



MARION ACADEMY

Christ's Love . Experiential Education . Community

2025 EARLY LEARNING CENTER SUMMER PROGRAM APPLICATION

The Marion Academy Board of Directors has approved the following cost of attendance for children for the 2025 Summer Program for Marion Academy Early Learning Center families who submit this form no later than May 30, 2025. The non-refundable Registration and Supplies Fees are due by June 2nd for recurring students.

- ☐ **Seedlings (6 weeks to 18 months):** Payment will be made weekly, in the amount of \$120.
☐ **Sprouts (18 months to 2 ½ years):** Payment will be made weekly, in the amount of \$110.
☐ **Saplings (2 ½ years to 4 years):** Payment will be made weekly in the amount of \$110.

Seedlings	Registration Fee	\$20.00
	Supplies Fee	\$25.00
	Tuition per Week	\$120.00
Sprouts	Registration Fee	\$20.00
	Supplies Fee	\$25.00
	Tuition per Week	\$110.00
Saplings	Registration Fee	\$20.00
	Supplies Fee	\$25.00
	Tuition per Week	\$110.00

*Part-time options are available at \$90 per week. Part-time is considered 3 days a week.

**The Drop-In Program is available at \$50 per child per day. The Drop-In Program depends on teacher availability and requires 24-hours notice.



STUDENT REGISTRATION AGREEMENT

I hereby make application for my child to enter Marion Academy for the session beginning June 2, 2025, and enclose the non-refundable registration and supplies fees (See Chart 1) with this completed registration form.

Child's Name: _____

With this registration,

- ☐ I agree to pay Marion Academy the one-time Registration Fee and the one-time Supplies Fee for the student I am enrolling for the 2025 Summer Program, totalling \$45.00 per child.
- ☐ I agree to pay Marion Academy the weekly tuition for the student I am enrolling for the 2025 Summer Program (insert appropriate amount from Chart 1): \$_____ per child per week.

All Payment Plans

- ☐ I understand that payments are due each Monday and are considered late Tuesdays at 9:00 a.m.
- ☐ I understand that the Registration Fee and the Supplies Fee are non-refundable.
- ☐ I understand that there is a \$35.00 fee for any returned check.
- ☐ If a returned check causes my account to be delinquent, I will pay the \$35.00 returned check fee plus the \$15.00 late fee per student per week.
- ☐ If my account is five (5) business days in arrears, my child will not be permitted to attend school until my account is paid and current.
- ☐ I acknowledge that if I withdraw my child from school, I will not receive a refund of that week's tuition, but will abide by the Withdrawal Policy in the ELC handbook.
- ☐ I will familiarize myself with and abide by the Marion Academy ELC Handbook.
- ☐ I understand that my child will comply with all school regulations, and that it is my responsibility to understand these regulations and strongly encourage compliance.
- ☐ I further understand that my child can be suspended or dismissed from ELC if they refuse to abide by the regulations. In such cases, weekly tuition is NOT refundable.
- ☐ I agree to pay all costs of collections, including attorney fees if necessary.
- ☐ I understand there could be additional costs for field trips and/or school supplies.

This is the entire agreement between Marion Academy, Inc. and me. Any modifications of this agreement must be in writing and signed by the Board of Directors and me.

Signature of Parent/Guardian and Responsible Parties

Date



STUDENT'S INFORMATION

Student information forms must be completed for each student.

Student's Full Name (First, Middle, Last):

_____ Male ☐ Female ☐

Date of Birth: _____ Social Security Number _____ - _____ - _____

Age: _____ Returning MA Student: Yes ☐ No ☐

Has your child ever been dismissed from school? Yes ☐ No ☐ If yes, why? _____

Any diagnosed learning disability? Yes ☐ No ☐ If yes, what is the diagnosis? _____

Parent/Guardian 1 Contact Information:

Name: _____

Employer: _____

Street Address: _____

Mailing Address (if different): _____

(check preferred contact method during school hours)

☐ Cell Phone: _____ ☐ Home Phone: _____

☐ Business Phone: _____ Email address: _____

Parent/Guardian 2 Contact Information:

Name: _____

Employer: _____

Street Address: _____

Mailing Address (if different): _____

(check preferred contact method during school hours)

☐ Cell Phone: _____ ☐ Home Phone: _____

☐ Business Phone: _____ Email address: _____

Other person(s) to whom the child may be released:

Name	Relationship to Child	Address	Telephone Number



CITY LIMIT ACTIVITY PERMISSION FORM

_____ (Student Name) has my permission to leave the Marion Academy campus with faculty to attend activities and functions within the city limits of Marion, AL. With the understanding that safety standards will be met, I hereby waive and release the chaperones, Marion Academy faculty and staff, and Marion Academy, Inc. from any and all liability and claims for injury to person or property which might arise in connection with my child's participating in any school activities within the city limits of Marion, Alabama.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



EMERGENCY MEDICAL FORM

Student's Full Name (First, Middle, Last): _____

Male ☐ Female ☐

Date of Birth: _____ Age: _____

Address: _____

Emergency Contact:

Name: _____

Relationship: _____

Street Address: _____

Mailing Address (if different): _____

(check preferred contact method during school hours)

☐ Cell Phone: _____ ☐ Home Phone: _____

☐ Business Phone: _____ Email address: _____

Physician: _____

Phone: _____

Address: _____

Do you have health insurance? Yes ☐ No ☐ If yes, list insurance company and policy number:

Insurance Company: _____

Policy Number: _____ Group Number: _____

If your child is allergic to any medications, please list: _____

If your child has any allergy (milk, insect stings, etc.), please list: _____

Please list any physical disabilities or health problems: _____

Present medication needs (any medications taken presently - KEEP US UPDATED):

The student on this form has my permission to be given the following by school authorities if need arises:

☐ Acetaminophen ☐ Antacid ☐ Ibuprofen ☐ Motrin ☐ Benadryl ☐ Cough Syrup ☐ None

I understand that in the event of an emergency, every effort will be made to contact the parent(s)/guardian(s), emergency contact, and other approved persons. However, should efforts to contact each of them fail, I grant authority to Marion Academy faculty members to give permission to take whatever steps necessary by medical authorities for the well-being of my child. I agree to be responsible for any emergency medical expenses incurred.

Signature of Parent/Guardian

Date



MEDIA / PHOTOGRAPHY PERMISSION

As we update our website and social media presence, we would like your permission to use your child's picture or name in one or more of the following ways:

- Photo and name during project/activity in educational workshops, classes, and/or conference.
- Digital video created by Marion Academy for use in educational workshops and student classrooms.
- Posts on the Marion Academy web page and social media websites.
- Submit as samples to program publishers or as grant and contest entries.

Thank you for your support of technology at Marion Academy!

Please initial each of the following statements to which you agree:

I give permission to:

_____ Post pictures that include my child on Marion Academy's website and social media accounts and submission to the local newspapers (full name may be posted with pictures; ex. awards, etc.).

_____ Post work/projects created by my child on Marion Academy's website and social media.

_____ Post my child's full name on a list of awards/recognitions, terrific kids, etc,

_____ Use my child's work as an example in other schools, workshops, or conferences.

Child's Name: _____

Parent/Guardian, Print

Parent/Guardian, Signature

Date



FAMILY COMMITMENT TO CHRISTIAN EDUCATION

A. Does your family attend church? Yes ☐ No ☐

How often do you attend? Weekly ☐ Often ☐ Occasionally ☐ Never ☐

Name of Church: _____

Pastor's Name: _____ Phone: _____

B. Why do you desire a Christian education for your child? _____

PARENT COMMITMENT

Parents must understand and support the Classical Christian philosophy of Marion Academy **BEFORE APPLICATION IS ACCEPTED**. To assure this understanding and acceptance, we ask that you call the school office at 334-683-8204 to set up an admissions interview with the Administrator. Your completed application may be brought at this time.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



ADMISSIONS PROCESS FOR NEW STUDENTS AT MARION ACADEMY'S EARLY LEARNING CENTER

1. Obtain, complete, and submit application forms for Prospective Parents.
2. Schedule an admissions meeting with the Administrator.
3. Receive acceptance/waitlist/rejection letter.
4. The Registration Fee is due to secure enrollment.
5. Admissions Packet must be completed and on file, and the Supplies Fee and the first week's tuition must be paid, by the first day of attendance.

FINANCIAL AGREEMENT

Once a family has committed their student(s) to attend Marion Academy's ELC, weekly tuition and fees are required. Even if they withdraw from the school, tuition is required for two weeks, whether the child is attending or not. The tuition is non-refundable and must be paid in per the payment schedule as outlined and despite a student's withdrawal or expulsion from Marion Academy's ELC. However, upon written request, the Board will consider extenuating circumstances. Although tuition may be paid in installments (weekly, monthly), this does not constitute a fractional contract. The enrollment agreement is for the length of time your child is enrolled, and the obligation to pay for the entire enrollment period is unconditional without reduction or remission.

Marion Academy shall admit students without regard to race, color, and national or ethnic origin.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date