



## *Gahanna Christian Academy Re-Enrollment Procedure*

*Please follow these instructions in the order outlined below:*

- A. Register on-line through InfoDirect. If you have any questions, contact Frankie T. Stewart by email at [fstewart@ourgca.com](mailto:fstewart@ourgca.com).*
- B. Verification of Church Attendance Form must be completed and submitted by your Pastor (2 pages).*
- C. Complete the Emergency Medical Authorization Form (2 pages).*
- D. Complete the School Age Extended Care Registration Form (2 pages) and include the \$20 fee with your Re-Enrollment Fee or by separate check. Space in the extended care program will not be reserved until the form and payment are received.*
- E. Upon receipt of all forms and fees, and completion of the on-line Re-Enrollment form, your re-enrollment application will be processed. Your space will only be reserved when all forms are completed and all fees are paid.*

To enroll on-line, please access your account on InfoDirect and then:

1. Click on the Re-enrollment link in the School Services section on the left side.
2. Select which student you are re-enrolling. The screen will be pre-filled with the information we already have in our system (you will not have to type in all the data). Update any information, and then click on the "next" tab at the bottom of the page.
3. Complete Parent 1 information. Be sure to complete each of the information in the tabs (Address, Work, etc.). Please pay particular attention to the "Options" tab. Then click "next page". Note: If you failed to complete required information, you will receive an error message. Click on the tabs and see what field is highlighted in red.
4. Complete Parent 2 information in the same manner. Then click "next page".
5. If a Guardian is caring for the student, please complete the information as requested. Then click "next page".
6. Provide Emergency contact information or correct existing information as necessary. Then click "next page".
7. Provide the Medical information and check the boxes in the lower portion of the page. Then click "next page".
8. Indicate whether you give permission for your student to be involved in GCA activities or not.
9. Financial: You need to provide for two payments.  
First, indicate how you will pay the \$75.00 Application Fee. This must be paid before your Re-enrollment can be completed. Indicate whether you will pay by check, PayPal, or you want us to withdraw from your bank account.  
Second, provide the bank account you want GCA to make withdrawals from in this tab. GCA will not be using FACTS to withdraw tuition payments for next year. Unless you will be making one annual payment, you must provide your checking or savings account information so withdrawals can be done next year. We will provide you an exact amount and date when the withdrawals will begin prior to the school year starting. We will withdraw both your tuition (semi-annual or monthly payment plans) and the monthly food service amount at the same time.
10. Indicate who is re-enrolling the student by selecting the appropriate name to digitally sign the re-enrollment form. Click Submit Information.
11. Repeat the process for each student.

While you are logged into InfoDirect, please check out the Preferences tab at the upper left. You will find several options on how information is displayed in InfoDirect and can even change your password (yes it will automatically update our system so we can help if you forget your password).

If you would like assistance in accessing InfoDirect or in re-enrolling for next year, GCA will be conducting assistance sessions at the school both before and after school at 7:00 am and 3:30 pm. Dates are January 21, January 26, January 27, and January 28. Please contact Joyce Storts at 471-9270, ext 2400, to reserve a time and date. In addition, computers are available in the Elementary Office and the GCA Administrative Office that can be used during re-enrollment.

If you need assistance, please contact Frankie T Stewart by email at [fstewart@ourgca.com](mailto:fstewart@ourgca.com)

**GAHANNA CHRISTIAN ACADEMY**  
**2010-2011 REGULAR TUITION**  
**& PAYMENT PLAN SCHEDULE**  
**FOR ELEMENTARY, MIDDLE & HIGH SCHOOL**

Testing Fee: \$25.00 K-12 (**Non-refundable**) **Due at registration for new students only**  
Application Fee: \$75.00 Grades K-12 per student (**Non-refundable**) **Due with application**

**Note:** Our tuition is all-inclusive and includes many fees and educational costs that may be charged for separately at other Christian/private schools including facility fees, book fees, registration fees, classroom consumable materials fees, all lab fees, and technology fees. The only costs not included in tuition are the hot lunch program, athletics, uniforms, and special activities such as field trips, clubs, etc. Please call (614) 471-9270 or e-mail us at GCA@gahannachristianacademy.com, if you have any questions about our tuition and fee structure.

GRADE LEVEL	BASE TUITION	ANNUAL PAYMENT	SEMI-ANNUAL*	10 MONTHS*	12 MONTHS*
GRADES K-5	\$4,685.00	\$4,497.60	\$2,295.65/\$2,295.65	\$449.50	\$390.42
SECOND CHILD	\$4,160.00	\$3,993.60	\$2,038.40/\$2,038.40	\$416.00	\$346.67
THIRD OR MORE CHILDREN	\$3,910.00	\$3,753.60	\$1,915.90/\$1,915.90	\$391.00	\$325.83
GRADES 6-8	\$5,075.00	\$4,872.00	\$2,486.75/\$2,486.75	\$507.50	\$422.92
SECOND CHILD	\$4,550.00	\$4,368.00	\$2,229.50/\$2,229.50	\$455.00	\$379.17
THIRD OR MORE CHILDREN	\$4,300.00	\$4,128.00	\$2,107.00/\$2,107.00	\$430.00	\$358.33
GRADES 9-12	\$5,520.00	\$5,299.20	\$2,704.80/\$2,704.80	\$552.00	\$460.00
SECOND CHILD	\$4,995.00	\$4,795.20	\$2,447.55/\$2,447.55	\$499.50	\$416.25
THIRD OR MORE CHILDREN	\$4,745.00	\$4,555.20	\$2,325.05/\$2,325.05	\$474.50	\$395.42

**Annual Tuition** Families paying tuition on an annual basis are entitled to a 4% discount from the base tuition -- Due by August 15. Late payments will not receive the 4% discount.

**Semi-Annual Tuition\*** Families paying tuition on a semi-annual basis are entitled to a 2% discount from the base tuition -- Due on August 15 and January 15. Late payments will not receive the 2% discount.

**10 Monthly Payments\*** Paid by the due date of each month from August through May. A late fee of \$25.00 will be charged after the due date.

**12 Monthly Payments\*** Paid by the due date of each month from August through July. A late fee of \$25.00 will be charged after the due date.

**HOT LUNCH PROGRAM** Mandatory unless medically excused. (Government Assistance available)

Kindergarten – 5<sup>th</sup> Grade -- \$34.60 per month for 10 months (\$2.00 per day)

6<sup>th</sup> – 8<sup>th</sup> Grade -- \$43.25 per month for 10 months (\$2.50 per day)

9<sup>th</sup> – 12<sup>th</sup> Grade -- \$2.50 per day or may pack lunch or purchase ala carte items.  
Pay daily or monthly.

**\*NOTE:** Semi-Annual and Monthly Payments are handled through automatic withdrawals from your financial institution by GCA. Withdrawals may be scheduled for either the 5<sup>th</sup> or the 20<sup>th</sup> of each month. Monthly hot lunch payments will also be withdrawn at the same time.

# Verification of Church Attendance

Completed form must be submitted annually by families re-enrolling students.

*Gahanna Christian Academy is in existence to work with parents and their local church in fulfilling the parents' responsibility to train up their children to become productive Christians in our society. When working in unison, the growth of the whole child can be accomplished.*

**Parents: Please complete (print) the top portion of this form, sign the authorization, then give it to your pastor or designated church official for completion and return it with your re-enrollment forms.**

Academic Year \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Names of children enrolled at Gahanna Christian Academy: \_\_\_\_\_ Grade \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

1. How active is your family in your church?

Attends:	Every Week	3x Month	2x Month	1x Month	Rarely	List areas in which you serve
Sunday School	_____	_____	_____	_____	_____	_____
Sunday Service	_____	_____	_____	_____	_____	_____
Midweek	_____	_____	_____	_____	_____	_____
Youth/Children Activities	_____	_____	_____	_____	_____	_____

2. List other church activities, classes, or ministries in which your family is actively involved.

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

Student #1: \_\_\_\_\_ Student #2: \_\_\_\_\_

Student #3: \_\_\_\_\_ Student #4: \_\_\_\_\_

**Authorization:** Completion of this form is authorized by the applicant's family. The information herein is considered confidential. The person completing this form understands that Gahanna Christian Academy may use the information contained herein in the decision-making process of re-enrolling the applicant(s) into Gahanna Christian Academy.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Pastor or other church official:**

Thank you for completing this form on behalf of the family whose child/ren are re-enrolling at Gahanna Christian Academy. Please confirm the information given regarding the involvement of this family in your church.

1. How long have you known this family? \_\_\_\_\_
2. How long has this family attended your church? \_\_\_\_\_
3. Are you able to verify this family's involvement as listed on the front of form? \_\_\_\_\_  
If no, please explain \_\_\_\_\_

	Outstanding	Strong	Average	Poor	No Knowledge	Not Applicable
Spiritual Growth/ Maturity (Father)						
Spiritual Growth/ Maturity (Mother)						
Interaction with other church families						

**YOUTH PASTOR:** Please complete the information below for MS/HS students. For more than one student, please write each student's name in the applicable box.

In what capacity have you observed character traits in the student(s)? \_\_\_\_\_

	Outstanding	Strong	Average	Poor	No Knowledge	Not Applicable
Student(s)'s spiritual sensitivity						
Relationship with authority						
Relationship with peers						

Additional Comments: \_\_\_\_\_

Name of person completing form (please print)

\_\_\_\_\_ Title \_\_\_\_\_

Church Name \_\_\_\_\_

Address \_\_\_\_\_

Church Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





Gahanna Christian Academy  
 Extended Care  
 Child Release Form  
 2010-2011

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name (print): \_\_\_\_\_

Your child's safety and well being are of the utmost concern to every staff member.

A teacher will release each child only to the parent, guardian or car pool driver specified below.

My signature below indicates that I understand Gahanna Christian Academy's policy regarding who may or may not pick up my child.

Only the persons listed below have my permission to pick up the above child from Gahanna Christian Academy's Extended Care programs.

Name	Relationship to child
_____	_____
_____	_____
_____	_____

I understand that Gahanna Christian Academy staff will ask to see a valid Ohio Driver's license of the person picking up my child.

At no time shall my child be released to anyone other than those I have listed, unless I notify the Preschool/Extended Care Administrator in writing.

Parent's Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

**GAHANNA CHRISTIAN ACADEMY NONDISCRIMINATION POLICY**

"Gahanna Christian Academy recruits and admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, gender or ethnic origin in the administration of its educational programs and athletics/extra- curricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation. Gahanna Christian Academy will not discriminate on the basis of race, color, gender or ethnic origin in the hiring of its certified or non-certified personnel."



**EMERGENCY MEDICAL AUTHORIZATION FORM**

	<b><u>STUDENT'S NAME(S)</u></b>	<b><u>DOB</u></b>	<b><u>GRADE</u></b>	<b><u>HOME PHONE</u></b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

#1 Emergency Name/Phone \_\_\_\_\_ #2 Emergency Name/Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Purpose – To ENABLE parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

**NOTE:** Please use back of form for information regarding specific students.

**PART I OR PART II MUST BE COMPLETED**

**PART I (TO GRANT CONSENT)**

<b>Family Doctor</b>	_____	<b>Phone</b>	_____
<b>Family Dentist</b>	_____	<b>Phone</b>	_____
<b>Preferred Hospital to transport</b>	_____	<b>Phone</b>	_____

**\*\*IMPORTANT: Please list any and all facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted.**

<b>Food Allergies</b>	_____
<b>Medication Allergies</b>	_____
<b>Medications being taken at home</b>	_____
<b>Physical impairments or other health alerts</b>	_____
<b>Medications needed at school</b>	_____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

*My signature in accordance with HIPAA regulations, also gives my permission for release of school health information to the school employees and/or other health care providers.*

\_\_\_\_\_  
**DATE** \_\_\_\_\_ **SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_

**PART II - REFUSAL TO CONSENT:** I DO NOT give my consent for emergency medical treatment to my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

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

DATE \_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_



**GAHANNA CHRISTIAN ACADEMY**  
817 North Hamilton Road  
Gahanna, OH 43230

**MEDICAL PROCEDURE ACKNOWLEDGEMENT**

I, \_\_\_\_\_, parent of \_\_\_\_\_  
Print name of parent(s) Name of student(s)

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acknowledge the following steps will be taken in the event of a medical emergency.

1. The nurse will be summoned to the location of the student immediately. If appropriate, any medications on file with the nurse will be brought to the student.
2. The parent(s)/guardian(s) will be notified of the situation.
3. If the nurse deems it necessary, the emergency squad will be called to further evaluate the student.
4. If the nurse is unavailable, the emergency squad will be called immediately.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE