

# APPLICATION PROCEDURES 2012-2013 Preschool

## 1. FILL OUT AND RETURN THE FOLLOWING FORMS (Only complete applications will be accepted)

- Student Profile – pg 3 (A current email address must be on file. Financial Statements and Patriot's Trumpet newsletter will be provided electronically to families.)
- Student Information – pg 5 & 6
- Parent Commitment Form – pg 7
- Student Pick-Up Authorization – pg 11
- Emergency Information and Immunization Record Card - State of Arizona – pg 13 & 14 (Note: A minimum of two emergency contacts are required to be listed in addition to the parents.)
- Authorization Agreement for Direct Payments (ACH Debits) – pg 15

## 2. ATTACH

- Proof of Immunizations** - a verified or documented copy of your child's immunization record must be complete and up-to-date prior to being admitted to school.
- Registration Fee

## 3. STUDENT ASSIGNMENT

Children will be assigned to a classroom according to their age on September 1, 2012, on a first-come first-served basis until the class is filled. Our license requires all children attending GCCS Preschool must be fully potty trained, wearing underpants, and able to care for his/her own toileting needs.

## 4. DATES TO REMEMBER

Important dates for parents to be in attendance in the upcoming school year:

August 13, 14, 2012 Meet the Teacher, 1:00-3:00pm (we will notify you of your scheduled day)

August 15, 16, 2012 Parent/Student Orientation, 9:00-10:30am. (we will notify you of your scheduled day)

August 20, 21, 2012 Children will begin normal class schedule.

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# STUDENT PROFILE PRESCHOOL 2012-2013

<u>Office Use Only</u>	
ID# _____	Start Date _____
Teacher _____	
Grade Level _____	Homeroom _____

STUDENT: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Goes By \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Church Attending \_\_\_\_\_

CLASS IN FALL: **3-Year Old:**  T/TH AM  T/TH Full Day  M/W/F AM  M/W/F Full Day  
**4-Year Old:**  T/TH AM  T/TH Full Day  M/W/F AM  M/W/F Full Day  M - F AM  M - F Full Day  
**5-Year Old:**  M - F AM  M - F Full Day  **Extended Care:** (circle # of days needed) 1 2 3 4 5

### PRIMARY RESIDENCE

<p><b>Parent / Guardian</b> <input type="checkbox"/> Responsible for bill</p> <p>Last Name _____ First Name _____</p> <p>Relationship to child _____</p> <p>Marital Status: ___Married___Divorced___Single___Widowed___Separated</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home# _____ Cell# _____</p> <p>Email Address _____</p> <p>Occupation _____ Work# _____</p> <p>Employer _____</p> <p>GCCS Alumni ___Yes___ No</p>	<p><b>Parent / Guardian</b> <input type="checkbox"/> Responsible for bill</p> <p>Last Name _____ First Name _____</p> <p>Relationship to child _____</p> <p>Marital Status: ___Married___Divorced___Single___Widowed___Separated</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home# _____ Cell# _____</p> <p>Email Address _____</p> <p>Occupation _____ Work# _____</p> <p>Employer _____</p> <p>GCCS Alumni ___Yes___ No</p>
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If another party is responsible for billing, please inform the school office.

### Additional Residence - Parent / Guardian Information (Other than student's primary residence)

<p><b>Parent / Guardian</b> <input type="checkbox"/> Responsible for bill</p> <p>Last Name _____ First Name _____</p> <p>Relation _____ GCCS Alumni _____</p> <p>Marital Status: ___Married___Divorced___Single___Widowed___Separated</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home# _____ Cell# _____</p> <p>Email Address _____</p> <p>Occupation _____ Work# _____</p> <p>Employer _____</p>	<p><b>Parent / Guardian</b> <input type="checkbox"/> Responsible for bill</p> <p>Last Name _____ First Name _____</p> <p>Relation _____ GCCS Alumni _____</p> <p>Marital Status: ___Married___Divorced___Single___Widowed___Separated</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home# _____ Cell# _____</p> <p>Email Address _____</p> <p>Occupation _____ Work# _____</p> <p>Employer _____</p>
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### EMERGENCY CONTACT INFORMATION (other than parents)

<p><b>Contact #1</b></p> <p>Last Name _____ First Name _____</p> <p>Relation _____ Home# _____</p> <p>Cell# _____ Work# _____</p>	<p><b>Contact #2</b></p> <p>Last Name _____ First Name _____</p> <p>Relation _____ Home# _____</p> <p>Cell# _____ Work# _____</p>
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### MEDICAL INFORMATION

**Tylenol:** Yes \_\_\_ No \_\_\_ Call \_\_\_\_\_ **Advil:** Yes \_\_\_ No \_\_\_ Call \_\_\_\_\_

Allergies: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency, and you are unable to contact me, you have my permission to seek medical care as deemed necessary.

Parent's Printed Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

<p>Documents Received: Date _____ Time _____</p> <p><input type="checkbox"/> Student Profile <input type="checkbox"/> Medical Record Card</p> <p><input type="checkbox"/> Student Information <input type="checkbox"/> ACH Debit Authorization</p> <p><input type="checkbox"/> Parent Commitment Form <input type="checkbox"/> Immunizations</p> <p><input type="checkbox"/> Student Pick-Up Authorization</p>	<p>Office Use Only:</p> <p><input type="checkbox"/> Registration Payment <input type="checkbox"/> Application Status <input type="checkbox"/> RenWeb _____</p> <p>Cash/Check # _____ Date _____ Initials _____</p> <p>Accepted ___ Waiting List ___ Declined ___ Initials _____</p> <p>Comments _____</p>	
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# STUDENT INFORMATION

(to assist teacher to become better acquainted with your child)

## PRESCHOOL 2012-2013

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_ GOES BY \_\_\_\_\_

Home# (\_\_\_\_) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Family Member 1: FATHER'S NAME \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home# (\_\_\_\_) \_\_\_\_\_ Work# (\_\_\_\_) \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Church you are now attending? \_\_\_\_\_ City \_\_\_\_\_

Family Member 2: MOTHER'S NAME \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home# (\_\_\_\_) \_\_\_\_\_ Work# (\_\_\_\_) \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Church you are now attending? \_\_\_\_\_ City \_\_\_\_\_

If separated or divorced, with whom does the child live? \_\_\_\_\_

Who has custody? \_\_\_\_\_

Child's previous school experience?

3's Pre-School \_\_\_\_\_ Dates Attended \_\_\_\_\_

4's Pre-School \_\_\_\_\_ Dates Attended \_\_\_\_\_

Number of children living in the home \_\_\_\_\_

Number of children enrolling at GCCS \_\_\_\_\_

NAMES OF OTHER CHILDREN	Sex M/F	Age	Grade	Date of Birth	School Attending
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Give approximate ages of playmates \_\_\_\_\_

What does your child do when there is nothing special that he/she must be doing? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your child's special interests and/or favorite pastimes at home? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List your child's favorite play equipment \_\_\_\_\_

**STUDENT INFORMATION**  
(con't)

List your child's three favorite TV shows:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What duties does your child have at home? \_\_\_\_\_  
\_\_\_\_\_

What does your child enjoy doing most with his/her mother? \_\_\_\_\_  
\_\_\_\_\_

What does your child enjoy doing most with his/her father? \_\_\_\_\_  
\_\_\_\_\_

What special interests, hobbies or talents does your family enjoy? \_\_\_\_\_  
\_\_\_\_\_

What about your child gives you the most pleasure? \_\_\_\_\_  
\_\_\_\_\_

What about your child gives you the most cause for concern? \_\_\_\_\_  
\_\_\_\_\_

What expectations do you have for your child during the school year? \_\_\_\_\_  
\_\_\_\_\_

List Medical Concerns \_\_\_\_\_  
\_\_\_\_\_

List all Allergies \_\_\_\_\_  
\_\_\_\_\_

List any other comments concerning your child that have not been covered with the above questions.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Printed Name)



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## GCCS PARKING LOT POLICY AND PROCEDURE



To ensure a more **safe, secure, and efficient** school campus, the following procedures are required

### TRAFFIC DIRECTION AND TIMES – See map

- All traffic will flow from **east to west** from 7:45 – 8:45am and from 2:45 – 3:45pm
- Drop-off time is **8:10am for grades K-8**
- K-8 students arriving before 8:10am are to be at Before-School Care or participating in a school program (music, sports, etc.)
- No parking behind E-Building on K-8 school **half-days from 11:00am – 12:30pm**

### ENTRANCE

- **ALL TRAFFIC FLOW IS EAST TO WEST!!** Enter campus from Dorsey Lane.
- Form two lanes as you enter the parking lot – left lane for Zone A; right lane for Zone B and Zone C.

### DROPOFF / PICKUP ZONES

All students in grades 1-8 will be dropped off and picked up in one of the two loading zones: (1) By the Information Center or (2) Behind the E-Buildings. Kindergarten – see Zone C below for pickup.

Students may enter / exit vehicles in the following zones:

- **ZONE A:** After turning at the Info Center, the right lane is used for unloading/loading, which is located adjacent to the sidewalk at the Worship Center and going all the way to the stop sign. Pull forward as spaces open up (never crossing into handicapped spaces.)

Students can only load into a vehicle from a loading zone – no crossing through parking.

Once students are unloaded / loaded, pull out into continuously moving lane to your left. There will be **NO drop-off or loading from this moving lane.** Proceed to stop sign and alternate turns.

Zone A has three exit options: (1) Turn right at crosswalk and proceed to Southern Avenue, (2) Turn right past basketball court and proceed to Southern Avenue, (3) Proceed to Dorsey Lane.

- **ZONE B:** The left lane behind the E-building is used for unloading/loading. The zone starts at the lockers. In the morning, be prepared to unload immediately to facilitate a smooth continuous traffic flow. Pull forward toward the stop sign as spaces open up. (Please, no multiple stops within a zone to unload different grade level students.)

Once students are unloaded/loaded, pull out into continuously moving lane to your right. There will be **NO unloading/loading from this moving lane.** Proceed to stop sign and alternate turns. Zone B exits onto Terrace Road.

- **ZONE C - KINDERGARTEN PICKUP:** Kindergarten students will be picked up in the secure, gated, shady area next to the Terrace Center. Only Kindergarten drivers are allowed in this drive area.
  - 1) Enter at Dorsey Lane (even at midday pickup).
  - 2) Continue behind the E-buildings (Zone B) and turn left to proceed toward the Terrace Center.
  - 3) Your child will be walked to you by a staff member and loaded into your vehicle.
  - 4) Students in grades 1-8 with a sibling in Kindergarten Full-Day may be picked up with the Kindergarten students in Zone C.
  - 5) Exit at the Terrace Center driveway.

### PRESCHOOL PARKING

All Preschool parents will bypass Zone A by the Worship Center to access the designated Preschool spaces east of the Worship Center. Students are encouraged to hold their parent's hand in the crosswalk.

Choose one of two exit options: (1) Turn right past basketball court and proceed to Southern Avenue, or (2) Proceed to Dorsey Lane.

Preschool can park behind E-Building to pick up at 11:30am or 1:00pm except on K-8 half day dismissals.

**HANDICAP PARKING**

There will be **no parking in any handicapped spots** between the Information Center and the crosswalk behind the Worship Center directly south of the median (without official insignia permit) for the following reasons:

- 1) It is against the law to park in a handicap spot. By ignoring the law, we are giving a very negative message to our children and to campus visitors.
- 2) We share our campus with the church. During the week and at unscheduled times these parking spaces are needed for handicapped visitors.

**TEACHER PARKING**

The spaces north of loading Zone B and the gym are designated teacher/staff parking **only**.

**PARKING NOTES**

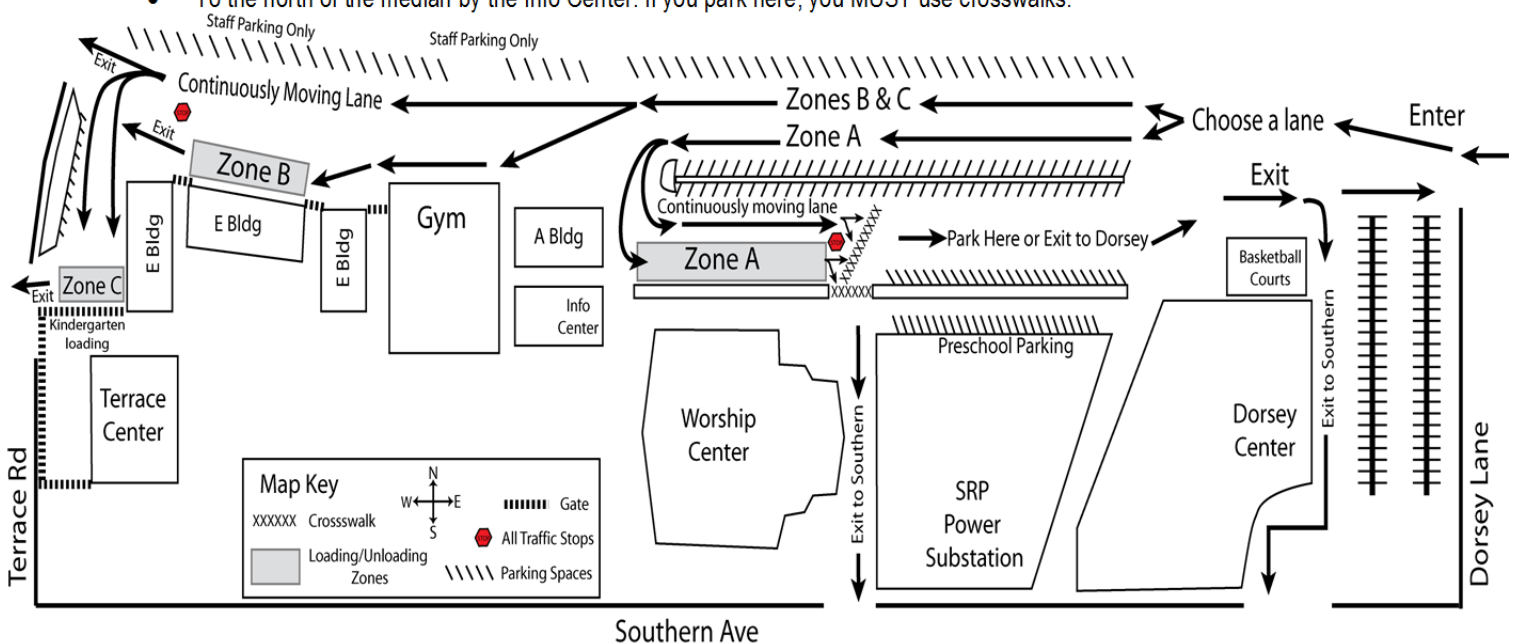
- In loading zones, stopped cars must always be placed in Park. Driver must always remain behind the wheel.
- No parking in Zone B behind E-Buildings during unloading/loading times (7:45-8:45am & 2:45-3:45pm).
- No parking in the spaces reserved for teachers/staff.
- No parking in the designated Preschool parking spaces east of the Worship Center unless you are a Preschool driver.
- No backing in. Parked cars should always pull forward into spaces.
- Never leave cars **unattended** in loading zones.

**IMPORTANT**

- To ensure the safety of all students and the efficiency of the loading process, the school desires that all students wait in a designated loading zone when being picked up after school. This will decrease foot traffic through the parking lot and in the crosswalks.
- If the driver needs to assist student(s) in/out of car, please park instead of using loading zones.
- It is understood that some students walk to and from school. These students will walk in appropriate crosswalks when leaving the campus.
- When the need arises for parents to park and come onto the campus, please use appropriate crosswalks.
- When school is dismissed, students should go directly to the loading zone that their parents have determined to insure an efficient pick-up time (Zone A or Zone B). Kindergarten students (and their siblings) go directly to Zone C.
- When school is dismissed, students who participate in After-School Care should go directly to After-School Care.
- All athletes going to Jason Field after school are required to use the crosswalks and sidewalks.
- Students on campus after 3:45pm must go to After-School Care unless they are participating in a school activity. Students may NOT wait at Dorsey Center to be picked up at the end of the school day.

**IF YOU NEED TO PARK, PLEASE PARK**

- Anywhere beyond the crosswalk; a crossing guard will assist students in the afternoons.
- To the north of the median by the Info Center. If you park here, you **MUST** use crosswalks.



# STUDENT PICK UP AUTHORIZATION

## PRESCHOOL 2012-2013

STUDENT: Child's Name \_\_\_\_\_ Teacher \_\_\_\_\_ Rm # \_\_\_\_\_

Authorized Adults To Pick Up Child From Class (other than parents):

Print Name	Relationship to Child	Signature of Authorized Person
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

In compliance with the State Health Dept. regulations we will only release preschool children to the persons who have signed this form.

The following persons may **NOT** remove my child from the center:

Print Name	Relationship to Child (If Not Applicable Use "None")
1. _____	_____
2. _____	_____

If any of the above information changes throughout the year, it is my responsibility to notify the office in writing.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

<b>Mother or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Father or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

**I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.** It is understood by me that the expense of this service will be accepted by me.

**In case of injury or sudden illness, I request that this individual be called first:**

Does your child have insurance coverage?  No  Yes    Name of Insurance Company: \_\_\_\_\_

The following individual(s) may NOT remove my child from the facility:

Name(s):
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Custody papers have been provided and are on file at the facility.     yes     no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:

G:\Forms\Emergency Information and Immunization Record Card (9/11)



# AUTHORIZATION AGREEMENT for DIRECT PAYMENTS (ACH Debits)

I (we) hereby authorize Grace Community Christian School, hereinafter called GCCS, to initiate debit entries on the 15<sup>th</sup> of the month to my (our) Checking Account (Debit Account) indicated below at the depository financial institution named below, hereinafter called Bank, and to debit the same to such account.

Bank Name/Branch	City	State
Bank Routing Number	Account Number	

This authorization is to remain in full force and effect until GCCS has received written notification from me (or either of us) of its termination by the first of the month in which such termination is to take effect.

Parent/Guardian/Other _____ <span style="display: block; text-align: center; font-size: small;">(Printed Name)</span>	Relationship _____
Signature _____	Date _____
Parent/Guardian/Other _____ <span style="display: block; text-align: center; font-size: small;">(Printed Name)</span>	Relationship _____
Signature _____	Date _____

**NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.**

Please attach a voided check here.

The bookkeeper will review your school account each month and take out the balance due on your statement. Statements are mailed before the first of the month so you will be aware of the amount taken out on the 15<sup>th</sup>.

YEAR:	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
2012												
2013												
2013 2014												

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**GRACE COMMUNITY CHRISTIAN SCHOOL**  
2012-2013 TUITION / FEE SCHEDULE (Proposed)

**PRESCHOOL**

REGISTRATION FEE - \$100 (includes activities & T-shirt)			ANNUAL TUITION	MONTHLY TUITION	CLASSES OFFERED
2 Half Days	T/TH	8:30am - 11:30am	\$1700	\$170	3's, 4's
2 Full Days	T/TH	8:30am - 3:00pm	\$2600	\$260	3's, 4's
3 Half Days	MWF	8:30am - 11:30am	\$2550	\$255	3's, 4's, 5's
3 Full Days	MWF	8:30am - 3:00pm	\$3000	\$300	3's, 4's, 5's
5 Half Days	M-F	8:30am - 11:30am	\$3250	\$325	4's, 5's
5 Full Days	M-F	8:30am - 3:00pm	\$4250	\$425	4's, 5's

**LUNCH BUNCH** Available for all **half day** preschool classes listed above  
M-F 11:30am - 1:00pm \$6 per day on as needed basis

**EXTENDED CARE** Available for all **full day** preschool classes listed above  
M-F 3:00pm - 4:00pm \$4 per day on as needed basis  
M-F 3:00pm - 4:45pm \$6 per day on as needed basis

Preschool monthly tuition is payable for 10 months from August – May.

**KINDERGARTEN – ELEMENTARY (Grades 1-5) – MIDDLE SCHOOL (Grades 6-8)**

			ANNUAL	PREPAYMENT	BALANCE	MONTHLY
<b>KINDERGARTEN</b>						
Half Day	M-F	8:30am - 11:45am	\$3700	\$125	\$3575	\$325
Full Day	M-F	8:30am - 3:15pm	\$5835	\$225	\$5610	\$510
<b>GRADES 1-5</b>	M-F	8:30am - 3:15pm	\$6000	\$225	\$5775	\$525
<b>GRADES 6-8</b>	M-F	8:30am - 3:15pm	\$6385	\$225	\$6160	\$560

Prepayment tuition is due at time of enrollment and eligible to be paid by ACSTO or other STO's. Monthly tuition is payable for 11 months from July – May.

**FAMILY DISCOUNTS (Preschool - 8<sup>th</sup> grade)**

1 <sup>st</sup> Child	Regular Price
2 <sup>nd</sup> Child	5% discount
3 <sup>rd</sup> Child	10% discount
4 <sup>th</sup> Child and additional children	15% discount

The oldest child pays full tuition then discounts are determined by the descending ages of the children based on the tuition balance amount.

**EARLY PAYMENT DISCOUNT:**

\$100 discount when total tuition is paid by June 15, 2012

\$50 discount when total tuition is paid by July 13, 2012

**MISCELLANEOUS FEES (Kindergarten - 8<sup>th</sup>)**

Before School Care (7:00-8:15am)	\$4 per day
After School Care (3:30-4:30pm)	\$5 per day
After School Care (3:30-6:00pm)	\$8 per day
(Late pick-up fees apply after 6:00pm)	
Lunch Fee	\$4 per lunch
Jr. High Sports	varies by sport
Testing Fee	\$25

- Registration Fees / Tuition prepayment is due at time of enrollment and is non-refundable if the student is accepted.
- All payments are due on or before the 1<sup>st</sup> of the month.
- Students in K-8 enrolled after August 1<sup>st</sup> must bring account balance current to reflect the 11 month billing cycle.
- A \$30 late fee is assessed on the 16<sup>th</sup> of the month to any account not paid in full.
- A \$30 fee is charged for any check or Autopay returned by the bank.