



BUILDING ON EXCELLENCE



Application for Admission

Application for Admission



At Athens Bible School (ABS), it is our honor to serve the educational needs of the families in our community. Our admission process begins with a short walking tour of our campus to acquaint the family with Athens Bible School and its facilities, followed by a family conference with the President or Principal. This may be scheduled by calling the ABS office. We ask that you please bring a copy of the student's current report card, transcript, and a copy of the student's latest standardized test scores.

After the conference, the parents should pick up or download the appropriate forms (listed below) to complete and return to the office as soon as possible. There is a registration fee of \$250.00 per family that must be paid when the application is submitted. This fee is non-refundable unless the student is denied admission by the school.

The following forms must be completed and submitted for admission to Athens Bible School.

1. **Application for Admission:** Requests general information about the family and previous schools. On the back of this form the student must write a letter explaining why he/she wants to attend Athens Bible School. For students in elementary grades one through five, parents must write the letter.
2. **Transcript Release Request:** Authorizes the previous school to release information to ABS (if applicable).
3. **Student and Family Information Form:** Requests pertinent information about your student and family, as well as names of persons who have permission to pick up your student from school.
4. **Educational Reference:** This form is to be completed by a teacher, coach or administrator who is familiar with the applicant's academic progress.
5. **Character Reference:** This form is to be completed by someone who knows the applicant well and can provide the admissions team with a candid assessment of his/her character.
6. **Notification Card for Emergency or Illness:** This form must be on file in the nurse's office in case of illness or accident.
7. **Tuition Agreement/Payment Plan:** Contains tuition and fee information and provides payment plan options.
8. **Debit/Charge Card Authorization Form:** One of these two forms must be completed in order to take advantage of the monthly payment tuition plan.
9. **Consent and Waiver Form:** One form must be completed per student. This form addresses ABS handbook compliance, corporal punishment and model release.
10. **Volunteer Form:** We love and need volunteers throughout the year. Please complete this form if you desire to volunteer at the school. Doing so will help us match your skills and passions to the right needs.

The following forms should only be completed if they apply to your situation.

1. **Student Prescription Form:** This form is to be completed **on a case by case basis**. If and/or when your child will need to have prescription medicine administered during school hours you will need to complete this form. This form may be picked up in our office or downloaded from our website.
2. **Expanded School Program:** This program is for ABS Kindergarten – 6th grade students who require oversight after school hours until their parents are able to pick them up.

We also ask that students seeking admission to ABS provide a record of good behavior and a desire to learn both academics and the Bible. Although we do not have a special education teacher at this time to provide special education services, we do admit children with a wide range of abilities. ABS does not discriminate against any student because of race, color, sex, handicap, or national origin.

A student serving any disciplinary action at another school cannot be admitted to ABS until that action has been completed. A student may be admitted on probation at the discretion of the President.

Application for Admission



One application should be completed for each student.

Student Information

First name _____ Middle Name _____ Last Name _____
 Grade _____ Date of Birth ____/____/____ Place of Birth _____
 Social Security # ____/____/____ Male ___ Female ___ Race _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ - _____ - _____ Student's marital status: ___ Single ___ Married ___ Divorced ___ Separated
 Student's email _____ Student's cell number _____

Student's Character

With what church does he/she attend, if any? _____ Is he/she a member? ___ Yes ___ No
 Does or has the student ever used tobacco, alcohol or illegal drugs? ___ Yes ___ No
 Has the student ever been suspended or dismissed from a school? ___ Yes ___ No If yes, please explain below:

Student's Education

Please list the schools that the student has attended:

SCHOOL ATTENDED	CITY/STATE	GRADE	YEARS

Please state any physical, mental, or social challenges about the student of which we need to be aware:

Family Information

Are the student's parents: ___ Married ___ Divorced ___ Separated ___ Father Remarried ___ Mother Remarried
 Father's Name _____ Occupation _____
 Years of Education _____ Highest Degree _____ Employer _____
 With what church does he attend, if any? _____ Is he a member? ___ Yes ___ No
 Mother's Name _____ Occupation _____
 Years of Education _____ Highest Degree _____ Employer _____
 With what church does she attend, if any? _____ Is she a member? ___ Yes ___ No
 Age of brothers and sisters, if any: Brothers _____ Sisters _____
 Names of parents, brothers or sisters who have attended Athens Bible School:



Student Information

For those parents with a student in Kindergarten - 5th Grade, please write a brief letter below why you desire to enroll your child in Athens Bible School. If the student is in 6th-12th grade, he/she needs to write a letter stating why he/she desires to be a student at Athens Bible School.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

Please include a small, non-returnable, recent picture (snapshot or school picture) of the student, so it may be filed with his/her permanent records

Athens Bible School expects students to set a high standard for moral, personal and social behavior. Our student handbook provides regulations that will contribute to a wholesome atmosphere on our campus and to the individual student's cultural and social maturity. By signing below you are stating that you have read the student handbook and are entering a covenant with Athens Bible School to abide by all policies, procedures and rules as stated therein.

Parent/guardian signature _____ Date _____

*Currently Athens Bible School is not equipped to provide special education services.
Athens Bible School does not discriminate on the basis of race, color, sex, handicap or national origin.*

Transcript Release Request Form



One application should be completed for each student.

Student Information

NAME OF STUDENT'S CURRENT SCHOOL	CURRENT SCHOOL EMAIL / FAX
	/

Address of student's current school _____

Dear Registrar,

(Student's Name) _____ (Date of Birth)_____/_____/_____

is making application to Athens Bible School. Please send or fax a copy of the following pertinent information contained in this student's records:

- Transcript of past academic record (including grades earned during the current year to date)
- Attendance records
- Standardized test scores
- Health records including immunization dates
- Discipline information

Thank you for your cooperation in sending this information at your earliest convenience.

Parent Signature _____

Relationship to Student _____

Date _____

Student and Family Information



In order to register your child, complete and return this form and all other applicable forms in their entirety along with the following: *a copy of this will be made and put on file. The original will be returned to you

1. A signed tuition agreement/payment plan.
2. \$250 registration fee per family.
3. The student's certified birth certificate *
4. Social security card *
5. Blue immunization certificate.
6. A recent photograph that can be filed with the student's school records.

Parent/Guardian Information

Name(s) _____ Phone _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Father's full name _____ Social Security # _____-_____-_____
 Father's work phone _____ Cell phone _____ Email _____
 Father's Occupation _____ Place of Employment _____
 Mother's full name _____ Social Security # _____-_____-_____
 Mother's work phone _____ Cell phone _____ Email _____
 Mother's Occupation _____ Place of Employment _____
 In what public school district does the student currently live (Athens High, Spark Academy, Elkmont, etc)

Student Information

FULL NAME (FIRST MIDDLE LAST)	GRADE	DOB	SOCIAL#
1)		/ /	
2)		/ /	
3)		/ /	
4)		/ /	

In the case of emergency, does the school have authority to seek medical treatment for your child?
 Yes ___ No___

Name of Doctor/Facility _____ City _____ Phone # _____



Emergency Contacts

(In the case that the parents cannot be reached)

NAME	RELATION TO CHILD	PHONE

If we dismiss early for inclement weather and neither you nor the emergency contacts can be reached, what do you desire your child to do?_____

Signature Required

If possible, we request that both parents sign this form acknowledging that the information above is accurate.

Father's Signature

Mother's Signature

Educational Reference


Applicant Information (to be completed by applicant or parents)

The student applying to Athens Bible School should complete the section below and then give this form to someone who knows the applicant well and can provide the admissions team with a candid assessment of his/her character.

Applicant's Name _____ Phone # _____

Applicant's Address _____

Street address

City

State

Zip Code

I, the applicant to Athens Bible School, give my consent to my reference to release the requested information, and I waive my right of access to the information submitted by this reference.

Applicant's Signature _____

Recommendation (to be completed by the character reference)

The above named student is applying to Athens Bible School, a private, kindergarten – 12th grade private school that fosters a Christ-centered atmosphere and teaches a Biblical worldview. Your candid assessment of this student's character maturity and personal qualities will be a significant value to the admissions committee. Please complete and return this form as quickly as possible by email, fax or postal mail. **For any "yes" answers below, please submit additional remarks on the back of this form or a separate document. A "yes" answer does not necessarily disqualify a student, but an explanation is required.**

1. How do you know the applicant? _____

2. How long have you known the applicant? _____

3. Does the applicant have any personal habits or attitudes you feel to be inconsistent with the spiritual and moral atmosphere of Athens Bible School? _____

4. Which term best describes the applicant's character?

____ Exemplary ____ Steady/Consistent ____ Rather consistent ____ Weak/Inconsistent ____ No Evidence

5. To your knowledge, does the applicant use tobacco, alcoholic beverages, or illicit drugs, or does the applicant have any inappropriate sexual relationships? _____

6. Has the applicant been involved in any crime(s)? _____

7. Evaluate the applicant by checking the appropriate rating:

CRITERIA	EXCELLENT	GOOD	AVERAGE	POOR	UNKNOWN
Attitude toward authority					
Cooperation					
Integrity					
Leadership					
Peer acceptance					
Reputation					
Self-discipline					
Social maturity					

8. Provide any additional comments that you think would be valuable to the admissions committee on a separate page

9. Recommendation: ____ Highly recommend ____ Recommend ____ Recommend with reservation

____ Prefer not to recommend ____ Please contact me to discuss this reference

Name (please print) _____ School Name _____ Your Title _____

Email address _____ Phone number _____

Signature _____ Date _____

Return reference to the ABS Admissions Office: admissions@athensbibleschool.org

Character Reference



Applicant Information (to be completed by applicant or parents)

The student applying to Athens Bible School should complete the section below and then give this form to a teacher, coach or administrator of the applicant who is not related to the applicant nor a peer, and who is knowledgeable of the applicant's academic progress. If the applicant is homeschooled and no other educational reference is available, the parents of the applicant may complete the reference.

Applicant's Name _____ Phone # _____

Applicant's Address _____
 Street address City State Zip Code

I, the applicant to Athens Bible School, give my consent to my reference to release the requested information, and I waive my right of access to the information submitted by this reference.

Applicant's Signature _____

Recommendation (to be completed by the educational reference)

The above named student is applying to Athens Bible School, a private, kindergarten – 12th grade private school that fosters a Christ-centered atmosphere and teaches a Biblical worldview. Your candid assessment of this student's educational maturity and personal qualities will be a significant value to the admissions committee. Please complete and return this form as quickly as possible by email, fax or postal mail. **For any "yes" answers below, please submit additional remarks on the back of this form or a separate document. A "yes" answer does not necessarily disqualify a student, but an explanation is required.**

1. How do you know the applicant? _____
2. How long have you known the applicant? _____
3. Has the applicant ever been suspended or dismissed for any reason? _____
4. Does the applicant have any personal habits or attitudes you feel to be inconsistent with the spiritual and moral atmosphere of Athens Bible School? _____
5. Is there a question about the applicant's ability to succeed academically? _____
6. To your knowledge, does the applicant use tobacco, alcoholic beverages, or illicit drugs, or does the applicant have any inappropriate sexual relationships? _____
7. Has the applicant been involved in any crime(s)? _____
8. Evaluate the applicant by checking the appropriate rating:

CRITERIA	EXCELLENT	GOOD	AVERAGE	POOR	UNKNOWN
Attitude toward authority					
Cooperation					
Integrity					
Leadership					
Peer acceptance					
Reputation					
Self-discipline					
Social maturity					

9. Please provide any additional comments that you think would be valuable to the admissions committee on a separate page

10. Recommendation: ____ Highly recommend ____ Recommend ____ Recommend with reservation
 ____ Prefer not to recommend ____ Please contact me to discuss this reference

Name (please print) School Name Your Title

Email address Phone number

Signature Date

Return reference to the ABS Admissions Office: admissions@athensbibleschool.org

Emergency or Illness Contact Form



Student's Name: _____
 First _____ Middle _____ Last _____
 Grade ____ Date of Birth ____/____/____ SS# ____-____-____
 Parents/Guardians _____ Phone ____-____-____ Email _____
 Address _____ City _____ State ____ Zip _____
 Father's work phone ____-____-____ Cell phone ____-____-____
 Mother's work ____-____-____ Cell phone ____-____-____

Emergency Contacts: In the case that parents or legal guardians cannot be reached, permission is granted to the following individuals to pick up my child due to an illness or an emergency.

Name Relation to Child Phone

Student Medical Information

Is the student allergic to drugs or anything else? Yes ____ No ____

If yes, please list all allergies: _____

Please mark whether it is permissible to give your child the following medications:

Acetaminophen (Tylenol): Y / N Ibuprofen (Advil/Motrin): Y / N Aleve: Y / N Antacids (Tums): Y / N Midol: Y / N

☐ **Please check the box if you would like to receive an email when any of the above medications are given to your child.**

We do not give out any Antihistamines, decongestants or other major medications, except those listed above. If your child is in need of any prescription or non-prescription medication, other than the ones listed above, please fill out a Prescription Medication Authorized Form, which can be picked up from the front office, the First Aid room or downloaded. All medications must be placed in a Ziploc bag with the child's name, grade and directions for administration. All medications will be kept in a locked cabinet in the First Aid room.

Please list below any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, any chronic conditions or any conditions of which the school should be aware.

If any health conditions are listed above, please include a treatment plan for your child on a separate sheet of paper. This will let us know exactly the steps you would like for us to take in the event of an episode.

If there are any changes throughout the school year, it is up to **YOU** to notify the School Nurse/Officials immediately.

If emergency treatment is required, and the parent cannot be reached, may the School Nurse and/or Official use their judgment in calling the doctor(s) indicated below? Yes ____ No ____

Primary Doctor: _____ Phone #: _____

Secondary Doctor: _____ Phone #: _____

Preferred Hospital Name: _____

I, the undersigned, authorize the School Nurse/Officials of the Athens Bible School to contact directly the persons named on this card, and do authorize the named Doctor to render such treatment as may be considered necessary in an emergency situation, for the health of my child. In the event Doctors, other persons named on this card or parents cannot be contacted, the School Nurse/Officials are authorized to take whatever action is considered necessary in their judgment, for the health of my child. I will not hold the School Nurse/Officials financially responsible for the emergency care and/or transportation for my child. All the information given above is true as best of my knowledge.

Parent/Guardian Signature _____ Date: _____

Tuition Agreement Plan



2020-2021 TUITION

Tuition at ABS is calculated based on the number of children that you have attending the school. Every effort has been made to insure the highest educational experience at the most affordable price. Tuition for the 2020-2021 school year is as follows:

NEW STUDENT RATE: \$3995 (This is for the first two children. The third child in a family will receive the lower third child rate of \$3332).

High School (Grades 7 – 12)

First child in your family - \$6819.00
Second child in your family - \$5942.00
Third child in your family - \$3686.00
Fourth child in your family – Free

Elementary (Grades K– 6)

First child in your family - \$6602.00
Second child in your family - \$5760.00
Third child in your family - \$3619.00
Fourth child in your family - Free

If you have more than three children in your family attending Athens Bible School, the tuition of the children past the third child is free. The calculation of a family's tuition is based upon the oldest child being the "first child." Example: A family has four children attending Athens Bible School (Anna – 11th grade, Billy – 8th grade, Christy – 4th grade, and David – 1st grade). Their tuition is as follows:

- Anna – High School, First child of the family - \$6819.00
- Billy – High School, Second child of the family - \$5942.00
- Christy – Elementary, Third child of the family - \$3619.00
- David – Elementary, Fourth child of the family – FREE

Referral Credit

Current enrolled families may receive a credit to their tuition if a new family to ABS writes the currently enrolled family's name on their payment plan as referring them to ABS. New families may only make one referral.

Referral credit for each new family is \$300 The following family referred me to Athens Bible School:

Required Field

• Registration Fee: \$250 per family (PK-12th). Due at time of registration and by March 1st, 2020. After April 1st, 2020 the registration fee increases to \$300, after May 1st, fee increases to \$400 and after June 1st, 2020 fee increases to \$500.

Methods of Payments

For your convenience, Athens Bible School offers four different methods of payment. Please select a plan. They are as follows:

- **Single Payment Option** – If you pay the entire school year's tuition in one payment, you will receive a 3% discount. Payment must be received by May 1, 2020.
- **Per Semester Option** – If you pay for an entire semester's tuition before the semester begins, you will receive a 2% discount. Payment for the fall semester must be received by August 1, 2020 and payment for the spring semester must be received by December 1, 2020.
- **Ten Month Option** – Your tuition will be due in 10 equal installments beginning on August 1, 2020. This payment must be made by automatic bank draft from your account or as an automatic charge on your credit card or debit card. See authorization agreement. Exceptions must be cleared by the Board of Directors.
- **Twelve Month Option** – Your tuition will be due in 12 equal installments beginning on June 1, 2020. NOTE: This option is only available until May 15, 2020. After that date, you must choose one of the three remaining options. This payment must be made by automatic bank draft from your account or as an automatic charge on your credit card or debit card. See authorization agreement. Exceptions must be cleared by the Board of Directors.

Delinquency Policy

If your account becomes 60 days overdue your child will not be allowed to attend classes. He/She must be withdrawn from school or the debt on the account must be paid in full.

I have read this document in its entirety, understand what is required of me and will honor my financial commitment to Athens Bible School.

Signature _____ **Printed Name** _____ **Date** _____

Authorization Agreement/ Direct Payment



Please list the name and grade of each child that will be on your account:

STUDENT NAME	GRADE LEVEL
•	
•	
•	
•	

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Athens Bible School, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account (*select one*) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch _____
City: _____ State _____ Zip Code _____
Routing # _____ Account # _____

Please mark the payment option that you would like:

- **Ten Month Option** – Your tuition will be due in 10 equal installments beginning on August 1, 2020.
- **Twelve Month Option** – Your tuition will be due in 12 equal installments beginning on June 1, 2020. NOTE: If choosing this option, please have your completed form turned into the office no later than May 15th, 2020 to allow time to register your information with your financial institution.

Please select the date you want to have the direct payment processed:

1st of each month _____ 10th of each month _____ 20th of each month _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____
(Please print)
Date: _____ Signature _____

Return form to:

Athens Bible School
700 US Highway 31 North
Athens, AL 35611

Charge Card Authorization Form



Please list the name and grade of each child that will be on your account:

STUDENT NAME	GRADE LEVEL
•	
•	
•	
•	

CHARGE CARD AUTHORIZATION FORM

If you would like to use a credit card to automatically pay your Athens Bible School tuition and fees, the following information must be provided. **Please note that you must sign the acknowledgment indicating your awareness of the charge.** The information will be used in the strictest of confidence and will not be used for any other purpose. Please note that you will have to fill out a new form if your card expires before your child's education has been completed. Once this authorization is on file, it will automatically be charged monthly on the day selected below. Charges will be for the current month tuition, fees and any past due amounts. This form will remain in force until the card has expired, or you notify bookkeeping in writing 15 days prior to the next scheduled charge.

Cardholder Name as it appears on card: _____

Cardholder Address (as it appears on credit card statement): _____

Street: _____

City: _____ State: _____ Zip: _____

Student's Full Name: _____

Card Number: _____

Card Type: Visa _____ Mastercard _____ Discover _____

Expiration Date: _____

Item to be Charged (mark all that you want to be charged): Current tuition Past due tuition Fees

Date to be Charged (Circle One): 1st of each month 10th of each month 20th of each month

Please mark the payment option that you would like:

• **Ten Month Option** – Your tuition will be due in 10 equal installments beginning on August 1, 2020.

• **Twelve Month Option** – Your tuition will be due in 12 equal installments beginning on June 1, 2020.

NOTE: If choosing this option, please have your completed form turned into the office no later than May 15th, 2020 to allow time to register your information with your financial institution.

I acknowledge that Athens Bible School will be charging my credit card as indicated above and does so with my permission.

Cardholder Signature _____ Date _____

Return form to:

Athens Bible School
700 US Highway 31 North
Athens, AL 35611

Consent and Wavier Form



Please complete this form for each student

Student Name _____ Date: _____

Handbook Compliance Agreement

Compliance by Student to the Student Handbook

I have read, understand and agree to comply with the policies as written in the Athens Bible School Handbook that has been made available to me as a hard copy and on the Athens Bible School website. I fully understand that I am responsible for adhering to these policies as stated.

Student Signature

Date

Compliance by Parent to the Student Handbook

I have read and understand the policies as written in the Athens Bible School Handbook that has been made available to me as a hard copy and on the Athens Bible School website. I have reviewed this handbook with my child and I fully understand that my child is responsible for adhering to these policies as stated. I recognize my responsibility as a stakeholder in my child's education to assist the school in enforcing the standards of conduct.

Parent Signature

Date

Corporal Discipline

Athens Bible School reserves the right as a private institution to administer corporal punishment; However, we are determined to make every effort to consider some parents' opposition to this method of discipline. If the school feels that a child's behavior warrants corporal punishment and parents do not wish the administration or faculty to administer punishment, the parents must take the student home for the remainder of the day. This will result in an unexcused absence. If corporal punishment is administered, parents will be notified.

- ☐ Athens Bible School has my permission to administer corporal punishment when necessary.
- ☐ Athens Bible School does NOT have my permission to administer corporal punishment. Please contact me and I will pick up my child with the recognition that he will receive an unexcused absence for missed classes which may impact my child's grades.

Parent's Signature

Date

Model Release Form

I hereby GIVE / DO NOT GIVE permission to Athens Bible School to use my child's photo/image in all related materials (including but not limited to printed materials, social media, videos, DVD, ABS website, etc.) for use in the advertising of Athens Bible School. I expect no material compensation for the use of my child's photo/image.

Parent's Signature

Date

Volunteer Form



Volunteer's Name

PHONE	
WORK	
ADDITIONAL PHONE	
EMAIL	

STUDENT NAME	GRADE LEVEL

Please check areas of interest

- ☐ First aid
- ☐ Lunchroom substitute
- ☐ Office assistance (when understaffed)
- ☐ Special tutorial assistance (example: math, reading, etc.)
- ☐ Fundraising events
- ☐ Room mother (specify grade) _____
- ☐ Classroom substitute

Do you work outside the home? Yes ☐ No ☐

Best available time to volunteer? _____

We appreciate our families and their willingness to help the school function and be successful.
Being active in your child's school can only help to make for a better environment. Thank you!

Student Prescription Form



This form is to be used on a case by case basis and is only required if and/or when your child needs to take prescribed medication during the school day. This must be signed by the prescriber.

STUDENT INFORMATION

Student's Name _____ DOB _____
School _____ Grade _____ Teacher _____ School Year _____ - _____
Height (inches) _____ Weight (lbs) _____ List any known drug allergies/reactions _____

PRESCRIBER AUTHORIZATION

Name of medication _____ Reason for taking _____
Dosage _____ Route _____ Frequency/Time(s) to be given _____
Begin medication (date) _____ - _____ - _____ End medication (date) _____ - _____ - _____

SPECIAL INSTRUCTIONS

Does the medication require refrigeration: Yes ☐ No ☐
Is the medication a controlled substance: Yes ☐ No ☐
Is self-medication permitted and recommended for this student: Yes ☐ No ☐
If you marked "yes", then please sign the "Self-Medication Authorization" area below.

Potential side effects/contraindications/adverse reactions _____

Treatment order in the event of an adverse reaction (attach additional sheet or use the back of this form if necessary).

Prescriber (signature)

Phone

Fax

Date

Student Prescription Form



The Athens Bible School Expanded School Program is for children, grades PK-6, who are currently enrolled as students in Athens Bible School. This program provides care and limited tutorial services for children who require oversight after school hours until parents are able to pick them up.

Students will be assembled in the ABS library. They will be provided a snack and a drink. Students will be strongly encouraged to do homework if applicable, read a book, or be provided an educational activity. Staff members will be on hand to help students complete their homework and give them guidance when needed.

To Register

1. Complete this form in its entirety (one form per family).
2. Sign and return this form with the \$15 non-refundable registration fee per child.

Fees

Parents will pay a daily or weekly fee according to attendance.

- Daily: \$7.50 (first child), \$6.50 (each additional child)
- Weekly: \$32.00 (first child), \$27.00 (each additional child)

Hours

The Expanded School Program is from 2:45-5:00 pm during school days, Monday – Friday. Expanded hours are offered on half school days (11:30am – 1:30pm). On days when school is dismissed early due to hazardous weather conditions, the Expanded School Program will not be available. All children must be picked up from school at the release time on such days.

STUDENT NAME	GRADE LEVEL

Payment will be provided by:

Name _____

Street Address _____

City _____ State _____ Zip _____

Parent/Guardian Signature _____

Date _____

Who may we contact if you cannot be reached during inclement weather or changes in the school schedule?

Emergency Contact Name: _____ **Phone number:** _____

E-mail: _____