

2010-2011 RE-REGISTRATION PACKET
Please Read Immediately ~ Dated Material Enclosed

January 2010

Dear Parents,

What a blessing it is to assist you in meeting the spiritual, social and educational needs of your children this year. With registration time right around the corner, we want you to know how honored we would be to continue partnering with you for the upcoming 2010-2011 school year.

We have all felt the tough economic squeeze this year, so we recognize more than ever the financial sacrifices you and our teachers at HCA are making to keep Christian education a top priority. With that in mind, every effort was made to keep our rate increase to a minimum. HCA continues to rank as one of the most affordable Christian schools in San Diego.

Our returning students have **PRIORITY REGISTRATION** from February 1-10, 2010. The Priority Re-Registration Fee is \$275.00 per returning JH student & \$300.00 per returning SH student, if paid on or before February 10. (After *February 10*, the registration fees increase to \$325.00 for JH, and \$350.00 for SH.)

Several changes have been implemented to improve our Re-Registration Process for the upcoming year. First, if you have more than one child re-registering at the Jr/Sr High school level, you will receive only one packet per family instead of one per child. Second, HCA will allow parents to choose between a 10-month or a 12-month tuition payment plan.

The first 2 pages of the packet, the Re-Registration Application and Health History Forms, are to be completed for each child you are registering. The remaining forms in the packet are family forms, so you only need to complete them once, not for each child. Please review each page, and complete the packet in its entirety before submitting it to the school office. If you need to register a new sibling as well, simply call or drop by the office and ask for a New Student Application. Sibling registration begins on Tuesday, February 16, 2010.

As always, our office staff is available to answer any questions or concerns you may have regarding registration. Financial concerns may be addressed to the School Financial Office at 858-244-2289. In closing, thank you again for the privilege of serving you and your family this year. May we continue to trust Him to direct our paths, as we await His glorious return! God bless you.

In His service and yours,

F. Chapin Marsh III, Ed.D.
Headmaster

-----Do Not Detach -----

If you are NOT RETURNING for 2010-2011, please complete the section below and return this letter along with the unused Re-Registration Packet.

Student Name(s) _____ Grade(s) _____

My child(ren) will not be returning to HCA next year for the following reason(s):

- | | |
|---|--|
| <input type="checkbox"/> Moving Out of the Area | <input type="checkbox"/> Financial Difficulties |
| <input type="checkbox"/> Public School | <input type="checkbox"/> Transportation Problems |
| <input type="checkbox"/> Home Schooling | <input type="checkbox"/> Other _____ |

Parent/Guardian's Signature

Date



HORIZON
Christian Academy

2010-2011 TUITION AND FEE SCHEDULE

Registration Fee (Non-refundable)

<u>Returning Students</u> (On or before 02/10/10) (After 02/10/10)	<u>Elementary</u>	<u>Junior High</u>	<u>Senior High</u>
	\$250.00*	\$275.00	\$300.00
	\$300.00	\$325.00	\$350.00
<u>New Students</u>	\$300.00	\$325.00	\$350.00

*Additional \$50 assessment fee applies to all incoming JK-K students

<u>Tuition</u>	<u>Elementary</u>	<u>Junior High</u>	<u>Senior High</u>
<u>Yearly Tuition</u>	Plan I: \$5,580.00 Plan II: \$5,280.00 Grade 6: \$5,700.00	\$7,800.00	\$7,980.00
<u>Horizon Families*</u>	Plan I: \$4,920.00 Plan II: \$4,620.00 Grade 6: \$4,980.00	\$6,780.00	\$6,960.00
<u>Athletic Participation Fee**</u>	NA	\$50.00	\$150.00
<u>Annual Sibling Discounts</u>			
Second Child	\$150.00	\$250.00	\$250.00
Third Child	\$350.00	\$500.00	\$500.00

*Requires Verification of: Regular giving, according to Scripture, HCF
Regular participation in HCF home fellowship
Ongoing HCF ministry involvement
(Must meet 2 out of 3 of the above requirements for the last 6 months)

**Only applicable for students desiring to participate in the athletic program.

Elementary Students Only

Plan I: We understand that not every parent is able to participate in our Parent Helping Program. If you choose Plan I, the school will arrange for a suitable substitute to assist in the classroom and on the playground on your behalf.

Plan II: Each family is strongly encouraged to actively participate in their children's education. Parent Helpers assist the teachers in the classroom and assist in playground supervision. Parents fulfilling the requirements for Plan II will qualify for the reduced tuition rate. Please refer to the Parental Responsibility Statement regarding the number of days and hours required for participation.

Please contact the School Financial Office at (858) 244-2289 with questions regarding tuition.



HORIZON
Christian Academy

RE-REGISTRATION FORM 2010-2011

Jr/Sr High School: Grade ____ PSP: Grade ____

PLEASE ENTER ANY INFORMATION BELOW THAT HAS CHANGED SO THAT WE MAY UPDATE YOUR RECORDS.

IF NO INFORMATION REQUIRES UPDATING SIMPLY FILL IN YOUR STUDENT'S NAME & CHECK THE "NO CHANGES NEEDED" BOX AT THE BOTTOM OF THIS FORM

STUDENT INFORMATION

Student Legal Name (Last, First, Middle)	Preferred Name (if any)
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PRIMARY RESIDENCE I

Address _____

City _____ Zip _____ Home Phone _____

ADULTS RESIDING IN THIS HOME:

First and Last Name _____ Relationship to student _____

Occupation _____ Business # _____ Cell # _____

First and Last Name _____ Relationship to student _____

Occupation _____ Business # _____ Cell # _____

Primary Email Address _____

PRIMARY RESIDENCE II

Automatic duplicate school mailings for this address? Yes No

Address _____

City _____ Zip _____ Home Phone _____

ADULTS RESIDING IN THIS HOME:

First and Last Name _____ Relationship to student _____

Occupation _____ Business # _____ Cell # _____

First and Last Name _____ Relationship to student _____

Occupation _____ Business # _____ Cell # _____

Primary Email Address _____

FAMILY HISTORY: Married Divorced Shared Custody Mother Remarried Mother Deceased
(Check all that apply) Unmarried Separated Dad ___% Mom ___% Father Remarried Father Deceased

NO CHANGES NEEDED



HORIZON
Christian Academy

HEALTH HISTORY/AUTHORIZATION FOR TREATMENT

Student Name _____ School Year 2010-2011

CONDITION	COMMENT/STATUS	CONDITION	COMMENT/STATUS
1. Allergies		5. Diabetes	
Bee Stings/Insect(s)			
Food(s)		6. Hearing Problems	
Medication(s)			
Pollen/Dust/Hay fever		7. Heart Problems	
2. Asthma mild/moderate/severe		8. Tuberculosis	
Uses Inhaler		(List Year)	
3. Attention Deficit		9. Vision Problems	
ADD			
ADHD		10. Emotional/Psychological	
4. Serious illness/injury		11. OTHER (Please List)	

Please list any medication(s) your child is currently taking:

MEDICATIONS: A completed **Request for Administration of Medication (RAM)** form or equivalent, **MUST** be on file in the school office before any PRESCRIPTION and/or OVER THE COUNTER medications (such as aspirin, Tylenol, etc.) can be dispensed during the school day. In addition to the child's parent's/guardian's signature, prescription medications must also bear the signature of the issuing physician. Students are not allowed to carry medication(s) on them personally during the school day. Exceptions are contingent upon written physician and parent approval and will be made at the discretion of school administration. Please contact the school health clerk for approval.

My child may be given over the counter medications such as Tylenol, Benadryl, etc: Yes No Please call first

Doctor/ Medical Information

Doctor _____ Doctor's Phone # () _____
 Address _____ Medical Insurance Carrier _____
 City, State, Zip _____ Policy Number _____

I /We the undersigned, parent(s) of minors, do hereby authorize Horizon Christian Academy as agent(s) 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, as is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis treatment or hospital care being required to provide authority and power on the part of any care, which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I/We, hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the civil code of California to surrender physical custody of such minor to (my/our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective for the current school, unless revoked in a written delivered to said agent(s).

Parent/Guardian Signature(s) _____ Date _____



Student Name _____
(Last, first, middle)

Birthday (MM/DD/YY) _____

Grade (entering) _____ Gender (circle) M F

EMERGENCY RELEASE FORM

This document will be used in the event of an emergency that occurs on campus during school hours.

Student's address:

Street _____ City _____ State _____ Zip _____ Home Phone _____

Please list **ALL** people who are authorized to pick your child(ren) up from Horizon Christian Academy. **Section I: LIST PARENTS/GUARDIANS FIRST.** The order in which you list each person below is the same order school personnel will follow when making contact in case of an emergency, sickness or disaster. In the Section II, please include those authorized to pick up after school such as other family members, older siblings, friends, carpool drivers, (i.e. Mr. & Mrs. Brown), Scout Leaders, etc. In non-emergency situations, only a parent/guardian may sign a student out before dismissal time, unless written or verbal permission from a parent/guardian is received in the school office.

PLEASE PRINT CLEARLY USING INK. Circle letter to indicate phone as: H=home; W=work or C=cell

Section I: List Parents/Guardians and others authorized for Emergency, Sickness, Disaster, After school pick-ups

1. _____	Relationship _____	(____) _____	Daytime # _____	H	W	C	(____) _____	Alternate # _____	H	W	C
2. _____	Relationship _____	(____) _____	Daytime # _____	H	W	C	(____) _____	Alternate # _____	H	W	C
3. _____	Relationship _____	(____) _____	Daytime # _____	H	W	C	(____) _____	Alternate # _____	H	W	C
4. _____	Relationship _____	(____) _____	Daytime # _____	H	W	C	(____) _____	Alternate # _____	H	W	C
5. _____	Relationship _____	(____) _____	Daytime # _____	H	W	C	(____) _____	Alternate # _____	H	W	C

Section II: After-School Pick-Ups Only (not listed above) (including friends, family, carpool drivers, etc.)

1. _____	Relationship _____	(____) _____	Daytime # _____	H	W	C	(____) _____	Alternate # _____	H	W	C
2. _____	Relationship _____	(____) _____	Daytime # _____	H	W	C	(____) _____	Alternate # _____	H	W	C
3. _____	Relationship _____	(____) _____	Daytime # _____	H	W	C	(____) _____	Alternate # _____	H	W	C
4. _____	Relationship _____	(____) _____	Daytime # _____	H	W	C	(____) _____	Alternate # _____	H	W	C
5. _____	Relationship _____	(____) _____	Daytime # _____	H	W	C	(____) _____	Alternate # _____	H	W	C
6. _____	Relationship _____	(____) _____	Daytime # _____	H	W	C	(____) _____	Alternate # _____	H	W	C
7. _____	Relationship _____	(____) _____	Daytime # _____	H	W	C	(____) _____	Alternate # _____	H	W	C

Person completing this form:

Print Name _____ Signature _____ Relationship _____ Date _____



HORIZON
Christian Academy

STUDENT ACCOUNTING FORM

2010-2011

The **NON-REFUNDABLE** registration fee *per student* listed below must accompany this accounting form. Please make **check payable to HCA.**

Last & First Name _____ Gender ___ B' date _____ Grade 2010-11____ Plan ____

Last & First Name _____ Gender ___ B' date _____ Grade 2010-11____ Plan ____

Last & First Name _____ Gender ___ B' date _____ Grade 2010-11____ Plan ____

Last & First Name _____ Gender ___ B' date _____ Grade 2010-11____ Plan ____

Student(s) lives with (Name) _____ Spouse _____

Address _____ City _____ Zip _____

Home phone # () _____ Father's work # () _____ Mother's work # () _____

Financially responsible? Yes ___ No ___ Father's cell # () _____ Mother's cell # () _____

Parent with shared custody (Name) _____ Spouse _____

Address _____ City _____ Zip _____

Home phone # () _____ Father's work # () _____ Mother's work # () _____

Financially responsible? Yes ___ No ___ Father's cell # () _____ Mother's cell # () _____

Do you have other children attending HCA? _____ If "Yes" are they: Returning _____ New _____

If New, Name(s) _____ Grade(s) _____

Financially responsible party, if different from above:

Name _____ Relationship _____

Address _____ City _____ State ___ Zip _____

Home phone # () _____ Work # () _____ Cell # () _____

FOR OFFICE USE ONLY

New ___ Returning ___ Check # _____ Amount \$ _____ Date _____ HCF _____ PLP _____ APF _____ PSP _____

Start Date _____ Account # _____ Contract _____ Booklet Sent _____ Billing Schedule _____ Annual Tuition _____



ACCOUNTING CONTRACT 2010-2011

Last & First Name _____ Grade _____
 Last & First Name _____ Grade _____
 Last & First Name _____ Grade _____
 Last & First Name _____ Grade _____

*TUITION is charged by the year and is divided into monthly payments for the convenience of the parent. Tuition will be prorated for students **entering/withdrawing during the school year.***

The purpose of this contract is to nurture a mutual accountability between the parents and the school. Please read carefully and check ALL the boxes provided.

- You have no outstanding financial obligations to any previous schools attended.
- Registration fees are **NON-REFUNDABLE**.
- Your tuition *payment is due on the* **FIRST OF EACH MONTH** depending on the plan you select below. Please check off your plan of preference.
 - 10-month plan** (August 2010 – May 2011) **12-month plan** (June 2010 – May 2011)
- You will be expected to contact the *School Financial Office* if your payment will not be received by the 10th of the month.
- A late fee of \$50.00 will be charged to your account if payment is received after the 10th of the month.
- If payment is not received by the **25th** of any given month, your student(s) will not be permitted to attend school as of the first of the following month.
- Payments on delinquent accounts must be remitted in the form of a cashier's check or money order.
- RETURNED checks are charged a \$25.00 fee and require replacement in the form of a cashier's check or money order. A second returned check would require all future payments to be made with a cashier's check or money order.
- By **MAY 10th** all accounts must be balanced to maintain priority registration for the fall.
- Any account with a history of late payments or issued deadlines on a payment plan may be asked by the *School Financial Office* to pay tuition and fees in full or pre-paid installments.
- All checks must be made out to **HCA**, and sent directly to the *School Financial Office*.
- If you must withdraw your child from school, **TWO WEEKS WRITTEN NOTICE** must be given. One-half of the monthly payment will be charged if your child is withdrawn during the first week of the month, with two weeks written notice. No refund will be given if a child is withdrawn after the first week of a given month.

I (WE) UNDERSTAND AND AGREE TO THE ABOVE FINANCIAL POLICIES:

_____/_____
 Parent/Guardian Signature(s) Date



Horizon Christian Fellowship Church Member Form

For those who regularly attend HCF and are involved in ministries under the direction of
Pastor Mike MacIntosh: (San Diego, North Clairemont, & Valley Center)

In order to qualify for the church member benefit for school tuition, two of the three criteria BELOW must be met **each new school year at the time of registration.**

- Regular participation in a HCF Home Fellowship
- Regular involvement in a ministry with HCF
- Regular giving, according to Scripture, to HCF

Note: Non-member rates apply until the completed form is received and approved. If you do not qualify at the time of registration, but believe you will meet the requirements by July 1st, please check this box. Then contact the School Financial Office (SFO) at (858) 244-2289 within the next 2 weeks for further information on how to proceed.

I. PARTICIPATION IN A HOME FELLOWSHIP (Subject to re-verification twice a year)

I, _____, am a Home Fellowship Leader and I verify that for the past **SIX MONTHS** _____ has been attending our Home Fellowship, located at _____.

HCF Home Fellowship Leader's Signature (_____) _____
Phone Number Date

II. REGULAR INVOLVEMENT IN MINISTRY (Subject to re-verification twice a year)

I, _____, am a ministry leader at HCF and I verify that _____ has been actively involved in the following ministry: _____ for the past **SIX MONTHS**.

HCF Ministry Leader's Signature (_____) _____
Phone Number Date

III. REGULAR GIVING ACCORDING TO SCRIPTURE (Subject to re-verification twice a year)

Please attach a copy of your Record of Contribution (year-end statement received from the church) covering the past **SIX MONTHS**. If you contribute in cash, we recommend you start giving in the form of a check in order to include regular giving on your church member form.