

Steps to Enrolling at The Chase Academy

1. Go to www.floridaschoolchoice.org and under the heading “K-12 Scholarship Programs”, click on the link to follow the *Family Empowerment Scholarship*.
 - a. **This page shows you the two scholarship choices you have – If possible, apply for both!**
 - b. **Apply for the Family Empowerment Scholarship for Educational Opportunities (FES-EO):** This is a low-income scholarship that can award funding to any student whose family qualifies financially, and can be used at any approved private school. This scholarship awards an approximate value of up to \$7400 per student. See the annual scholarship value by county.
 - c. **If your child has a qualifying diagnosis, you can apply for the FES-UA, or Family Empowerment Scholarship for Unique Abilities.** This scholarship requires a Florida-based physician diagnosis your child with one of a small list of recognized disabilities including Autism or Cognitive Impairment. This scholarship awards approximately \$9,000 to applicants based on their grade level. Please see the annual scholarship values by county.
 - d. **Note that parents may choose either AAA Scholarships or Step Up for Students to be the scholarship facilitation company. It will not alter the value of the scholarship and funds are given by both until they run out.**
 - e. **Also note, parents can accept ONE Scholarship, not both.**
2. Call and arrange for a [facility tour](#) and to meet with the school director.
 - a. Facility Tours are given with 24 hours notice Monday – Thursday; call 386-310-7879.
 - b. Receive a copy of the Interest packet & [Student Application](#) to take home and complete.
3. Return the completed application with a copy of your student’s Scholarship Award Letter:
 - a. **Registration and Enrollment Fees totaling \$275 are due at the time of submission in order to hold your child’s place in the classroom.**
4. Notify your previous PUBLIC or PRIVATE school of your official withdrawal on or before August 12.
 - a. Ensure your child is not enrolled in Public School because this will affect funding for the quarter – cancelling or delaying the funds from reaching your account. You can also complete a request for student records to be emailed or faxed to our school.
 - b. Private schools should be faxing or emailing student records.
 - c. Email to admin@TCAofVolusia.org or FAX at 386-310-7879
5. Schedule your first Parent Conference between August 3rd-5th or August 8th-12th between 12-4; plan to bring in the required documents to the [Parent Orientation Meeting](#).
 - a. Birth certificate, Immunization & Health Records
 - b. School Records (verify): IEP, Progress, Behavioral Plan, FUBA, therapies
 - c. Student Attendance and Handbook signature sheets will be available during Orientation. Both will be emailed to you prior to Parent Orientation.



The Chase Academy

Innovative education for students with autism spectrum disorders

Dear Parents:

Thank you for your interest in The Chase Academy. We are a small, non-profit school designed specifically to meet the needs of children on the Autism Spectrum from Kindergarten through High School. Our program works well with any child having developmental delays, as the CHASE Educational Model was developed to provide students with a variety of learning experiences and modalities within each subject area. Our students get an opportunity to sit with their teacher for new skill development, then to have independent practice time, a paired game or activity and a computer learning game. This round-robin approach or center-based learning, allows children to maintain their interest in the subject area, move around the room in managed transition, and have an opportunity for the natural reward of preferred activities. Moreover, our primary and elementary programs have language and behavioral supports, reward systems and social activities in order to fully develop these areas of deficit in children with Autism.

Because we are a small program, we ask that your family talk together and make sure you are ready for the commitment involved with working with our school. While our teachers carry excellent credentials that always include ESE certification AND experience teaching children with Autism, we cannot possibly achieve our academic OR behavioral goals alone. We need an active partnership with you, and we'll support that partnership with regular classroom communication, parent workshops, conferences and phone calls. We've scheduled *in advance* quarterly parent workshops, and parent conference days so that you may work these into your already hectic schedule. We also ask for a minimum of 10 hours volunteer time a month to defer the costs associated with added personnel hours. Lastly, because we try to never turn away a family because of lack of funds, we ask families that participate in our Barter System to actively fundraise each quarter towards their quarterly goal, and to record their hours, and monetary gifts as they come in. All TCA families work towards a specific individual fundraising goal so that each of our two annual events is successful and does not over burden anyone. We strive to work as a team, and act as a family.

Please make sure you can commit to supporting our program as it takes everyone's commitment to succeed in achieving our goals. We're excited to have your interest in our school and hope we get the chance to work together in the coming school year!

Miriam Lundell



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Are We the RIGHT Fit?

The Chase Academy prides itself on being an EDUCATIONAL institution for children of all abilities, not a day-care or a residential facility. Please take a few moments and to see if your goals for your child's upcoming academic year, fit within the goals of The Chase Academy.

We are looking for parents who are committed to:

- Creating and maintaining a ***structured daily schedule*** to maximize the child's preparedness to learn in school.
 - Consistent bed time ritual at a marked hour suitable to the child's age and social-emotional development.
 - Consistent morning routine that includes breakfast, hygiene and support of student expectation in school.
 - Daily attendance with a school schedule that includes arriving on time.
 - Consistent after school schedule that includes a designated homework time.

- Partnering with the school team to devise and ***maintain a learning model*** that will maximize their child's behavioral and educational growth.
 - Plan to attend preliminary and quarterly meetings.
 - Facilitate the addition of a Behaviorist to develop plan for addressing behaviors.
 - Facilitate access to Speech and OT Therapists as required; as insurance allows.
 - Utilize classroom communication log on a daily basis.

- Supporting ***classroom skill development consistently at home***
 - Check homework folder nightly for assignments
 - Develop a daily homework time for child to sit and do work
 - Structure an at-home plan for non-homework days that still develops child's academic goals and utilizes the homework time each school night.

- Providing consistent behavioral ***expectations and consequences*** to promote desired behaviors both at school and at home.
 - Set clear expectations and clear consequences for child's behavior.
 - Support teacher with consequences outside of school when warranted.

- ___ Work with teacher to provide consistency by sharing what works, and developing strategies across both environments, keeping expectations clear for the child.
- ___ Do not provide excuses or vocalize criticism of adult decisions in front of the child.

___ Becoming an **active participant** in the academy through word and deed.

- ___ Make attending educational conferences a priority.
- ___ Contribute to the other classroom and school parents for carpools, class parties, school activities, event planning and fund raising.
- ___ Attend parent workshops and Fun Fridays as often as possible.
- ___ Maintain a 10 hour monthly volunteer schedule in order that the school has the resources it needs to maintain the integrity of its program.
- ___ Actively commit to promoting the school within your network and community, garnering supporters for fundraising and community participation.

As we begin our 13th year as The Chase Academy, we've come to understand that it takes both school and home working together to help our children consistently acquire skills and develop towards the targeted goal. Without both sides working in tandem, the child's progression stalls, opting for the least demanding environment to set the standard. We are here to help you maximize your child's academic progress, personal independence and social development. In anticipation of working together this upcoming year, we would like to welcome you into our school family and to our team!

Thank you and Welcome,

Miriam Lundell
Executive Director
The Chase Academy



2022-2023 Student Application

In order to be registered as a TCA student, please fill out the following form and return it, along with the \$275 registration & enrollment fees, to
The Chase Academy: 2400 S. Ridgewood Avenue, Suite 17, S. Daytona, Florida 32119

Student Information

Student's Legal Name _____

Last

First

Middle

SSN: _____ - _____ - _____ **Grade:** _____

Date of Birth: _____ **Date Enrolled:** _____

Home Phone: _____ **Cell Phone:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Scholarship Enrollment Information

Tuition Program: _____ **Tuition Amount:** _____

McKay Eligible: Y _____ N _____ If Yes, Matrix Code: _____

PSLA Eligible: Y _____ N _____

Scholarship Chosen: _____ **Award Amount: \$** _____

Registered Parent Name

Last First Middle

Registered Parent SSN: _____ - _____ - _____

Personal Amount : _____ **Method of Payment:** _____

Deposit Amount Required: _____ **Check # on File:** _____

I understand that regardless of payment method (Scholarship, cash or credit card) I am personally responsible for and have agreed to pay in full all tuition expenses and fees associated with my child's attendance at The Chase Academy. Failure to do so constitutes fraud on my part.

Signature: _____ **Date:** _____

Family Information

Family Contact Person/Relationship to student

1) _____

Day Phone: _____

Cell Phone: _____

Email: _____

Work: _____

2) _____

Day Phone: _____

Cell Phone: _____

Email: _____

Work: _____

Emergency Contact Person/Relationship to student

1) _____

Day Phone: _____

Cell Phone: _____

2) _____

Day Phone: _____

Cell Phone: _____

Student History

Birthplace: _____ Sex: _____

Student's Native Language: _____

Siblings (names and ages): _____

Last school attended: _____

Address of school: _____

Street Address

City _____ State _____ Zip _____

School Phone: _____ School Fax: _____

Grade Level: _____ Teacher's Name: _____

Was your student in an ESE Program at their last school? Yes/No _____

Was your student in an EBD Program at their last school? Yes/NO _____

Circle the ESE Program(s): co-taught facilitated mild multi

Does your student have an IEP? _____ Yes _____ NO (if yes, please include a copy)

Does your child have a Written Behavioral Plan (FBA): _____ Yes _____ NO

Does your child have a history of aggressive behavior? _____

If so, at what frequency: Rarely, in extreme situations _____

Monthly _____ Weekly _____ Daily _____

Can you describe the specific behaviors displayed and any known triggers?

Does your child ever attempt to run away/ out of the house/building? _____

If yes, what is the trigger for this behavior? _____

Please note we do NOT HAVE doors with "lock down" protocol. Children can open all doors at all times as directed by the Fire Marshall's Fire Evacuation Code. We also have no "time out" facility to sequester students during fits or aggression. We limit enrollment to students who do not typically display these behaviors for the safety of everyone.

Medical Information

What is your student's primary diagnosis?

Please list any of the child's diagnoses and the dates they were made; include developmental as well as health related diagnoses. If necessary, use an extra sheet of paper. Please attach supporting documentation.

Diagnosis: _____ Date: _____

Diagnosis: _____ Date: _____

Diagnosis: _____ Date: _____

Has your child recently started, stopped or altered his medication regime?

_____ No _____ Yes Reason: _____

Please list any medications the child is currently taking. If needed, please attach an additional sheet.

Medication: _____ Daily Dosage: _____

Start Date: _____

Explanation of Medication:

Medication: _____ Daily Dosage: _____

Start Date: _____

Explanation of Medication:

Medication: _____ Daily Dosage: _____

Start Date: _____

Explanation of Medication:

Primary Physician: _____

Phone: _____

Allergies:

Food _____

Medication: _____

Environmental: _____

Is the child's vision within normal limits? YES/NO _____

If no, please explain:

Is the child currently medically stable? YES/NO

If no, please explain:

Is the child's hearing within normal range? YES/NO

If no, please explain:

Does the child refuse food? YES/NO

If yes, please explain:

Upon processing of the initial student application parents/guardians will also be required to fill out a behavioral and abilities survey for their child.

Parents can support this process by creating and supplying a 5-15 minute video CD of their child. Ideally, the child would be the focus of a 5 minute session containing the following situations:

- Playing a preferred activity (alone or with friends), interacting with peers, interacting with family/adults.
- A non-preferred activity or "meltdown" example would also be welcome, though not necessary. Varying environments is also helpful.

These CD's will allow a better understanding of the child and his/her needs as we move into the evaluation process. CD's will remain confidential.

Student Pickup Information

The following people, other than the parents/family members listed above, may pick up my child from The Chase Academy.

Name: _____

Phone: _____

Driver's License # _____

Name: _____

Phone: _____

Driver's License # _____

Name: _____

Phone: _____

Driver's License # _____

Signature: _____

Date: _____

Parent/Legal Guardian

Signatures

I understand that my child's classroom is under video surveillance.

Signature: _____ **Date:** _____

Parent/Legal Guardian

I give permission for the staff of The Chase Academy, Inc. to seek medical attention for my child in case of an accident, injury, or illness.

Signature: _____ **Date:** _____

Parent/Legal Guardian

I give my permission for my child to attend field trips with The Chase Academy.

Signature: _____ **Date:** _____

Parent/Legal Guardian

I give permission for my child to be photographed while at the school or on a school function for the purpose of instruction, observation, information or advertisements.

Signature: _____ **Date:** _____

Parent/Legal Guardian

I agree to the terms set forth in the Student/Parent Handbook including those that require I attend parent meetings, complete the volunteer hours required or pay the cash-out value.

Signature: _____ **Date:** _____

Parent/Legal Guardian

I affirm that all information included in this application is true and correct. I understand that all requests for admission to The Chase Academy are subject to the approval of the Executive Director. Once my application has been approved, I understand that my child and I must complete an initial evaluation with the staff of The Chase Academy and acceptance will be determined from that point.

Signature: _____ **Date:** _____

Parent/Legal Guardian

Nondiscriminatory Policy: The Chase Academy, Inc. will admit students of any race, national and ethnic origin, religion, or sexual orientation and every student will have the same rights, privileges, and programs made available or generally accorded to students at the school. The Chase Academy, Inc. does not discriminate on the basis of race, national or ethnic origins, religion, or sexual orientation in administration of its education policies, admissions policies, financial programs, and athletic or other school administered programs.

Date of Withdrawal: ____/____/____



The Chase Academy

Innovative Education for Children with Autism Spectrum Disorders

FINANCIAL POLICIES

SCHOLARSHIPS:

1. ALL Scholarships are agreements between the State of Florida and the Parents of the Student. As such, it is the responsibility of the PARENT to:
 - a. ensure that their student's scholarship is approved,
 - b. provide their student's Award Letter to the Academy ASAP,
 - c. read and respond to all emails from the Scholarship Funder in a timely manner,
 - d. approve payment to the Academy 10 business days of its availability,
 - i. Failure to do so will result in an immediate suspension of your student. Your student will not be allowed to return to school until the payment is approved.
 - e. ensure that the Academy has received each quarter's payment,
 - f. immediately inform the Academy of any changes in their student's scholarship amount,
 - g. and immediately inform the Academy of any change in your student's scholarship status.

ENROLLMENT & RE-ENROLLMENT:

1. All new enrollments and all re-enrollments MUST HAVE a Scholarship Award Letter of at least \$6,500.00. If your student's scholarship amount is less than \$6,500, then you will need to find another school that will accept it.
2. All enrollments and all re-enrollments MUST pay the Registration & Enrollment Fees at the time of (re)enrollment.
 - a. Any student that has an outstanding balance on the Registration & Enrollment Fees will not be allowed to attend school until the balance is paid in full.
 - b. The Academy does not accept scholarship money for payment of these fees.
3. No student will be enrolled if their student account has a balance due from the previous academic year.

STUDENT ACCOUNTS:

1. All accounts are STUDENT Accounts and not Parent/Guardian Accounts. Thus, if you have 2 or more children attending the Academy, you will be responsible for 2 or more Student Accounts, as each child will have their own Student Account.
2. All payment agreements MUST be in writing and signed by the Executive Director.
3. No payment agreement will be made that requires a monthly payment in excess of \$200 to pay off the tuition balance.

- a. If your tuition balance requires a monthly payment in excess of \$200, you will need to find another school in which to enroll your student.
4. All monthly tuition payments are due on the 5th of the month.
 - a. This is also true of the September payment.
5. Failure to make your monthly payment by the 5th of the following month will result in an immediate suspension of your student. Your student will not be allowed to return to school until all past due payments are brought current.
6. If your student's account becomes overdue by 3 missed payments, your student will be dismissed, and you will have to enroll your student in another school.
7. Faculty and Staff are NOT AUTHORIZED to receive any money from parents/guardians or students. All payments must be made at the Front Desk or via electronic payment through Intuit.
 - a. All credit card payments, Intuit payments and PayPal payments must include a 4.25% processing fee.
 - b. **We can no longer accept cash.** We do accept checks, money orders, credit cards and electronic payments.

SERVICE HOURS:

1. All families with a tuition balance due after the scholarship award has been applied MUST work-off \$1000 of their balance in Service Hours at a rate of \$10/hour.
2. No agreement will be made that requires more than 10 service hours per month to pay off the balance of the tuition.
3. All parents are responsible for updating the GradeLink system for the service hours that have been worked. The system must be updated by the end of the current month. Hours not posted will be forfeited. Instructions for posting hours on GradeLink have been provided. You can pick up the instructions at the Front Desk if you need a new copy.
 - a. REMEMBER: Each volunteer hour equals \$10. Thus, your 10 monthly volunteer hours equals \$100 towards your tuition invoices.
4. Volunteer hours MUST BE done EACH MONTH and not left for later in the year. Our experience has been that they do not get done at all, and then parents are unwilling to pay out-of-pocket for that time towards their tuition balance.
 - a. If less than the 10 hours have been worked in a month, payment for the balance of the service hours is due by the 5th of the following month.
5. Service Hours can be bought out in lieu of working them. Payment is due by the 5th of the month that is being bought out.
6. Service Hours are only applied to TUITION. They are not applied to any Fees, including classroom fees, or daycare.

DAYCARE:

1. Daycare expenses must be paid weekly on Monday. If there are outstanding invoices at the end of the month, your student will not be able to attend daycare until their account is brought current.
2. Please do not pre-pay for daycare. All payments must be applied to an invoice. Please provide your Invoice Number when making your payments as invoices can often have the same amount, thus invoices can be overlooked and left with outstanding balances.

CLASS FEES:

1. Life Skills Class includes all upper-level students (MS, HS & LS), and has a quarterly fee of \$20.
 - a. Life Skills Fees (\$40) for the 1st semester will be invoiced September 1st and is due by October 5th.
 - b. Life Skills Fees (\$40) for the 2nd semester will be invoiced January 1st and is due by February 5th.
2. Art & Self Defense have a semester fee of \$25 each.
 - a. Art & Self Defense Fees (\$25) for the 1st semester will be invoiced September 1st and is due by October 5th.
 - b. Art & Self Defense Fees (\$25) for the 2nd semester will be invoiced January 1st and is due by February 5th.

FIELD TRIPS:

1. ONLY students whose Financial Accounts are CURRENT are eligible to participate in field trips. This includes all monthly tuition payments, service hours, fees and daycare.

GRADUATION:

1. All graduating students MUST have a Zero Balance in order to participate in Graduation Ceremonies and receive their diploma.
2. If a student misses out on graduation, their diploma will be mailed to them when their account balance is paid in full.

FUNDRAISING:

1. The Academy can no longer give 100% credit for fundraising activities, including 5K registration and sponsorships.
2. The Academy will offer a 60/40 split on fundraising:
 - a. 60% goes to the Academy.
 - b. 40% gets credited to the student's tuition

My signature below acknowledges my receipt of The Chase Academy's Financial Policies. I further acknowledge that I have read and understand my obligation to adhere to the policies, or my student will not be invited back to The Chase Academy for the following academic school year.

Parent Signature: _____ Print Student Name(s): _____

Date: _____



Student Name: _____ Grade Level: _____ DOB: _____

Academic Program Fees

_____	Registration	_____	\$25.00
_____	Enrollment	_____	\$250.00
_____	Annual Tuition: Moderate Functioning K/1 Program 1:3	_____	\$19,000.00
_____	Annual Tuition: High-Functioning K/1 Program 1:4	_____	\$15,500.00
_____	Annual Tuition: High-Functioning K/1 Program Half-Day 1:4	_____	\$8,125.00
_____	Annual Tuition: High-Functioning Elementary Program 1:8	_____	\$11,725.00
_____	Annual Tuition: High-Functioning Middle/High Program 1:8	_____	\$11,725.00
_____	Annual Tuition: High-Functioning Transition Program	_____	\$9,500.00
_____	Tuition Discount Type: _____	Amount: _____	

Total Annual Fees: Registration, Enrollment, & Tuition: \$ _____

Additional Fees

	Weekly Fee	Weeks of Service	Total Amount Charged
Behavioral Assessment & Plan (10 hours+ BCBA)	\$1,500	N/A	_____
Behavioral Therapy (\$75.00/hour x 3 hrs weekly)	\$225	_____	_____
Tutoring: After School Academics	\$40	_____	_____
Morning Care	\$25	_____	_____
After Care	\$50	_____	_____

Total Annual Fees: Registration, Enrollment, Tuition, Additional Fees: \$ _____

Payment Schedule

Funding Source: _____ Annual Award Value: \$ _____ /Qtrly \$ _____
 Gardiner ID # _____ Quarterly Payments: \$ _____

Current Amount Total Due:	Previous Balance:	Total Due:	Total Due After Scholarship	Service Hour Credit	Insurance Credit Amount:	Final Amount Due:
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Personal Payments: _____ Un-collectable Balance: _____

_____ Monthly Payments of: \$ _____

_____ Monthly Service Hours: _____

Signature: _____ Date: _____

Financial Administrator Signature: _____ Date: _____

