

# Christian Academy of Carrollton

*Excellence in Education from a Christian Perspective  
Since 1989*



## **Admission Application 2020-2021**

1703 Easterday Road  
Carrollton, Kentucky 41008  
(502) 732-4734 (502) 732-4732 FAX  
christianacademycarrollton@gmail.com  
www.christianacademyofcarrollton.org

*Christian Academy of Carrollton admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of this school. It does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its educational policies, admission policies, scholarship programs, athletic, and other school-administered programs.*

## Admission Requirements

Admission to Christian Academy of Carrollton is a privilege and not a right. It is a privilege granted to those students who manifest a desire to live and work as Bible-believing, consecrated Christians. The school reserves the right to dismiss any student who, in the opinion of the administration and board, does not fit into the spirit of the school, even if that student has kept all the rules and regulations of the school.

Students and/or their families applying for admission must:

- Desire a strong Christian education and social environment with moral absolutes.
- Commit to support their child, the staff, the school and its programs, and uphold the Essentials of Faith and Mission Statement.
- Have a strong academic background:
  - ✓ 2.0 grade point average
  - ✓ Acceptable standardized test results
  - ✓ Positive report from a previous school
  - ✓ No IEPs except for speech

## Admission Checklist

Prior to submitting the admission application, please make sure the following sections have been completed, parent signatures, where applicable, have been signed, and the appropriate registration fee is attached

### For ALL students entering and returning to CAC:

- Registration Fee paid
- Student Admission Application (*teacher copy and office copy*)
- Statement of Responsibility and Contribution Pledge
- Authorization to Consent to Medical Treatment
- Media Consent Form
- Student Information and Commitment Form
- Cooperation Commitment
- Tuition Policy
- Legal documents concerning guardianship (*if applicable*)
- Immunization Certificate **Please give a new copy showing up-to-date immunizations for students entering K-4, K-5, 6<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> grade. \*Please note religious exemptions must be notarized and medical exemptions must be signed by a physician.**
- Kentucky Preventative Health Care Examination Form (KDESHS002)  
(*must be completed with a medical exam for all new students and ALL students entering the 6<sup>th</sup> grade*)

### For NEW students only:

- State-registered copy of birth certificate and copy of social security card
- Copy of child's most recent report card or transcript if child is in high school
- CAC Records Request Form (*upon admission, we will request your child's transcripts from the school he/she previously attended*)
- Kentucky Dental Screening/Examination Form (KDESHS005)
- Standardized test scores (*if available*)
- Current Speech IEP (*if applicable*)

*An application is considered incomplete and cannot be processed if all information is not filled out and fee is not attached. Once your application is complete it will be processed, and testing, if needed, will be scheduled; when test scores are received, the parent(s) or guardian(s) will meet with the administrator by appointment.*

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 school?                    | Yes _____ | No _____ |
| Has the student ever been retained at any grade level?                           | Yes _____ | No _____ |
| Does the student have any behavioral problems?                                   | Yes _____ | No _____ |
| Does the student have any problems getting along with others?                    | Yes _____ | No _____ |
| Does the student have any learning difficulties?                                 | Yes _____ | No _____ |
| Does the student have any physical disabilities?                                 | Yes _____ | No _____ |
| Has the student been diagnosed with ADD , ADHD, or Autism?                       | Yes _____ | No _____ |
| Has an application ever previously been submitted to the Academy for this child? | Yes _____ | No _____ |

If "yes" was child: On a waiting list \_\_, not accepted \_\_, withdrawn by parents \_\_, withdrawn by Academy's request \_\_?

# Tuition Policy

## Policies

We understand that tuition and other fees are necessary in order for Christian Academy of Carrollton to successfully fulfill its mission. We commit ourselves to promptly meet our financial obligations in accordance with Biblical stewardship. We also understand and agree to comply with the following tuition policy:

- The registration fee is non-refundable unless we are unable to accept the enrollment of your child.
- Tuition payments are made payable to the Christian Academy of Carrollton. Accepted forms of payment are cash or check; these payments are made at Blake Tax Service. There will be a \$30 fee for any returned checks.
- The school will provide a 10-day grace period for tuition payments, but any payment made after that grace period will incur a **10% late fee on any outstanding charges remaining on your account.**
- Delinquent accounts will result in a student not receiving his/her report card or progress report. After two months of an account delinquency, there will be a 10% late fee. This may prevent the student from being admitted to class or from receiving any schoolwork until tuition is paid in full.

## Fair Share Agreement

We understand that the costs involved in operating Christian Academy of Carrollton significantly exceed the amount charged in tuition and fees. Therefore, we agree to do our Fair Share to bridge the gap between costs and tuition. We pledge to prayerfully consider supporting the ministry of the school. This Fair Share can be met through voluntary tax-deductible gifts to Christian Academy of Carrollton and/or through participation in fundraising activities.

## Current Rates (2020-2021)

### REGISTRATION FEE:

- Registration Fee: K-12, \$250/student, not to exceed \$600 per family. **However, if paid by 5/1/20 the early registration fee is \$195/student, not to exceed \$450.** This fee is non-refundable except if for any reason we do not accept your child.

### TUITION SCHEDULE:

- **Half-day K4 and K5:** 1<sup>st</sup> child \$2,900/yr (10 mo. at **\$290/mo.**), 2<sup>nd</sup> child \$2,750/yr (10 mo. at **\$275/mo.**), 3<sup>rd</sup> child \$2,650/yr (10 mo. at **\$265/mo.**)
- **Full-day K4 and K5:** 1<sup>st</sup> child \$3,780/yr (10 mo. at **\$378/mo.**), 2<sup>nd</sup> child \$3,630/yr (10 mo. at **\$363/mo.**), 3<sup>rd</sup> child \$3,530/yr (10 mo. at **\$353/mo.**)
- **1<sup>st</sup> – 8<sup>th</sup> Grade:** 1<sup>st</sup> child \$3,250/yr (10 mo at **\$325/mo.**), 2<sup>nd</sup> child \$3,100/yr (10 mo. At **\$310/mo.**), 3<sup>rd</sup> child \$2,950/yr (10 mo. at **\$295/mo.**)
- **High School:** 1<sup>st</sup> child \$3,450/yr (10 mo. at **\$345/mo.**), 2<sup>nd</sup> child \$3,300/yr (10 mo. at **\$330/mo.**), 3<sup>rd</sup> child \$3,150/yr (10 mo. at **\$315/mo.**)

**\*\*There will be a monthly \$15.00 discount for each additional child in 1<sup>st</sup>-12<sup>th</sup> grade. The first child in 1<sup>st</sup>-8<sup>th</sup> grade will be full price; second child will be \$310.00. However, if third child is in High School he/she will be discounted \$15.00 from High school full price.**

### BOOK FEE:

- If paid by **July 3**, book fees will be at a discounted rate! (*Book fees are non-refundable*)
- Book fees are mailed at the beginning of summer (late May/early June)
- Book fees include basic supplies for K-4 - 6<sup>th</sup> grade (pens and pencils, paper, notebooks, crayons, glue, etc.) **except a box of tissues, a roll of paper towels, and hand sanitizer or Clorox wipes, and a plain backpack/lunchbox, which your child will bring on the first day of school.** Book fees also include all textbooks and materials for the school year (some rented and some purchased), a copy of the yearbook, a subscription to *God's World News*, and cost for special programs, technology, labs, and competitions for different grades. Achievement tests and scoring are also included in the book fees.

**Tuition Payment Method**

Please indicate your choice below by checking the appropriate box.

- Option 1 - Single payment due in full to Christian Academy by August 1, 2020
- Option 2 – 10 Month Plan due the first of each month (Aug. 2020 – May 2021)
- Option 3 – Quarterly Plan due Aug. 1, 2020, Nov. 1, 2020, Jan. 1, 2021, and May 1, 2021
- Option 4 – Semi-Annual Plan due Aug. 1, 2020 and Jan. 1, 2021

**Tuition Statement**

Based on the aforementioned tuition rates (not including the registration and book fee), the total amount our family owes for the 2020-2021 school year is: \_\_\_\_\_.

**Tuition is paid at Blake’s Tax Service**  
 Attn: Sandy Graham  
 P.O. Box 456, Carrollton, Kentucky, 41008  
 (502) 732-4470

**I (We) agree to pay tuition and fees in a timely manner, according to the current schedule of tuition and fees.**

**I (We) understand delinquent accounts will result in a student not receiving his/her report card or progress report. After two months of an account being delinquent, there will be a 10% late fee. This may prevent the student from being admitted to class or from receiving any schoolwork until tuition is paid in full. Please contact the Administrator in the event of any possible delay or hardship regarding a student account.**

**Responsible Financial Party Information**

**PRINTED NAME(S)** \_\_\_\_\_

**SIGNATURE(S)** \_\_\_\_\_ **DATE** \_\_\_\_\_

Teacher Copy  
(Must be completed)

# 2020-2021 Student Admission Application

Name \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Interested in  After-School Care  
Last First Middle K4-K5  Full day  Half day

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State Zip

Age ( ) Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth \_\_\_\_\_  
Month Day Year

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Any physical difficulties/allergies \_\_\_\_\_

\_\_\_\_\_  
has my permission to  
take Tylenol/cough drops when needed  
YES \_\_\_ NO \_\_\_ Please contact me first \_\_\_\_.  
\_\_\_\_\_  
Signature of parent or guardian

Circle grades previously attended at our school: K4, K5, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Grades have been: Superior ( ) Above Average ( ) Average ( ) Below Average ( ) Grade repeated? ( ) If yes, which grade? \_\_\_\_\_

Church you now attend \_\_\_\_\_ Attend Sunday School? Yes \_\_\_ No \_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

If parents are separated, with whom does child reside? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Is child right or left-handed? \_\_\_\_\_ Additional information that would be helpful to the teacher \_\_\_\_\_

Office Copy  
(Must be completed)

# 2020-2021 Student Admission Application

Name \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Interested in  After-School Care  
Last First Middle K4-K5  Full day  Half day

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State Zip

Age ( ) Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth \_\_\_\_\_  
Month Day Year

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Any physical difficulties/allergies \_\_\_\_\_

\_\_\_\_\_  
has my permission to  
take Tylenol/cough drops when needed  
YES \_\_\_ NO \_\_\_ Please contact me first \_\_\_\_.  
\_\_\_\_\_  
Signature of parent or guardian

Circle grades previously attended at our school: K4, K5, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Grades have been: Superior ( ) Above Average ( ) Average ( ) Below Average ( ) Grade repeated? ( ) If yes, which grade? \_\_\_\_\_

Church you now attend \_\_\_\_\_ Attend Sunday School? Yes \_\_\_ No \_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

If parents are separated, with whom does child reside? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Is child right or left-handed? \_\_\_\_\_ Additional information that would be helpful to the teacher \_\_\_\_\_



## **Mission Statement**

The mission of the Christian Academy of Carrollton is to provide a biblically-based, Christ-centered learning environment, which promotes spiritual maturity, academic excellence, and personal growth, ministering to the whole child.

## **Parent/Student Commitment**

The Christian Academy of Carrollton's success is directly dependent upon God's blessings. We believe God will bless the Academy on the basis of the purity of parental motivation, commitment, and involvement. Because of this, each parent is required to sign the following statement of cooperation.

1. We believe the education of our children is our primary responsibility. We recognize the Christian Academy of Carrollton has a similar vision and will help us in training our children. We, therefore, trust the direction of the Academy in helping us bring our children to full maturity in Christ. We will submit ourselves to the delegated authority of the Academy in order that our children may realize full maturity in Christ.
2. We sincerely pledge our loyalty to the philosophy, aims, and ideals of the Christian Academy of Carrollton.
3. Realizing our attitude toward staff and policies of the Academy in every way will directly affect the behavior of our children; we will support and uphold the purpose of the Academy in every way and will abide by the discipline and regulations of the administration.
4. At no time will we participate in destructive criticism of the staff or the Academy to our children or others. However, we will instead, if a problem arises, go directly to the staff or administrator in a Christian manner as indicated in Matthew 18:15-16 and in the spirit of Galatians 6:1-5.
5. The staff and administration is hereby given full discretion in the disciplining of our children. The procedures for disciplining students are:
  - A. Several efforts will be made to control a student's behavior. The staff will make a deliberate effort to work with the parents to avoid further action.
  - B. If the problem persists, the student will be brought to the office, to talk with the administrator and possibly with parents.
  - C. Parents will be expected to cooperate fully with the school disciplining their child. If we do not receive cooperation from the parents in this area, the student will not be allowed to attend the Academy.
6. The Academy reserves the right to dismiss any student if parental cooperation cannot be obtained, or if a student, after sincere parent and staff effort, refuses to cooperate in the educational process.
7. We, parents and student(s), have read CAC's Student-Parent Handbook and agree to comply with the rules and regulations and to uphold the policies and principles within the handbook.
8. We hereby pledge to attend the Academy's meetings for the purpose of communication, evaluation, and training.
9. The Administrator and School Board will stand behind CAC's teachers in discipline procedures and the rules and regulations set out in the Student-Parent Handbook.

I give Christian Academy of Carrollton (CAC) permission for my child to take part in all school activities, including sports activities and school sponsored trips away from school premises. I also believe that discipline is necessary for the welfare of each student, as well as for the entire school.

*Thank you for your support and cooperation, without which the Academy would not be possible.*

**I (We) understand and agree with the above Cooperation Commitment.**

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

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

**Other Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*(If applicable)*

# Student Information and Commitment

Students Enrolling in Grades 6-12

Must be completed by **STUDENT** – not parent

Full Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Are you planning to go to college? (Circle one) YES NO MAYBE

Is it your personal desire to attend Christian Academy of Carrollton? Explain why/why not.

\_\_\_\_\_

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

Are you a Christian? (Circle one) YES NO

Describe your personal relationship with Jesus Christ.

\_\_\_\_\_

## STUDENT COMMITMENT

Christian Academy of Carrollton is committed to the teachings and principles clearly presented in the Bible and is dedicated to the glory of God. Such commitment dictates that there should be a direct relationship between what a Christian student believes and how he/she behaves. It is expected that you will at all times live in accordance with what our school represents and believes. Since the behavior of each and every student on and off campus directly affects the reputation of the individual student, their family, Christian Academy of Carrollton, and the Lord Jesus Christ, it is necessary to place strong emphasis on critically important behavioral standards. In particular, students at this school will not use alcohol, drugs, or tobacco; disrespect authority or property; possess weapons or any item giving the appearance of a weapon on school property or at any school activity; engage in improper sexual behavior; or speak or act in any obscene or profane way. Students will be expected to honor God and His Word, respect the United States of America, and show respect to all school personnel. Furthermore, students agree that faculty/staff, school administration, and/or the school board will employ discipline as they deem wise and necessary, and that disregard for these rules will result in disciplinary action including possible suspension or expulsion. This applies to school and non-school related activities where such unacceptable behavior would have an adverse effect on the testimony of the school, God, and His Word.

My signature below is an acknowledgement that I understand the nature of the spiritual, behavioral, and academic standards of Christian Academy of Carrollton, and that I agree to be held accountable for any violations of these standards. My signature further evidences my desire to be a member of the Christian Academy of Carrollton student body.

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



# CHRISTIAN ACADEMY OF CARROLLTON

1703 Easterday Road, Carrollton, KY 41008 - (502) 732-4734 - [christianacademycarrollton@gmail.com](mailto:christianacademycarrollton@gmail.com)

## MEDIA RELEASE

### RELEASE AND AUTHORIZATION FOR USE OF YOUR CHILD'S NAME, PHOTOGRAPHS, OR VIDEO REPRODUCTIONS.

Date: \_\_\_\_\_

As Guardian and/or Parent of (student #1) \_\_\_\_\_,

(#2) \_\_\_\_\_, (#3) \_\_\_\_\_, a minor under the age of twenty-one, hereby authorize the Christian Academy of Carrollton to use picture through the media or video recordings of said minor, and any reproductions thereof, and further the release gives permission to use the name of said minor in connection with the picture or video for any and all news feature promotional purposes or for any other lawful purpose.

Please sign and return for your permission to video or take a photo for media release of your child.

Signature of Parent or Guardian \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I do not consent to the use of my child's name, photographs, or video reproductions.

Student Name(s) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_



Father's business phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

Business name and address: \_\_\_\_\_

Father's Social Security #: \_\_\_\_\_

Mother's business phone: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_

Business name and address: \_\_\_\_\_

Mother's Social Security #: \_\_\_\_\_

In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work?

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

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

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

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Under the name of: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies to medicines or other allergies \_\_\_\_\_

\_\_\_\_\_

Medication presently taking: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

# CHRISTIAN ACADEMY OF CARROLLTON

1703 Easterday Road, Carrollton, KY 41008 (502) 732-4734 - Fax (502) 732-4732 [christianacademycarrollton@gmail.com](mailto:christianacademycarrollton@gmail.com)

## Records Request

I give my permission to release:

1. Birth certificate
2. Immunization certificate and medical forms
3. Transcripts and/or academic standing and credits
4. Psychological evaluation report, if available
5. Individual standardized achievement test results
6. Current IEP, if applicable

Send To:

**Christian Academy of Carrollton  
1703 Easterday Road  
Carrollton, KY 41008**

For the following student:

Full Legal Name of Student Birth Date Grade Last Completed

School Last Attended Years Attended Phone Number

School's Street Address Fax Number

City State Zip

Signature of Parent or Guardian

Date

NOTE TO PARENTS/GUARDIAN: It is very important to have the COMPLETE ADDRESS of the school your child last attended. Christian Academy of Carrollton will take responsibility for requesting records.

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**Office use only:**

Date request received: \_\_\_\_\_

Date request mailed: \_\_\_\_\_

Date transcript received: \_\_\_\_\_

Transcript: Complete \_\_\_\_\_ Incomplete \_\_\_\_\_

Comments:

# CHRISTIAN ACADEMY OF CARROLLTON

1703 Easterday Road, Carrollton, KY 41008 - (502) 732-4734 - christianacademycarrollton@gmail.com

## IMMUNIZATION RECORD

### Kentucky State Law Requirements

Before your child can enter the Christian Academy of Carrollton officially, certain records must be completed or updated according to laws of the state of Kentucky. The school must have these documents by the prescribed time or the student will be given suspension until all criteria are met within the law.

- **Immunization Certificates** from your family physician or local health department with a “current for immunizations until” date. **THIS IS DUE BEFORE YOUR CHILD MAY ENTER.**
- **Kentucky Preventative Health Care Examination Form (KDESHS002) is due on the first entry in Kentucky Schools and before entering 6<sup>th</sup> grade. THIS IS DUE WITHIN 2 WEEKS OF ENTERING CAC.**
- Copy of social security card; **THIS IS DUE WITHIN 3 WEEKS OF ENTERING CAC.**
- State registered copy of your child’s birth certificate (8x11 size from Kentucky Vital Statistics). **THIS IS DUE BEFORE YOUR CHILD MAY ENTER CAC.**
- **Diphtheria (DTap, DPT, DT)**
  - Five doses of DPT vaccine for are required for age 4 and above. This is a combination vaccine used to prevent whooping cough, tetanus, diphtheria and pertussis. DT and Td vaccine are also available to prevent the pertussis disease.
- **Poliomyelitis (Polio)**
  - Four doses of the Polio vaccination are required for age 4 and above paired with a TD booster. Polio vaccine is used to prevent the polio disease; there are two forms of this vaccine available. The preferred one among most Kentucky schools is the Inactivated Poliovirus Vaccine (IPV).
- **Mumps, Measles and Rubella (MMR)**
  - Two doses of the MMR vaccine are required before entering school. First dose is usually given at age 1 and the second dose given at age 4 before entering school. MMR is given to prevent the diseases mumps, measles, and Rubella.
- **Hepatitis B**
  - Three doses of the HepB vaccine are required for anyone under age of 18. HepB is usually given out as three shots in a period of six months in early childhood. HepB is given to prevent the disease Hepatitis B.
- **Haemophilus Influenza type B (Hib)**
  - Four doses of this vaccine are required before the age of three/when entering school. Variations of the number of doses for Hib are possible. No less than three doses are required.
- **Pneumococcal Conjugate Vaccine (PCV)**
  - Age appropriate immunization with PCV is required for children up to five years of age. Children aged five years or older are not required to receive PCV, as it is not licensed for healthy children in that age range.

- OVER -

- **Meningococcal Conjugate Vaccine (MCV)**
  - One dose of meningococcal vaccine for sixth grade entry, 11 or 12 years or older, is required.
  - The use of meningococcal conjugate vaccine is preferred, but meningococcal polysaccharide vaccine (MPSV) may be used if the conjugate vaccine is unavailable.
- **Tetanus-diphtheria-acellular pertussis vaccine (Tdap)**
  - One dose of Tdap regardless of interval since last dose of tetanus-containing vaccine is required for students at sixth grade entry, 11 or 12 years or older, with option for Td for individuals who cannot receive pertussis containing vaccines.

### **NEWLY REQUIRED VACCINATIONS:**

- **Hepatitis A**
  - 2 doses, separated by 6–18 months, between the 1st and 2nd birthdays. (A series begun before the 2nd birthday should be completed even if the child turn 2 before the 2nd dose is given.)

**If there is a problem, please see the administrator for a new deadline date.**

**PLEASE CONSIDER THIS YOUR FIRST NOTIFICATION. CAC wishes to emphasize these are state law requirements in Kentucky. We will assist you, if possible, to allow your child to be in compliance; however, compliance is mandatory.**

***Please note that religious exemptions must be notarized by a state approved notary and medical exemptions must be signed by a physician. This is required by the state of Kentucky. If medical or religious exemptions do not meet these requirements they will not be accepted.***

**FOR OFFICE USE ONLY:**

**Registration fee received** Date: \_\_\_\_\_ By: \_\_\_\_\_ Check (# \_\_\_\_\_) Cash \_\_\_\_\_

**Book fee received** Date: \_\_\_\_\_ By: \_\_\_\_\_ Check (# \_\_\_\_\_) Cash \_\_\_\_\_

**Tuition Payment Schedule** (*circle one*)    Annually    Semi-annually    Quarterly    Monthly

**Total yearly family tuition amount:** \_\_\_\_\_

**Total monthly family tuition amount:** \_\_\_\_\_