



2025/2026

Student Application

STUDENT INFORMATION

Child's Full Name _____

Male _____ Female _____ Date of Birth _____ Age _____

Home Address _____ Apt# _____

City _____ State _____ Zip Code _____

Parent Cell Phone _____ (best number to reach parent)

Allergy or Health Alerts _____

Does the student take prescribed medication or need any special medical attention No ___ Yes ___

If so, explain: Condition _____ Medication _____

MEDICAL INFORMATION

Primary Insurance Information: _____

Policy Number: _____ Phone Number: _____

1. Physician' Name and Phone: _____

2. Dentists Name and Phone: _____

CONSENT FOR MEDICAL TREATMENT

As the parent or authorized representative, I hereby give consent to Streamline Christian Academy/Vanessa Campbell-Ortiz to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) osteopath (D.O.) or dentist (D.D.S.) for

_____ (CHILDS NAME). This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child named above.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

PARENTS/ GUARDIANS INFORMATION

Father/Guardian Information

Name _____

Cell phone _____

Employer _____

Title _____

Mother/Guardian Information

Name _____

Cell phone _____

Employer _____

Title _____

EMERGENCY CONTACTS/PICK-UP AUTHORIZATIONS

Only authorized individuals will be allowed to pick-up your child from school. Please list here any individuals (besides parents) that may be contacted in an emergency or be authorized to pick up from school.

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

3. Name _____ Phone _____ Relationship _____

STUDENT INTERESTS

Has your child ever been evaluated or do you have concerns over any of the following?

Learning Differences No ___ Yes ___ Behavioral Problems No ___ Yes ___

Visual/Hearing Problems No ___ Yes ___ Speech/Language No ___ Yes ___

Have there been any situations in the student's life that the school should know about in order to meet his/her learning or developmental needs? (changes in schools, death in family, divorce, etc.)

Explain: _____

How did you hear about Streamline Christian Academy?

___ Social media website _____ (name of social media website)

___ Online search (Google, etc) _____ (name of search engine)

___ Friend, family or colleague referral _____ (name of referring family)

___ Other _____ (please explain)

2025/2026 Admission Agreement

REGISTRATION FEE \$100 (non-refundable, due with this form to hold spot)

TUITION INFORMATION (monthly, due on the 25th of each month prior to attendance)

1 day/week: \$200, 2 days/week: \$390, 3 days/week: \$560, 4 days/week: \$740

DAYS REQUESTED

MONDAYS TUESDAYS WEDNESDAYS THURSDAYS

TUITION DUE DATES:

\$100 enrollment fee (due with this form)

9 monthly payments, Aug 25th (towards September)-April 25th (towards May 2025): \$_____

WAIVER OF LIABILITY

I, _____ (name), acknowledge that I voluntarily agree to allow my child to participate in all aspects of Streamline Christian Academy. I am aware that the outdoor and childrens activities could impose a risk and my child could get hurt while under the care of Streamline Christian Academy. I agree to assume any and all risks that my child may participate in. I also agree to not hold Streamline Christian Academy or any of its participants or employees responsible.

PHOTO RELEASE

1. PUBLICATIONS: Consent to publish: I hereby authorize and give full consent, without limitations or reservations, to Streamline Christian Academy to submit, publish and/or cite, in whole or in part, any photographs, artwork, videos, written work, and voice recordings that my child creates, and/or in which my child appears. These internal publications may include (but are not limited to): school newsletters, emails, yearbooks and other internal publications, use of photos inside classrooms, advertising, press releases, school website and social media.
_____ (initials)
2. I give authorization to have my name /child's name, phone number, and/or email included in the parent directory. Additionally, I promise to use any contact information given to me by the school or parent association for the sole purpose of positive internal communication only. _____ (initials)

ADMISSION POLICIES

3. Registration fees and tuition are non-refundable. The registration fee covers insurance, processing of the application, supplies, and a yearbook. This will hold your child's spot for the upcoming school year.
4. Tuition is a yearly fee payable in 9 equal monthly payments. There are no reductions in tuition for holidays, absences, or any other reasons. Monthly tuition payments are due by the 25th of each month prior to attendance.
5. Tuition will be prorated if a child enrolls after the start of the school year.
6. If for any reason you must withdraw from the program, a 30 day written notice must be given. You will be responsible for all monthly payments over the next 30 days.
7. Streamline Christian Academy reserves the right to dismiss a student for any reason. If a child is asked to withdraw from the program, please see #4 above.
8. While Streamline Christian Academy acknowledges parental responsibility and welcomes positive parent involvement, we also reserve the right to deny student admission or to discontinue student's enrollments in the event parent exhibits behavior that is discourteous, scandalous, rumor-driven, disruptive, threatening, hostile or divisive. If parent/guardian exhibits such behaviors or any negatively impacting behavior, the decision of the Streamline Christian Academy regarding the suitability for student's continued enrollment or acceptance to the school will be final.
9. Streamline Christian Academy has the right to change this agreement at any time. Parents will be notified 30 days before changes take effect.

SIGNATURES

Print Parent/Guardian's Name _____ Date _____

Parent/Guardian Signature _____