

SUMMER SCHOOL REGISTRATION FORM



hope CHRISTIAN ACADEMY
920 Holley Ave, Suite 2 ~ St. Paul Park, MN 55071
(651) 459-6438 ~ www.HopeChristianAcademy.org

Students not currently enrolled at HCA must fill out an application and complete the interview process in addition to this registration form.

Student's Name _____
Last First Middle Initial
Sex ____ Age ____ Birth Date _____ Grade last completed _____
Home Address _____
City _____ State _____ Zip _____
Telephone # _____ Social Security # _____
E-mail address _____
Emergency Telephone # _____ Today's Date _____
Emergency Contact's Name _____

Please indicate which session(s) you are enrolling for:

- Session I (June 9 – July 3, 2014, Monday – Friday, 9:00 – 11:30 a.m.)
 Session II (July 28 – August 22, 2014, Monday – Friday, 9:00 – 11:30 a.m.)

FINANCIAL INFORMATION

\$150 Registration and Diagnostic Testing fee due with this application.

\$495 Tuition per session payable before the first class.

(Signature of Father/Guardian) Date _____

(Signature of Mother/Guardian) Date _____

“Hope Christian Academy accepts students without regard to race, color, sex, or national or ethnic origin who are willing to abide by its principles and objectives.”