



**Adventure
Christian
Academy**

**Where your child will learn
Christ-like qualities**

Dear Prospective Adventure Christian family,

Thank you for requesting information about Adventure Christian Academy. Choosing Christian education will make an extraordinary difference in the life of your child. Consider the following:

At Adventure Christian Academy your child will be taught in the light of the Word of God. The Bible is the foundation and center of everything we do. Every subject area is rooted in the creation and must be viewed through the eyes of Scripture. The academic, emotional, social and spiritual dimensions of life all come together and presented in a way that makes learning an adventure.

Adventure Christian Academy recognizes the uniqueness of God's children. We recognize that every child is special, with God-given gifts that need to be identified, carefully nurtured, and cultivated in a caring, Christian environment. Our goal at Adventure Christian Academy is for your child to become a follower of Jesus Christ.

Standards are important, too. In a world that often seems to have lost its moral and ethical compass, Adventure Christian Academy stands as a beacon of hope. Here, children learn about right and wrong, about Biblical values and how to integrate them in daily living.

For these reasons and many more, we believe that the best gift you could give your child is the opportunity for a Christian education. I have enclosed some information that will help you learn more about Adventure Christian Academy. If you have any questions or would like to come to our campus for a tour, please call me at (352) 742-4543. I have also enclosed an informational sheet on one of our upcoming "Open Houses."

May God bless you in your efforts in making the right educational choice for your child.

Yours in Christ,

Jackie Overton

Jackie Overton
Administrator



2009 – 2010 School Year

STUDENT APPLICATION

FOR OFFICE USE ONLY	Application Fee _____
Date application received _____	Business Office _____
Entered in Database _____	Teacher Assigned _____
Payment Plan: <input type="checkbox"/> Self-Pay <input type="checkbox"/> Children's First <input type="checkbox"/> McKay Scholarship	

Student Information

Student's Name: _____
LAST FIRST MIDDLE

Student's SSN: _____ Sex: ___ M ___ F Date of Birth: ___ / ___ / _____

Address: _____ City: _____ ST: _____ Zip: _____

Grade Applying For: _____

Primary Family Information

Father's Name: _____
LAST FIRST

Phone: (____) _____ Cell Phone: (____) _____

e-mail: _____

Occupation: _____

Employer: _____

Business Phone: _____

Mother's Name: _____
LAST FIRST

Phone: (____) _____ Cell Phone: (____) _____

e-mail: _____

Occupation: _____

Business Phone: _____

Last School Information

School Last Attended: _____

Address: _____

Additional Family Information

Father's Name: _____
LAST FIRST

Phone: (____) _____ Cell Phone: (____) _____

e-mail: _____

Occupation: _____

Employer: _____

Business Phone: _____

Mother's Name: _____
LAST FIRST

Phone: (____) _____ Cell Phone: (____) _____

e-mail: _____

Occupation: _____

Business Phone: _____

School's Phone: (____) _____ - _____

Emergency Contact Information

List the name of the person(s) to be contacted in case of emergency if the parent or guardian cannot be reached
In case of an emergency whom should we contact?

Name: _____ Relationship: _____

Phone: (____) _____ Cell Phone: (____) _____

Are there any health-related concerns we should be aware of? _____

Pediatrician: _____ Phone: _____

Dentist: _____ Phone: _____

General Information

How did you become acquainted with Adventure Christian Academy? _____

Has your child been involved in any of the following:

- Special Education Gifted Program Tested by a school psychologist
 Speech Therapy Counseling Remedial Reading / Math
 Other (please explain) : _____

Please explain any special needs your child may have: _____

Has your child had any difficulties learning any subjects? : ___Y ___N

If so, what subjects? : _____

Other Information

Please list the name(s) of other family siblings:

Name: _____
LAST FIRST MIDDLE AGE

Name: _____
LAST FIRST MIDDLE AGE

Name: _____
LAST FIRST MIDDLE AGE

Name: _____
LAST FIRST MIDDLE AGE

Philosophy of Education

The basis of Adventure Christian Academy's beliefs are the Scriptures of the Old and New Testaments. We believe that the primary responsibility for the education of children lies with the parents and that the ACA should be an extension of the Christian home. In every way ACA should serve to underscore, continue and augment the teachings of the home. This necessitates an active role on the part of the parents here at Adventure.

The Bible: By His holy Word, God reveals Himself; renews man's understanding of God, of mankind and of the world; directs man in all his relationships and activities; and therefore guides His people in the education of their children. Therefore, your child will be taught in accordance with God's teachings that are found in His word, and will be expected to participate in biblical readings, lessons, and activities.

Creation: In their education children must learn that the world and man's calling in it can rightly be understood only in relation to God, Who by His creation, restoration and governance directs all things to the coming of His kingdom and the glorification of His name.

Sin: Because man's sin (which brought upon all mankind the curse of God, including death, and alienated him from his creator, his neighbors and the world) distorts his view of the true meaning and purpose of life, it misdirects human culture and corrupts the education of children.

Jesus Christ: Through our Savior, Jesus Christ, there is renewal of our educational enterprise, because He is the Redeemer, the Light and the Way for our human life in all its range and variety. Only through Him and the work of His Spirit are we guided in the truth and recommitted to our original calling.

Educational Freedom: Education that is truly Christian is approached with "the mind of Christ." We are desirous, therefore, that Christian Education be in complete accordance with the teachings of Scripture and that children will acquire God's perspective on life and the circumstances, situations, views, philosophies, moralities, histories, etc. of society and the world at large. Academic excellence should be vigorously sought after, so that the person may be well equipped to examine and process facts, react or initiate action when necessary, and live a productive, God-honoring life in this short time on earth. In this way we are hopeful that the child will highly esteem godliness, and be a more effective ambassador of the Gospel of Salvation.

WE ARE WILLING TO HAVE OUR CHILD TRAINED IN ACCORDANCE WITH THE PHILOSOPHY OF EDUCATION STATED ABOVE:

Signature of parent or guardian _____ Date _____/_____/_____

Church Affiliation

Church currently attending: _____

Address: _____

Phone Number: (____) _____

Are you a member/members of the above church? : ___Y ___ N

Do you consider yourself/yourself to be a born-again Christian(s)? : ___Y ___ N

Parent / Guardian Signature

We, the undersigned, having read and agreed to the guidelines within the Parent / Student Handbook, shall uphold the authority of Adventure Christian Academy, recognizing its right to use proper disciplinary measures, including withdrawal of privileges, suspension, and/or dismissal. We agree to cooperate with those measures in the home as needed. "He who spares the rod hates his son, but he who loves him is careful to discipline him." (Proverbs 13:24 NIVUS)

In making this application, we hereby grant express permission for the student to be taken on field trips, outings, competitive athletic events, choir tour or other promotional work. We hereby expressly acknowledge that full responsibility rests with us for insuring the student against injury, sickness, or death, while the student is either engaged in activity either for or related to school work, or while under care of the school.

Signature of parent or guardian _____ Date _____/_____/_____

Print Name: First Name Middle Initial Last Name

Thank you for expressing interest in having your child attend Adventure Christian Academy. Our staff will review your application and contact you in regards to the status of your child's enrollment. If you should have any questions, please contact our office at: (352) 742-4543 or via email: admin@adventurechristian.com

Medical Release Form

If the student is under the age of 18, hospitals and physicians require the written consent of the parents before any medical services can be given. In order to meet the possible and unexpected needs of your child or ward, please read and complete the following statement. Please return the statement to the Administrator of Adventure Christian Academy with the student's application. This will facilitate medical treatment in emergencies, situations deemed necessary by the student, or situations deemed necessary by Adventure Christian Academy's staff.

I, _____, authorize medical treatment to be given to my son/daughter/ward, _____, by a licensed physician or hospital in the event that medical assistance is required to preserve life, health, or well-being. I understand and agree that I am financially responsible for my son/daughter/ward's medical expenses.

Signature of Parent or Legal Guardian

Date

____/____/____

Signature of Parent or Legal Guardian

Date

____/____/____

NAME OF STUDENT _____

GRADE _____

DATE OF BIRTH _____

HEALTH HISTORY

PLEASE CHECK IF YOUR CHILD HAS ANY PROBLEM AND PROVIDE EXPLANATIONS AS NECESSARY

- ____ 1. RHEUMATIC FEVER? Any lasting effect? _____ Any limit on physical activity? _____
- ____ 2. ASTHMA, REACTIVE AIRWAY DISEASE? List triggers (causes) _____
- ____ 3. OTHER CHRONIC RESPIRATORY PROBLEM? If so, what? _____
- ____ 4. ALLERGY TO INSECT BITES? What insects? _____ How serious? _____
- ____ 5. **OTHER ALLERGIES? To what? _____ How serious? _____**
- ____ 6. DIABETES? On insulin? _____ Times given? _____ Special diet? _____
- ____ 7. HEART DISEASE? _____ Type? _____ Any restrictions on physical activity? _____
- ____ 8. EPILEPSY, CONVULSIONS, FITS? Any aura (sensation or feeling)? If so, what? _____
- ____ 9. HEADACHES? _____ Frequent? _____ Severe? _____

Please list any medications given daily, and state time given:

Medications

Times given daily

_____	_____
_____	_____

- ____ 10. ANY MEDICATIONS GIVEN FREQUENTLY, but not daily? _____
- ____ 11. EYE or VISION PROBLEMS? _____ Glasses or contact lenses? _____
- ____ 12. HEARING PROBLEMS? _____ Hearing aids? _____
- ____ 13. POOR POSTURE, BACK PAIN, SCOLIOSIS, SPINAL DEFECT? Please explain _____
- ____ 14. SICKLE CELL DISEASE? Trait? _____ What are usual symptoms? _____
- ____ 15. BLADDER OR KIDNEY DISEASE? Frequent bedwetting? _____ Frequent infections? _____
- ____ 16. BOWEL DISEASE OR PROBLEMS? _____
- ____ 17. TAKEN any MEDICATION or poison accidentally? _____ Any effects now? _____
- ____ 18. ANY OTHER SERIOUS ILLNESSES OR ACCIDENTS? _____ Hospitalized? _____ When? _____
- ____ 19. ANY OTHER MEDICAL PROBLEMS? _____ If yes, name conditions: _____
Such as: Cerebral Palsy, Muscular Dystrophy, Attention Deficit Disorder, Tourettes Syndrome, Cancer, Emotional Disorders, Immune Deficiency, Hemophilia, etc.
- ____ 20. ARE ANY SPECIAL APPLIANCES AND/OR HEALTH PROCEDURES NEEDED? _____ Please explain: _____

- ____ 21. CAN THE STUDENT PARTICIPATE IN THE SCHOOL'S REGULAR PHYSICAL EDUCATION PROGRAM?
Any limitations on physical activity? _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE: MONTH, DAY, YEAR _____

EMERGENCY PHONE NUMBER(S) _____

NAME OF STUDENT _____

GRADE _____

MEDIA STUDENT RELEASE FORM

We hereby give our permission for pictures, or other media (e.g. video, audio, etc.) of _____ (name of student) in group activities or learning situations which may be taken at Adventure Christian Academy during the course of the school year to be used for promotional materials such as in the school or church newsletter, bulk mailers, and/or advertising.

Authorized Signature _____ Date _____

Relationship to Student _____

**Adventure Christian Academy
Statement of Beliefs**

Below are the beliefs we strive to instill in each of our students:

- That Jesus Christ is the one and only Son of God, and that He died and arose from the dead.
I Corinthians 15:1-8, Hebrews 1:1-3
- That the Bible is the inspired word of God -- a lamp for our feet, and a light to our path.
II Tim 3:16, Psalms 119:105
- That every person, regardless of their past, race, or social standing, has great worth as a creation of God, and is therefore of great worth to us.
John 3:16
- That all have sinned and fallen short of the glory of God.
Romans 3:23
- That forgiveness of sins and the promise of eternal life are available to all who take Christ as their Lord and Savior.
Acts 4:12
- That those who recognize Christ as their Lord will repent of sin, publicly acknowledge their faith in Him, and be baptized into Him.
Romans 10:9, Acts 2:38
- That the church is the Body of Christ on earth, and that it is empowered by the Holy Spirit, and exists to reach the lost and strengthen the saved.
Ephesians 4:1-16
- That Jesus Christ will one day return to earth and reign forever as King of Kings and Lord of Lords.
I Thessalonians 4:13-18

These principles will be emphasized at ACA in Bible classes and wherever applicable in general studies as well.

Signature(s) of Parents/Guardians

Date

**Adventure Christian Academy
Authorized Pick-Up List**

Student Name: _____

1. Authorized pick-up Name: _____

Phone Number: _____

2. Authorized pick-up Name: _____

Phone Number: _____

3. Authorized pick-up Name: _____

Phone Number: _____

4. Authorized pick-up Name: _____

Phone Number: _____

5. Authorized pick-up Name: _____

Phone Number: _____

6. Authorized pick-up Name: _____

Phone Number: _____

I give my permission to allow my child to leave school grounds with any of the above authorized pick-up people.

Signature(s) of Parents/Guardians

Date

Adventure Christian Academy

Tuition and Fees Schedule, 2009 - 2010

- I. Tuition Costs: Tuition is paid in full or on a ten-month basis, beginning in August and continuing through May of the current school year. Tuition is due on the **first school day of every month** for those who are wishing to pay over a ten-month period. Late fees will be applied to all accounts that have a balance as of the 10th of each month. You are encouraged to pay the entire tuition costs up front to take advantage of the special discount available.

	Annual Amount	Monthly Amount
Pre-K(3) – Half Day	\$3,200.00	\$330.00
Pre-K(3) – Full Day	\$3,585.00	\$368.50
Pre-K(4)	\$3,860.00	\$396.00
Pre-K(5) thru 5 th	\$3,970.00	\$407.00
6 th thru 8 th	\$4,135.00	\$423.50
9 th thru 12 th	\$4,355.00	\$445.50

Note: There is an additional \$400.00 (annual) or \$40 (monthly) discount for each additional child.

- II. Enrollment Application Fee: A *non-refundable* \$100.00 application fee is due for each student at the time the application is submitted.

- III. Instructional Fee

Pre-K(3)	\$205.00
Pre-K(4)	\$215.00
K	\$235.00
1 st through 5 th	\$255.00
6 th through 8 th	\$285.00
9 th through 12 th	\$300.00

A *non-refundable* instructional fee is due for each student by **May 1st**. Families with multiple students enrolled are invited to discuss payment options with the school administrator. If payment is not made by **May 1st**, the applicant will be taken off the school enrollment, with the position offered to those who may be on the enrollment waiting list. This instructional fee includes/excludes the following:

<u>Included</u>	<u>Excluded</u>
Student Books	Uniforms
Student Curriculum	Athletic Fees
Teacher Curriculum	Lunch/Snack
Teacher Teaching Aids	Classroom Supplies
Teacher Supplies	Accident Insurance Fee
Student Tests/Quizzes	Achievement Test (where applicable)
Specialty Classes (Art, P.E., etc)	Commencement Fee
S.A.T. Testing	Class Pictures
	Tickets for Special Events (i.e. Field Trips)

- IV. School Improvement Fee: A \$200.00 school improvement fee is due for each family by **May 1st**. This fee is assessed to help with facility expenses/expansion, equipment purchases, and other needed school-related essentials.
- V. Entrance Testing Fee: A one-time testing fee of \$50.00 is required for testing new students for those grades requiring it. Each student will need to be tested prior to being enrolled into Adventure Christian Academy. This is a *non-refundable* fee.
- VI. An Extended Care Program is provided for students who need care before and/or after daily school hours (8:30 am to 3:00 pm). Children must be registered in advance in order to participate. Extended Care hours are 7:00am – 8:30am and 3:00pm – 6:00pm. Parents/Guardians will be assessed a \$2.50/hr charge. Charges will be assessed in 15-minute increments. Additional late charges will be incurred if pickup is after 6:00pm.
- VII. For information on how your student may qualify for financial assistance, please contact the school office in order to request a Financial Assistance Application packet. The deadline for sending in the application is April 30th. Recipients of financial assistance in prior academic years are not automatically qualified nor denied assistance in the upcoming school year. The ACA School Board will determine award levels for all qualified students.
- VIII. If you wish to help other families by providing financial assistance, please notify our school administrator. We can set up an account that allows you to help your friend's children, your grandchildren, or others with tuition assistance in a totally anonymous way.
- IX. ACA now accepts payments via PayPal. If you wish to charge some or all fees to a major credit card, we encourage you to visit our PayPal website at http://www.adventurechristian.com/index.php?option=com_content&view=article&id=75&Itemid=93
- X. In making decisions about enrollment it will be useful to know the intention of the ACA school board: ACA will offer one grade level higher each year until the school covers grades K-3 to 12th grade – i.e. If the school goes through 8th this year, the next year it will go through 9th, and so on until the full high school is achieved..

Signature(s) of Parents/Guardians

Date