



January 2023

Dear Raggant Families,

Enclosed you'll find your invitation to return to Evangel Classical School for next year.

**We're asking returning families to re-enroll by February 28.** Priority consideration for enrollment goes to current school families, so if you wish to return to ECS, please submit your re-enrollment paperwork and Curriculum Deposit (\$200 per child) by February 28. A late registration fee (of \$150 per family) will come into effect March 1. All items on the enclosed checklist must be included (updated Family Information, Church Information, Curriculum Deposit, etc.) for a student to be re-registered. If the Curriculum Deposit poses a hardship, please let me know.

To this packet, we have added some "Questions for Parents" that are similar to the questions that new families are asked. We realize that family circumstances and culture are subject to change. In the interests of serving your family well and ensuring that we remain a good fit for you, we'd appreciate your updating us in these areas. This is not intended to be onerous, but it will take a bit of time, so please plan accordingly.

**Enrollment is open to new families on March 1.** We'll start filling open seats with new applicants at this time. Grammar classes will probably fill up quickly. Turning in this packet by February 28 is important...not just to avoid a late registration fee, but to make sure your child has a seat in the class.

Tuition rates for 2023-2024 are as follows:

one child	\$6,382	five children	\$25,528
two children	\$12,126	six children	\$28,719
three children	\$17,231	seven children	\$31,272
four children	\$21,699	eight children	\$33,186

*\* Families with a kindergartner qualify for a \$1277 discount, as kindergarten attends "school at school" only three days per week.*

Thank you for your contribution to our school community and for your ongoing support, and thank you in advance for praying for us in this important time of the year!

*Risus est bellum!*

Jonathan



# Evangel Classical School

**- RETURNING FAMILIES -**

## **Re-enrollment Checklist 2023-2024**

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

**Please return this packet with your curriculum deposit to the school office.**

**Please update the following for us (If not applicable, please mark NA):**

- \_\_\_\_\_ Family Information (*one per family*)
- \_\_\_\_\_ Church Information
- \_\_\_\_\_ Field Trip Permission Form
- \_\_\_\_\_ Student Medical Information (*one per child*)

**New items:**

- \_\_\_\_\_ Questions for Parents
- \_\_\_\_\_ Financial Commitment Form
- \_\_\_\_\_ New Sibling Interest Form
- \_\_\_\_\_ Curriculum Deposit (*\$200 per child*)
- \_\_\_\_\_ Late Registration Fee *if submitted after Feb. 28, 2023* (*\$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 2022-2023 (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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Please describe your current church involvement. \_\_\_\_\_

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## ECS Field Trip Permission Form

**2023-2024**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ 2023-2024 Grade: \_\_\_\_\_

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Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ 2023-2024 Grade: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I \_\_\_\_\_ grant permission for my child(ren) (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 2022-2023 (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 Interest Form**

**Do you have a child whom you wish to enroll at ECS who has not been enrolled previously?**

**YES** \_\_\_\_\_

**NO** \_\_\_\_\_

**If you marked YES, please know that this does not guarantee a seat for him/her, but it will begin the process.**

**Space permitting, grammar students will need to be assessed, and any secondary student application will require an interview as well as a student testimony.**

**If you marked YES, please provide the following information for each student you'd like to enroll:**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade for 2023-2024: \_\_\_\_\_

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# Financial Commitment Form 2023-2024

Tuition rates for 2023-2024 are as follows:

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1. Our total financial responsibility for the 2023-2024 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, 2023.
  - \_\_\_\_\_ Two payments of \$ \_\_\_\_\_ by July 1, 2023 and a second payment by January 1, 2024.
  - \_\_\_\_\_ 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 2023-2024.

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

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

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

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

Student(s) Name(s):	_____	2023-2024 Grade Level:	_____
	_____	2023-2024 Grade Level:	_____
	_____	2023-2024 Grade Level:	_____
	_____	2023-2024 Grade Level:	_____
	_____	2023-2024 Grade Level:	_____

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