

**OKEECHOBEE CHRISTIAN ACADEMY - NOTARIZED STATEMENT OF FACTS 2019-2020**

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<b>Student Name</b>	<b>Birthdate</b>	<b>Grade (for 2019/2020)</b>
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***FINANCIAL INFORMATION REVIEW***

**Registration Deposit (non-refundable)** – \$200 is due upon enrollment acceptance by the Admissions Committee. This reserves your space and will be applied to your Registration Fee.

**Registration Fee (non-refundable)** – Due by July 1<sup>st</sup>. Paid in full one time per year per student regardless of date of enrollment.

**Tuition Payment Frequency** – Ten Installments (due August 1<sup>st</sup> through May 1<sup>st</sup>).

**Full Tuition Discount** – A \$100 discount will be given if the entire annual tuition is paid in full by August 1<sup>st</sup>.

**Multiple Child Discount** – \$200 discount will be given to tuition for additional enrolled students within the same family.

**Exit Fee** – A pro-rated fee will be charged to the account of Scholarship students withdrawn before the end of the school year.

<u>Grade</u>	<u>Annual Tuition</u>	<u>Monthly Payment</u>	<u>Registration Fee</u>
K3/K4 (half day curriculum)	\$3000	\$300	\$455
K5 through 5 <sup>th</sup>	\$6000	\$600	\$550
6 <sup>th</sup> through 12 <sup>th</sup>	\$6225	\$625	\$550

**The graduation fee for all students in K5 is \$50. The senior graduation fee is \$65.**

**All new students in K5-12<sup>th</sup> grade will have a \$40 Admissions testing fee. ALL 8<sup>th</sup>-11<sup>th</sup> grades have a \$20 PSAT testing fee.**

**Therapy/Tutoring Services** - When requested by a physician or therapist, this service may be provided at the rate of \$60/hr.

**Extended Care Information (optional)** is available from 12:00pm until 5:30pm with a snack provided for those here after 4:00pm and is billed at the end of the month. **12:00-5:30pm (Pre K students) \$6.00 per day      3:10-5:30 pm (K5 - 5<sup>th</sup> grade) \$6.00 per day.**

**If your child is not picked up by the authorized person indicated on the Family Contact Form by 5:30pm, a flat rate of \$25.00 will be charged and an additional rate of \$2.00 per minute thereafter. \*\*Extended Care is NOT available for 6<sup>th</sup>-12<sup>th</sup> grades, however if your child is not picked up by 3:10pm, the above indicated rates for late pick-up will apply.**

***CHRISTIAN CONCILIATION AND ARBITRATION AGREEMENT***

The parties to this agreement, Okeechobee Christian Academy and the parent/guardians, are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with others in private or within the Christian community in conformity with the Biblical injunctions of 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20. Therefore, the parties agree that any claim or dispute arising out of or related to this agreement or to any aspect of the school relationship, including any claim or statutory claims, shall be settled by Biblically based mediation.

If resolution of the dispute and reconciliation do not result from such efforts, the matter shall then be submitted to a panel of three arbitrators for binding arbitration. The selection of the arbitrators and the arbitration process shall be conducted in accordance with the Rules of Procedure for Christian Conciliation as printed in the Christian Conciliation Handbook.

The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of the school relationship or this agreement and expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.

Each party, regardless of the outcome of the matter, agrees to bear the cost of his/her/its own arbitrator and one-half of the fees and costs of the neutral arbitrator and any other arbitration expenses.

***MEDICAL TREATMENT FORM***

I understand that if my child has a life-threatening allergy or condition (insect bites, asthma, diabetes, etc.), I must provide an official physician's note stating permission for school personnel to administer the specific medication for treatment of the allergy or condition. This physician's note must include the child's name, allergy or condition, specific name of medication, proper dose for use and physician's signature. I also understand that my child will be unable to attend Okeechobee Christian Academy until the physician's note and medication, both provided by parent/guardian, is turned in to the OCA office. The physician's note must be on plain paper, no faxes will be accepted. I also understand this is strictly for a life-threatening allergy or condition and does not apply to normal illnesses such as flu, fever, headache, colds, etc. I am aware that OCA does not have a clinic and is not responsible for administering any medication or treatment. My signature below signifies that I have read, understand, and agree with the above paragraph.

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does child take medication on a regular basis (Y/N) \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Allergies \_\_\_\_\_

Medical issues that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION TO CONSENT TO EMERGENCY TREATMENT OF A MINOR**

(I), (We), the undersigned parent(s) guardian(s) of \_\_\_\_\_ a minor, do hereby authorize Okeechobee Christian Academy as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the medicine practice act on the Medical Staff of any available hospital whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

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 and power of the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

**PARENTAL PERMISSION FOR FIELD TRIPS**

This document gives permission for my child to attend and participate in all trips/activities for the current school year. I understand that I will be sent separate information on each activity and that I may decide as to whether or not my child will attend that specific event. I do hereby release Okeechobee Christian Academy, its representatives, and its approved parent drivers and chaperones from liability for any injury to my child that may arise out of his/her participation in a trip/activity. By affixing my signature below, I do hereby authorize Okeechobee Christian Academy's representatives to act in my stead in the event my child should require emergency medical treatment, and I cannot be reached.

**PARENTAL AGREEMENT STATEMENTS**

**PARENT #1  
INITIALS**

**PARENT #2  
INITIALS**

\_\_\_\_\_

\_\_\_\_\_

I/We understand and agree to support and adhere to all policies, statements, agreements, and procedures herein, including those found in the handbook and/or website.

\_\_\_\_\_

\_\_\_\_\_

I/We understand that registration and acceptance for enrollment is a process which the Academy may choose to end at any time.

\_\_\_\_\_

\_\_\_\_\_

I/We understand that it is my responsibility to inform the Academy of any changes in personal information.

\_\_\_\_\_

\_\_\_\_\_

I/We understand that the Academy does not discriminate against any students, parents or staff of any race, color, nationality or ethnic origin.

\_\_\_\_\_

\_\_\_\_\_

I/We understand that Okeechobee Christian Academy is a Bible-based, Christ-Centered organization and the bylaws under which it operates reflect that point of view.

This authorization is given in accordance with Florida state law and shall remain effective until further notice is delivered in writing to said agent(s), or upon graduation or withdrawal from this facility. Photocopies of this form may be used in place of the original.

\_\_\_\_\_  
Parent/Guardian #1 Name (please print)

\_\_\_\_\_  
Parent/Guardian #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian #2 Name (please print)

\_\_\_\_\_  
Parent/Guardian #2 Signature

\_\_\_\_\_  
Date

Subscribed and Sworn To Before Me This \_\_\_\_\_ Day Of \_\_\_\_\_, In The Year \_\_\_\_\_.

Identification Produced : \_\_\_\_\_ (Parent/Guardian #1) \_\_\_\_\_ (Parent/Guardian #2)

\_\_\_\_\_  
Notary Signature