

**OKEECHOBEE CHRISTIAN ACADEMY
NOTARIZED STATEMENT OF FACTS 2022/2023**

Student Name _____ Birthdate _____ Grade (for 2022/2023) _____

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).

Exit Fee – A pro-rated fee will be charged to the account of Scholarship students withdrawn before the end of the school year.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 Level</u>	<u>Annual Tuition</u>	<u>Monthly Payment</u>	<u>Registration Fee</u>
K5 through 12 th	\$6500	\$650	\$500

Full Tuition Discount – A \$100 discount will be given if the entire annual tuition is paid in full by July 31.

Ministry Discount – A 30% discount for a parent in full-time ministry.

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

*Discounts above require the registration balance to be paid in full prior July 31.

MISCELLANEOUS FEES

Graduation Fees	K5	\$75	Includes cap and gown, reception, and facility cost
	Senior	\$100	Includes cap and gown, reception, and facility cost
Testing	Admissions	\$40	(all new students)
	IOWA Flex	\$8	K5-8 th Grade
	IOWA Complete	\$15	K5-12 th Grade
	PSAT 8/9	\$14	8 th -9 th Grade
	PSAT/NMSQT	\$18	10 th -11 th Grade
	SAT School Day	\$55	8 th -12 th Grade
	ACT	\$48	11 th -12 th Grade
	PERT	\$5	7 th -12 th Grade
	PERT Diagnostic	\$5	7 th -12 th Grade
Academic Program	Let's Go Learn Edge	\$30	Math K5-6 th Grade
PE uniform	Shirt	\$10	Required for Field Trips and PE class
	Shorts	\$10	Required for PE class
Lunch	Mon.-Thurs.	\$5	Each day
	Fri.	Varies	Menu is a la cart
Laptop	Usage and Programs	\$300	Refundable under the following conditions: Registration paid in full by 8/1 and computer is returned undamaged.
Extended Care	K5-6 th Grade Only	\$7/day	Only charged for days used/billed monthly. 3:10-5:30pm
	Late Fee Flat Rate	\$25	Automatically applied after 5:30pm pick up
	Addition to Late Fee	\$2/min.	This is per minute after 5:30pm in addition to the flat \$25 fee
Late Pick Up Fee	7 th -12 th Grade	\$25	After 3:10pm
Field Trips	Varies		Students take trips to enhance curriculum and broaden learning
Outside Resources	Therapy/Tutoring	\$60/hr.	When requested by physician/therapist
Financial	Late Payment Fee	\$25	Added after the 10 th of each month
	Returned Check	\$25	Each time, even if ACH through Praxi

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/ Emotional/Psychological 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 the above listed student, 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 Please Initial on the lines below

PARENT #1

PARENT #2

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 _____

Identification Produced: _____

Parent/Guardian #1

Parent/Guardian #2

Subscribed and Sworn To Before Me This _____ Day Of _____, In The Year 20____.

Notary Signature _____ Stamp/Seal _____