



**Charlie Keyan Armenian Community School**  
**Չարլի Գլեյան Համագաղութային Հայ Վարժարան**

**EARLY REGISTRATION**

Dear Parents,

We wish to welcome you to the 2018 – 2019 school year at the Charlie Keyan Community School. The school year begins on Monday, August 20, 2018.

**INFORMATION REGARDING REGISTRATION**

- \* You are receiving registration forms for each child along with the tuition schedule.
- \* Forms must be completed by the parents in order to be processed.
- \* Your child will only be admitted to school with a current signed and completed Registration form and Physicians signed form.
- \* Immunization records must be current for registration.
- \* First Grade health check-up is necessary for children entering the first grade.
  
- \* **Summer office hours are 8:15 a.m. – 3:15 M-F.**

We are looking forward to a successful academic year. Your early registration will facilitate any necessary preparations that can be accomplished during the summer months.

Thank you for your cooperation.

Respectfully,

School Board



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**REGISTRATION FORM FOR 2018-2019 SCHOOL YEAR**  
**STUDENT INFORMATION**

DATE OF REGISTRATION \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

STUDENT'S BIRTH DATE \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

CITY OF BIRTH \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

PREVIOUS SCHOOL ATTENDED \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MESSAGE PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ FATHER'S EMAIL \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_ FATHER'S WORK # \_\_\_\_\_

FATHER'S CELL# \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ MOTHER'S EMAIL \_\_\_\_\_

MOTHER'S OCCUPATION \_\_\_\_\_ MOTHER'S WORK # \_\_\_\_\_

MOTHER'S CELL# \_\_\_\_\_

**IN CASE OF EMERGENCY**

NAME OF FRIEND OR RELATIVE \_\_\_\_\_

PHONE NUMBER OF RELATIVE (1) \_\_\_\_\_ (2) \_\_\_\_\_

STUDENTS PHYSICIAN'S NAME & ADDRESS \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER \_\_\_\_\_

# INFORMATION STATEMENT

## SCHOOL HOURS

- |                          |                        |
|--------------------------|------------------------|
| * Pre-K (until noon)     | 8:15 a.m. – 12:00 noon |
| * Pre-K Full Day         | 8:15 a.m. – 3:15 p.m.  |
| <br>                     |                        |
| * Grades K through Sixth | 8:15 a.m. – 3:15 p.m.  |

## TUITION FOR 2018 - 2019

- |                                     |                      |
|-------------------------------------|----------------------|
| * Elementary Tuition--(K-6)         | \$ 4,735.00 annually |
| * Pre-K, 5 day all day              | \$ 5,067.00 annually |
| * Pre-K, 3 day all day              | \$ 4,645.00 annually |
| * Pre-K, Half day till noon Mon-Fri | \$ 4,645.00 annually |
| * Pre-K, Half day, 3 days           | \$ 3,747.00 annually |
| * Pre-K Potty Training Class        | \$ 6,500.00 annually |

## TUITION DISCOUNTS:

- 10% for the second child from the same family
- 15% for the third child from the same family
- 20% for the fourth child from the same family
- 25% for the fifth child from the same family

## ANNUAL TUITION:

- If you will be making monthly tuition payments, a deposit of \$250.00 is required. It is non-refundable and will be applied towards tuition.
- Uniforms are required for all grade levels. Boys – White shirt/Navy pants  
Girls – White blouses with plaid skirts, (shorts should be worn under skirts) jumper or box pleats which are available at **Dennis School Uniform Co.- 5186 N Blythe Ave # 101, Fresno, CA 93722.**
- If you would like to request financial aid (kindergarten through sixth grade). The financial aid forms are available in the office and online on the school website: [www.ckacs.org](http://www.ckacs.org).
- **Financial aid applications must be turned in by July 2, 2018**
- The financial aid committee will review your documentation and contact you to schedule an appointment, if necessary.
- **FINANCIAL AID IS NOT AVAILABLE FOR PRE -K**



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**Tuition Payment Agreement**

<b>Student Names:</b>	<b><u>Immunization Records Current?</u></b>		
1. _____	Grade _____	Tuition \$ _____	Yes or No
2. _____	Grade _____	Tuition \$ _____	Yes or No
3. _____	Grade _____	Tuition \$ _____	Yes or No
4. _____	Grade _____	Tuition \$ _____	Yes or No
5. _____	Grade _____	Tuition \$ _____	Yes or No
6. _____	Grade _____	Tuition \$ _____	Yes or No

**Total \$ \_\_\_\_\_**

**DISCOUNTS**

Multiple Students Discount

2<sup>nd</sup> student – 10% \$ < \_\_\_\_\_ >

3<sup>rd</sup> student – 15% \$ < \_\_\_\_\_ >

4<sup>th</sup> student – 20% \$ < \_\_\_\_\_ >

5<sup>th</sup> + student – 25% \$ < \_\_\_\_\_ >

**Financial Aid** \$ < \_\_\_\_\_ >

**Scholarship** \$ < \_\_\_\_\_ >

**Total discount** \$ < \_\_\_\_\_ >

**Subtotal** \$ \_\_\_\_\_ (Divided by 10)

**TOTAL DUE EACH MONTH** \$ \_\_\_\_\_ X 10

**None Refundable Registration Fee per student \$250.00** \$ \_\_\_\_\_ (Due at time of registration)

**ANNUAL TOTAL DUE** \$ \_\_\_\_\_

**Credit Card surcharge 2%** \$ \_\_\_\_\_ **Total Due** \$ \_\_\_\_\_

I further understand and agree that:

1. This Agreement may not be modified by any oral statements made by a representative of CKACS or by me;
2. Unless agreed to in writing by the school's Board of Education or its authorized representative, there are no other written terms or conditions modifying this Agreement; and
3. I may not assign this Agreement, or delegate any of my obligations under this Agreement, without the written consent of the school's Board of Education or its authorized representative.
4. If I'm more than 10 days late with any payment, I will also owe a late fee of \$25.
5. Tuition fees must be fully paid prior to the beginning of the school year so that your child may return in the fall.
6. I agree to comply with the Parent Participation Hours (PPH) Program.  
I agree to:
  - a) Full time provide (or arrange for a family member to provide on my behalf) at least 30 hours of assistance to the school by June 1 of the new school year.
  - b) Part time provide (or arrange for a family member to provide on my behalf) at least 15 hours of assistance to the school by June 1 of the new school year.
  - b) Log my time in the PPH binder in the school office.
  - c) Pay \$20 by June 15 for each hour short of 30 hours logged in the PPH binder as of June 1; and
  - d) Comply with terms of the PPH program.

I acknowledge that I have read and that I understand the foregoing payment plan, and that I agree with its terms and conditions.

The administration, staff and Board of Education of the Charlie Keyan Armenian School will provide the highest quality of education to all students. The parents promise to do all that is required of them to assist in the education of their children.

I/We have read the foregoing Tuition Payment Agreement and agree that it shall be binding upon me/us.

Signature: \_\_\_\_\_  
Name of Parent/ Guardian

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

Signature: \_\_\_\_\_  
Name of Parent/ Guardian

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