



January 14, 2021

Dear Raggant Families,

Believe it or not, the time is upon us to be making preparations for the coming school year, and as our school continues to grow, making these plans becomes increasingly tricky. So once again, we are going to do things a little bit differently when it comes to reregistration, all with a view to making this as seamless as possible.

**We're asking returning families to re-enroll by March 1.** Our priority is to current school families, so submitting your (enclosed) re-enrollment paperwork and curriculum deposit (\$200 per child) by March 1 will secure your child's spot at ECS. A late registration fee (of \$150 per child, up to \$400 per family) will come into effect after March 1. As always, if the curriculum deposit poses a hardship, please let me know.

**Enrollment is open to new families on March 2.** Although they can turn in applications after Information Night, they will not be processed until March 2, when we have a clearer idea of who will be returning.

**Some classes will probably fill up quickly.** These include Kindergarten, 1st grade, and 5th grade. This means that if you have a student in Kindergarten or 4th grade this year, you'll want to be sure to re-enroll by March 1...not just to avoid a late registration fee, but to make sure your child has a seat in the class.

**The new tuition rates for 2021-2022 are as follows:**

1st child: \$5789 (Kindergarten: \$4631)  
2nd child: \$5210  
3rd child: \$4631

4th child: \$4052  
5th child: \$3473  
6th child: \$2894

You can look at the Financial Agreement to see how those numbers add up for multiple students. This reflects a 5% increase over this year, and this coming year will be year *four* of our *five-year plan* to increase tuition to the tune of 5% per year.

**Information Night is coming soon!** Tuesday, January 26, to be exact. What families would you love to have join our school community? As we look ahead to Information Night, I would offer a reminder to us all: ECS exists to serve Christian families in the education and the enculturation of their children.

And when it comes to getting the word out about our school, *you are our best advertisement.* We don't advertise broadly, but rather by word of mouth...and a modest online presence. Think of who you would like to have joining our school community, sharing life with your children, and invite them!

Thank you for your contribution to our school community and for your ongoing support.

*Risus est bellum!*

Jonathan



# Evangel Classical School

**- RETURNING FAMILIES -**

## **Re-enrollment Checklist 2021-2022**

**Name:** \_\_\_\_\_

**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 child, or one per family if no changes*)

\_\_\_\_\_ Student Medical Information (*one per child, or one per family if no changes*)

### **New items:**

\_\_\_\_\_ Financial Commitment Form (*one per family*)

\_\_\_\_\_ New Sibling Enrollment Form (*if applicable*)

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

\_\_\_\_\_ Late Registration Fee *if submitted after March 1, 2021* (*\$150 per family*)

# Family Information

Name: \_\_\_\_\_

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 2020-2021 (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): \_\_\_\_\_

**Other Changes:**

\_\_\_\_\_

\_\_\_\_\_

# Church Information

**Family Name:**

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Please provide current information regarding your church.

**Church Name:**

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**Pastoral Contact:**

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**Phone number :**

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**For Office use only:**

\_\_\_\_\_ Deposit Received

\_\_\_\_\_ Financial Agreement Completed

\_\_\_\_\_ Added to Database

# ECS Field Trip Permission Form

**2021-2022**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ 2021-2022 Grade: \_\_\_\_\_

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.

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Parent Signature

Date

# Student Medical Information

**NO CHANGES from 2020-2021 (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

# ECS New Sibling Enrollment Form

Please also submit proof of immunization or immunization waiver form and student record (where applicable).

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade for 2021-2022: \_\_\_\_\_

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 2021-2022

Tuition rates for 2021-2022 are as follows:

one child	\$5,789	five children	\$23,155
two children	\$10,999	six children	\$26,049
three children	\$15,630	seven children	\$28,364
four children	\$19,682	eight children	\$30,100

*Families with a kindergartner qualify for a \$1158 discount, as kindergarten attends "school at school" only three days per week.*

1. Our total financial responsibility for the 2021-2022 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, 2021.
  - \_\_\_\_\_ Two payments of \$\_\_\_\_\_ by July 1, 2021 and a second payment by January 1, 2022.
  - \_\_\_\_\_ 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 2021-2022.

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

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

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

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

**Student(s) Name(s):** \_\_\_\_\_ **2021-2022 Grade Level:** \_\_\_\_\_

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