

STUDENT INFORMATION *(Please fill out one application per student)*

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Father: _____ Mother: _____

Home Phone: _____ Cell Phone #1: _____ Cell Phone #2: _____

Primary E-mail: _____ Secondary E-mail: _____

Home Address: _____

Status: ___ **New Student:** *Please submit 1.) Homeschool Application & 2.) Matriculation Fee
We will contact you to schedule a family interview & testing date.*
___ **Continuing Student:** *Please submit Homeschool Application. The Matriculation Fee will be billed to your account.*

HOMESCHOOL PROGRAM INFORMATION:

Please check the program(s) for which you are applying.

	Homeschool Program	Tuition	Material/Book Fees <small>*non-refundable after June 1</small>	Matriculation Fee <small>*non-refundable</small>
<input type="checkbox"/>	Elementary Academic Program 3-day <i>M/W/F 8:00-1:30pm</i>	\$2,350 <i>10 installments of \$235</i>	<u>Material Fee</u> \$150 <i>plus</i> <u>Costs of Books</u> <i>Purchased directly by parents.</i>	<u>New Families</u> \$150 <u>Current Families</u> \$100
<input type="checkbox"/>	Elementary Fine Art Program 1-day <i>T 12:30-3:30pm</i>	\$1,000 <i>10 installments of \$100</i>	<u>Material Fee</u> \$50 <i>plus</i> <u>Costs of Books</u> <i>Purchased directly by parents.</i>	
<input type="checkbox"/>	Middle School Academic Program 3-day <i>T/TH 8:00-3:00pm W 1:00-3:30pm</i>	\$3,100 <i>10 installments of \$310</i>	<u>Material Fee</u> \$150 <i>plus</i> <u>Costs of Books</u> <i>Purchased directly by parents.</i>	

* Please note that Charter School Funds will be applicable to only the Secular 1 day Fine Art Program Only.

Student will be entering what grade in the Fall:

- | | | |
|---------------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> Kindergarten Grade | <input type="checkbox"/> Third Grade | <input type="checkbox"/> Sixth Grade |
| <input type="checkbox"/> First Grade | <input type="checkbox"/> Fourth Grade | <input type="checkbox"/> Seventh Grade |
| <input type="checkbox"/> Second Grade | <input type="checkbox"/> Fifth Grade | <input type="checkbox"/> Eighth Grade |



Dear Parents,

Thank you for choosing Umaña Homeschool Academy for your child's Christian fine art education. We anticipate a wonderful year and look forward to getting to know each student!

This registration packet represents all of the information needed before an entrance decision can be made. Please read and complete each sheet and return all required documents. Please note that your registration cannot move forward until all forms in this packet are received. For priority placement in the class of your choice, please be sure to return your packet soon.

Please return all documents to begin finalizing the matriculation process.

1. Fall Registration Packet, pages 1-9
2. Copies of documents
 - a. Child's birth certificate *new students only*
3. Check for the 2012-2013 matriculation fee (non-refundable)
 - a. See fee schedule, page 5 of the Infopak.

New students only: Once the completed registration packet has been received your child's place on the waiting list will be tentatively held. We will then contact you to begin scheduling your entrance assessment and parent interview. Once these have been completed you will receive an e-mail notification of your acceptance into the program along with additional Fall 2012-2013 materials.

We sincerely appreciate the opportunity to serve your family. If you have any questions about the registration process or to schedule your assessment and/or parent interviews, please call 949.429.8800 or e-mail maureen@UmanaAcademy.com.

In Him,

Maureen Umaña Boatman
Elementary Director



PARENT/GUARDIAN INFORMATION

Father's/Guardian: _____	Mother's/Guardian: _____
Cellular: _____	Cellular: _____
Home: _____	Home: _____
Work: _____	Work: _____
Email: _____	E-mail: _____
Address: _____	Address: _____
_____	_____
Occupation _____	Occupation: _____
Employer: _____	Employer: _____
Lives with student: ___ yes ___ no	Lives with student: ___ yes ___ no
Parent's Marital Status: ___ Married ___ Separated ___ Divorced ___ Widowed	

OTHER INFORMATION

Name of Church: _____

How often do you attend: ___ regularly ___ sometimes ___ rarely

Are you a member? ___ yes ___ no for how long: _____

Why do you desire to enroll your child in our program? _____

Please rate the following in order of importance ___ Fine Art emphasis ___ High academic standards ___ Spiritual development ___ Flexible Schedule ___ other: _____

SCHOOL HISTORY

Programs last attended: _____

Reason for leaving: _____

Has your child been dismissed from any program? If yes, please explain. _____

PHYSICIAN INFORMATION

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Is your child allergic to any medication or special food? ___ If yes, please explain. _____



EMERGENCY CONTACTS

Contact One:

Name: _____

Cellular: _____

Home: _____

Work: _____

Relationship to student: _____

Contact Two:

Name: _____

Cellular: _____

Home: _____

Work: _____

Relationship to student: _____

Contact Three:

Name: _____

Cellular: _____

Home: _____

Work: _____

Relationship to student: _____

Contact Four:

Name: _____

Cellular: _____

Home: _____

Work: _____

Relationship to student: _____

AUTHORIZATION TO TREAT A MINOR

I (we), the undersigned, the parent or legal guardian of the above student, a minor, do authorize my child's academic director, or other school representative, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the provisions of the Medicine Practice Act, whether such a diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis treatment, or hospital care being required, it is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment of the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization shall remain in effect for the duration of attendance at Umaña Academy unless otherwise revoked in writing to the school.

This authorization is given pursuant to the provisions of the section 25.8 of the Civil Code of California.

Field trips are an important part of our educational program. Throughout the school term, various field trips are planned for the entire class or school at large. You will be notified prior to any scheduled field trip. Small groups of students may be transported by car, larger groups by van. My child has permission to attend all of the organized field trips during the school term.

Parent/Guardian Name: _____ Work Phone: _____

Parent/Guardian Signature: _____ Date: _____

Doctor's Name: _____ Phone: _____

Insurance Information: Provider: _____ Policy or Group Number: _____



Christian Principles

At Umaña Academy we strive to give your children a biblical foundation that will set them on a solid path for the rest of their lives. We hope to reinforce the principles they receive in the home. Children are encouraged to use the golden rule and through real life situations are taught to practice what they have learned. In addition to creating a nurturing environment, our teachers are committed and dedicated Christians. It is our privileged to be able to watch your child grow in their personal relationship with Christ.

Bible Based Curriculum: Bible classes teach children about important lessons in the Bible. They are then encouraged to share what they have learned and apply it to their daily lives. These fundamental principles are reinforced throughout the day. The Bible stories and the weekly memory verses will begin to sow the seed in their hearts to love God's Word.

Worship, Songs and Praise: Children will have an appreciation for entering His gates with thanksgiving in their hearts and into His courts with praise. We feel it is never too early to begin to be moved by a heart of thankfulness to the Lord and to begin to be touched by His presence.

Chapel: Each week children will be able to participate in chapel. There will be prayer, worship and a devotional followed by times of sharing. Parents will be invited to chapel award ceremonies and special chapels throughout the course of the year. Children will also have the opportunity to present their gifts/offerings to the Lord by preparing special music or instrumental solos, all designed to bring glory to God through their talents.

Strong Godly teachers/mentors: Each one of our instructors and staff has a personal relationship with Christ and strong biblical foundation. They love the Lord and love your children.

Statement of Beliefs

We believe...

The Bible is the inspired and only infallible and authoritative written Word of God.

There is only one God, eternally existent in three persons: God the Father, God the Son, and God the Holy Spirit.

In the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father.

In the Blessed Hope, the rapture of the church and the second coming of Jesus Christ.

The only means of being cleansed from sin is through repentance and faith in the precious blood of Christ.

The redemptive work of Christ on the cross provides healing for the human body in answer to believing prayer.

The baptism of the Holy Spirit is given to believers who ask for it according to Acts 2:4.

Parent/Guardian Signature: _____

Date: _____



Payment and Policy Form

BILLING Information:

_____ **initial** PAYMENTS: Tuition installments must be paid via Credit Card On-Line Payment, Credit Card Autopay Payment or E-check on-line payments. Credit Card transactions will incur a 3% convenience fee. My preferred method of payment is selected below.

- _____ Credit Card On-Line Payment (You pay on-line)
- _____ Credit Card On-Line AUTOPAY Payment (UAFA charges payment to avoid late penalty)
- _____ E Check On-Line Payment

Credit Card Type: Visa Mastercard Discover

Credit Card Number: _____

Expiration Date: _____ CCV Code: _____ (3 digit-code on back of card)

Address of record on card: _____

Signature: _____

_____ **initial** REFUNDS: If my child misses a day(s) as a result of sickness, vacation or major holiday, I understand that no refunds will be given.

_____ **initial** DISCONTINUATION OF PROGRAM: I understand that I am committing to the entire 2011-2012 year. Any and all fees associated with yearly enrollment will be due upon discontinuation of the school year regardless of the portion still remaining. The remaining balance due will be charged to my credit card in one lump sum. *Every family at the Academy must have a credit card on file for these purposes.*

_____ **initial** INVOICES: The Academy issues tuition statements via email. Please enable your computer or spam filter to accept these statements.

_____ **initial** BILLING: Tuition is charges in 10 installments, August-May. Please contact the billing department directly at 248.1011 or Umana@cox.net.

_____ **initial** FINE ART ELECTIVES: Electives are offered in four departments; Music, Art, Foreign Language and Social Skills. These are optional and an additional fee applies. Look for quarterly class schedules for additional information on day/times of classes.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Fall Enrollment

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MISCELLANEOUS FEE Information:

_____initial MATRICULATION FEE: The matriculation fee is non-refundable. An exception will be made if your child is not admitted to the program. The 1st installment is due with application and the balance will be billed on June 1st.

_____initial CURRICULUM AND MATERIAL FEE: These fees are billed June 1, 2011 along with the PTA fee.

_____initial FIELD TRIP FEES: Periodically field trips are offered that require an entrance fee. These are considered optional/additional and must be paid separately.

SCHOOL Policies:

_____initial LATE Policy: We encourage all children to arrive on time.

_____initial CODE OF CONDUCT: I agree my child will abide by the code of conduct instituted by the academy and treat others with respect. (If any child has extreme difficulty following directions, respecting authority and/or deliberately harming property/others, we will make every effort to work through the problems with parents through phone calls and/or meetings. If these steps do not influence the child and the behavior continues they will be dismissed from the program.)

_____initial LOST/STOLEN ITEMS: The Umana Academy is not responsible for loss of personal items and/or uniform articles of clothing. In addition, parents will be responsible for purchasing the new article of clothing in a timely manner. We highly recommend that parents monogram student's names outside of student's jackets. Please do not bring valuable personal items to the Academy.

_____initial EMAIL: Over the course of the year the Academy sends many email notices regarding field trips, picture day, special chapels and other important events. Please enable your computer to receive these notices.

_____initial SICKNESS POLICY: The Academy is a wellness program and does not administer any medication to children. I agree to not bring my child to class if they have had a fever within a 48 hour period or have green mucus in their nose and/or eyes. If any warnings signs of a contagious nature are apparent (red bumps or pink eyes etc.) I agree to pick my child up immediately. In order to return to class I must provide the office with a doctor's clearance.

_____initial CHANGE OF ADDRESS: It is my responsibility to notify the Academy with any changes to my contact information.

WAIVERS:

_____initial LIABILITY WAIVER AND RELEASE: I understand that even under supervised conditions there is the possibility of serious injury in any activity. I hereby waive and release Umana Academy from any and all liability for any injury, death or loss incurred at any of the locations where the Academy schedules lessons and/or activities.

_____initial PHOTO RELEASE: There is the possibility that pictures taken on campus or during field trips might be used for promotional purposes or class newsletters. Please initial to give consent.

KINDERGARTEN PROGRAM Only:

_____initial CHARTER SCHOOL FUNDS: Charter school funds are not guaranteed by Umana Academy. Please note that the exact terms and conditions to access these funds are set by the charter schools themselves. By initialing this I understand that Charter Schools are optional programs and I am ultimately responsible for any and all fees associated with my child's enrollment.

_____initial CHARTER SCHOOL FUNDS: If parents elect to apply to a charter school, it is each parent's responsibility to complete the application process in a timely manner. Until which time the Umana Academy is notified of available funds, I am responsible for any and all fees applied to their account.

SIGNATURE: _____ DATE: _____



Child Release Form
One Form Needed Per Family

	Name of Child:	Grade:
First Child:		
Second Child:		
Third Child:		

Parent/Guardian Information:

	Name and Relationship to child	Home Phone	Work Phone	Cellular Phone
Parent or Guardian #1:				
Parent or Guardian #2:				
Parent or Guardian #3:				

If a parent does not have legal custody of your child and is not authorized to pick them up, please notify the front office.

Additional Information: In addition to the parents/guardians listed above, I authorize Umaña Academy to release my child to the care of the people listed below. I understand that my child will be released only to the following people and upon arrival they will be required to show their drivers license.

	Full Name: (As it appears on Driver's License)	Relationship to child:	CDL Number:	Phone Number:
Person One:				
Person Two:				
Person Three:				
Person Four:				
Person Five:				



School Address Book
One Form Needed Per Family

___ Please **do** include my information in the school roster available at the beginning of the school year.

___ Please **do not** include my information in the school roster available at the beginning of the school year.

Please fill out the information you would like to appear in the roster.

Parents Name: _____

Home Address: _____

Phone Number: _____ E-mail Address: _____

1st Child's Name: _____
Grade Fall 2011 _____ DOB (month/day): _____

2nd Child's Name: _____
Grade Fall 2011 _____ DOB (month/day): _____

3rd Child's Name: _____
Grade Fall 2011 _____ DOB (month/day): _____

I would like to be involved in my child's class room ___rarely___ sometimes ___ often

I am interested in participating in the following ways

___ Reading to my child's class _____

___ helping to coordinate a class party _____

___ hosting a field trip to my workplace _____

___ bringing in my instrument to play to the class _____

___ sharing about my particular culture or country _____

___ sharing a particular talent/skill _____

___ speaking on special topic children would enjoy _____

___ participating during chapel through song, instruments, sign language and/or puppets

Please note that checking the following areas does not commit you in any way. This survey gives us more information to provide you with opportunities to become more involved if you so choose.



Request for Cumulative Records

The following student(s) are now enrolled at Umaña Academy.

In accordance with the Family Educational Rights Privacy Act of 1974 and California State Law, I hereby authorize the release to the school named below of all educational or developmental information regarding the following student(s).

Name of Child:	DOB:	Grade:

Please send records to:
Umaña Academy of Fine Arts
1901 Corporate Drive
Ladera Ranch, California 92694
(949) 429-8800

Parent/Guardian Authorization: _____ Date: _____

Director Signature: _____ Date: _____

1st request __ initial
2nd request __ initial
3rd request __ initial

Name & Address of Previous School(s):

Name: _____

Address: _____

Name: _____

Address: _____