

HOLY YOUTH CHRISTIAN ACADEMY

Holy Youth Christian Academy Registration Package 2025/2026

Holy Youth Christian Academy is now accepting registration for kindergarten through Eighth grade for the 2025-2026 school year. We are admitting students on a first come, first-serve basis, therefore, if interested, please fill out the attached forms and return them by April 1st, 2025, to ensure enrollment for your child.

Thank you,
Father Angelos Bishara

Application Process and Forms

We are delighted that you are applying for enrollment of your child(ren) at Holy Youth Christian Academy. Everything you will need for the application process is included in this packet. It is important to understand that our process is meant to facilitate the school's policy of meeting the individual needs of each child. Please review the requirements listed below and carefully fill out all the necessary forms.

Submit all required application forms at the time of registration.

Bring copies of the following documents:

- Birth Certificate
- Updated immunization records
- 5-year-old physical exam for kindergarten

Application/Registration Fee: \$100.00 (cash/check)
Due to the time of registration.

HOLY YOUTH CHRISTIAN ACADEMY

2025/2026 Tuition and Fees

School Supplies Fee: \$150.00

The annual School Supplies Fee covers the cost of your child's supplies for the year. Supplies will be provided by the school and will not be required from the parents.

Tuition: 7,850.00/year (\$800.00/month)

Tuition is payable on the first day of school but may be deferred to ten equal monthly installments (August-May), due on the first of each month, if needed.

Transportation Fee:

Transportation for the Academic Year 2025-2026 costs \$1000 for the first student, \$500 for the second student, and \$500 for the third student in the same family.

Scholarship Information: Through the North Carolina State Education Assistance Authority, HYCA has access to two programs that expand school choice for eligible students in kindergarten through 12th grade: Opportunity Scholarship and Education Student Accounts (ESA+) Program.

Please follow the link regarding this information, which includes eligibility requirements and application instructions: <http://ncseaa.edu/K-12Grants.htm> (Start February 6th - till March 6th).

HYCA will be happy to discuss scholarship options with your family if needed. Please contact Fr. Angelos Bishara at the time of registration (no later than April 1st) to make an appointment.

Contact information: frangelos@holyyouthacademy.com, (984-234-0077).

Tuition and Fee Payment Instructions:

All tuition and fee payments must be in an envelope, clearly marked with the first and last name of the student(s).

Forms of payment accepted by HYCA: personal or cashier's check, cash, or bank transfer. NO CARD PAYMENT OFFERED AT THIS TIME.

Donations may be made via personal or cashier's check, cash, or bank transfer.

Checks and money orders should be made payable to Holy Youth Christian Academy, signed, dated, your phone number and address included, and student(s) name written in memo line.

Where to remit payment: You may remit payment in person at the HYCA front desk, by mail (to 287 Old Lystra Rd, Chapel Hill, NC 27517), or you may send this to school in your child(ren)'s homework folder to be given to the teacher. Payments should not be given to any staff outside of the school building.

Bank transfers through QuickBooks Payments may be made via an emailed link each month, or auto draft if set up in advance.

HOLY YOUTH CHRISTIAN ACADEMY

Bank Transfer Authorization Form

I authorize Holy Youth Christian Academy ("HYCA") to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with the United States Law.

Terms of Billing:

HYCA will draft the customer's bank account on the first of each month through June 1st, 2026, for the minimum amount due per the invoice. This contract only applies to invoices for tuition. Application fees, re-enrollment fees, school supplies fees, field trip fees, etc. must be paid separately, as billed.

HYCA will discontinue auto draft after June 1st, 2026 and will contact the customer prior to the 2025-2026 school year with more billing information.

Please note that it is the customer's responsibility to ensure this form is turned in (by email at info@holyyouthacademy.com) two business days prior to the due date to avoid a late payment.

If the customer has any changes in bank account information, or wishes to cancel auto-draft, it is the customer's responsibility to notify HYCA at least two days prior to the due date of the upcoming due invoice (by email at info@holyyouthacademy.com)

Customer Bank Account Information:

Account Type:	Routing Number	Account Number
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☐ Checking

☐ Savings

☐ Consumer

☐ Business

This payment authorization is to remain in effect until I, _____, notify Holy Youth Christian Academy ("HYCA") of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

Customer Signature

Customer Printed Name

Date

HOLY YOUTH CHRISTIAN ACADEMY

Application Form (2025 - 2026)

Registration: ____/____/____

Gender (circle one): Male / Female

Student Name: _____

Last

First

Middle

Grade Entering: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone #: _____ E-mail address: _____

Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Mother's Name: _____ Mother's Cell #: _____

Employer: _____ Work number: _____

Mother's Social Security #: _____ - _____ - _____

Father's Name: _____ Father's Cell #: _____

Employer: _____ Work number: _____

Father's Social Security #: _____ - _____ - _____

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Last School attended: _____

School address: _____

City: _____ State: _____ Zip Code: _____

School Phone #: _____ Fax#: _____

Parent's Signature: _____ Date: _____

HOLY YOUTH CHRISTIAN ACADEMY

Health Form & Medical Release

Student Name: _____

Date of Birth: _____/_____/_____ *Last First Middle*
Grade: _____ Gender: Male / Female

Mother's Name: _____ Mother's Cell #: _____

Father's Name: _____ Father's Cell #: _____

In case of an emergency notify (other than parent or guardian):

Name: _____ Phone #: _____

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Food or medication allergies: _____

Other allergies: _____

Health conditions: _____

Treatments: _____

Other/comments: _____

Preferred Hospital: _____

Physician's Name: _____ Phone #: _____

In case of medical or surgical emergency, I hereby give permission to the physician selected by Holy Youth Christian Academy or his/her representative to hospitalize and secure proper treatment for my child as named above.

I hereby release the directors and staff of the school from all responsibility of sickness or accidents which might be incurred while attending school and its functions.

I hereby give permission to school designated supervisor to secure medical care and treatment in the event of an emergency. I understand that I will be contacted immediately in the event that something unforeseen happens that needs my immediate attention.

Parent's Signature: _____ Date: _____

HOLY YOUTH CHRISTIAN ACADEMY

Release of Information Permission Form

My child, _____, is applying for admission to Holy Youth Christian Academy.

I hereby authorize _____

Name of School (Currently Attending)

to release his/her student records to Holy Youth Christian Academy. These records include but are not limited to: progress reports, information on the curriculum, and any other pertinent information deemed necessary. I understand that this information will be held confidential by both schools. This authorization also applies to the teacher evaluation form I will be submitting to my child's teacher.

Parent's Signature: _____ *Date:* _____

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Contractual Payment Agreement

I _____; the parent of _____

Agree and fully understand that I must pay the full amount each month to Holy Youth Christian Academy.

Parent's Signature: _____ *Date:* _____

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HOLY YOUTH CHRISTIAN ACADEMY

Photo Release Permission Form

I, _____, parent of _____,
(Print name) (Child's name)

hereby grant permission to Holy Youth Christian Academy to take and use: Photographs and/or digital images of my child for use in news releases and/or educational materials as follows: printed publication or materials, electronic publication, or web sites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of Holy Youth Christian Academy.

Parent's Signature: _____ *Date:* _____

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Waiver of Liability Form

I understand that Holy Youth Christian Academy is not responsible to supervise my child/children before or after school hours . I understand that daycare and preschool aged children are never allowed on campus without a parent/guardian/member to supervise.

I understand that Holy Youth Christian Academy does not provide insurance relative to accidents or injuries because of school related activities. I understand that I am responsible for the health/medical care of my child/children in the event of an injury or accident during any School activity/classes.

I understand that Holy Youth Christian Academy has a no tolerance policy for student misconduct. Students that continue to violate the conduct policies of the school may be dismissed from their class at the administration's discretion.

(Initial)_____I have read this Waiver and Release of Liability form and I understand the contents of the form.

By signing this, I waive, discharge and covenant not to sue Holy Youth Christian Academy, its teachers, staff, attorneys, employees, associates, affiliates, successors and assigns, and all other persons, firms or corporations, whether or not specifically names, herein, jointly, severally, and jointly and severally, of and from any and every claim, demand, right or cause of action, of whatever kind of nature, whether in tort, contract, or created by statute, directly or indirectly, for any injuries, damages, or losses the undersigned may incur as a result of his or her participation and involvement in Holy Youth Christian Academy.

Parent's Signature

Student's Name (Please Print)

HOLY YOUTH CHRISTIAN ACADEMY

Nondiscrimination Policy

Holy Youth Christian Academy 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. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.