



209 E. Sessoms Avenue Lake Wales, FL 33853 Phone: (863) 676-0049
www.candlelightchristianacademy.com

Dear Parents and Prospective Students:

On behalf of Candlelight Christian Academy, I welcome your interest in having your son or daughter educated at our school. At Candlelight we believe that to truly educate a child is to educate the whole child. Luke 2:52 outlines the early education of our LORD. The verse says “And Jesus grew in wisdom and stature, and in favor with GOD and men.” This translates into academic, spiritual, physical and social growth.

The mission of Candlelight Christian Academy, a holistic educational institution exemplifying the Body of Christ and accountability to society, is to develop academically and socially responsible individuals, cognizant of their capabilities and contributions to their school and local community, through a project based environment, accommodating the various learning styles of each student.

At Candlelight, we believe that every student has the capability to learn and grow and therefore will not be denied the opportunity to pursue learning to his/her fullest potential. Our goal is to enhance each student’s learning career by empowering each student with the necessary tools to succeed. Candlelight prides itself on its committed, professional, and truly caring faculty. We work hard to be accessible and to keep communications open between student, school, and parent.

Decisions that influence the future of your child’s education are never easy. We pray that the LORD will guide you as you seek the best educational experience for your child and we hope that Candlelight Christian Academy plays a part in your future.

God Bless You,

Candlelight Christian Academy

Matthew 5:16 In the same way, let your light shine before men, that they may see your good deeds and praise your Father in heaven.

Please keep for your reference.



209 E. Sessoms Ave.

Telephone (863) 676-0049

Lake Wales, FL 33853

www.candlelightchristianacademy.com

Fax (863) 676-0040

TUITION AND FEE SCHEDULE—2022-2023

Monthly payment plans may be established. The first payment is due by the first day of school.

Tuition for Students (K-12th grade) **\$8,000.00**

Graduating Seniors (Cap, Gown, Diploma & Transcript processing fee) \$75.00

Uniforms:

| | |
|-----------------------------------|---------|
| T-Shirts (per shirt) | \$8.00 |
| T-shirts \$8 a piece x 6 shirts = | \$48.00 |
| Hoodies | \$20.00 |
| Long Sleeve Shirts | \$10.00 |

Students must wear either a Candlelight T-Shirt or a Solid Color Polo Shirt

After Care (available from 3:00 PM to 5:30 PM Monday – Friday) \$ 4.00/hr.

Additional children from same family \$ 2.00/hr.

Candlelight Christian Academy admits students of any race, color, and national or ethnic origin.

Please keep for your reference.



209 E. Sessoms Ave.

Telephone (863) 676-0049

Lake Wales, FL 33853

www.candlelightchristianacademy.com

Fax (863) 676-0040

UNIFORM POLICY

All students of Candlelight Christian Academy are required to wear uniforms. The responsibility for assuring students are in the proper dress ultimately lies with the parents and individual student. Students must follow the dress code to attend classes and participate in school events. Students are expected and should be in uniform when they arrive on campus, and their overall appearance should be **neat, clean, well-groomed, and modest**. Extremes in dress or grooming won't be tolerated, whether they are specifically listed or not. **Candlelight Christian Academy reserves the right to use discretion with regard to appropriate dress.**

A few Specifics:

Clothes should fit and undergarments concealed at all times.

No clothing that is too tight-fitting is permitted.

No bare midriffs or revealing tops should be worn.

* Hats are not to be worn.

Shirts:

- Screen printed Candlelight Christian Academy t-shirts may be worn.
- Plain, solid color, polos (uniform style) may be worn.

Shorts and Pants:

- Khaki (tan only) or blue denim (blue jeans) pants or shorts may be worn. Multicolored, polka-dots, tutus, floral prints, pajama bottoms, and patterned bottoms are **not permissible**.
- Shorts and pants must be hemmed (no cut-off, holes, frays, etc.).
- Shorts must be mid-thigh or longer. Teachers and administration will use the rule of good judgment.
- No excessive baggy pants, short shorts or skirts, ripped or dirty clothes may be worn.

Shoes:

- Tennis shoes or sandals with backs may be worn.
- Slippers, flip-flops, and bedroom shoes are not allowed.

Accessories:

- For safety reasons, we discourage girls from wearing large or dangling earrings or jewelry or fake fingernails.
- Hair should be clean, combed and out of the eyes.

Cold Weather:

- Students may wear a solid colored long sleeve shirt under their Candlelight or polo shirt.
- All jackets and sweaters must be button or zip up.

Enroll App ____ Birth Cert ____

Med Auth ____ Immu Rec ____

EM Card ____ Physical ____



209 E. Sessoms Ave.

Telephone (863) 676-0049

Lake Wales, FL 33853

www.candlelightchristianacademy.com

Fax (863) 676-0040

APPLICATION FOR ENROLLMENT

Student Name _____ Date of Application _____
 Soc. Sec. Number _____ Date of Birth _____ Grade Level for Coming Yr. _____
 Address _____
 City, ST, Zip _____ Telephone # _____

McKay Step-Up For Students If McKay or Step-Up For Students, Parent SSN _____

Previous Education

| School | Address | Years |
|--------|---------|-------|
| | | |
| | | |
| | | |

Mother/Guardian

Name _____ Relationship _____
 Address _____ Employer _____
 City, ST, Zip _____ Emp. City, ST, Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ Occupation _____
 E-mail Address _____

Father/Guardian

Name _____ Relationship _____
 Address _____ Employer _____
 City, ST, Zip _____ Emp. City, ST, Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ Occupation _____
 E-mail Address _____

Student resides with _____ Parent w/Legal Custody _____

Parents Separated Parents Divorced Father Deceased Mother Deceased

Brothers/Sisters/Other Children in Household

| | |
|------------|-----------|
| Name _____ | Age _____ |
| Name _____ | Age _____ |
| Name _____ | Age _____ |
| Name _____ | Age _____ |
| Name _____ | Age _____ |

How did you learn about Candlelight Christian Academy?

Please describe why you would like your child to attend Candlelight Christian Academy

Please describe your child's greatest strengths and challenges

How does your child relate with other children? With adults?

How does your child react to new situations?

What are your child's interests?

What are your goals for your child?

What kind of discipline do you find most effective?

Are there any medical, behavioral, or other learning difficulties which should be taken into account in planning your child's educational program? If so, please explain.

What additional information, if any, should Candlelight Christian Academy know about you and/or your child?

By signing below, I hereby give Candlelight Christian Academy permission to discuss the information contained in this application with teachers, counselors, and/or administrators at my child's previous school(s). Further, I acknowledge receipt of Candlelight Christian Academy's tuition and fee schedule and hereby agree to make the payments and abide by the policies specified therein.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Medicine in Office

Candlelight Christian Academy
209 E. Sessoms Ave. Lake Wales, Florida 33853
Main (863) 676-0049 www.candlelightchristianacademy.com Fax (863) 676-0040

MEDICAL TREATMENT AUTHORIZATION

I, the undersigned parent/guardian of _____

Student's Name _____ Grade _____

Hereby authorize any necessary medical treatment for my child while participating in field trips or other activities, including before and after school care, conducted under the sponsorship of Candlelight Christian Academy. I guarantee payment of all charges incurred as a result of this medical treatment.

INFORMATION:

Allergies to food, medication, etc. (if none, so state) _____

Special medical conditions (if none, so state) _____

Physician _____ Phone _____

Dentist _____ Phone _____

Parent/Guardian _____

Home Street Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Information (if none, so state) _____

Insurance Company _____ Policy or Group Number _____

Student's Social Security # _____

Policy Holder's Social Security # _____

Parent/Guardian Signature

Date

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

by _____ who has provided a _____ driver's license or _____ is personally known by me.

Signature of Notary Seal

EMERGENCY CARD

Student's Name: _____

Date: _____

Birth date: _____

Social Security Number: _____

Address Line 1: _____ City, State, Zip _____

Special / Medical Diagnosis: _____

Medications: _____

Mother/Guardian Name _____

Place of Work _____

Work Phone _____

Cell Phone _____

Father/Guardian Name _____

Place of Work _____

Work Phone _____

Cell Phone _____

Emergency Contact Information

Name _____ Phone Number _____

Relationship _____

Name _____ Phone Number _____

Relationship _____

Name _____ Phone Number _____

Relationship _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Parent/Guardian Signature

Date

Candlelight Christian Academy
209 E. Sessoms Ave. Lake Wales, Florida 33853
Main (863) 676-0049 www.candlelightchristianacademy.com Fax (863) 676-0040

PHOTOGRAPHY RELEASE

I, _____, authorize Candlelight Christian Academy (CCA) to photograph my child attending CCA and/or participating in school events, for use in promoting CCA. Printed material may include but is not limited to the school newsletters, yearbook and promotional brochures, as well as the web site.

I understand that this release applies as long as my child is enrolled at Candlelight Christian Academy.

Print Child's Name

Current Grade

Parent/Guardian Signature

Date

Candlelight Christian Academy
209 E. Sessoms Ave. Lake Wales, Florida 33853
Main (863) 676-0049 www.candlelightchristianacademy.com Fax (863) 676-0040

TRANSCRIPT RELEASE

Student: _____

Previous School Attended: _____

Address Line 1: _____ City, State. Zip: _____

Phone Number: _____ Fax Number: _____

The above student has applied for admission to Candlelight Christian Academy and as a part of this process, the following information is required as soon as possible:

- Grades for the current school year
- All standardized test scores psychological reports
- Official transcript
- Medical records: Student Health examination
 Immunization record
- Copy of certified birth certificate

I hereby authorize the release of the above information to:

Candlelight Christian Academy
209 E. Sessoms Avenue
Lake Wales, FL 33853
Fax:863-676-0040

When faxing student documents please place attention to Chris Wiseman. You may also email student documents to chriswiseman@verizon.net

Please contact Candlelight Christian Academy at (863) 676-0049 with any questions regarding the above request. This also serves as authorization for both schools to discuss otherwise confidential information about the above-named student with each other, so long as such information is relevant to the educational and/or admissions process.

Signature Parent/Guardian

Date