



Dear Prospective Key Point Christian Academy Family,

We are pleased that you are considering Key Point Christian Academy as a partner in your child's educational process.

Key Point Christian Academy offers a contemporary academic program built on high standards with an inviting and supportive environment where children develop critical thinking skills, creative problem solving skills, and are motivated to succeed. Our mission is to cultivate an atmosphere that challenges and empowers children to achieve academic and personal goals, while building self-confidence in a safe and positive Christian environment.

Key Point Christian Academy's vision is to guide each student's unique talents and abilities down a strong academic path. We facilitate a teaching environment that offers an innovative and interactive approach to Christian-based character development and cognitive growth. Key Point Christian Academy strives to build leadership skills in every child, and prepare our students to be constructive members in our society.

To ease the admissions process, below is a list of all the forms and steps that need to be completed:

#### **Admissions Process**

- Official transcripts (minimum two previous academic years)
- A copy of the most recent report card
- Recommendation letters from the student's current school (principal/counselor, math and language art teacher)
- Register for admissions test and interview (academic test is required for all incoming students)

#### **Registration Packet**

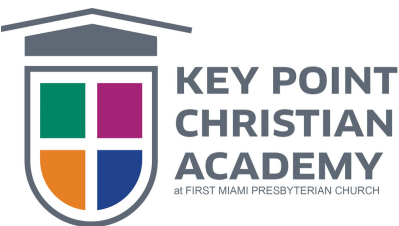
- Fees and Tuition Agreement
- Tuition and Food Refund Plan
- Application Form
- Emergency Form
- Pick-Up Authorization Form
- Photography and Video Permission
- Payment Authorization Form (Credit Card or ACH Debit)

#### **Other Requirements**

- Copy of the Birth Certificate
- Florida's Certification Immunization and Physical Records (Form 680 and 3040)
- Copy of both parent/guardian identification (picture ID or passport)
- Parent Questionnaire
- Influenza Form

We look forward to staying in touch with you and if we can be of further assistance regarding the admissions process, please do not hesitate to contact us.

Admission Department  
Key Point Christian Academy  
609 Brickell Ave.  
Miami, FL 33131  
Tel: 305-755-9258



# PRESCHOOL - KINDERGARTEN

## FEES AND TUITION AGREEMENT

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Applying: \_\_\_\_\_

	Registration Fee	Plan A (x1)	Plan B (x2)	Plan C (x11)
<b>PRESCHOOL Part-Time Pre-K2</b> 8:45 a.m. - 12:45 p.m.	\$1,250.00	<input type="checkbox"/> \$11,227.00	<input type="checkbox"/> \$11,850.00 \$5,925.00	<input type="checkbox"/> \$12,474.00 \$1,134.00
<b>PRESCHOOL Full-Time Pre-K2 to Pre-K4</b> 8:45 a.m. - 3:30 p.m.	\$1,250.00	<input type="checkbox"/> \$13,514.00	<input type="checkbox"/> \$14,264.00 \$7,132.00	<input type="checkbox"/> \$15,015.00 \$1,365.00
<b>ELEMENTARY - Kindergarten</b> 8:45 a.m. - 3:30 p.m.	\$1,485.00	<input type="checkbox"/> \$16,417.00	<input type="checkbox"/> \$17,329.00 \$8,665.00	<input type="checkbox"/> \$18,241.00 \$1,658.00
<b>FOOD PLAN (Mandatory)</b>		\$1,980.00	\$990.00	\$180.00

### SIBLING 10% DISCOUNT

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

- \*Plan A (1 full payment due upon registration)
- \*Plan B (2 semester payments due 07/01/20 and 01/01/21)
- \*Plan C (11 payments due 07/01/20 through 05/01/21)

- In consideration of the acceptance of this contract/agreement and the enrollment of the above named student by Key Point Christian Academy for the entire 2020-2021 school year. I understand and agree that once this agreement has been signed and registration has been paid, I am liable for the entire school year's tuition payments and fees.
- \*Payment Plan Agreement changes will incur a \$400.00 penalty fee (from the opening of registration November 1, 2019 until July 1, 2020). Contract cannot be modified as of July 2, 2020.

### LATE FEES AND PAYMENT NOTES

- Unpaid balances after the 5th of each month: \$50.00 late fee. Additional \$100.00 late fee after the 15th of each month.
- Returned checks penalty: \$50.00. After two returned checks during the school year, payments shall be made with a certified check, money order or credit card.

### PRESCHOOL ADDITIONAL FEES (All additional fees including registration are due upon registration and non-refundable)

Preschool Supplies	\$575.00 (Due upon registration)
Year Memories	\$85.00 (Due upon registration - per child)

### KINDERGARTEN ADDITIONAL FEES (All additional fees including registration are due upon registration and non-refundable)

Academic Materials	\$480.00 (Due upon registration)
Technology Fee	\$520.00 (Due upon registration)
Year Memories	\$85.00 (Due upon registration - per child)

### STUDENT SUPPORT PROGRAMS (Kindergarten - 8th Grade)

<input type="checkbox"/> ESL (English as a Second Language)	\$550.00 (Monthly payments as needed from September to May)
<input type="checkbox"/> Excelling Program (Language Arts)	\$450.00 (Monthly payments as needed from September to May)
<input type="checkbox"/> Excelling Program (Math)	\$450.00 (Monthly payments as needed from September to May)

### EARLY & AFTER CARE

- \$220.00 - 5 Days Early Care from 7:00 a.m.- 8:45 a.m. (10 monthly payments from August to May)
- \$295.00 - 5 Days After Care from 3:45 p.m.- 6:00 p.m. (10 monthly payments from August to May)

- Occasional early care \$15.00 and after care \$25.00 per day.
- Late pick-up fee after 1:00 p.m., 3:45 p.m. and 6:01 p.m. is \$35.00 then \$1.00 per minute.

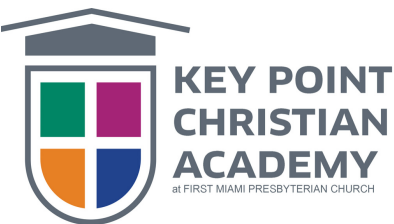
Person responsible for paying school fees: \_\_\_\_\_

Relationship to the child:  Father  Mother  Other: \_\_\_\_\_

Plan C option: Late enrollment only. Starting date: \_\_\_\_\_ Total of \_\_\_\_\_ payments of \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## TUITION AND FOOD REFUND PLAN

The Tuition and Food Refund Plan is a unique form of coverage that provides families with the opportunity to protect their tuition investment in Key Point Christian Academy. The Undersigned understands and agrees that the Student is enrolled for the entire school year and the Undersigned becomes liable for the entire year's tuition upon the signing of this agreement. Refunds are only available if the Undersigned has elected to use our Tuition and Food Refund Plan.

### PLAN COVERS

- The right of coverage becomes immediately effective for families who enroll at the time of registration in the **voluntary** Tuition and Food Refund Plan and pay the annual fee.
- Selecting not to take the Tuition and Food Refund Plan waives any refund for any reason and the Undersigned becomes liable for the entire year's tuition and food fees upon the signing of the Fees and Tuition Agreement.

### CONDITIONS

- Key Point Christian Academy will refund Tuition and Food fees paid except for the non-refundable registration and all additional fees.
- Any student that withdraws from the program prior to the first day of school of the current year, will incur a penalty of one month's tuition (Plan C tuition prices), applicable to all payment plans.
- After the first day of the current school year, failure to notify the Admission Department within 30 days in advance in writing will result in a penalty equivalent to one month's tuition (Plan C tuition prices). The written notice must detail the reason for the student's withdrawal along with proper documentation.
- Tuition and Food Refund Plan cannot be applied toward any other fees.
- Tuition and Food Refund Plan is not-transferable between students or families.
- Tuition and Food Refund Plan is optional.
- Tuition and Food Refund Plan is required to be purchased during the registration process, it cannot be purchased after submitting the registration packet.
- Any discount given on the registration fee during early registration will be due if the child withdraws before the end of the agreement for the current school year.

### PERIOD OF COVERAGE

The policy is effective at the moment of purchase and expires on the last day of the current school year.

### EXCLUSIONS (not covered under the plan)

The student is absent or expelled, Key Point Christian Academy will not refund any amounts paid and the Undersigned remains responsible for the entire school year's tuition and food fees.

### CLAIMS

Key Point Christian Academy will issue a reimbursement check following the written notice to school officials. The reimbursement check will be ready in 30 days after (even if the Undersigned selected credit card or ACH as a form of payment) the written withdrawal request was sent to the admission officials.

### COST

Payment Plans	Tuition and Food Refund Plan
<input type="checkbox"/> Plan A	\$700.00 (Due upon registration)
<input type="checkbox"/> Plan B	\$550.00 (Due upon registration)
<input type="checkbox"/> Plan C	\$400.00 (Due upon registration)

### DEFINITIONS

Undersigned is the person responsible for paying for the school, who has paid all tuition, food plan, and all additional fees.

I, \_\_\_\_\_, have read the Tuition and Food Refund Plan from Key Point  
(Undersigned/Parent/Guardian Name)

Christian Academy and hereby certify that I thoroughly understand the plan policy and coverage.

**Accept**

**Decline**

Student's Name \_\_\_\_\_

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



# APPLICATION FORM

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ \*Age: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Sex:  Female  Male Child's Social Security: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

\*Appropriate age for school class placement by September 1st of application year.

## Mother's Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

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

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

## Father's Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

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

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

Parents are:  Married  Separated  Divorced  Widowed  Single  Deceased

Child lives with:  Father  Mother  Both Parents  Other \_\_\_\_\_

## Guardian's Information (if applicable)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

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

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

**I hereby grant permission for the staff of this facility to have access to my child's records.**

Parent/Guardian Name \_\_\_\_\_

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



# EMERGENCY FORM

## PRIMARY DOCTOR INFORMATION

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

## Health conditions and important information

If checked yes, please include details, medications, and required actions.

Allergies:  Yes  No \_\_\_\_\_

Diabetic:  Yes  No \_\_\_\_\_

Asthmatic:  Yes  No \_\_\_\_\_

Epileptic:  Yes  No \_\_\_\_\_

Other: \_\_\_\_\_

For the following if checked yes, include provider and location (in/out of school)

Physical or occupational therapy:  Yes  No \_\_\_\_\_

Speech therapy:  Yes  No \_\_\_\_\_

Visual and hearing impairment:  Yes  No \_\_\_\_\_

Other: \_\_\_\_\_

\*Key Point Christian Academy will not administer any medication to any child nor shall medication be given for self-administration.

## Emergency Contact 1 (other than parent or guardian)

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

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## Emergency Contact 2 (other than parent or guardian)

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

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

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



## PICK-UP AUTHORIZATION FORM

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Only persons authorized in writing may pick up your child from school. If your child is being picked up by an authorized person who does not regularly pick up your child, please inform him/her that he/she must park and go directly to the front desk to present his/her identification. We will not release your child to any person(s) not authorized in writing by parents. We apologize for any inconvenience this may cause, but please keep in mind that this policy is strictly enforced for the safety and protection of your child while he/she is in our care. Occasionally, an accident or extreme illness of a student makes it necessary for school personnel to call 911 in order for the child to receive the most immediate and appropriate attention and care. The legal responsibility for medical transportation expenses incurred on behalf of your child is solely that one of the parent/guardian.

In the case that my child should suffer an accident or become ill, and the school is unable to reach us, I authorize the school to contact any of the people listed below, all of which are also authorized to pick up my child from school (unless stated otherwise):

Full Name	Telephone Number	Relationship to the Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Middle School Authorization to Walk Home Only (6th to 8th Grade)

- Please check this box if student is allowed to walk home. I hereby give my child permission to walk home alone, at dismissal time, from Key Point Christian Academy. I hereby understand the risk associated with allowing my child to walk home alone and waive all liabilities associated with allowing my child to walk home alone. I understand that once my child has left the school premises it is the responsibility of parents and/or guardians and not the school. Furthermore, if I wish to disallow my child from walking home, I will notify the school's officials at [info@keypointschools.com](mailto:info@keypointschools.com) and the classroom teacher in writing to nullify this letter.

Parent/Guardian Name \_\_\_\_\_

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



# PHOTOGRAPHY/VIDEO PERMISSION

Dear Parents/Guardians,

Key Point Christian Academy utilizes a variety of media to support and promote the educational and recreational activities that take place within the school.

I, the undersigned, do hereby grant permission to Key Point Christian Academy to use photographs and/or video recording of my child. Such use includes the display, transmission, or otherwise use of photographs, images and/or videos taken of my child to use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, social media and digital images such as those on the Key Point Christian Academy website or approved media partners.

## RELEASE FORM

I, hereby give Key Point Christian Academy or any school approved media partner permission to use photographs and/or video recordings of my child \_\_\_\_\_  
(Student Name)

Photographs and videos of children's work will be used for the purpose of documentation, news and promotional footage for Key Point Christian Academy.

Parent/Guardian Name \_\_\_\_\_

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



# CREDIT CARD AUTHORIZATION FORM

Student's Name \_\_\_\_\_

Person responsible for paying school fees \_\_\_\_\_

Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Card Type  AMEX  VISA  MASTER CARD  OTHER \_\_\_\_\_

Name on the card \_\_\_\_\_ CVC or Security Code \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## CREDIT CARD CHARGE WILL APPEAR ON YOUR STATEMENT AS KEY POINT CHRISTIAN ACADEMY.

I, \_\_\_\_\_ authorize Key Point Christian Academy to charge this credit card between the 28th through the 1st of each month for the following:

- Tuition and Lunch
- Early Care / After Care
- ESL
- Excelling Program
- Tutoring
- After School Activities

**I have read, understand, and I agree with all terms of this contract.**

### ADDITIONAL FEE

A 2.5% handling fee will be charged to your account in addition to your invoice.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

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Office use only

Notes





# ACH DEBIT AUTHORIZATION FORM

## AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS (ACH DEBITS)

Company or Individual: \_\_\_\_\_

Tax ID# \_\_\_\_\_

I (We) hereby authorize Key Point Christian Academy (hereinafter called "Company") to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries posted in error, to my (our)  checking  savings account (select one) indicated below. Additionally, I (We) authorize the Financial Institution named below to accept debit and/or credit entries initiated by Citibank N.A, ABA # 266086554 to same account.

Name of Financial Institution \_\_\_\_\_

Address of Branch \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

ABA # \_\_\_\_\_

Account Number \_\_\_\_\_

This authority is to remain in full force and effect until Company has received written notice of termination or alteration in such time and in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

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

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

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PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION