



# CENTRAL MAINE CHRISTIAN ACADEMY

390 Main Street  
 Lewiston, Maine 04240  
 207.777.0007

www.CentralMaineChristianAcademy.org

## REGISTRATION FORM

(Please Print)

### STUDENT INFORMATION

Student's last name:	First:	M:	Grade Entering:	Birth date:
				/ /
Additional Student's last name:	First:	M:	Grade Entering:	Birth date:
				/ /
Additional Student's last name:	First:	M:	Grade Entering:	Birth date:
				/ /
Street address:	City:	ZIP Code:	Home phone:	Cell phone:
			( )	( )
Father's last name:	First:	Email:		Phone:
				( )
Street address (if different from above)	City:	ZIP Code:	Employer:	Employer phone:
				( )
Mother's last name:	First:	Email:		Phone:
				( )
Street address (if different from above)	City:	ZIP Code:	Employer:	Employer phone:
				( )

### IN CASE OF EMERGENCY

Name (not living at same address):			Relationship to student:	
Street address	City:	State:	ZIP Code:	Phone:
				( )
Name (not living at same address):			Relationship to student:	
Street address	City:	State:	ZIP Code:	Phone:
				( )
Name (not living at same address):			Relationship to student:	
Street address	City:	State:	ZIP Code:	Phone:
				( )

### INTERNAL USE

Date Rec'd	Registration Paid:	Interviewed:	Tested:	Transcripts:	Immunizations:

**FAMILY INFORMATION**

Please list names and ages of any children in the family who are not being enrolled in this school:

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Please provide the following information for each applicant:

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

School Attended: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

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

**Please provide a copy of the most current report card for each applicant and return with this packet.**

Has applicant repeated any grades or received special help in any subject? Please specify:

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Has applicant been involved in any serious disciplinary occurrences including suspension, probation, expulsion, or any activities resulting in a police record? Is so, please explain:

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Has applicant had any emotional or serious health problems? If so, please specify:

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Please state church or denomination affiliation:

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Please summarize your personal Christian experience and faith:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Please supply Christian references:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parents, please state in detail why you want your child(ren) to attend Central Maine Christian Academy: (use back if needed)

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## TRANSPORTATION INFORMATION

Please state the student's usual transportation source to and from the school:

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Please explain any other special transportation arrangements you have made (ride-sharing on certain days, etc.):

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In the event that school closes early unexpectedly and a parent/guardian can not be reached, someone can be reached to provide transportation by calling:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The people listed above have my permission to pick up my child(ren) if the need arises and I can not be reached.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## MEDICAL INFORMATION

In the event that neither a parent nor an emergency contact person (listed on the front of the packet) can be reached during a medical emergency, or if the emergency is such that time does not allow for such a contact, we authorize the persons in supervision at the Academy to see medical attention from:

1<sup>st</sup> Choice: Dr. \_\_\_\_\_ Phone: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address

2<sup>nd</sup> Choice: Dr. \_\_\_\_\_ Phone: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address

If neither of the above can be reached, we authorize another licensed physician to be called. At the direction of the physician, or in the event that a physician cannot be reached, or if the emergency is such that time does not allow for any such attempt to be made, we authorize the persons in supervision at the Academy to seek medical attention from:

1<sup>st</sup> Choice Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name

2<sup>nd</sup> Choice Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name

If efforts to reach a parent, contact person, or listed physician fail or if the emergency is such that time does not permit such a contact, we authorize the persons in supervision at the Academy to seek medical treatment from a physician in any hospital emergency department.

We agree to pay all medical expenses and other fees incurred in the course of an emergency. We release the Academy and any other facility or persons connected with the Academy from any and all liabilities for injuries and/or illnesses resulting from conditions of circumstances while in attendance at the Academy, in transit to and from this Academy, and on any supervised excursions from this Academy.

We enclosed proof that our child(ren) is fully immunized. We will continue to relay significant information concerning the health of our child(ren) to the staff at the Academy to assure a healthy environment for my child(ren)'s classmates.

**Please provide a copy of your child(ren)'s current immunization record with this packet.**

Name(s): \_\_\_\_\_  
Date(s) of Birth: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Medical Problems: \_\_\_\_\_  
Last Tetanus Shot: \_\_\_\_\_

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Central Maine Christian Academy, Inc. is a member of ACSI (Association of Christian Schools International). ACSI represents its member schools legally as the need arises. ACSI requests that its member schools include the following Christian Conciliation Agreement in their enrollment contracts. Please review and sign the following agreement and return it to Central Maine Christian Academy for inclusion with the enrollment forms.

### CHRISTIAN CONCILIATION AGREEMENT

The parties to this agreement believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the Biblical injunctions of Matthew 18:15-20, I Corinthians 6:1-8, and Matthew 5:23-24. Therefore, the parties agree that any disputes or claims, including statutory claims that may arise during the process, duration or termination of enrollment of the student(s) listed below, shall be settled by Biblically-based mediation.

If resolution of the dispute and reconciliation do not result from such efforts, the matter shall then be submitted to a panel of three arbitrators for binding arbitration. Each party to the agreement shall have the right to select one arbitrator. The two arbitrators selected by the parties shall jointly select the neutral, third arbitrator. If there is an impasse in the selection of the third arbitrator, the Association of Christian Conciliation Services shall be asked to provide the name of a qualified person that will serve in that capacity. The arbitration shall be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Association of Christian Conciliation Services.

The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of the enrollment of the named student(s), including the enrollment procedures, and during the duration of enrollment, and in the event of termination of the enrollment. The parties expressly waive their right to file a lawsuit against one another, other family members involved with the Central Maine Christian Academy, and against the teachers, administrators, other parents, school board members, employees, or any other persons associated with the Central Maine Christian Academy, in any civil court of such disputes, except to enforce a legal, binding arbitration decision. Each party, regardless of the outcome of the matter, agrees to bear the cost of his-her-it's own arbitrator and one-half of the fees and costs of the neutral arbitrator and any other arbitration expenses.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

In the event of the unavailability of one of the parent's signatures, the parent that has signed will assume the guardianship rights of the named students.

Names of all children being enrolled by parents in Central Maine Christian Academy:

\_\_\_\_\_

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Beginning Date of Enrollment

## PARENT'S PLEDGE

I have read the philosophies, policies, and procedures of Central Maine Christian Academy, Inc. as stated in the Academy's handbook and I am in agreement with them. I agree to support them and to carry out my parental responsibilities as outlined in the handbook. I will encourage my child(ren)'s adherence to the policies of the courses in which he/she is enrolled. I further realize that building strong relations with my child(ren)'s teacher is as much my responsibility as theirs. I will cooperate with them in training and teaching my child(ren), accepting their judgment in all such matters, following with any commitments that I have made.

I will assist in training my child(ren) to respect the property and equipment of the Academy and any other facility where my child(ren) have activities, and pay for an irregular abuse of the same. If there is a matter that needs to be cleared between myself and a staff member, I will not gossip but go immediately to that person. I will assist in publicizing this procedure among friends.

I consent to being contacted at any time it is deemed necessary by my child(ren)'s teacher(s) or any other staff member.

I also agree that in the event that any legal action is taken by myself or by any other person related or associated with me against the Academy, any persons connected to the Academy, it's boards, administrators, teachers, staff members, students, parents, any persons otherwise associated with the Academy or any other facility connected to the Academy's operations and activities, I will pay in full all legal fees that arise.

I give consent for my child(ren) to take part in all program activities, including sports events and trips away from the facility upon prior notification. In the event of injury or illness to myself or my child(ren) while in attendance at the Academy or facilities connected with it, or while in transit to and from these facilities, I absolve all persons connected with the Academy of being held responsible for liabilities beyond the extent covered by the limited medical payment policy held by Central Maine Christian Academy, Inc. I agree to have my own accident insurance and health insurance policies for myself and my child to further cover any medical expenses.

I realize that the course in which my child(ren) is enrolled in is not an infirmary and in no way will care for my child(ren) during an illness. I realize that if my child(ren) should become ill while on the premises, I will be contacted and expected to provide transportation home. My child(ren) is expected to attend their courses regularly, and either a verbal or written explanation of absence is due when my child(ren) is not in attendance. I realize that an attendance register is kept for all children and that those having difficulty attending without a reasonable cause will be dropped from the enrollment.

I agree to pay the tuition, registration and any other applicable fees when they are due. Non-payment of fees when due will result in notification of termination of my child(ren)'s enrollment.

I have read this registration agreement and understand and accept its terms.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

The following pledge must be signed annually by each student entering the 4<sup>th</sup> through 12<sup>th</sup> grades. If a student at any time has a problem with any of these statements, he-she is encouraged to see counsel from a teacher, the administrator, or another staff member.

### STUDENT PLEDGE

I, as a student of Central Maine Christian Academy, pledge to cooperate respectfully with those in authority; strive to do my best as a student; respect the philosophies and goals of the Academy; and abstain from any action that would be harmful to myself, other students, or the Academy.

I understand that as a student enrolled in courses at this Academy I will show by my attitude and study habits that I take my work seriously and I will apply myself to my studies during school hours. Failure to do this will result in a conference with my parents, teacher, and administrator, and unless positive results follow, I understand that I will be dismissed, I also state that I want to attend this Academy and have not been made to do so against my will.

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Grade Entering

\_\_\_\_\_

Date

### STUDENT INFORMATION (for students in 7-12 grades)

1. Please state the name of the church you attend: \_\_\_\_\_

2. What church activities, extracurricular activities, and meetings do you attend regularly?

\_\_\_\_\_

3. What is your personal relationship to God?

\_\_\_\_\_

4. Please state, in your own words, why you want to attend this Academy:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please state if there are any issues or concerns that you have about enrolling in CMCA:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## REQUEST FOR STUDENT RECORDS

Date: \_\_\_\_\_

Central Maine Christian Academy has received an enrollment application from the following student(s) previously enrolled in your school. As part of Central Maine Christian Academy's admissions procedure, a review of the student(s)'s academic, behavioral, health, and any other pertinent record, is made to ensure that the program at the Academy will meet the expectations and needs of all involved before the enrollment process begins. Please send copies of all such records available for this purpose.

Thank you for your assistance in this matter.

Name(s): \_\_\_\_\_  
Date(s) of Birth: \_\_\_\_\_  
Grade(s): \_\_\_\_\_

Name and address of school last attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent's Agreement:

I understand that this does not indicate my child(ren)'s acceptance into the Academy's programs, but is a preliminary measure taken to help determine if the Academy's programs will meet my child(ren)'s needs.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date