



5730 S. Alameda St • Corpus Christi, Texas 78412  
info@SpiritLifeFellowshipAG.com • www.SpiritLifeLearningCenter.com

---

### Charges Per Child

#### Registration:

First Child	\$50.00
Each Additional Child	\$10.00

(Registration fees are due upon receiving paperwork.)

#### Monthly Tuition

Pre-K 3 to 12<sup>th</sup> Grade  
(10 Month Pay Schedule) (For yearly amount multiply by 10)

First Child	\$250.00
Second Child	\$400.00 (Family Discount \$100)
Third Child	\$550.00 (Family Discount \$200)
Fourth Child	\$550.00
Fifth Child	\$550.00

The tuition fee does not include the book fee. Any testing fees, chemistry lab fees, or others as required by “ACE Learning Center of Tomorrow,” Curriculum is separate and will be on an at cost basis.

#### Note:

Make Checks payable to Sprit Life Fellowship. **Tuition is due the 1<sup>st</sup>.day of classes** **Tuition is also due the 1<sup>st</sup> of each month thereafter.** After the 10<sup>th</sup> of each month a late fee of \$10 is added, and after the 20<sup>th</sup> of each month a \$20 late fee is added if tuition is not paid. Tuition must be paid, or approved arrangements made by the 20<sup>th</sup> of each month for the child’s continuance in the Learning Center.

(Referral Discount: for each family you refer, with their first paid tuition we will give a \$100 discount off your next months tuition.)



## Student Information

Term: 2016 - 2017

Student	Information		
Name: _____	_____	_____	_____
	(last)	(first)	(middle)
Address: _____			
City: _____			Zip: _____
Telephone: _____	Age: _____	Sex: _____	Date of Birth ____/____/____
Learning Center Last Attended: _____			
Address: _____			

Family Information	
Father's Name: _____	
Employment: _____	
Position: _____	Business Phone: _____
Mother's Name _____	
Employment: _____	
Position: _____	Business Phone: _____
Marital Status (check one)	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/>
Emergency Phone Number	_____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>
Alternate Emergency Contact: _____	
E-mail: _____	

Religious Information	
Church Attending: _____	
Address: _____	
Pastor: _____	Phone: _____
Is the Father a Christian: _____	Is the Mother a Christian: _____
Has the applicant ever made a profession of faith in Christ? _____	



### Medical Information

Family Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Does child have any physical defects or allergies? \_\_\_\_\_

Explain: \_\_\_\_\_

Has child received immunizations: \_\_\_\_\_

Diphtheria: \_\_\_\_\_ Smallpox: \_\_\_\_\_ Polio: \_\_\_\_\_

***Please attach a copy of their Immunizations Record***

### Scholastic Information

Has Child ever been expelled, dismissed, suspended, or refused admission to another Learning Center? \_\_\_\_\_ Explain: \_\_\_\_\_

Has child ever had disciplinary difficulties? \_\_\_\_\_ Explain: \_\_\_\_\_

Has child ever been in trouble with the law, arrested, etc.? \_\_\_\_\_ Explain: \_\_\_\_\_

Has child ever used tobacco, alcohol, or drugs of any kind? \_\_\_\_\_ Explain: \_\_\_\_\_

Please indicate academic level of pupil's previous work:

Excellent: \_\_\_\_\_ Good: \_\_\_\_\_ Average: \_\_\_\_\_ Poor: \_\_\_\_\_

Has child ever failed in a Learning Center? \_\_\_\_\_ Explain: \_\_\_\_\_

### General Information

How did you hear about this Learning Center? \_\_\_\_\_

Reason for selecting this Learning Center: \_\_\_\_\_

Application must be filled out completely before it can be processed.

Application, Registration, and Testing fees of \$\_\_\_\_\_ must accompany application and are not refundable. An interview with the parents and the child will be required before final acceptance.



## Parental Support Agreement

Spirit Life Learning Center offers a high quality of Christian training, but it is not designed to be a correctional institution for problems arising beyond those usually encountered in the average child. The Learning Center is not equipped to meet their needs. Some children do not adjust to a disciplined academic environment and find excuses to criticize the policies and decisions of staff and administration. In such cases, the Learning Center reserves the right to have discretion in discipline, to place such students on probation for a reasonable corrective period of time and to dismiss any student who does not cooperate with the total process. The Learning Center also reserves the right to dismiss any students whose parents do not cooperate with and are not supportive of the Learning Center administration.

As a parent I recognize that Spirit Life Learning Center has a qualified trained staff, and I have confidence in their abilities to perform the educational function due my child at their discretion.

I realize that from time to time, children take issue with actions that they do not agree with and they are prone to criticize statements out of context. This being normal for children, I agree that should such occur, I will not support the criticism; I will correct my child, support the Learning Center personnel, and call in for full details at any time if I have a question concerning the incident.

I further realize that building strong relations with my child's teacher to aid in the training of my child is as much my responsibility as is the Learning Center's; and I will pray for the staff and program; cooperate with them in discipline; lay a spiritual foundation through godly example in the home, support the spiritual training of chapel, revivals, etc.; follow through with any work, assignments, or slips to be signed; see that the child reaches Learning Center in time, send written excuses for absence or tardiness; cooperate in the training of the child to respect Learning Center property and pay for irregular abuse of same; and attend all parent functions.

I realize that attending Spirit Life Learning Center is a privilege and not a right. It is my intention to abide by the decisions of the administration, and generally support all aspects of the Learning Center, and I realize that failure to do so may result in the dismissal of my child(ren).

In the event a dispute arises that can not be resolved through a personal, private meeting of the parent, staff, and administration of the Learning Center, by placing my child(ren) in this Learning Center I agree to waive all rights for legal lawsuits, and accept arbitration through the Church board of First Assembly of God, or another acceptable, recognized arbitrator.

Signature of Father: \_\_\_\_\_

Signature of Mother: \_\_\_\_\_

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



## Permission Statement

Field trips are planned to enrich your child's educational experience. Such trips are taken to ensure your child is as safe on such a trip as he/she is at Spirit Life Learning Center. Notification will be sent regarding the time and destination of any trips. As room is available, parents are welcome to join on these trips. Authorization on this form will help avoid your child missing a trip opportunity due to failure to return a permission slip.

I give Spirit Life Learning Center permission to include my child in all Learning Center activities and Learning Center sponsored trips away from the Learning Center premises. I agree to hold the Learning Center and its agents harmless for any accidents or injury to my child.

Students Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

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



## Financial Agreement

I pledge to pay my financial obligations to Spirit Life Learning Center on the date due and I understand that late fees will be assessed when payment has not reached the Learning Center office by the 10<sup>th</sup> of month and then again by the 20<sup>th</sup> of the month. It is my understanding that the policy for the Learning Center is to make no refunds on registrations fees, or tuition already paid.

A Registration fee of \$50.00 is due at the time I present all paperwork.

The tuition for each month will be \$\_\_\_\_\_ payable the first day of each month beginning with August and continuing monthly through May for a total of 10 payments.

I understand that I am responsible to pay an extra fee for any BOOKS my child repeats as well as for any changes or additions to the core curriculum. I agree to participate in any fund raisers the Learning Center Board decides is necessary for the needs of Spirit Life Academy.

---

Parent's signature

## Photo Release

**Yes, I give permission for my child to be photographed or videotaped while in school or during school-related activities outside the classroom.**

By checking "yes" and signing this consent form, I give permission for my child's photograph to be used in publications, presentations, videos, or Web pages, or news releases produced by Spirit Life Learning Center.

---

Parent's signature