



January 30, 2020

Dear Raggant Families,

Enclosed you'll find your "Quick Re-enrollment Packet" for applying to the school year 2020-2021. 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 2020-2021." 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.

There are a couple of changes from previous years' enrollment paperwork:

1. **Tuition.** Per the Board's five-year plan to do so, we have increased tuition by five percent. Last year was year one of a five-year plan to increase tuition by five percent per year, so I trust few will be shocked by this. If this presents a hardship for any of our returning families, my door is open!
2. **Church involvement and contact info.** Recognizing that families and pastors switch churches from time to time, we have asked for each family to provide where they're worshipping and the contact info for their pastors.

If you plan to return (which is my prayer for you!), please submit this paperwork along with your curriculum deposit(s) no later than April 7 (the day we return after Spring Break). After April 7, 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 2020-2021

Please return this packet with your curriculum deposit to Miss Bour.

Items to review and initial, or update as needed:

- _____ Family Information (*one per family*)
- _____ Church Information
- _____ 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 7, 2020* (*\$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 2019-2020 (please initial)**

+++++

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) _____

Other Changes _____

Church Information

Family Name _____

Please provide current information regarding your church.

Church Name _____

Pastoral Contact _____

Phone number _____

Field Trip Permission Form

Student(s) Name(s): _____ 2020-2021 Grade: _____ Birthdate: _____
_____ 2020-2021 Grade: _____ Birthdate: _____
_____ 2020-2021 Grade: _____ Birthdate: _____
_____ 2020-2021 Grade: _____ Birthdate: _____
_____ 2020-2021 Grade: _____ Birthdate: _____
_____ 2020-2021 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, any child less than 4' 9" tall traveling in a private vehicle must be restrained in **an approved** booster seat with a **lap and shoulder belt**. All children under age 13 must sit in the back seat. It is the responsibility of the driver to ensure 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 2019-2020 (please initial)

+++++

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 2020-2021

Tuition rates for 2020-2021 are as follows:

one child	\$5,513	five children	\$22,052
two children	\$10,475	six children	\$24,809
three children	\$14,885	seven children	\$27,014
four children	\$18,744	eight children	\$28,668

* Families with a kindergartner qualify for a \$1100 discount, as kindergarten attends "school at school" only three days per week.

1. Our total financial responsibility for the 2020-2021 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, 2020.
 - _____ Two payments of \$_____ by July 1, 2020 and a second payment by January 1, 2021.
 - _____ 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 2020-2021.

Father/Guardian Name: _____

Signature: _____ Date _____

Mother/Guardian Name: _____

Signature: _____ Date _____

Student(s) Name(s):	_____	2020-2021 Grade Level:	_____
	_____	2020-2021 Grade Level:	_____
	_____	2020-2021 Grade Level:	_____
	_____	2020-2021 Grade Level:	_____
	_____	2020-2021 Grade Level:	_____

Headmaster Signature: _____ Date _____