



Countryside Christian Academy

Cooperative Agreement

I understand that Countryside Christian Academy (CCA) has established its own admissions, academics (including grading scale), behavioral, graduation and evaluation of transfer credits requirements.

I understand that CCA students and families are expected to obey all school rules and procedures, cooperate with the staff, be financially responsible for their account, have a positive attitude about CCA and live a biblically moral life-style. Students are accepted on a trial basis. Re-enrollment each year is NOT guaranteed and is conditioned on acceptable student progress and behavior evaluated by the CCA staff.

I understand the registration fee, book fee, technology fee, and first months tuition are not refundable. I agree to the Payment and Financial Agreement.

I give permission for my child enrolled at Countryside Christian Academy (CCA) to be treated by a hospital or licensed physician in the event that I cannot be personally reached for authorization. In the case of emergency (hurricane, etc.) my child may be released to the listed emergency contact if I cannot be reached. I am fully aware and understand that Countryside Christian Academy, Countryside Christian Center, Inc., or its affiliated entities, does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical service. I understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be contacted, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for the named children. CCA does not employ or have a nurse on campus.

I give my permission for the CCA staff to take my child's temperature, put band aids or ice on a cut or bruise on my child. I understand that CCA will not administer any medication to my child. I will be notified by CCA staff of illness or accidents involving my child. I understand that CCA does not allow children with communicable diseases to attend the school.

I give permission for my child to take part in all CCA regular activities including physical education, sports and field trips on or away from the school campus. I hereby assume full risk for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, for ourselves and the above named children, while attending, engaging, practicing, participating or witnessing, or any other activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full responsibility, waive all claims and release and hold, Countryside Christian Academy, Countryside Christian Center, Inc., or its affiliated entities, its instructors, members, employees, executors or partners of said program or event, individually or otherwise, harmless for any and all liability claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, including transportation to and from said activity, or the negligent acts or omissions of the releasees or any other third party.

I give my permission for CCA staff to discipline my child with assignments, time outs, detentions, and in school and out of school suspensions. The school staff does not spank children. If continued misconduct occurs, the child may be dismissed from CCA.

I understand that as Countryside Christian Academy is a ministry, both parties agree that they would never make demands, threaten to sue, or actually litigate any matter whatsoever relating to or resulting to this agreement. To do otherwise would be a clear violation of biblical teaching and practice. Accordingly, I agree to resolve all potential claims, disputes or causes of action through binding arbitration using the Matthew 18 Principle.

In consideration of my participation in and the use of the Countryside Christian Academy, Countryside Christian Center, Inc., or its affiliated entities, premises or facilities, I hereby release and covenant not to sue the owner of the premises (releasees) shareholders, directors, officers, employees, representatives, agents, affiliated and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or even sponsored by Countryside Christian Academy, Countryside Christian Center, Inc., or its affiliated entities.

Consistent with Christian principles, CCA does not discriminate on the basis of race, sex, or national origin in the administration of its educational policies, financial program, athletics or other school administered programs.

CCA has established policies and procedures to address grievances. I agree to adhere to these policies and procedures and the policies and procedures set forth in the Parent/Student Handbook. I have read and fully understand the above release/waiver, the Parent/Student Handbook and fully understand that I have given up substantial rights by signing the waiver voluntarily.

Student Name: _____

Parent/Legal Guardian #1

Please check: I am financially responsible for my child's tuition and fees.

Sign in the presence of Notary.

I have read, understand and agree to accept the policies outlined in the Cooperative Agreement.

Signature of Parent/Guardian

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 2016

By _____, who is personally known to me or who has produced
(Name of Affiant)

_____ as identification.
(Type of Identification)

Signed: _____
(Signature of Notary)



Parent/Legal Guardian #2

Please check: I am financially responsible for my child's tuition and fees.

Sign in the presence of Notary.

I have read, understand and agree to accept the policies outlined in the Cooperative Agreement.

Signature of Parent/Guardian

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 2016

By _____, who is personally known to me or who has produced
(Name of Affiant)

_____ as identification.
(Type of Identification)

Signed: _____
(Signature of Notary)

