

FILE NAME _____
Last name of custodial parent

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

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 of 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)*