

FILE NAME _____
Last name of custodial parent

**California Christian Academy, PSP
 FIRST TIME ENROLLMENT Page 1
 2024-2025**

Father's Name _____

Mother's Name _____

Or guardian or parent-approved teaching adult's name _____

Street _____ City _____ Zip _____

Teacher's Phone or Cell # _____

Primary Email _____ 2nd Email _____

CHILDREN BEING ENROLLED FIRST, LAST NAMES	Birthday MONTH /DAY /YEAR	Grade Level

CCA MEMBERSHIP AGREEMENT

As a member of **California Christian Academy, PSP**, (CCA), I agree to comply with the following as a condition of membership: I understand that once payment has been accepted, **member has 7 days to request a refund (minus a \$30.00 administrator fee)**. NO REFUNDS AFTER SEVEN DAYS. I agree to maintain an active email I understand all communication and reporting is done electronically and it is my responsibility to inform administrator of any email change. I understand **I WILL BE NOTIFIED BY EMAIL REGARDING QUARTERLY ATTENDANCE** and failure to submit attendance may result in disenrollment from California Christian Academy, PSP or late fees. I understand that **CCA PROVIDES ONLY** the following: record keeping, cum file storage, attendance tracking, annual affidavit filing and additional printing services where applicable. **All other services such as PROGRESS REPORTS, TRANSCRIPTS, DIPLOMAS, SCHOOL I.D. CARDS and CURRICULUM are paid additional services. (electronic initial here)**

I agree to oversee the homeschooling of my child(ren), (even if someone else is teaching my child(ren)). I agree to purchase required materials, appropriate curriculum at my own cost, and provide adequate lessons within the California Department Education recommended branches of study. Course specifications at this link have been copied and pasted from the California Department of Education website. CCA welcomes children with special needs. Parent understands California Christian Academy, PSP **does not** provide SPECIAL NEEDS services or advice and suggest parents inquire with their local school district of residence to obtain these services. I understand I am to provide **annual earthquake and fire drill instruction as required by the CDE** for my children. SEE EARTHQUAKE link. Here is a curriculum link from the CCA Website, but parents may choose any curriculum source preferred. I have decision making authority regarding the education of my child(ren). **(electronic initial here _____)**

I authorize _____ to teach my child. This person's relationship to me: _____ (examples may be: a grandparent, aunt, close friend, etc.) **(electronic initial here _____)**

By signing this agreement, I acknowledge full understanding and agree to **QUARTERLY RECORD KEEPING** commitment shown in yellow box below ↓.
(electronic initial here _____)

QUARTERLY ATTENDANCE	MUST BE SUBMITTED BY DATE TO AVOID LATE FEE	LATE FEE
JUL 1 THROUGH SEP 30	OCT 10	20.00
OCT 1 THROUGH DEC 31	JAN 10	20.00
JAN 1 THROUGH MAR 31	APR 10	20.00
APR 1 THROUGH JUN 30	JUL 10	20.00

Parent/Legal Guardian _____ Signature _____ Date _____
 (print name here) (type digital signature here)