

**OKEECHOBEE CHRISTIAN ACADEMY  
NOTARIZED STATEMENT OF FACTS 2020/2021**

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Grade (for 2020/2021) \_\_\_\_\_

**FINANCIAL INFORMATION REVIEW**

**Registration Deposit (non-refundable)** – \$200 is due upon re-enrollment or 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. Paid in full one time per year per student regardless of date of enrollment.

**Tuition Payment Frequency** – Ten Installments (due August 1 through May 1).

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

**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**Exit Fee** – A pro-rated fee will be charged to the account of Scholarship students withdrawn before the end of the school year.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>
K4 (half-day 8-11:50am only)	\$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 \$25 PSAT testing fee. SAT School Day fee for participating 8<sup>th</sup>-12<sup>th</sup> graders is \$50; with additional writing portion \$65. PE shirt fee is \$10.**

**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 3:10-5:30pm with a snack provided for those here after 4:00pm and is billed at the end of the month at a rate of \$6 per day of attendance.

*If your child is not picked up by the authorized person indicated on the Family Contact Form by 5:30pm, a late fee of \$25.00 will be charged and an additional rate of \$2.00 per minute thereafter. \*\*Extended Care is NOT available for K4, 6<sup>th</sup>-12<sup>th</sup> grades, however if your child is not picked up by 3:10pm, the above indicated late fee will apply.*

**CHRISTIAN CONCILIATION AND ARBITRATION AGREEMENT**

The parties to this agreement, Okeechobee Christian Academy(OCA) 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.), an official physician’s note must be provided, along with a current signed Authorization to Dispense Medication Form, to the school stating permission for school personnel to dispense 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, and proper dosage. The child will be unable to attend OCA until the physician’s note, medication—provided by the parent, and a current signed Authorization to Dispense Medication Form, are submitted and filed in the main office. OCA does not have qualified personnel to determine the need for administration and cannot be responsible for dispensing any medication or treatment for the student to administer. If the child’s condition requires the student to carry the medication on their person, this must be stated on the physician’s form and the current signed Authorization to Dispense Medication Form. The medication must not be expired and have the official prescription label for the specific student.

This physician’s note is strictly for a life-threatening allergy or condition and does not apply to normal illnesses such as flu, fever, headache, colds, etc. In those incidents, a physician’s note is not necessary, only a current signed Authorization to Dispense Medication Form is required. 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: \_\_\_\_\_

**PLEASE CONTINUE ON REVERSE SIDE**

**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**      **PARENT #2**  
**INITIALS**      **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 <u>any</u> 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
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Parent/Guardian #2 Name (please print)	Parent/Guardian #2 Signature	Date
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Subscribed and Sworn To Before Me This \_\_\_\_\_ Day Of \_\_\_\_\_, In The Year\_\_\_\_\_.

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

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

Stamp/Seal