



RE-ENROLLMENT 2019-2020
Covenant Academy
 4652 Ayers Road / Macon GA 31210
 478-471-0285 / fax: 478-471-8884

| | |
|----------------------------|-------------------------------|
| For Office Use Only | |
| Date Received _____ | Amount _____ |
| Check # _____ | <input type="checkbox"/> Cash |
| Balance Rec'd _____ | Check# _____ |

Please return this form to the office with the non-refundable matriculation fee. (See Covenant Academy Payment Policies)
All family accounts must be up-to-date prior to re-enrollment.

| | | |
|------------------------------------|----------------------|--------------------------|
| Students currently enrolled | Grade 2019-20 | Matriculation Fee |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| | | | |
|--|---------------------------|----------------------|--------------------------|
| Sibling(s) enrolling (Need to complete the 2 page application.) | Applying for grade | Date of birth | Matriculation Fee |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

K3: ___ 3-day half day (MWF) or ___ 5-day half day ___ Extended Session (12:00-3:00)
 K4: ___ 3-day half day (MWF) or ___ 5-day half day ___ Extended Session (12:00-3:00)
 K5: ___ 5-day half day ___ Extended Session (12:00-3:00)

Total Matriculation \$ _____

MATRICULATION FEES PER STUDENT

| Grade | Pay in full by 2/28 | Pay in full by 3/21 | After 3/21 |
|------------------------------------|---------------------|---------------------|------------|
| K3 – K4 | \$350.00 | 450.00 | 550.00 |
| K5 – 6 th | \$450.00 | 550.00 | 650.00 |
| 7 th – 8 th | \$500.00 | 600.00 | 700.00 |
| 9 th – 12 th | \$550.00 | 650.00 | 750.00 |

___ My child(ren) listed above **will not return** next school year.

PARENTAL CONTRACT

By signing below, we acknowledge that we have read and agree to be contractually bound to the written Tuition & Payment Policies of Covenant Academy. All names at the bottom of this form are responsible for tuition. We acknowledge that our child(ren)'s attendance is contingent upon this form being signed and returned. A family who enrolls their child(ren) for the academic year contractually agrees to pay 100% of the tuition even if circumstances cause the family to withdraw their child(ren).

In addition, we understand that by enrolling our child(ren) at Covenant Academy, we agree to comply with all policies and standards of Covenant Academy, including those pertaining to corporal punishment and internet use, as stated in the Covenant Academy Handbook. We agree to support the spiritual, moral, and dress code standards of the school. We acknowledge that it is our family's responsibility to read and understand these policies.

We hereby waive and absolve Covenant Academy, Inc. and all divisions thereof, of any liability of injuries, sickness, accidents, and/or acts of God incurred during participation in field trips, camps, clinics, private coaching, choreography and/or other sport/extra curricular club, etc., activity by our child(ren) named above. In consideration of our signed release allowing our child(ren) to participate in a Covenant Academy event, we, our heirs, executor and administration do hereby waive, release and forever discharge any and all rights and claims for damage which we may have or which may hereinafter accrue to us against agents, representatives, successors and/or assignees, for any participation in or rising out of travel to and/or from a game or activity site. In the event of injury/accident/sickness, Covenant Academy, Inc. and its officials are to contact the parent or legal guardian. We understand that our child(ren) will be photographed for public relations purposes. These pictures may appear on the website, in the Rampages, brochures, magazines and all other advertising. Please submit in writing to the Headmaster if you do not wish to have your student photographed.

 Printed name of father/guardian

 Signature of father/guardian

 Date

 Printed name of mother/guardian

 Signature of mother/guardian

 Date