

Union Chapel Christian Academy

ADMISSION PROCESS

2025-2026

APPLICATION

1. Application Form

Please read instructions carefully. Complete and submit the application form.

RETURN BY JULY 10, 2025.

2. Required forms should be submitted at the time of acceptance:

- Student Application Form
- Student Health Form
- Financial Contract
- Corporate Punishment Release Form
- Photo/Computer Access Agreement
- Pastoral Reference Form
- Emergency Authorization Form
- Student Tracking Authorization Form
- (2) Letters of recommendation
- Family Interview
- A Copy of Grades and Test Scores from Last School(s) Attended

The most recent report and standardized test scores must be received by *UCCA* for incoming students. After receiving the report card grades and standardized test results, a determination will be made as to whether additional testing is required for admission. A family interview will be scheduled for all incoming/transferring students. Upon acceptance, a request form for your child's official transcript must be signed in order to retrieve your child's previous school records.

3. Required forms should be submitted at the time of acceptance:

- Copy of Social Security Card
- Copy of Birth Certificate
- Blue Health Card (Certificate of Immunization)

Union Chapel Christian Academy

CRITERIA FOR ADMISSION

Union Chapel Christian Academy (UCCA) is committed to providing a biblical foundation for life that encourages each student to have a personal relationship with Jesus Christ and choose to follow Christian principles in every social, academic, and spiritual experience.

The mission of *UCCA* is to partner with parents/guardians to provide a Christ-centered and firm foundation in academic excellence, that integrates academic disciplines with God's word, in order to prepare "Ambassadors" for Christ who are empowered to serve their families and make a positive contribution to their community and the world. *UCCA* will provide a nurturing and safe environment that holistically educates the child spiritually, intellectually, emotionally, and physically. Admission to UCCA is based on the following criteria:

BASIC CRITERIA:

1. A credible profession of faith in Jesus Christ on the part of at least one parent/guardian of the applicant.
2. Regular attendance at a church in which the Bible is sincerely believed and faithfully taught.
3. An understanding and agreement with the mission of *Union Chapel Christian Academy*, which is to partner with parents/guardians to provide a Christ-centered and firm foundation in academic excellence, that integrates academic disciplines with God's word, in order to prepare ambassadors for Christ who are empowered to serve their families and make a positive contribution to their community and the world.

ADMISSION INFORMATION:

1. Admission of **new students** will be based upon the family interview, test scores*, report cards and/or transcript grades, cumulative records, and a **complete** application. Returning students (Academy & CDC) will have to complete the re-enrollment form and may be called for a family interview if there are concerns from the previous year.

*New students are required to test on the grade level for which they are applying; however, the Academy will make additional consideration on a case by case basis.

TESTING

1. After receiving the report card grades and standardized test results, a determination will be made as to whether additional testing is required for admission. Children applying for kindergarten should be five years old by December 31.

ACCEPTANCE:

1. A Re-enrollment (Previous students) or a complete application must be filled out each year by the Parent/Guardian for students.
2. All applicants will be notified of acceptance or non-acceptance with an official letter...

NOTICE OF NON-DISCRIMINATORY POLICY

Union Chapel Christian Academy does not discriminate on the basis of race, color, and national or ethnic origin in the administration of its educational, athletic, or any other Academy administered programs.

Office Use Only

Date Received: _____

Registration Fee Paid: _____

School Year: _____

Return to Academy



Returning Student: New Student:

Applying for Grade (circle one):

Pre-K K 1st 2nd 3rd

4th 5th 6th 7th 8th

UNION CHAPEL CHRISTIAN ACADEMY STUDENT APPLICATION FORM

Student's Full Name: _____ Male Female

Preferred Name: _____

Student's Address: _____ City _____ State: _____ Zip: _____

Home Phone: (____) _____ Date of Birth: _____

Student's S.S. # _____ - _____ - _____

Ethnicity (Voluntary Info Only): African American Caucasian Hispanic Asian/Pacific Islander Other _____

PARENT/GUARDIAN INFORMATION

| Father/Legal Guardian/other: | Mother/Legal Guardian/other: |
|---|---|
| <i>Check here if this is the child's primary residence</i> <input type="checkbox"/> | <i>Check here if this is the child's primary residence</i> <input type="checkbox"/> |
| Name: | Name: |
| <i>(Fill in only if different from above)</i> | <i>(Fill in only if different from above)</i> |
| Address: | Address: |
| City: | City: |
| State, Zip: | State, Zip: |
| Occupation/Position: | Occupation/Position: |
| Company Name: | Company Name: |
| Phone (H): _____ Phone (W): _____ | Phone (H): _____ Phone (W): _____ |
| Cell Phone: _____ Pager: _____ | Cell Phone: _____ Pager: _____ |
| Email Address: | Email Address: |
| Church Name: | Church Name: |
| Non-custodial Parent's Name: | |
| Address: _____ City _____ State _____ Zip _____ | |
| Describe nature of custody arrangements and provide proof of custody. School records and information may be disclosed equally unless legal documentation is provided to the school. | |
| Siblings: | |
| Name: _____ | Age: _____ Grade: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F School: _____ |
| Name: _____ | Age: _____ Grade: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F School: _____ |
| Name: _____ | Age: _____ Grade: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F School: _____ |

Union Chapel Christian Academy
STUDENT APPLICATION FORM

LOCAL EMERGENCY CONTACTS *(in the event parents cannot be reached)*

Name: _____ Relationship to child: _____
 Home Telephone #: _____ Cell#: _____ Work Telephone #: _____

Name: _____ Relationship to child: _____
 Home Telephone #: _____ Cell#: _____ Work Telephone #: _____

Name: _____ Relationship to child: _____
 Home Telephone #: _____ Cell#: _____ Work Telephone #: _____

PICK UP INFORMATION:

The following individuals may pick up my child(ren) from school:

1. _____ 3. _____
 2. _____ 4. _____

AFTER SCHOOL CARE:

My child will need: After school care _____ (3:30 PM to 5:30 PM) (\$100.00 monthly See Fee Schedule)

GENERAL INFORMATION:

Previous school: _____ Last grade attended: _____
 Ever retained? _____ Grade: _____ Reason: _____
 Ever suspended, expelled or asked to leave any school? _____ Explain: _____

The mission of ***Union Chapel Christian Academy (UCCA)*** is to partner with parents/guardians to provide a Christ-centered and firm foundation in academic excellence, that integrates academic disciplines with God’s word, in order to prepare “Ambassadors” for Christ who are empowered to serve their families and make a positive contribution to their community and the world. ***UCCA*** will provide a nurturing and safe environment that holistically educates the child spiritually, intellectually, emotionally, and physically.

IN MAKING THIS APPLICATION, I/WE UNDERSTAND, AGREE, AND CERTIFY THAT:

1. I/We have read, understand and support the doctrinal statements of the school and will not interfere with the teaching of these principles.
2. In regard to discipline, the classroom teacher has discretion in accordance with the overall school discipline policy.
3. The administration has the responsibility for placing our child(ren) in the proper grade.
4. The school will expel my child(ren) for just cause upon the approval of the Academy School Administrator.
5. I/We will assume all financial responsibilities as published in the Financial Contract and will pay all tuition and fees (including late payment penalties) in accordance with ***Union Chapel Christian Academy policy.***
6. I/We will endorse the entire educational program of the school and will comply with all current policies, rules and regulations.
7. The information contained on this application form and all other forms completed by me/us for school use is accurate to the best of my/our knowledge.
8. At least one parent/guardian is a “born again” Christian and regularly attends church with his/her child.
9. I/We have read and signed all required portions of this application and agree to the adherence thereof.

Print Name (Father/Legal Guardian)

Signature

Date

Print Name (Mother/Legal Guardian)

Signature

Date

Union Chapel Christian Academy

STUDENT HEALTH FORM

Student's Name: _____ Date of Birth: _____ Sex: M / F

Parent's/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Father's/Guardian's Name _____

Mother's/Guardian's Name _____

Business Telephone #: _____ Ext: _____

Business Telephone #: _____ Ext: _____

Cell Phone #: _____

Cell Phone #: _____

Email Address: _____

Email Address: _____

Will you give permission to take your child to the nearest clinic for Emergency Treatment? Yes No

Person to contact if parent(s)/guardian(s) are not available:

Name: _____ Relationship to child: _____ Best Contact #: _____

This information is confidential and will be shared with other medical personnel or school personnel only when deemed necessary.

Student Health Information

Does your child have?

Allergies Yes / No

Specify (Food/Drugs/Environmental) _____

Asthma Yes / No

Inhaler on person Yes / No

High Blood Pressure Yes / No

Diabetes Yes / No

Taking Insulin Yes / No

Hypoglycemia Yes / No

Heart Conditions Yes / No

Epilepsy or Seizures Yes / No

Does your child:

Have Medical Insurance Yes / No

Needs special seating Yes / No

Have Trouble Hearing Yes / No

Have nose bleeds Yes / No

Wear a hearing aid Yes / No

Have vision problems Yes / No

Wear contact lenses Yes / No

Wear Glass Near Sighted / Far Sighted

Does your child have a condition which restricts regular participation in Physical Education activities?

Specify the condition: _____

Medical History

Currently have health problems? Yes / No

If Yes Explain:

Currently taking medication(s)? Yes / No

Type: _____

Will child need to take medication(s) at school Yes / No

Type: _____

Local Physician's Name _____ Phone: _____

Physician's Address _____

Print Name (Parent/Guardian) _____

Signature _____

Date _____

Union Chapel Christian Academy

FINANCIAL CONTRACT 2025-2026

STATE OF ALABAMA
COUNTY OF MADISON

This is a binding contract. Please read carefully and fully understand it before you sign it. Our financial policy is as follows:

- Application fee (Non refundable) is due upon submission of the completed application or re-enrollment application.
- Monthly tuition is due by the 5th of each month.
- A \$15.00 late fee will be charged to delinquent accounts on the 6th if payments are not received by the 5th. An additional \$10.00 will be added each Friday of week the account is in arrears until full payment is made.
- **NO REFUNDS ON TUITION AND FEES FOR ANY REASON.**_____ **Please Initial.**
- Tuition cannot be transferred from one student to another.
- All accounts must remain in good standing (current) at the end of each month in order for students to remain enrolled.
- If you become 30 days past due, (the 6th of one month to another) a conference will be held to discuss payment arrangements. Please remember, *Union Chapel Christian Academy* reserves the right to ask you to remove your child from school until all past due amounts, includes Tuition, Afterschool care, Lunch and all other past due fees are paid in full.
- Report cards and records will be withheld until said account has a zero balance.
- In the event of default or failure to honor the terms of this agreement, I will be responsible for all costs of collection (including collection agency and attorney fees) should it be necessary to refer my account to an outside collection agency.
- Should I take legal actions against **UCCA**, their administration, or employees, the parent(s), legal guardian, or responsible party agree(s) to pay the school attorney fees, court costs, damages or other costs that the aforesaid party might have incurred in defending against such legal charges that are determined to be unfounded.

I understand I am responsible for the following expenses:

| | |
|------------------|--|
| \$ <u>85.00</u> | Application Fee |
| \$ <u>150.00</u> | Activity Fee |
| \$ _____ | Tuition per month Pre-K thru 8 th - \$500.00 |
| \$ _____ | Afterschool Care Fee |
| \$ _____ | Lunch |
| \$ _____ | Curriculum/Book Fee |
| \$ _____ | Other Fees |
| \$ _____ | Graduation Fees: \$40.00 for Kindergarten (Subject to change) |

EARLY WITHDRAWAL: SHOULD I WITHDRAW MY CHILD (REN) FOR ANY REASON DURING THE SCHOOL YEAR, I AGREE TO PAY THE TUITION AND OTHER FEES FOR THE MONTH OF WITHDRAWAL AND ANY OUTSTANDING BALANCES.

I have read and fully understand the above financial contract and agree to obligate myself to these terms.

_____ Signature _____ Date _____
Print Name (Father/Legal Guardian)

_____ Signature _____ Date _____
Print Name (Mother/Legal Guardian)

| | |
|---------------------------------------|-------------|
| UCCA Administrative Staff Only | |
| Witness: _____ | Date: _____ |

Union Chapel Christian Academy
CORPORAL PUNISHMENT RELEASE

In accordance with our insurance liability requirements, our insurance carrier has asked us to have all parents/guardians of our students in *Union Chapel Christian Academy (UCCA)* sign this form and return it to the school office.

In the event a child becomes verbally or physically out of order, the teacher will then enforce a disciplinary procedure within the classroom. If the student becomes defiant and does not respond to the teacher, and continues to exhibit behaviors such as, but not limited to, repeated disrespect for school authority, a pattern of negative behavior, intentionally damaging *UCCA* property or cheating on any assignment or test, then the student will be sent to the *UCCA* Administrator for counseling and administration of corporal punishment (paddling).

Parents/Guardians will give written permission for corporal punishment with this form, which will be on file in the *UCCA* office. The corporal punishment (paddling) will be administered by the Administrator and witnessed by one other adult—applying no more than three strokes on the child’s seat with a wooden paddle.

An alternative to corporal punishment is suspension from *UCCA* and may be elected by the *UCCA* Administrator. A report of the offence and resultant corporal punishment will be kept on file. Further, a student who is repeatedly referred to the *UCCA* Administrator for disciplinary measures may be brought to the attention of the *UCCA* Ministry for consideration regarding the student’s future at the *Union Chapel Christian Academy*.

Student’s Name

Print Name (Father/Legal Guardian)

Signature

Date

Print Name (Mother/Legal Guardian)

Signature

Date

UCCA Administrative Staff Only

Witness: _____

Date: _____

Union Chapel Christian Academy

TUITION & FEE SCHEDULE

2025-2026 School Year

TUITION AND FEES ALL GRADES

The monthly tuition does not cover academic breaks. **The application fee is due with the completed application. August Tuition & Fees are due by June 17th.** The remaining first month's fees (Lunch, After School Care and Graduation) are due by August 1st. All other tuition payments are due by the 5th of each month. A late fee of \$15.00 will be added to your account on the 6th of each month. All financial accounts must be kept current. If you become **30 days past due**, a conference will be held to discuss payment arrangements. If you become **60 days (2 months) past due**; Union Chapel Christian Academy reserves the right to ask you to remove your child from school until all past due amounts, tuition/after school care payments/fees, are paid in full.

Enrollment Fee

| | | |
|-------------------------------|---------|---------------------------------|
| New Enrollment (One-time Fee) | \$85.00 | |
| Re- Enrollment (One-time Fee) | \$70.00 | (Re-enrollment through 2/29/25) |

*Enrollment Fees, Curriculum Fees, and Chromebook Fees are non-refundable. Upon withdrawal-tuition will not be prorated or refunded for a partial payment.

Fee

| | | |
|---|--------|---|
| Activity (One-time Fee per year) | 150.00 | **All Students Activity Fees are due on July 1st or at the time of enrollment for new families. |
| Grade K4 – K5 Curriculum Fee | \$300 | Payment due June 1 and July 1 |
| Grades 1 st – 8 th Curriculum Fee | \$500 | Payment due June 1 and July 1 |

Curriculum fees will be paid in two installments. 1st payment due June 1st and the 2nd payment due July 1st or at time of enrollment for new families. Books will NOT be issued until fees are paid. A \$100 late fee will be applied if payments are not received after July 1st.

Tuition Fees

| | | |
|--------------------------------------|--------------------------|--|
| Grade K4, K5 – 8 th Grade | \$5,000 (Annual Tuition) | \$500.00 per month (based on 10 month) |
|--------------------------------------|--------------------------|--|

Late Fee: \$15.00 will be added on the 6th of late month. An additional \$5.00 will be added each Friday of week the account is in arrears until full payment is made.

LUNCH: Students must bring their own lunch.

UNIFORMS: All students must wear uniforms daily. Uniforms may be purchased at the following; **Dennis Uniforms 3058 Leeman Ferry Road, Huntsville or Educational Outfitters 97 Hughes Road, Madison AL.** (**Uniform Fee \$350 for scholarship students)

IMPORTANT POINTS TO REMEMBER: The Application and Book Fees are nonrefundable and nontransferable. If the book fee is not paid, neither books nor copies of pages in books will be issued to your child—Students cannot start school without their books. Fees are subject to change at the discretion of the *UCCA School Board* Ministry.

After School Care Fees

After School Care Fee (3:30 p.m. to 5:30 p.m.)

(No discounts available)

| | Daily Rates | | | Monthly ASC | | |
|------------------------------------|-------------|------|--------------------------------------|-------------|----------|---------------------------------------|
| | 1 | \$12 | | 1 | \$120.00 | |
| After School Care (3:30 – 5:30) | 2 | \$20 | Two Students (\$10 Per Student) | 2 | \$180 | Two Students (\$90 Per Student) |
| | 3 | \$30 | Three Students (\$10 per Student) | 3 | \$255 | Three Students (\$ 85 Per Student) |

Union Chapel Christian Academy

Photo Release Agreement

The *Union Chapel Christian Academy (UCCA)* will use photography/videography through the internet or other publications to display Academy activities. Please indicate below if you give permission for us to display photos of your child.

I hereby give permission for images of my child (and/or myself), captured during regular and special school activities through video, or photo to be used solely for the purposes of *UCCA* publications and waive any rights of compensation or ownership thereto.

Initial Below:

Yes, I give permission _____ No, I do not give my permission _____

Student's Name

Print Name (Parent/Legal Guardian)

Signature

Date

Computer Access Agreement

I understand that when I use the computers, networks, the Internet or other online services, or any other telecommunications environment, I must adhere to all rules of courtesy, etiquette, and laws regarding access and copying of information as prescribed by either federal, state, or local law. I further understand that as a user on the *UCCA* network, I must also accept and abide with the *UCCA* acceptable use of computer, networks, internet, and other online services policies for students. My signature below and that of my parent(s), indicates that I agree/certify to follow the stated guidelines. I waive any right to privacy in my use of computers, networks, the internet, and other online services. I also consent to the monitoring, access, and disclosure of my communications and other uses of these electronic tools by authorized *UCCA* employees.

Student's Name

Print Name (Parent/Legal Guardian)

Signature

Date

Full document will be reviewed during orientation and with students on the first day of school.

Union Chapel Christian Academy
PASTORAL REFERENCE FORM

(This section to be completed by family)

Parent's/Guardian's Name: _____

Student's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

This section is to be completed by applicants' pastor and returned with the entire application.

Dear Pastor:

Union Chapel Christian Academy (UCCA) requires that at least one parent/guardian of each student enrolled at *UCCA* be a professing Christian. The family listed above has applied for admission to *UCCA* and has listed your church as their church home. We request you to give your candid assessment of this family.

1. Do you personally know the family? __Y__ N
2. How long has the family been attending your church?
3. The basic criteria for admission are:
 - A credible profession of faith in Jesus Christ on the part of at least one parent/guardian of the applicant.
 - Regular attendance at a church in which the Bible is sincerely believed and faithfully taught.
 - An understanding of and agreement with, the mission of *Union Chapel Christian Academy*, which is to partner with parents/guardians to provide a Christ-centered and firm foundation in academic excellence, that integrates academic disciplines with God's word, in order to prepare ambassadors for Christ who are empowered to serve their families and make a positive contribution to their community and the world.
 - Each applicant gives evidence of emotional stability, a willingness to maintain satisfactory behavior, and adequate social adjustment.

Having read these basic criteria for admission, should this family/student, be considered a viable candidate for our Academy? __Y__ N If no, please explain.

4. Is the applicant or family actively involved in ministry in your church? __Y__ N

Name of Church: _____ Telephone #: _____

Pastor Name

Signature

Date

Union Chapel Christian Academy
Student Tracking Authorization Form

I hereby authorize *Union Chapel Christian Academy (UCCA)* to track the progression of my child upon entering either the public school system or transferring to another private school. Our goal here at the *Academy* is to evaluate how well our students assimilate into the public school system or even to transferring into another private school. Please be reminded that the sole purpose of the *Academy* is to provide the educational foundation for academic achievement.

Initial Below:

Yes, I give permission _____

No, I do not give my permission _____

Student's Name

Name of Transfer School

Print Name (Parent/Legal Guardian)

Signature

Date