



Candlelight Christian Academy  
209 E. Sessoms Avenue  
Lake Wales, Florida 33853  
Phone: (863) 676-0049  
[www.candlelightchristianacademy.com](http://www.candlelightchristianacademy.com)

Dear Parents and Prospective Students,

On behalf of Candlelight Christian Academy, we welcome your interest in educating your child at our school. At Candlelight, we believe that a true education encompasses the whole child. Luke 2:52 describes the early growth of our Lord: "And Jesus grew in wisdom and stature, and in favor with God and man." This principle guides us in promoting academic, spiritual, physical, and social development.

Our mission at Candlelight Christian Academy is to be a holistic educational institution that reflects the Body of Christ and is accountable to society. We aim to develop academically and socially responsible individuals aware of their capabilities and contributions to their school and local community. We achieve this through an interactive educational environment that accommodates the diverse learning styles of each student.

At Candlelight, we believe that every student has the potential to learn and grow. We are committed to ensuring that no student is denied the opportunity to pursue learning to their fullest potential. We aim to enhance each student's educational journey by equipping them with the tools they need to succeed. We take pride in our dedicated, professional, and caring faculty, who strive to maintain open communication among students, the school, and parents.

We understand that decisions regarding your child's education are significant and can be challenging. 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 will play a role 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.

**Notice of Nondiscriminatory Policy as to Students**

Candlelight Christian Academy, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The organization does not discriminate based on race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship, and athletic and other school-administered programs.



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## **TUITION AND FEE SCHEDULE—2025-2026**

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

Tuition for Students (K-12 <sup>th</sup> grade)	<b>9,500.00</b>
Graduating Seniors (Cap, Gown, Diploma & Transcript processing fee)	\$75.00
<b>Uniforms:</b>	
T-Shirts (per shirt)	\$8.00
T-shirts \$8 a piece x 6 shirts =	\$48.00
Hoodies	\$20.00
Zip Jacket	\$30.00
Long Sleeve Shirts	\$10.00
<b><i>Students must wear either a Candlelight T-Shirt or a Solid Color Polo Shirt</i></b>	
Lunch:	\$5.00
After Care (available from 3:00 PM to 5:30 PM Monday – Friday)	\$4.00/hr.
Additional children from the same family	\$2.00/hr.

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## **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 students. Students must follow the dress code to attend classes and participate in school events. Students are expected to 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 about appropriate dress.**

### **A few Specifics:**

Clothes should fit, and undergarments should be 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 indoors.

### **Shirts:**

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

### **Bottoms - Shorts and Pants:**

- Khaki or denim (black or blue).
- Shorts must be mid-thigh or longer.
- No baggie low-riding pants.
- Shorts and pants must be hemmed (no cut-off, holes, frays, etc.).
- No patterns (prints, stripes, polka-dots, etc.)

### **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 students from wearing large or dangling earrings or jewelry, or fake fingernails.
- Hair should be clean, combed, and out of the eyes.

### **Cold Weather:**

- Only CCA jackets or hoodies are permitted to be worn.
- A CCA-approved shirt must be worn under the jacket or hoodie.

*Please keep for your reference.*



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### APPLICATION FOR ENROLLMENT

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

Scholarship:    FES-UA    Step Up    AAA    Other \_\_\_\_\_

#### Previous Education

School	Address/Phone Number	Grade	Year

<i>Mother / Guardian</i>	
Name:	Employer:
Address:	Employer Address:
Home Phone:	Work Phone:
Cell Phone:	Occupation
Email Address:	
<i>Father / Guardian</i>	
Name:	Employer:
Address:	Employer Address:
Home Phone:	Work Phone:
Email Address:	Occupation

Student resides with \_\_\_\_\_  
 Parent w/Legal Custody \_\_\_\_\_

Parents Separated    Parents Divorced    Father Deceased    Mother Deceased  
 If applicable, legal documents, i.e., a copy of any current judgment of divorce (Dissolution of Marriage) or any other court order that establishes custody rights, will be required for enrollment.



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**Brothers/Sisters/Other Children in Household**

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

How did you learn about Candlelight Christian Academy?

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

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Please describe your child's greatest strengths and challenges

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

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How does your child react to new situations?

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What are your child's interests?

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What are your goals for your child?

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What kind of discipline do you find most effective?

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

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

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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:** \_\_\_\_\_



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**MEDICAL TREATMENT AUTHORIZATION**

I, the undersigned parent/guardian of \_\_\_\_\_  
Student's Name Grade

I authorize my child to receive any necessary medical treatment 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 due to 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*

STATE OF FLORIDA

COUNTY OF POLK

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



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## **EMERGENCY CARD**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address Line: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Special / Medical Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_  
Work Phone \_\_\_\_\_

Place of Work \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_  
Work Phone \_\_\_\_\_

Place of Work \_\_\_\_\_  
Cell Phone \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

Name	Phone Number	Relationship

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*





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## **PHOTOGRAPHY RELEASE**

I, \_\_\_\_\_, authorize Candlelight Christian Academy (CCA) to photograph my child attending CCA and/or participating in school events to promote CCA. Printed material may include, but not limited to, school newsletters, yearbooks, promotional brochures, and the website.

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*



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## **TRANSCRIPT RELEASE**

Student Name: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Address: \_\_\_\_\_ City, State. Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

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 and 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  
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candlelight@cclw.org

***When sending student documents, please address them to Chris Wiseman. You may also email student documents to [chriswiseman@verizon.net](mailto:chriswiseman@verizon.net)***

Please contact Candlelight Christian Academy at (863) 676-0049 with any questions regarding the above request. This also permits 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***



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## 2025-2026 STUDENT ENROLLMENT FORM

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Full Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street Address

Apt./Unit #

City

State

ZIP Code

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Sex:  Male  Female

Hispanic/Latino: (must choose one)  Yes  No

Race: (must choose at least one)

American Indian/Alaskan Native  Asian  Black/African American

Native Hawaiian/Pacific Islander  White/Caucasian

Language Spoken at home: \_\_\_\_\_ Education Program:  IEP  504  Services Plan

Scholarship:  FES-UA  Step Up  AAA

Name of Parent/Guardian: \_\_\_\_\_

Last (print)

First (print)

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*



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## 2025-2026 Medication Authorization

Grade: \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to be given a dose of medication (please check below.) When complaining of a headache, toothache, stomachache, or other minor pains by Office Personnel upon discretion. (Temperatures will be taken)

Please fill in the dosage preferred by the medicine name.

	Tylenol tablets or liquid
	Ibuprofen tablet or liquid
	Eye Drops
	Allergy Medication
	Menstrual Cramp Medication
	Pepto Bismol tablets or liquid

If there are any medical conditions, medications, or dietary alerts concerning your child that we should be aware of, please indicate below.

*Parent Signature* \_\_\_\_\_

*Phone Number* \_\_\_\_\_

*Date* \_\_\_\_\_



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## 2025 – 2026 Off-Campus Form

The new school year is upon us, and we are incredibly excited to get started. As always, we thank God for the opportunity to serve your children.

We always want to take full advantage of our unique location. To allow that to happen, we are asking that you permit us to take your kids to any of the following locations throughout the 2025-2026 school year:

- Lake Wales Care Center
- Lake Wales Public Library
- Crystal Lake Park
- Kirkland Gymnasium
- The Little League baseball fields
- Barney's Dream Park
- Public tennis courts

Rest assured; we will always have plenty of adult supervision whenever we take your children off campus.

Please let us know if you have any questions or concerns.

Candlelight Christian Academy

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I permit my child(ren) \_\_\_\_\_

to go, with adult supervision, to any of the public locations listed above during the 2025-2026 school year.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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## 2025-2026 Pick Up Authorization

Student Name: \_\_\_\_\_

Please list all individuals or organizations authorized to pick up this student. If the student is permitted to walk home after school, please write "WALKER" on one of the lines below. Additionally, include any daycare facilities that have the authority to pick up this student.

Name	Relationship	Phone Number

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*