of other children in the family:

Name DOB Grade School

PAYMENT INFORMATION

Paid 2011-2012 Enrollment Fee: Yes No

Paid 2011-2012 Tuition in full: Yes No

OR

Will pay 2011-2012 tuition in 8 monthly payments Beginning Aug. 19, 2011 and ending May 15, 2012. Yes No

** Christian Life Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at Christian Life Academy. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other Christian Life Academy administered programs.

6/14/2011

School Registration Form.doc



Statement of Faith

1. I believe the Bible to be the inspired Word of God, the final authority for faith and life, inerrant in the original writings, infallible and God-Breathed. (2 Timothy 3:16 – 17, 2 Peter 1:19-21).
2. I believe that there is one God, eternally existent in three persons; Father, Son, and Holy Spirit. (Colossians 1:16-19, John 14:9-28, Matthew 28:19).
3. I believe in the deity of our Lord Jesus Christ, His virgin birth, in His sinless life, in His miracles, in His atoning death through His shed blood, in His bodily resurrection, in His ascension and His personal return in power and glory. (Hebrews 1, 1 Peter 2:24, Acts 5:30, Acts 1:10).
4. I believe salvation is the gift of God brought to man by grace and received by faith in the Lord Jesus Christ, whose precious blood was shed on Calvary for the forgiveness of my sins. (Eph. 2:8-9, Titus 3:5-6, John 3:14-17, Romans 10:9-10).

By faith I have accepted Jesus Christ as my Lord and Savior for the forgiveness of my sins that lead to eternal life.

Father's Signature

Print

Date

Statement of Faith

5. I believe the Bible to be the inspired Word of God, the final authority for faith and life, inerrant in the original writings, infallible and God-Breathed. (2 Timothy 3:16 – 17, 2 Peter 1:19-21).
6. I believe that there is one God, eternally existent in three persons; Father, Son, and Holy Spirit. (Colossians 1:16-19, John 14:9-28, Matthew 28:19).
7. I believe in the deity of our Lord Jesus Christ, His virgin birth, in His sinless life, in His miracles, in His atoning death through His shed blood, in His bodily resurrection, in His ascension and His personal return in power and glory. (Hebrews 1, 1 Peter 2:24, Acts 5:30, Acts 1:10).
8. I believe salvation is the gift of God brought to man by grace and received by faith in the Lord Jesus Christ, whose precious blood was shed on Calvary for the forgiveness of my sins. (Eph. 2:8-9, Titus 3:5-6, John 3:14-17, Romans 10:9-10).

By faith I have accepted Jesus Christ as my Lord and Savior for the forgiveness of my sins that lead to eternal life.

Mother's Signature

Print

Date

2011-2012 Parent Agreement
(One per family)

1. Agree to attend at least 4 of 8 Parent Seminars
2. Agree to submit tuition payments, which is our financial obligation to Christian Life Academy (CLA)
3. Agree to input student attendance at the end of each week during the school year
4. Agree to submit grade reports according to the Christian Life Academy calendar
5. Agree that one parent is at home during school hours and teaching at least 180 days during the school year
6. Christian Life Academy sponsors school related activities which may be photographed. These photographs may be used in CLA Newsletters, website, or other promotion information. We hereby give consent for CLA to include photographs of our students in such promotional information.

By signing below, you agree with the statements above.

Father's Signature

Date

Mother's Signature

Date

Faculty Information Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

High School Education

High school attended: _____

Address: _____

Last year attended: _____ Graduated? Yes No

College Education

College attended: _____

Address: _____

Degree: _____

Teaching Credential? _____

List Teaching Experience

List Teacher Training or Other Educational Related Training

Medical Release Form

Name of Child _____ Date of Birth _____

Date of last Tetanus Booster _____

Health problems, medical or food allergies _____

I (We) the undersigned parent, parents, or guardians of the minor child named above, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any member of the medical staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health Services. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. The undersigned also assumes the responsibility for any of the costs connected with such treatment and hereby releases the leaders and members of Christian Life Academy from any liability therefore.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under any emergency circumstance in my absence.

Parent/Guardian signature

Date

Parent/Guardian signature

Date

Home Phone Number

Cell Phone Number

Emergency Phone Number

Street address/ City/ Zip

Physician's Name

Date

Insurance Company and Policy #

Office Phone

HIGH SCHOOL ONLY: ONE PER COURSE
High School Course Standard and Description

Student: _____ Year: _____ Grade: _____

Course Title: _____

Course Length: One Semester Two Semesters

Credit: _____ Credit: _____

Course Description: note: attach additional blank sheet if needed
(Use Table of Contents, Scope & Sequence, Catalog Description, etc from your curriculum)

Course Standard: Indicate how you are going to set up your Assignment Types (e.g. Daily Work- 40%, Quizzes- 10%, Test- 25%, Semester Final- 25%) Assignment Types should total 100%

CLA Grading Scale: 100-93% = A 92-90% = A- 89-87% = B+ 86-83% = B
 82-80% = B- 79-77% = C+ 76-73% = C 72-70% = C-
 69-67% = D+ 66-63% = D 62-60% = D- 59% or less = F

Curriculum:

CLA Administrator

Date

PROPOSED COURSE OF STUDY
Grades K-8

STUDENT'S NAME: _____
LAST
FIRST
MIDDLE

BIRTHDAY: _____ **AGE:** _____ **GRADE:** _____ **ACADEMIC YEAR:** _____

Subject	Book Title / Publisher	Book Title / Publisher	Book Title / Publisher	Book Title / Publisher	Semester 1 2

2011-2012 School Calendar

SEPTEMBER 2011						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

September 5: Labor Day
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Feb 20: President's Day
--
September 16: Parent Meeting*
--
February 24: Parent Meeting*
--
September 6: Start of Quarter 1

FEBRUARY 2012						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

OCTOBER 2011						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 2-6: Easter Break
--
October 21: Parent Meeting*
--
March 23: End of Quarter 3
--
March 26: Start of Quarter 4

MARCH 2012						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER 2011						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Nov. 11: Veterans Day
--
Nov. 24-25: Thanksgiving Break
--
November 18: Parent Meeting*
--
April 20: Parent Meeting*
--
November 4: End of Quarter 1
--
November 7: Start of Quarter 2

APRIL 2012						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER 2011						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Dec. 19-30: Christmas Break
--
May 30: Memorial Day
--
May 18: Parent Meeting*

MAY 2012						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JANUARY 2012						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Jan. 16: Martin Luther King Day
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June 16: Graduation*
--
January 20: Parent Meeting*
--
January 20: End of Quarter 2
--
January 23: Start of Quarter 3
--
June 1: End of Quarter 4

JUNE 2012						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

* Tentative Date