

ENROLLMENT/REGISTRATION FORM

Registration Date _____

Grade Entering _____

Child's Name _____

(Last) (First) (Middle)
Birth Date _____ Age _____ Sex _____ Grade Entering _____ Previous School _____

Reason for leaving _____

How did you hear about St. Paul Christian School? () Website () Church () Friend () _____

Mother's Name _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Home Phone _____

Cell Phone _____

Employment _____

Work Phone _____

Church Attending _____

Child Lives with: Mother ___ Father ___ Both ___ Other ___

Father's Name _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Home Phone _____

Cell Phone _____

Employment _____

Work Phone _____

Church Attending _____

Authorized Pick-up Contacts (Child may be released to this person)

1. _____
(Name) (Phone) (Relationship)
2. _____
(Name) (Phone) (Relationship)
3. _____
(Name) (Phone) (Relationship)

Local Emergency Contact (When parents cannot be contacted)

Name _____
(Name) (Phone) (Relationship)

Special Instructions/Allergies/Medical Conditions _____

If the information on this form needs to be updated, I will notify the school at the earliest convenience.

Parent/Guardian Signature _____ Date _____

St. Paul Christian School Financial Agreement

I agree to pay tuition on the 5th day of each month for the entire month **via auto deduct payment**. If payment is returned, an overdraft fee of \$25.00 will be charged. If all the monies due are not paid in full by the end of the month, the student's place may be forfeited **unless arrangements have been made with the accounting office or Principal in advance**.

All tuition fees are determined by the child's age prior to September 1st of each year.

There are no reductions in tuition for absences, closings due to severe weather, natural disasters, or single holidays.

I understand that if I need to withdraw my child from school I am required to give a **thirty-day notice in writing**.

In the event of an emergency and the parents cannot be contacted, I authorize **St. Paul Christian School** on my behalf to obtain professional medical assistance for my child.

I understand that **St. Paul Christian School** is under the watch and care of St. Paul Lutheran Church. They are licensed through the state of Florida. **St. Paul Christian School** is a nonprofit organization that is faith based. We support and teach biblical, family values.

Tuition for _____ at St. Paul Christian School for the _____ School

Year is \$ _____ per month.

Parent must initial below acknowledging all fees are non-refundable.

(Initial Here)

I, _____, have read and understand this agreement. All questions I had were satisfactorily answered by the St. Paul Christian School staff. I agree to these terms and conditions.

Date

Signature

Print Parent Name

Print Student Name

St. Paul Christian School is a nonprofit institution. All student fees are used for functions and services intended to benefit the students of our school. Our goal is to provide the highest quality of instruction and care for your child at the lowest possible cost. Your prompt payment will assist us in meeting this goal

St. Paul Christian School

Parental Media Release

In all formats, I (we) authorize the St. Paul Christian School to use and publish recognizable images of my child, excluding their name, in any medium deemed appropriate by St. Paul Christian School, including, but not limited to:

- Web Pages
- Newspapers
- TV (Broadcasts to homes)
- Multimedia presentations
- Pictures for professional journals

I (we) release and discharge St. Paul Christian School, and all persons acting with its permission and authority, from any liability by virtue of use of photographs so long as same are used for an educational purpose by St. Paul Christian School. I (we) warrant that we are the guardian and/or parents of _____ and have full rights to sign on behalf of said child.

Student name _____

Parent signature _____ Date _____

Warriors of the King / Kids of the King

(Agreement)

\$25 due upon registration for the following programs per child.

_____ Option 1

Kids of the King (Preschool-Kinder)
 Monday – Friday 12:30pm – 3:00pm
 (Available for St Paul Students, Preschool-Kindergarten)
 \$150 Monthly

_____ Option 2

Please check school attending:

Bluewater Edge Plew Rocky Bayou St Paul

Warriors of the King (1st– 5th) / **Kids of the King** (VPK-Kinder)

Monday – Friday 6:00am - 6:00pm (Before and After)
 \$85 / Weekly or \$325 / Monthly

_____ Option 3

Please check which applies:

Before Care **or** After Care

Please check school attending:

Bluewater Edge Plew Rocky Bayou St Paul

Warriors of the King / Kids of the King

Monday – Friday
 \$65 / Weekly **or** \$250 / Monthly

The following activities will be available during extended care:

- **Homework / tutoring** - **Chapel / Worship**
- **Board Games / Crafts** - **Playground – Free Play / Organized Games**

(Drop-in Care is available upon request, \$15 for each extended care that is needed)

I, _____, would like to enroll my child, _____,
Print Parents / Guardian’s Name Print Childs Name

in **Option** _____. I understand that I will pay \$ _____, via ACH on the 5th of the month.

However, I will provide a 30 day notice in writing to remove my child from any extended care program if I no longer need this service.

The 2nd child will receive a 5% discount and pay \$ _____ each month.

 Parent / Guardian’s Signature

 Date