

# HOLY YOUTH CHRISTIAN ACADEMY

## **Holy Youth Christian Academy Registration Package 2024/2025**

Holy Youth Christian Academy is now accepting registration for kindergarten through Eighth grade for the 2024-2025 school year. We are admitting students on a first come, first-serve basis, therefore, if interested, please fill out the attached forms and return them by April 1<sup>st</sup>, 2024, to ensure enrollment for your child.

Thank you,  
Father Angelos Bishara

### **Application Process and Forms**

We are delighted that you are applying for enrollment of your child(ren) at Holy Youth Christian Academy. Everything you will need for the application process is included in this packet. It is important to understand that our process is meant to facilitate the school's policy of meeting the individual needs of each child. Please review the requirements listed below and carefully fill out all the necessary forms.

Submit all required application forms at the time of registration.

#### **Bring copies of the following documents:**

- Birth Certificate
- Updated immunization records
- 5-year-old physical exam for kindergarten

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## **2024/2025 Tuition and Fees**

**Application/Registration Fee:** \$50.00

Due at time of registration.

**School Supplies Fee:** \$100.00

The annual School Supplies Fee covers the cost of your child's supplies for the year. Supplies will be provided by the school and will not be required from the parents.

**Tuition:** 7,500.00/year (\$750.00/month)

Tuition is payable on the first day of school but may be deferred to ten equal monthly installments (August-May), due on the first of each month, if needed.

**Transportation Fee:**

Transportation for the Academic Year 2024-2025 costs \$1000 for the first student, \$500 for the second student, and \$500 for the third student in the same family.

**Scholarship Information:** Through the North Carolina State Education Assistance Authority, HYCA has access to two programs that expand school choice for eligible students in kindergarten through 12<sup>th</sup> grade: Opportunity Scholarship and Education Student Accounts (ESA+) Program.

Please follow the link regarding this information, which includes eligibility requirements and application instructions: <http://ncseaa.edu/K-12Grants.htm>

HYCA will be happy to discuss scholarship options with your family if needed. Please contact Fr. Angelos Bishara at the time of registration (no later than April 1<sup>st</sup>) to make an appointment.

Contact information: [frangelos@holyyouthacademy.com](mailto:frangelos@holyyouthacademy.com), (984-234-0077).

### **Tuition and Fee Payment Instructions:**

All tuition and fee payments must be in an envelope, clearly marked with the first and last name of the student(s).

**Forms of payment accepted by HYCA:** personal or cashier's check, money order, or bank transfer. NO CASH OR CARD PAYMENT OFFERED AT THIS TIME. Donations may be made via cash.

**Checks and money orders** should be made payable to Holy Youth Christian Academy, signed, dated, your phone number and address included, and student(s) name written in memo line.

**Where to remit payment:** You may remit payment in person at the HYCA front desk, by mail (to 287 Old Lystra Rd, Chapel Hill, NC 27517), or you may send this to school in your child(ren)'s homework folder to be given to the teacher. Payments should not be given to any staff outside of the school building.

**Bank transfers** through QuickBooks Payments may be made via an emailed link each month, or auto draft if set up in advance.



# HOLY YOUTH CHRISTIAN ACADEMY

## Application Form (2024 - 2025)

Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender (circle one): Male / Female

Student Name: \_\_\_\_\_

*Last*

*First*

*Middle*

Grade Entering: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work number: \_\_\_\_\_

Mother's Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work number: \_\_\_\_\_

Father's Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Last School attended: \_\_\_\_\_

School address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

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

# HOLY YOUTH CHRISTIAN ACADEMY

## Health Form & Medical Release

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      *Last*      *First*      *Middle*  
Grade: \_\_\_\_\_      Gender: Male / Female

Mother's Name: \_\_\_\_\_      Mother's Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_      Father's Cell #: \_\_\_\_\_

In case of an emergency notify (other than parent or guardian):

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

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Food or medication allergies: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Health conditions: \_\_\_\_\_

Treatments: \_\_\_\_\_

Other/comments: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Physician's Name: \_\_\_\_\_      Phone #: \_\_\_\_\_

*In case of medical or surgical emergency, I hereby give permission to the physician selected by Holy Youth Christian Academy or his/her representative to hospitalize and secure proper treatment for my child as named above.*

*I hereby release the directors and staff of the school from all responsibility of sickness or accidents which might be incurred while attending school and its functions.*

*I hereby give permission to school designated supervisor to secure medical care and treatment in the event of an emergency. I understand that I will be contacted immediately in the event that something unforeseen happens that needs my immediate attention.*

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

# HOLY YOUTH CHRISTIAN ACADEMY

## Release of Information Permission Form

My child, \_\_\_\_\_, is applying for admission to Holy Youth Christian Academy.

I hereby authorize \_\_\_\_\_

Name of School (Currently Attending)

to release his/her student records to Holy Youth Christian Academy. These records include but are not limited to: progress reports, information on the curriculum, and any other pertinent information deemed necessary. I understand that this information will be held confidential by both schools. This authorization also applies to the teacher evaluation form I will be submitting to my child's teacher.

*Parent's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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## Contractual Payment Agreement

I \_\_\_\_\_; the parent of \_\_\_\_\_

Agree and fully understand that I must pay the full amount each month to Holy Youth Christian Academy.

*Parent's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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# HOLY YOUTH CHRISTIAN ACADEMY

## Photo Release Permission Form

I, \_\_\_\_\_, parent of \_\_\_\_\_,  
(Print name) (Child's name)

hereby grant permission to Holy Youth Christian Academy to take and use: Photographs and/or digital images of my child for use in news releases and/or educational materials as follows: printed publication or materials, electronic publication, or web sites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of Holy Youth Christian Academy.

*Parent's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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## Waiver of Liability Form

I understand that Holy Youth Christian Academy is not responsible to supervise my child/children before or after school hours if not enrolled in before/aftercare program. I understand that daycare and preschool aged children are never allowed on campus without a parent/guardian/member to supervise.

I understand that Holy Youth Christian Academy does not provide insurance relative to accidents or injuries as a result of school related activities. I understand that I am responsible for the health/medical care of my child/children in the event of an injury or accident during any School activity/classes.

I understand that Holy Youth Christian Academy has a no tolerance policy for student misconduct. Students that continue to violate the conduct policies of the school may be dismissed from their class at the administration's discretion.

(Initial)\_\_\_\_\_ I have read this Waiver and Release of Liability form and I understand the contents of the form.

By signing this, I waive, discharge and covenant not to sue Holy Youth Christian Academy, its teachers, staff, attorneys, employees, associates, affiliates, successors and assigns, and all other persons, firms or corporations, whether or not specifically names, herein, jointly, severally, and jointly and severally, of and from any and every claim, demand, right or cause of action, of whatever kind of nature, whether in tort, contract, or created by statute, directly or indirectly, for any injuries, damages, or losses the undersigned may incur as a result of his or her participation and involvement in Holy Youth Christian Academy.

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Student's Name (Please Print)*

# HOLY YOUTH CHRISTIAN ACADEMY

## **Nondiscrimination Policy**

Holy Youth Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.

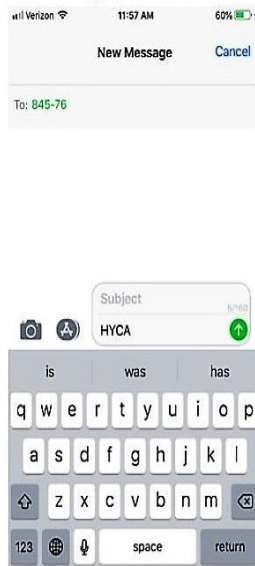


# HOLY YOUTH CHRISTIAN ACADEMY

## Flocknote Parent Communication

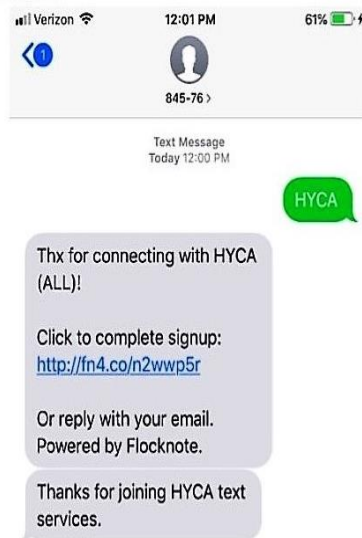
Holy Youth Christian Academy is implementing a new method for sending out communications. Please follow the steps below to sign up for the service. Sign up must be done [redacted] to ensure you don't miss communication sent by the school. If both parents would like to sign up, they must have different emails otherwise one will overwrite the other.

**Step 1** – from your phone text the word HYCA to 84576. You will get a text back with a link.



**Step 3** – Enter your personal information.

**Step 2** – Click on the link to complete the registration.



**Step 4** – Choose the groups you would like to get notifications from. Everyone must be choose HYCA (ALL).