

WELCOME TO CORAL PARK CHRISTIAN ACADEMY
Passion for Learning, Passion for God.



CHRISTIAN ACADEMY

ENROLLMENT PACKET 2022-2023

ELEMENTARY / MIDDLE

**PLEASE SAVE THIS PACKET (PDF)
TO YOUR DESKTOP OR LAPTOP
(not mobile compatible)
fill, sign and send it by mail to:
mainoffice@coralparkchristian.org**

ENROLLMENT PACKET 2022-2023 ELEMENTARY/MIDDLE TUITION AND FEES



CHRISTIAN ACADEMY
8755 SW 16th ST.
Miami, FL 33165
305.559.9409

ENROLLMENT FEE: (Non-Refundable): \$500.00 Per Student.

STEP UP HOPE

ANNUAL TUITION

Tuition in 11 Payments Available (July - May)

Kindergarten	\$6,950.00
1st - 4th Grade	\$7,230.00
5th Grade.....	\$7,430.00
6th - 8th Grade.....	\$7,750.00

ANNUAL FEES

Kindergarten	\$1,380.00
1st - 4th Grade	\$1,480.00
5th Grade.....	\$1,650.00
6th - 8th Grade.....	\$1,750.00
Graduation (Kinder, 5th & 8th).....	\$250.00

All fees are non-refundable. All fees must be honored by due date to secure your child's placement.

TUITION DISCOUNTS AVAILABLE

Full Tuition Payment (Due August 1st)	5%
Semester Payment (Due Aug. 1st & Jan. 2nd)	3%
Sibling Discount	10%
Second Sibling Discount.....	15%
Third Sibling Discount	20%
U.S Active Military/Veteran (Only Once).....	10%
Church Member Discount	10%
Family Referral Credit (Only once, tuition).....	\$200.00

Combination of discounts will not be offered (more info at main office).

OTHER FEES AND SERVICES

Entrance Exam Fee (Non-Refundable).....	\$130.00
NSF/Returned Check Fee.....	\$40.00
Late Payment Fee.....	\$40.00
Meal Plan	\$125.00
Meal Plan (Aug., Dec., March only)	\$85.00
Meal plan (If ordered daily).....	\$9.00
Late Pick Up Fee	\$1.00 per min.

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

BEFORE & AFTER CARE FEES

After Care Service (Monthly).....	\$180.00
After Care Service (Aug., Dec. and March Only).....	\$100.00
Monthly Morning Care (Only).....	\$75.00
Before or After care (1 Day Only).....	\$15.00

SCHOOL HOURS FOR 2022-2023

Kindergarten	8:00am - 2:45pm
1st - 8th grade	8:00am - 3:00pm
Before Care (Morning)	7:00am - 7:59pm
After Care (Afternoon)	3:15am - 6:00pm

VOLUNTARY WITHDRAWALS: *Students attending school for any part of the month are responsible for the full payment of that month.*

** Visa and MasterCard payments accepted. A convenience fee of \$4.00 will apply. Transactions above \$1000.00 a 2% fee will apply.*

PARENT / SPONSOR ACKNOWLEDGMENT

The above fees were reviewed on (Date): _____ Staff Initials: _____

Print Name: _____ Signature: _____

*My signature above indicates that I reviewed the aforementioned, fully understand my financial obligations to Coral Park Christian Academy and my willingness to fully cooperate and adhere to for the 2022-2023 academic year and its Handbook
For your convenience, we accept Visa and MasterCard payments. A convenience fee of \$4.00 will be added to each transaction.

ENROLLMENT PACKET 2022-2023 ELEMENTARY/MIDDLE



I. IMPORTANT POLICIES AND OTHER INSTRUCTIONS:

- Each new student is admitted on a probationary basis. If the student is making acceptable progress and adjusting to the school by the end of the first quarter (nine-week period), the probation will be lifted. If the adjustment is not satisfactory, the probationary period may be extended, or the student may be reassigned to their previous grade or withdrawn.
- All re-admission decisions are based upon the following: 1) the student's academic progress and preparation to successfully perform at the grade level he/she is entering, 2) the student's record of conduct and behavior, as well as, our assessment of his/her ability and desire to be a constructive and positive influence within the school community, 3) the parents'/guardians' past year's full cooperation with the school administration and positive attitude about attending CPCA, 4) Parents/guardians and student(s) must have demonstrated a commitment to cooperate in the spiritual, academic, and social life of the school in the previous school year, 5) Parents/Guardians have met all financial responsibilities to CPCA, in a timely basis.
- Returned checks are **NOT** re-deposited and a \$40.00 service charge will be assessed. 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 \$ 40.00 will be added to any elementary 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.

Print Name: _____

Parent/Guardian Signature: _____

Date: _____

ENROLLMENT PACKET 2022-2023 ELEMENTARY/MIDDLE



II. STUDENT/PARENT GENERAL INFORMATION (PART 1)

Today's Date: _____

Student's Last Name First Name Middle

Social Security #: _____ Male Female

Birth Date: _____

Has the student attended CPCA Previously: Yes No Entering Grade level: _____

HOME INFORMATION: (Where the Student Lives):

Title: Mr. Mrs. Ms. Dr. Rev.

Parent's Last Name First Name Middle

Relationship to the 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.

ENROLLMENT PACKET 2022-2023 ELEMENTARY/MIDDLE



II. STUDENT/PARENT GENERAL INFORMATION (PART 2)

PARENT'S SPOUSE (Living at the above address)

Title: Mr. Mrs. Ms. Dr. Rev.

Parent's Last Name	First Name	Middle	
Relationship to the Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Bill this Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City	State	Zip Code

Occupation: _____ Employer's Name: _____

Home/Cell Phone: _____ Work Phone: _____

Social Security (Last 4 #): _____ Church Parent Attends: _____

Email (Required): _____

PARENT (Not living with the student)

Title: Mr. Mrs. Ms. Dr. Rev.

Parent's Last Name	First Name	Middle	
Relationship to the Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Bill this Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City	State	Zip Code

Occupation: _____ Employer's Name: _____

Home/Cell Phone: _____ Work Phone: _____

Social Security (Last 4 #): _____ Church Parent Attends: _____

Email (Required): _____

ENROLLMENT PACKET

2022-2023

ELEMENTARY/MIDDLE



III. OTHER STUDENT INFORMATION

Physical Disabilities: (Allergies, Asthma, Epilepsy, etc.) _____

Current School: _____

Has student failed a grade? Yes No

Has student ever been dismissed from a school?: Yes No

I have read the school **Tuition and Fees 2022-2023** and I fully understand my financial obligations. I will cooperate and encourage my child to support and cooperate with the rules and regulations of **Coral Park Christian Academy**. I have been informed that the Parent Handbook is available for viewing/printing at school website: www.coralparkchristianacademy.org

Father's Signature

Date

Mother's Signature

Date

I, (the student) agree to abide by the rules of conduct and dress code.

Student's Signature

Date

PHOTOS FOR THE SCHOOL/WEBSITE

I give permission for my child, _____
To participate in photos taken for the school and to upload to the school web site,

Yes, I Agree No, I Do Not Agree

Parent's Signature

Date

Coral Park Christian Academy is a ministry of First Baptist Church of Coral Park. Our school will emphasize the worth of the individual and the eternal values of God as well as provide an environment of academic excellence.

Coral Park Christian Academy admits students of any race, color, nationality and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

Coral Park Christian Academy does not discriminate based on race, color, nationality and ethnic origin in administration of its educational policies, admissions policies, scholarships, loan programs, athletic and other school-administered programs.

ENROLLMENT PACKET 2022-2023 ELEMENTARY/MIDDLE



IV. 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 if 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:

1.	_____	_____
	Student's Name	Student's Signature

	Date	
2.	_____	_____
	Student's Name	Student's Signature

	Date	
3.	_____	_____
	Name of Parent or Legal Guardian	Signature of Parent or Legal Guardian:

	Date	

ENROLLMENT PACKET 2022-2023

ELEMENTARY/MIDDLE SPED EMERGENCY CONTACT FORM



CHRISTIAN ACADEMY

8755 SW 16th ST.
Miami, FL 33165
305.559.9409

I. FAMILY INFORMATION

Last Name: _____	First Name: _____	Middle: _____
Relationship to child: _____	Social Security # (last 4): _____	
Street Address: _____	City: _____	State _____ Zip Code: _____
Home Phone: _____	Work Phone: _____	
Cell Phone: _____	Email: _____	

Last Name: _____	First Name: _____	Middle: _____
Relationship to child: _____	Social Security # (last 4): _____	
Street Address: _____	City: _____	State _____ Zip Code: _____
Home Phone: _____	Work Phone: _____	
Cell Phone: _____	Email: _____	

II. CHILD INFORMATION

Last Name: _____	First Name: _____	Middle: _____
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	SS # (last 4): _____	DOB: _____
Emergency Contact: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Known Allergies: _____	Date: _____ / _____	

Last Name: _____	First Name: _____	Middle: _____
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	SS # (last 4): _____	DOB: _____
Emergency Contact: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Known Allergies: _____	Date: _____	

III. EMERGENCY CARE AUTHORIZATION

I certify that I am a parent or legal guardian of the child or children named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on behalf of my child.

Signature of Parent or Legal Guardian: _____

Date _____

OFFICE USE ONLY

Tuition: \$ _____ Classroom: _____ Enrolled: _____

Billing cycle: _____ Program: _____ Enrolled by: _____

RESET

PRINT