



A Ministry of
The Full Gospel Christian Church

Copiaque Christian Academy
Phone:(631) 842-5993 Fax: 631-532-5263
2675 Great Neck Road, Copiague, NY 11726
Email: ccasecretary@optimum.net
<https://fgcc.org/>
Eugene Pagliarulo, Principal
School Hours: 8:30am – 2:45pm

FOR OFFICE USE ONLY

Enrollment Fee []
Birth Certificate []
Immunization []
Packet []

APPLICATION FOR ENROLLMENT - Registration Fee must accompany this application.

NAME (legal) _____ M [] F []
(last) (first) (middle)

ADDRESS _____ Home Phone _____
(street) (city) (zip code) Phone _____

Birth Date _____ Birth Place _____

ENTERING GRADE _____

DISTRICT OF RESIDENCE _____

FATHER: Name _____ Living with Child [] YES [] NO

Cell Phone # _____
Occupation _____ Deceased ___ Divorced ___ Separated ___
Employer _____ Business Phone _____
Church Membership? [] YES [] NO Church Name _____
Church Denomination _____
Education: High School: _____ Yrs. College: _____ Yrs.
U.S. Citizenship? YES NO (circle one) If no, what is your current status? _____

MOTHER: Name _____ Living with Child [] YES [] N

Cell Phone # _____
Occupation _____ Deceased ___ Divorced ___ Separated ___
Employer _____ Business Phone _____
Church Membership? [] YES [] NO Church Name _____
Church Denomination _____
Education: High School: _____ Yrs. College: _____ Yrs.
U.S. Citizenship? YES NO (circle one) If no, what is your current status? _____

PERSON AUTHORIZED TO CARE FOR CHILD IN EMERGENCY IF MOTHER OR FATHER CANNOT BE REACHED

Name _____ Relationship _____ Cell Number _____

NAMES OF BROTHERS	BIRTH DATE	NAMES OF SISTERS	BIRTH DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School Attended Last Year _____ Grade _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

REQUIREMENTS FOR ENROLLMENT

1. Each new applicant must complete this application and submit all required forms.
2. Kindergarten Students:
 - a. Must be five years old on or before Dec. 1 of the calendar year.
 - b. Must present birth and immunization certificates.
 - c. Enrollment will be determined by the date of receipt of application and registration fee.
3. Elementary Students:
 - a. Enrollment will be determined by the date of receipt of application and registration fee.
 - b. Are required to furnish their most recent report card.
4. Grade placement rests with the Administration and the Admissions Committee.
5. An observation period of ten (10) school weeks for all students will be required for final appointment to grades. Notification to parents of any change in grade placement will be made before the end of the (10) week observation period.
6. The admissions program has been adopted for the following reason:
 - a. To inform the teacher of the child's educational requirements.
 - b. To assure placement in the grade for which the student is qualified.
 - c. To enable the school to maintain high standards.
 - d. To avoid the enrollment of students having specific learning challenges or special needs that the school is not able to accommodate.
7. Acceptance of applicant will be by verbal notice to the parents after application has been reviewed.

NONDISCRIMINATORY POLICY

Copiague Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally made available to students at the school. There is no discrimination on the basis of race, color, or national and ethnic origin in either administration of education and admissions policies, or in student aid, athletic and other programs.

TUITION PAYMENT POLICIES

The following information is given to avoid misunderstandings and individual interpretations.

1. Tuition payments are based on a 10-month academic year. The first payment is due on Aug 1st, and the remaining 9 payments are due Sept. 1st through May 1st. Payments are considered late after the 10th of the month and will incur late charges.
2. The Board considers that all unpaid tuition accounts from past years are still due to the Copiague Christian Academy. No overdue account has ever been cancelled by the Board. Careful records are kept, and any parent may determine the status of his or her account by inquiry to the School Office.
3. No parent should enroll or re-enroll children in the school unless he or she intends to discharge all school obligations in full. No children of parents owing overdue tuition will be re-admitted the following semester, unless the parents make suitable arrangements with the School Office concerning the payment of the overdue amount.
4. When a student is voluntarily withdrawn from the school for any reason, tuition must be paid in full for each calendar month, or fraction thereof, that the student was in attendance, on the basis of one tenth of the annual tuition for each of the months or fractions thereof. Each calendar month must be paid for even if the initial and final months are both fractional.
5. If a student is released or withdrawn at the recommendation of the school, tuition will be due on the basis of 1/180th of the annual rate for each day of enrollment.
6. Registration fees will not be refunded in whole or in part after the student has been accepted into Copiague Christian Academy.
7. In an effort to conserve costs, no financial statement is sent. Please call school office if you have any questions.

OBJECTIVES OF COPIAGUE CHRISTIAN ACADEMY

- To provide a Christian education for our students and those from families of our community who are of like mind and Christian convictions without regard to race or ethnic background.
- To provide an instructional program, which places the Bible at the Center and asks the student and the teacher to evaluate all they see in the world through the Word of God, because God's Word is truth.
- To teach the Bible in its entirety in a graded and organized manner.
- To provide education of the highest academic excellence, with an emphasis upon the basic skills for learning. To encourage, support, guide and inspire in our students a system of values consistent with the Word of God.
- To endeavor to lead any unsaved students to a saving knowledge of Jesus Christ and then on to a responsible Christian growth, with a sense of significance of the local church in God's program.
- To instill in the heart of the student a strong love of our country.

Are you in agreement with the objectives of Copiague Christian Academy? _____
Why do you want your child(ren) to attend Copiague Christian Academy? _____

STATEMENT OF FAITH

1. We Believe the Scriptures, both Old and New Testaments, to be the inspired Word of God, without error in the original writings, the complete revelation of His will for the salvation of men, and the Divine and final authority for all Christian faith and life.
2. We Believe in one God, Creator of all things, infinitely perfect and eternally existing in three persons, Father, Son, and Holy Spirit.
3. We Believe that Jesus Christ is true God and true man, having been conceived of the Holy Spirit and born of the Virgin Mary. He died on the cross as the sacrifice for our sins, according to the scriptures. Further, He arose bodily from the dead, ascended into heaven, where at the right hand of the Majesty on High, He now is our High Priest and Advocate.
4. We Believe that the ministry of the Holy Spirit is to glorify the Lord Jesus Christ, and during this age to convict men, regenerate the believing sinner, indwell, guide, instruct, and empower the believer for godly living and service. We believe the Baptism in the Holy Spirit, according to Acts 2:4, is the promise of the Father and is available to all believers who ask. Luke 24:49, Acts 1:4-8.
5. We Believe that man was created in the image of God but fell into sin and is therefore lost, and only through regeneration by the Holy Spirit can salvation and spiritual life be attained.
6. We believe that the shed blood of Jesus Christ and His resurrection provide the only ground for justification and salvation for all who believe, and only such as receive Jesus Christ are born of the Holy Spirit, and thus become children of God.
7. We Believe that water baptism and the Lord's Supper are ordinances to be observed by the Church during the present age. They are, however, not to be regarded as means of salvation.
8. We Believe that the true Church is composed of all such persons who, through saving faith in Jesus Christ, have been regenerated by the Holy Spirit and are united together in the body of Christ of which He is the head.
9. We Believe in the personal and imminent coming of our Lord Jesus Christ and that this "Blessed Hope" has a vital bearing on the personal life and service of the believer.
10. We Believe in the bodily resurrection of the dead, of the believer to everlasting blessedness and joy with the Lord, of the unbeliever to judgment and everlasting conscious punishment.

Are you willing to have your child/ren trained in accordance with the Statement of Faith and Objectives of Copiague Christian Academy? _____

Have you been Born-Again by receiving Jesus Christ into your heart as Savior and Lord? Mother _____ Father _____
If no, please explain _____

STUDENT BODY OF THE COPIAGUE CHRISTIAN ACADEMY

- Parents must be in agreement and support of our objectives and philosophy.
- Students and parents will agree to abide by rules of conduct, decorum and dress as set by the School Board and Principal.

One of the MAJOR GOALS of the COPIAGUE CHRISTIAN ACADEMY will be to provide education of the HIGHEST ACADEMIC EXCELLENCE. According to our concept this means not only having an excellent curriculum and a highly qualified staff, but also that EACH AND EVERY STAFF MEMBER will be a born-again Christian and have that SPECIAL AND GENUINE CONCERN AND LOVE FOR CHILDREN without which the BEST POSSIBLE EDUCATION FOR YOUR CHILD could not be achieved.

COPIAGUE CHRISTIAN ACADEMY PARENTS CODE

RECOGNIZING MY PARTNERSHIP WITH COPIAGUE CHRISTIAN ACADEMY

I PLEDGE:

1. To cooperate fully in the educational functions of CCA, doing my best to make Christian education effective in the life of each of my children that he or she may love and serve the Lord Jesus Christ all of his or her life.
2. To pay all of my financial obligations to CCA on or before due date. If I am ever unable to pay on time, I will notify the School Office in advance, (A) giving a reasonable explanation for the delay, and (B) stating when the payment can be made. I will be responsible for all late charges.
3. To attend meetings and parent functions of the School regularly, even though I may not be able to achieve perfect attendance.
4. To fulfill my obligation to ensure that my children are dressed in conformance with the established dress code.
5. To pray earnestly for the Copiague Christian Academy.
6. To support the school by gifts in addition to my tuition payments and fees, as the Lord enables.
7. To undertake volunteer duties and responsibilities for CCA as opportunities arise and as God provides time and strength.
8. To recommend CCA to others as opportunities arise.
9. To seek the advancement of CCA in all areas, spiritually, academically and physically.
10. As a CCA parent, I recognize that it is my responsibility to strive diligently toward observance of the above, as God enables me by the power of His Holy Spirit. If I become dissatisfied with the School in any respect I will seek to resolve the matter with the person or persons involved rather than begin to spread criticism or hold a negative attitude in my heart.

Signed _____
Father

Signed _____
Mother

Signed _____
Guardian

Date _____

THE REGISTRATION FEE IS REQUIRED WITH THIS APPLICATION

GRADE _____

TEACHER _____

COPIAGUE CHRISTIAN ACADEMY

2675 Great Neck Road Copiague NY 11726

631-842-5993 Fax 631-532-5263

Email: ccasecretary@optimum.net

EMERGENCY CHECKLIST

CHILD'S NAME _____
LAST FIRST

BIRTH DATE _____ GRADE _____ SCHOOL DISTRICT _____

ADDRESS _____ CITY/STATE _____ ZIP _____

HOME PHONE NO: _____ CHILD LIVES WITH _____

FATHER'S NAME _____

FATHER'S CELL NO. _____ WORK NO. _____

FATHER'S E-MAIL _____

MOTHER'S NAME _____

MOTHER'S CELL NO. _____ WORK NO. _____

MOTHER'S E-MAIL _____

EMERGENCY CONTACT PERSONS:

1. _____ CELL NO. _____ WORK NO. _____

2. _____ CELL NO. _____ WORK NO. _____

COMMENTS and/or Additional Contact Persons and Cell Phone Numbers:

DATE

SIGNATURE OF PARENT OR GUARDIAN

COPIAGUE CHRISTIAN ACADEMY

2675 Great Neck Road
Copiague, NY 11726
631-842-5993

Child's Name:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	Grade:	Home Phone:	Date:
		Cell Phone:	

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Had allergies: Please List	<input type="checkbox"/>	<input type="checkbox"/>	
Been hospitalized	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>	
Had an injury requiring an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Worn dental bridge, braces or mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under the age of 50 ever:	YES	NO	If Yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|--|--|---|
| <input type="checkbox"/> ADHD
<input type="checkbox"/> Asthma/trouble breathing
<input type="checkbox"/> Autism/Asperger
<input type="checkbox"/> Dental Injuries
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Ear Infections | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS)
<input type="checkbox"/> Headaches/migraines
<input type="checkbox"/> Heart Conditions
<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Mental Health Condition
(depression, eating disorder, anxiety, OCD, ODD, etc.) | <input type="checkbox"/> Scoliosis
<input type="checkbox"/> Single Organ (<input type="checkbox"/> kidney; <input type="checkbox"/> testicle)
<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Speech Condition
<input type="checkbox"/> Urinary Condition |
|--|--|---|

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:
TREATMENTS	YES	NO	
Outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?

No Yes: _____

Please list any additional concerns: (use back of sheet if necessary) _____

Parent/Guardian Signature: _____ Date: _____



Help Us Get to Know Your Child!

NAME: _____ DATE: _____

CHILD'S NAME: _____

1. What are some of your child's favorite things to do?

**2. Does your child speak more than one language?
Which ones?**

3. What are some of your child's favorite books?

4. Favorite foods?

**5. Does your child have a favorite toy or other
comfort object? What is it? When does your child
seem to need it most?**

6. What are your child's special interests?

7. How does your child feel about coming to school?

**8. Does your child know any other children in our
class? If so, who?**

**9. What else would you like us to know about your
child?**

**10. What do you hope your child will gain from this
school year?**
