



Evangel Classical School

- RETURNING FAMILIES -

Re-enrollment Checklist 2018-2019

Please return this packet with your curriculum deposit to Mr. Sarr or Mrs. Bowers.

Items to review and initial, or update as needed:

_____ Biographical and Contact Information

_____ Field Trip Permissions

_____ Student Medical Information

New items:

_____ Financial Commitment Form (*one per family*)

_____ Curriculum Deposit (*\$200 per child*)

_____ Late Registration Fee *if submitted after April 10, 2018* (*\$150 per family*)



Evangel Classical School



Biographical and Contact Information

To see the current biographical information for your student, simply log in to your family's Sycamore page, then review the links under the "My Family" tab on the left. Please note any changes or errors below.

_____ **NO CHANGES from 2017-2018 (please initial)**

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If there are changes to your family's biographical or contact information, please list them here:

Family Address _____

Marital Status _____

Phone Numbers _____

Email Address(es) _____

Emergency Contact information

Name (and relationship to family) _____

Phone number _____

Church Affiliation _____

Other Changes _____



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Field Trip Permissions

_____ **NO CHANGES from 2017-2018 (please initial)**

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If there are changes to your family's field trip permissions, please list them here:

Student(s)'s Name and DOB: _____

Parent/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

I _____ grant permission for my children (listed above) to participate in school-sponsored events.

As required by Washington state law, effective **July 1, 2007**, any child less than 8 years of age or 4' 9" tall (whichever comes first) traveling in a private vehicle must be restrained in **an approved** booster seat with a **lap and shoulder belt**. It is the responsibility of the driver to assure that all children under the age of sixteen are traveling in the proper restraint system.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend Evangel Classical School, its officers, directors and agents, and the corporation of Trinity Evangel Church, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the corporation of Trinity Evangel Church, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Parent Signature

Date



Financial Commitment Form 2018-2019

Tuition rates for 2018-2019 are as follows:

- \$5,000 (first student)
- \$4,500 (second student)
- \$4,000 (third student)
- \$3,500 (fourth student)

** Families with a kindergartner qualify for a \$1000 discount, as kindergarten attends "school at school" only three days per week.*

1. Our total financial responsibility for the 2018-2019 school year is: \$ _____.
2. I/we agree to pay the tuition according to the following arrangements. My/our payment preference is (initial one of the following):
 - _____ One payment of \$ _____ due by July 1, 2018.
 - _____ Two payments of \$ _____ by July 1, 2018 and a second payment by January 1, 2019.
 - _____ Ten monthly payments of \$ _____, with payments due on September 1, October 1, November 1, December 1, January 1, February 1, March 1, April 1, May 1 and June 1.
 - _____ Twelve monthly payments of \$ _____, with payments due on July 1, August 1, September 1, October 1, November 1, December 1, January 1, February 1, March 1, April 1, May 1 and June 1.
3. I/we understand that a charge of \$30 will be assessed on accounts not paid by the 10th of the month.
4. I/we understand that if my/our account is 30 days delinquent that the result may be the withdrawal of our student(s) from ECS until the account is current or acceptable arrangements have been made with the Headmaster.
5. I/we understand that there will be a \$30 charge for any check returned to the school by the bank.
6. I/we agree to pay the balance of our account before requesting student records to be released.
7. I/we understand that report cards cannot be released if my/our account is delinquent.
8. I/we understand that the enclosed \$200 Curriculum Deposit is nonrefundable should I choose to withdraw my child, and that the \$200 Curriculum Deposit will be applied toward tuition for 2018-2019.

Father/Guardian Name: _____

Signature: _____ Date _____

Mother/Guardian Name: _____

Signature: _____ Date _____

Student(s) Name(s): _____

Headmaster Signature: _____ Date _____



Student Medical Information

_____ **NO CHANGES from 2017-2018 (please initial)**

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Student Name: _____ Birthdate: _____

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you (the school) are unable to reach me (the parent) at the above numbers, contact:

Name: _____ Phone : _____

Relationship: _____

Family Doctor: _____ Phone : _____

Family Health Plan Carrier: _____

Specific Medical Information: (The school will take reasonable care to see that the following information will be held in confidence.)

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations–date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.?

If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

Parent Signature

Date