



1631 US 127 Bypass South, P.O. Box 498  
Lawrenceburg, KY 40342  
Pre-School Office: 502-839-9952  
Elementary Office: 502-839-9992  
Middle/High School Office: 502-839-9995

# Homeschool Umbrella Program Enrollment Packet

**Middle/High Office (502) 839-9995**  
Sandra Bowman, Principal  
CAL Campus at Lawrenceburg United Methodist Church

**Preschool 3 & 4 yr. - 12<sup>th</sup> Grade**



Prospective students of Christian Academy of Lawrenceburg will receive consideration without discrimination based on race, color, sex, age, national and ethnic origin, or handicap to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. CAL does not discriminate in the administration of its educational policies, admissions policies, tuition assistance programs, or athletic and other school-administered programs.

# Christian Academy of Lawrenceburg

## 2009-2010 Instructional Calendar

Classroom set-up completed	August 12
Teacher In-service days	August 13-14
Preschool Open House	August 13
Joint Elementary/Middle/High School Open House	August 14
<b>First day of school for ALL 3 campuses / Extended &amp; Aftercare begins</b>	<b>August 17</b>
Labor Day - school dismissed/Teacher in-service*	Sept. 7
Fall Break -school dismissed/Extended care available CAL Educational Trip to Space Camp (Grades 4-12)	Oct. 12-16
Veterans' Day Chapel	Nov. 12
Grandparent's Day Program	Nov. 24
Thanksgiving Break -school dismissed/Extended care closed	Nov. 25-27
CAL Christmas Program/PKE Chili Supper	Dec. 17
Christmas Break -school dismissed/Extended care closed	Dec. 21-Jan. 1
Students return from Christmas Break	Jan. 4
MLK Holiday – Students dismissed/Extended care closed/ Teacher in-service*	Jan. 18
Re-enrollment begins	Jan. 19
President's Day - Students dismissed/Extended care closed/ Teacher in-service*	Feb. 15
Open Enrollment begins/re-enrollment fees due	March 1
CAL Faith and Family Summit	March 12
Spring Break -school dismissed/Extended care available	Apr. 2-8
Good Friday – school dismissed/Extended care closed	Apr. 9
Achievement Testing	Apr. 19-23
Preschool Graduation and last day of school	May 24
Kindergarten Graduation and last day of school	May 25
Last day of school for remaining students	May 28
High School Graduation	May 29
Closing Day for teachers*	June 1

Calendar Adjustments for days missed due to weather or other emergencies

- January 18<sup>th</sup> and February 15<sup>th</sup> will be used as make-up days for any days missed prior to January.
- If more make-up days are needed, we will extend the school day.
- Good Friday and Spring Break will not be used as make-up days.
- High school graduation date will not change.

*\*Optional - if needed*

177 instructional day (1062 hrs) required for students; 185 days required for teachers



Dear Parents,

Thank you for expressing an interest in the Christian Academy of Lawrenceburg's Homeschool Umbrella Program. It is my privilege to introduce you to an outstanding educational ministry that is dedicated to spiritual training and academic excellence in a Christ-centered environment. Founded in 1996, CAL is registered with the Kentucky Department of Education, with graduates in colleges, universities, and work places all across the state. It is my sincere desire that you and your family become a part of the growing tradition and standard of excellence that has come to be associated with our school.

Our admissions package is designed to act as an informative guide to help you enroll your child(ren) in an efficient and caring way. Our administrators, faculty, and staff are a loving and godly influence on our students, upholding a spirit controlled, disciplined, academic environment that is conducive for spiritual growth, character development, and academic achievement, in a Christ-centered atmosphere of love and acceptance to all students in our school.

In conclusion, I sincerely believe that as we partner together to raise your children up in Christ....spirit, soul and body.... you will build a loving, trusting relationship with our teachers and administrative staff that will grow and prosper throughout your family's tenure in the Christian Academy of Lawrenceburg.

May God richly bless you and your children.

For the next Generation,

*Carla Andrade*  
Head Administrator

# Homeschool Umbrella Program

## Financial Information

### Tuition Payment Options for 2009-2010 include:

- Payment in full by August 1<sup>st</sup>, 2009
- First Payment of \$140 (per course), due August 1<sup>st</sup> and 9 monthly payments of \$40, due beginning September 1<sup>st</sup>.
- Tuition payments are non-refundable.
- When a student is enrolled in CAL, a place is reserved for the entire school year. The school makes an annual commitment to provide school resources; therefore, an annual commitment is required of the family.

### *Homeschool Umbrella rates for the 2009-2010 school year:*

\$500 tuition per course  
\$50 Enrollment Fee  
\$65 Instructional Fee

**Tuition Policy:** If the account becomes delinquent, grade cards will be held and the child may be withheld from class until arrangements are made. Parents whose tuition accounts are delinquent will not be able to re-enroll their children without satisfying previous debts. Payments must then be kept current in order for their child to remain on a class list. The Christian Academy of Lawrenceburg utilizes a third party, comprehensive account management system for delinquent accounts.

**Homeschool Umbrella Student Application and Enrollment Fee:** \$50.00 per family. Please make payment in the CAL office.

**Instructional Fee:** The school requires a non-refundable instructional fee per student to complete the enrollment process and reserve placement. If instructional fees are not paid by August 1<sup>st</sup>, a \$25 late fee will be added. Please make payment in the CAL office.

**\$65 per course**

**A diploma may not be obtained through the homeschool umbrella program.**

**Class attendance:** Class attendance is important. We request that parents call the Middle-High Office if their student is ill and unable to attend class. The maximum number of absences per semester is seven.

**Tardy:** Please be sure to arrive on time to class. If a student accumulates three tardies they will be required to serve a Saturday detention (please refer to the CAL Parent/Student Handbook).

**Grade Reports:** Homeschool umbrella students will receive a grade card during Progress Reports and Report Card period. They will not receive an official school transcript.

**Schedules:** Class schedules will be available through the Middle-High Office in mid-July.

**Arrival and Departure:** Homeschool Umbrella students need to sign-in upon arrival to the school and sign-out when their class is over. They may only be on campus during their class time. The Lawrenceburg United Methodist Church operates according to the American United Methodist Safe Sanctuary Policy. Students may not be in the building or on the grounds alone at any time.

**Vaccination Record:** Please attach a copy of your child's vaccination record to this application.

# NEW STUDENT ADMISSION PACKET

Please complete this entire packet for enrollment.

Student's Full Name	Social Security Number	DOB	Grade (2009-10)

Student Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student E-mail Address: \_\_\_\_\_

Name of Parent(s) Guardian Student Lives with: \_\_\_\_\_ **Parents marital status:** Married Divorced Widowed Separated

Name	Relationship	Social Security Number
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Name	Relationship	Social Security Number
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Mother Employed by: \_\_\_\_\_

Father Employed by: \_\_\_\_\_

Mother's Work: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Work: \_\_\_\_\_ Father's Cell: \_\_\_\_\_ E-mail \_\_\_\_\_

**CAL believes it is essential to a student's total development that he or she is in regular church attendance. I agree to notify the school office of any change in this information.**

What church do you attend? \_\_\_\_\_ Are you a member? \_\_\_\_\_

*How often? Regularly (3-4 Sundays per month), occasionally (once a month), rarely (4 times a year)*

Father:	____ Regularly	____ Occasionally	____ Rarely
Mother:	____ Regularly	____ Occasionally	____ Rarely
Student:	____ Regularly	____ Occasionally	____ Rarely

What activities or responsibilities are you and your student involved in at your church?

Please give a brief statement summarizing your belief as it relates to:

Jesus Christ: \_\_\_\_\_

The Bible: \_\_\_\_\_

If the answer to any of the following is "YES", please explain on a separate sheet of paper:

- Has the student ever been dismissed or suspended from any school?
- Does the student have any behavioral problems?
- Does the student have any problems getting along with others?
- Does the student have any learning problems?
- Does the student have any physical disabilities?
- Have you applied or will you be applying to any other school this year?
- Has your child ever attended a Christian or private school?
- Has your child ever had an evaluation for or received Special Education Services?
- Has your child ever had an IEP?
- Has your child ever been absent more than 10 days in any school year?

School Student currently attends: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Teacher/Counselor Name \_\_\_\_\_

**Other Children in the family:**

Name	Age	M/F	School Now Attending	Grade
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I consent to the enrollment of my child with the Christian Academy of Lawrenceburg's Homeschool Umbrella Program and agree that the Christian Academy of Lawrenceburg shall not be responsible in case of sickness or injury of my child while in attendance at the academy or in transit to and from the facility. In the event my child is taken ill or is injured while under school authority, my signature to this document is authorization for school personnel to proceed as follows:

- A. Attempt to contact the parents and follow a parent's instructions.
- B. If the school is unable to contact parents, the school is authorized to contact Dr. \_\_\_\_\_; telephone # \_\_\_\_\_ and the school is authorized to follow that doctor's instructions.
- C. If the designated doctor cannot be reached, the school is authorized to contact a properly licensed practicing physician of its choice and such physician is authorized to proceed to provide such medical and/or surgical services as may be needed.
- D. In the event a given illness or injury is judged life threatening by a school official, the school is authorized to first secure emergency medical services and then proceed to contact a parent.

The school's personnel and the school are released from any liability, which might arise from granting authorization under these sections.

**When parents/legal guardians cannot be located in case of emergency, please call in this order:**

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other than the Parents/Legal Guardians, the following person(s) ONLY are authorized to pick up my child from school:**

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please read the following statements and mark the appropriate boxes.**

- I will be paying the tuition in full by August 1, 2009.
- I agree to pay tuition and fees in a timely manner..
- I have enclosed the \$50.00 Enrollment fee (per family).
- I agree to pay my child's appropriate Instructional Fee by August 1, 2009.
- I understand a \$25.00 late fee will be added to the appropriate Instructional Fee if not paid on time.
- I agree to accept all rules and regulations of CAL and authorize the school to administer such disciplinary measures, as may be deemed necessary and proper by the administration.
- I pledge cooperation with the teachers, staff, and administration.
- I have read and do support CAL's Statement of Faith and Mission Statement.
- I have completed all forms in the Enrollment packet and returned them to the CAL office.
- I understand that my student will not be allowed to start school until all medical and/or administrative records are current.
- I understand it is my responsibility and I am required by State Law to notify my child's school of any changes in address, phone numbers, place of employment, persons authorized to pick up my child, health care or car insurance information, name of child's health care provider, or any other pertinent and necessary information required by the school office in order to provide a safe and secure environment for my child.

**Please select the courses:**

- Algebra I (TI-83 calculator required)
- Algebra II (TI-83 calculator required)
- Pre-Calculus (TI-83 calculator required)
- Humanities (In addition to the Instructional Fee there will be a supply list)
- Chemistry (TI-83 calculator required)
- US History
- World History
- Spanish (Spanish-English Dictionary Required)

\_\_\_\_\_

**Father/Legal Guardian's Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Mother/Legal Guardian's Signature**

\_\_\_\_\_

**Date**

**OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

Date Application Fee Paid: \_\_\_\_\_

Cash/Check #: \_\_\_\_\_

Date Instructional Fee Paid: \_\_\_\_\_

Cash/Check #: \_\_\_\_\_

Contract Signed: YES NO

**Admission is:**

\_\_\_\_\_ Approved (grade) \_\_\_\_\_

\_\_\_\_\_ Denied: Letter sent YES NO

Course(s): \_\_\_\_\_

# Student's Personal Information and Commitment Form

Grades 8-12

Must be completed and signed by STUDENT and PARENT

Student's Full Name: \_\_\_\_\_ Grade entering: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

What are your plans for your future career? \_\_\_\_\_

Are you planning to go to college?  Yes  No

Explain: \_\_\_\_\_

Is it your personal desire to attend the Christian Academy of Lawrenceburg?  Yes  No

Why: \_\_\_\_\_

What church do you attend? \_\_\_\_\_

How often do you attend? \_\_\_\_\_

What church activities do you enjoy and why? \_\_\_\_\_

What do you believe about Jesus Christ? \_\_\_\_\_

What do you believe about the Bible? \_\_\_\_\_

What would you tell your friends about Jesus Christ? \_\_\_\_\_

*"Drinking alcoholic beverages, using marijuana or other illegal drugs, smoking, using or listening to profanity, disrespect for authority or property, improper sexual behavior, and abuse of others is all prohibited. Disregard for these rules will result in disciplinary action, including possible suspension or expulsion. This applies to school, and also to non-school related social activities where such unacceptable behavior would have an adverse effect on the testimony of the school."*

As a student of Christian Academy of Lawrenceburg, I commit to the above disciplinary rules.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# CHRISTIAN ACADEMY OF LAWRENCEBURG FIELD TRIP RELEASE / EMERGENCY MEDICAL FORM

I give my permission for \_\_\_\_\_; grade \_\_\_\_\_ to participate in CAL sponsored trips away from the school premises. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises.

Although the school desires to provide a safe and enjoyable time for all students, accidents still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in the event, I/we agree to assume the responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless CAL, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proven in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care, which in the best judgment of a licensed physician or dentist is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

**If the child lives with both parents/guardians, the release must be signed by both parents/guardians**

\_\_\_\_\_  
**Father/Guardian's Signature & Date**

\_\_\_\_\_  
**Mother/Guardian's Signature & Date**

**Please attach a copy of student's medical/health card to this form**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Carrier's Name & Relationship: \_\_\_\_\_

Allergies (including reactions to medication):  
\_\_\_\_\_

Medication being taken: \_\_\_\_\_

Are there any physical or dental conditions we should know about not already stated?  
\_\_\_\_\_

Student's Address: \_\_\_\_\_

Father/Guardian's work #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian's work #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**In case we can not contact you by any of the numbers above, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**If you plan to drive for any field trips, you must provide the CAL office with a copy of your vehicle insurance card and a color copy of your driver's license**

*By signing below to provide transportation for field trips or other school activities, you are acknowledging that your (personal vehicle) car insurance limits are adequate to cover the number of passengers in your vehicle; or, the owner of the vehicle you will drive has adequate coverage.*

- I am not available to drive for field trips or other school activities during the school year.
- I give permission for my child to be transported by 15 passenger vans.
- I give permission for my child to be transported by approved adult/teacher drivers and vehicles when necessary.
- I **DO NOT** give permission for my child to be transported by 15 passenger vans.

\_\_\_\_\_  
**Mother's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Father's Signature**

\_\_\_\_\_  
**Date**

**Permission to use a student's photo and name for publication and marketing purposes is implied unless the school is notified in writing that permission is denied.**

- We/I hereby **do not** give permission for CAL to use my child's photos or name on CAL's Website or any other form of communication.
- We/I hereby **do not** give permission for CAL to use my child's photos or name for publication in local or area newspapers.

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**Mother/Legal Guardian's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Father/Legal Guardian's Signature**

\_\_\_\_\_  
**Date**