

# OCA Re-Registration Form 2019-2020

## OCA Vision and Purpose Statement

Oneonta Christian Academy provides an excellent Christ-centered education, aspiring to equip our students to be world changing leaders; confident in their purpose and humble in their calling while serving in their families, vocations, and communities.

Name of Child(ren):

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\_\_\_\_\_ Will register for 2019-2020 school year

\_\_\_\_\_ There are no changes to our address, email, or phone number

\_\_\_\_\_ There are no medical updates to be made

\_\_\_\_\_ There are no changes to my child's pick-up form

\_\_\_\_\_ Before and After School Program Agreement - all families need to fill this form out in the event that your child should have to be dropped off early or need to stay late due to an emergency or a parent is running late for pickup.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**If there are any changes, please ask the office for corresponding paperwork.**

# Family Re-Registration Checklist

## OCA Vision and Purpose Statement

OCA is dedicated to preparing students for godly, productive lives through academic excellence and spiritual development. We are a non-denominational, private, Christian School that has been serving the Oneonta area for over 30 years. It is our desire to provide a safe and caring environment that fosters a well-rounded education and spiritual training for the children in our care.

**Please use this checklist to complete the Re-registration process for your family for the upcoming school year. Please Note: All needed items must be submitted before your child comes to school in September.**

\_\_\_\_\_ All prior lunch account, fundraising, tuition and childcare balances must be **PAID IN FULL** before re-registration applications will be accepted.

## The following items are needed to continue your family's enrollment at OCA.

\_\_\_\_\_ Completed re-registration form for the current school year.

\_\_\_\_\_ Registration fee paid

\_\_\_\_\_ Signed tuition agreement

\_\_\_\_\_ Boys & Girls Club application (2<sup>nd</sup>-12<sup>th</sup>)

\_\_\_\_\_ Orientation

## These additional items are needed if there are any changes to information on them.

\_\_\_\_\_ Medical information sheet updated

\_\_\_\_\_ Current immunization record

\_\_\_\_\_ Updated pickup/emergency form

\_\_\_\_\_ School year permissions

\_\_\_\_\_ Contact information

## Please turn these forms in as well, if they apply to your family.

\_\_\_\_\_ Before/After school childcare form

\_\_\_\_\_ School Physical-required for Pre-K, K, 2<sup>nd</sup>, 4<sup>th</sup>, 7<sup>th</sup>, & 10<sup>th</sup>

\_\_\_\_\_ Reduced lunch form (please note: your child will not receive free lunches as OCA does not offer lunches. However, the school does receive funding to help with technology expenses)

## 6<sup>th</sup>-12<sup>th</sup> graders who will be playing sports need to turn in the following items.

\_\_\_\_\_ Sports physical or letter from doctor stating the student is physically able to play

\_\_\_\_\_ Signed Medical Release Form

**These forms MUST be submitted BEFORE any student will be allowed to play on any school team and must be current.**

# Tuition Schedule & Agreement 2019-20

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Pre K	\$5,400 per year (\$135 per week)
Grades K through 12 <sup>th</sup>	\$4,400 1 <sup>st</sup> Child
	\$3,600 2 <sup>nd</sup> Child (with \$800 multi-child scholarship)
	\$2,800 3 <sup>rd</sup> Child (with \$1,600 multi-child scholarship)
	\$2,000 4 <sup>th</sup> Child and each additional child (with \$2,400 multi-child scholarship)
Junior/Senior High part-time	\$650 per class, per child

**Registration Fee-\$375 for the 1st child plus \$25.00 per additional child, due by July 5<sup>th</sup> for re-registration and by June 5<sup>th</sup> for new registrations. This is in addition to your tuition obligation and is NON-REFUNDABLE.**

I understand that I have an obligation to pay Oneonta Christian Academy the tuition applicable for my children attending the school. I have chosen to pay the school in the following way. *(Place your initials next to the option(s) that fit your family's needs.)*

\_\_\_\_\_ I am requesting the multi-child scholarship

\_\_\_\_\_ Pay 10 monthly installments on the 5<sup>th</sup> of each month, commencing September

\_\_\_\_\_ Pay 11 monthly installments on the 5<sup>th</sup> of each month, commencing August

\_\_\_\_\_ Pay the full tuition amount by August 5, 2018

\_\_\_\_\_ Pay half the tuition amount by August 5, 2018 and the other half by January 5<sup>th</sup>, 2019

**Late fee** (payments are due the 5th of each month; grace will be given through the 8th of the month)

- \$40 will be applied to your tuition statement on the 9th of the month (If the 9th falls on a Holiday, weekend or vacation day, then the fee will be applied the next day school is in session). In addition, 1.5% interest (18% per year) will be added to the bill monthly. If payment is not made by the 8th of the following month, the following process will be followed:
- 5th week - an invoice will be sent with a brief letter reminding families of their obligation
- 6th week - another invoice with letter will be sent (second notification)
- 7th week - phone call to ask if financial assistance is needed (emergency scholarship or other scholarship needed)
- End of 8th week - student removed from attending until the bill is paid or a scholarship application has been submitted and awarded

**I agree to make the payment option I have indicated above. \*In addition to my tuition obligation, I agree to pay a NON-REFUNDABLE \$375 for the 1st child plus \$25.00 per additional child by June 15<sup>th</sup> 2018 along with any late fees or interest incurred throughout the academic year.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*You can reduce the cost of tuition by \$400 for each child (up to \$1,200) through volunteering in the school or at fundraising events. Each hour of volunteer time accounts for \$12. It is our goal that people will blend their efforts on fundraisers and time volunteered at school so that both are successful.*

# Emergency/Pickup Authorization Form

## OCA Vision and Purpose Statement

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Name of Child(ren): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of an emergency if parental contact cannot be made please contact:

Name	Relationship	Home #	Cell #
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Name	Relationship	Home #	Cell #
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The following person(s) are authorized to pick up my child(ren) from Oneonta Christian Academy.

1. \_\_\_\_\_  
Name Relationship Phone

2. \_\_\_\_\_  
Name Relationship Phone

3. \_\_\_\_\_  
Name Relationship Phone

4. \_\_\_\_\_  
Name Relationship Phone

I understand that these individuals will be asked for proper identification and, without this, my child will not be released to them without WRITTEN permission from myself.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# SCHOOL YEAR PERMISSIONS 2019-20

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\_\_\_\_\_ My child is allowed to go on field trips (with a parent or teacher driver) throughout the school year.

\_\_\_\_\_ My child may be photographed for press releases pertaining to the school.

\_\_\_\_\_ My child's photo may be used in school related internet websites.

**OCA has snacks, pizza, water, and a limited amount of microwaveable lunch items available for purchase. You may limit your child(ren)'s buying power. Please let us know below what your child has permission to buy.**

\_\_\_\_\_ pizza (Friday's only)

\_\_\_\_\_ water

\_\_\_\_\_ snacks

\_\_\_\_\_ lunch items (items vary but may include: Mac-N-Cheese, soup)

\_\_\_\_\_ My child is not allowed to make any purchases.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Before and After School Program Registration & Agreement

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Please circle: AM program PM program  
Please circle the days your child(ren) will attend: M T W Th F Occasionally

Before school drop off times: M: \_\_\_\_\_ T: \_\_\_\_\_ W: \_\_\_\_\_ Th: \_\_\_\_\_ F: \_\_\_\_\_

After school pick up times: M: \_\_\_\_\_ T: \_\_\_\_\_ W: \_\_\_\_\_ Th: \_\_\_\_\_ F: \_\_\_\_\_

Name(s) of Child(ren)	Grade	Teacher	Allergies
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Parent/Guardian Information:

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

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

## List 2 local emergency numbers different from those listed above

	Name	Phone	Relationship to child(ren)
1.	_____	_____	_____
2.	_____	_____	_____

**By signing below, I agree to make timely payments on the \$4 an hour; billed in 15 minute increments as stated in the Before/After school Program Terms and Conditions.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Date Withdrew \_\_\_\_\_

F \_\_\_ R \_\_\_ D \_\_\_

**2019-2020 Application for Free and Reduced Price School Meals/Milk**

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call **607-432-0383**, if you need help. Additional names may be listed on a separate paper.

**Return Completed Applications to: Oneonta Community Christian School  
158 River Street  
Oneonta, NY 13820**

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: \_\_\_\_\_ CASE #: \_\_\_\_\_

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

**All Household Members (including yourself and all children that have income).**

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

\*Last Four Digits of Social Security Number: XXX-XX-\_\_ \_\_ \_\_ \_\_

I do not have a SS#

\*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race (Check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Island  White

**DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY**

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)**  
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_

Free Meals  Reduced Price Meals  Denied/Paid

Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_

# Before/After School Program

## Terms and Conditions

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### Before School Program

The program begins at 7:30 AM and ends at 8:15 AM. Use the front parking lot cafeteria door before 8 AM to drop off your child. Parents MUST sign their child(ren) in. The children are supervised in the cafeteria. There is no charge for the morning program. Parents who need to be at work before 8:15 am are encouraged to use this service.

### After School Program

The program begins at 3:15 PM for Pre-K- 5th grade students and 3:30 PM for 6-12th grade students and ends PROMPTLY at 6:00 PM. The Pre-K students are supervised in the K/1st classroom or outdoors on the playground in warmer weather. The 6th-12th grade students are supervised by the designated teacher in a high school classroom or cafeteria until 4 PM at which time they are to be picked up by a parent/guardian or sign in to the elementary program.

Your child(ren) will have the opportunity to do their homework. The staff is not responsible for checking homework but will provide assistance as they are able. A snack will be offered at 4:15 PM; you may send one in or one will be provided.

\*All students who are not participating in a school-sanctioned activity or meeting with a teacher must report to the appropriate after-school program at the designated times.

### Pick Up

Use the front door for pickup. A parent/transporter MUST sign the child(ren) out. If you do not sign your child out you will be charged until 6:00 PM. All children must be signed out by someone on their approved pickup list. If someone other than a person on the approved pick up list will be picking up the child, the parent must notify the school in writing before 3 PM.

### Fees

\$4 per child for each hour, charged in 15-minute increments. \*6-12th grade students will not be charged fees

Payment is due bi-weekly. Bills will be sent via email after the 1st and 15th of each month. You may pay ahead for easier bookkeeping. Failure to pay in a timely manner will result in your child's removal from the program.

**\*A late pickup fee will be assessed for any parents who pick up their children after 6:00 PM (unless arrangements have been made ahead of time with the staff.) The fee will be \$20 for every 10 minutes (or portion of) after 6:00 PM\***



## Oneonta Christian Academy Statement of Faith

1. We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God in all matters (2 Timothy 3:16, 2 Peter 1:21).
2. We believe there is one God, eternally existent in three persons: Father, Son, and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30).
3. We believe in the deity of Christ (John 10:33), His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35), His sinless life (Hebrews 4: 15, 7:26), His miracles (John 2:11), His vicarious and atoning death (1 Corinthians 15:3, Ephesians 1:7, Hebrews 2:9), His Resurrection (John 11:25, 1 Corinthians 15:4), His Ascension to the right hand of God (Mark 16:19), His personal return in power and glory (Acts 1:11, Revelation 19:11).
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature, and that men are justified on the single ground of faith in the shed blood of Christ, and that only by God's grace and through faith alone are we saved (John 3:16–19, 5:24; Romans 3:23, 5:8–9; Ephesians 2:8–10; Titus 3:5).
5. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of condemnation (John 5:28–29).  
We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9, 1 Corinthians 12:12–13, Galatians 3:26–28). We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (Romans 8:13–14; 1 Corinthians 3:16, 6:19–20; Ephesians 4:30, 5:18, 1 Corinthians 12:7-11).
6. We believe that the term marriage has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture (Genesis 2:18–25). We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other (1 Corinthians 6:18, 7:2–5; Hebrews 13:4). We believe that God's command is that there be no sexual intimacy outside of or apart from marriage between a man and a woman.
7. We believe that God wonderfully foreordained and immutably created each person as either male or female in conformity with their biological sex. These two distinct yet complementary genders together reflect the image and nature of God (Genesis 1:26–27).

Our Statement of Faith is not exhaustive of all of our beliefs. The Bible, as the inspired and infallible Word of God, speaks with absolute authority regarding the proper conduct of mankind and is the unchanging foundation for all belief and behavior. The School Board of Directors holds final interpretive authority on biblical meaning and application with regard to faith, doctrine, policy, practice, and discipline.

I, \_\_\_\_\_ hereby subscribe and adhere to the Statement of Faith as outlined above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date