



January 30, 2019

Dear Raggant Families,

Enclosed you'll find your "Quick Re-enrollment Packet" for applying to the school year 2019-2020. This is intended to streamline the re-enrollment process for returning families, but the information we collect is still very important, so I ask that you think carefully before selecting "No changes from school year 2018-2019." It's necessary that we have current contact, medical, and church information for all of your students so that we may best care for them.

The biggest change that you'll notice is that the Board has decided to increase tuition by 5% next year, with the potential to do a similar rate increase for five consecutive years. I wanted to offer some context for this decision.

We have never raised tuition rates before, with the exception of when we added a day of school-at-school (moving to our current format) in fall of 2014. Nevertheless, our costs have continued to go up (facilities, personnel, curriculum, etc.). We've been able to account for this so far because God has brought us more students, but we do not want to presume on His grace for this sort of growth. We are also committed in our desire to pay our full-time teachers a reasonable household wage in the community we wish to transform. We have a five-year plan to help move us closer to that goal.

I understand that sending your children to ECS is already costly in terms of tuition and more. If this introduces a hardship for your family, remember that we already have a commitment to you. So feel free to reach out to me and we can talk about scholarship options.

In a school our size, each family added (or subtracted) weighs heavily in our budgetary decisions. So if you plan to return (and I pray you all do!), please submit this paperwork and your curriculum deposit(s) no later than April 9 (the day we return after Spring Break). After April 9, a late registration fee will come into effect.

If you have any questions, please don't hesitate to ask.

I thank God for each of your families.

*Risus est bellum!*

Jonathan A. Sarr



# Evangel Classical School

- RETURNING FAMILIES -

## Re-enrollment Checklist 2019-2020

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

### Items to review and initial, or update as needed:

- \_\_\_\_\_ Family Information (*one per family*)
- \_\_\_\_\_ Field Trip Permissions Form (*one per family*)
- \_\_\_\_\_ Student Medical Information (*one per child, or one per family if no changes*)

### New items:

- \_\_\_\_\_ Financial Commitment Form (*one per family*)
- \_\_\_\_\_ Curriculum Deposit (*\$200 per child*)
- \_\_\_\_\_ Late Registration Fee *if submitted after April 9, 2019* (*\$150 per family*)

## Family Information

To see your family's biographical and contact information currently on record, 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 2018-2019 (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(s) \_\_\_\_\_

**Church Affiliation** \_\_\_\_\_

**Other Changes** \_\_\_\_\_

# Field Trip Permission Form

           **NO CHANGES from 2018-2019 (please initial)**

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

Student(s) Name(s): \_\_\_\_\_ 2019-2020 Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

# Student Medical Information

           **NO CHANGES from 2018-2019 (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 numbers on record, 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.): \_\_\_\_\_

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



## Financial Commitment Form 2019-2020

Tuition rates for 2019-2020 are as follows:

\$5,250 (first student)

\$4,725 (second student)

\$4,200 (third student)

Etc.

*\* Families with a kindergartner qualify for a \$1050 discount, as kindergarten attends "school at school" only three days per week.*

1. Our total financial responsibility for the 2019-2020 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, 2019.
  - \_\_\_\_\_ Two payments of \$\_\_\_\_\_ by July 1, 2019 and a second payment by January 1, 2020.
  - \_\_\_\_\_ Ten monthly payments of \$\_\_\_\_\_, with payments due on the 1st day of the following months: September, October, November, December, January, February, March, April, May, and June.
  - \_\_\_\_\_ Twelve monthly payments of \$\_\_\_\_\_, with payments due on the 1st day of the following months: July, August, September, October, November, December, January, February, March, April, May, and June.
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 2019-2020.

Father/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

|                     |       |                        |       |
|---------------------|-------|------------------------|-------|
| Student(s) Name(s): | _____ | 2019-2020 Grade Level: | _____ |
|                     | _____ | 2019-2020 Grade Level: | _____ |
|                     | _____ | 2019-2020 Grade Level: | _____ |
|                     | _____ | 2019-2020 Grade Level: | _____ |
|                     | _____ | 2019-2020 Grade Level: | _____ |

Headmaster Signature: \_\_\_\_\_ Date \_\_\_\_\_