



ENROLLING FOR:

(Circle all that apply)

SCHOOL

ASEP

Each item must be included to complete the enrollment requirements. Incomplete applications cannot be accepted.

Enrollment requirements for all children are as follows:

_____ Completed Application for Enrollment

_____ Copy of Birth Certificate

_____ Copy of Immunization Records

_____ Enrollment, Building Maintenance & Testing Fee (non-refundable; see attached fee schedule)

For children enrolled in ASEP and/or Enrichment classes, the following forms and fees are required:

_____ Completed ASEP Enrollment Contract

_____ Enrollment & Supply Fee (non-refundable; see attached fee schedule)

Children choosing to take Enrichment classes must additionally return the following form:

_____ Signed & Completed Enrichment Contract

Child's Name _____

Parent/Guardian Information:

Phone numbers and addresses are for office use only and will not be published without permission.

Dr. Mr. (circle one)	Dr. Mrs. Ms. (circle one)
Name (first/last)	Name (first/last)
Relationship: Father Step-Father (Circle one) Guardian	Relationship: Mother Step-Mother (Circle one) Guardian
Home Address	Home Address
City State Zip	City State Zip
Email Address	Email Address
Home Phone	Home Phone
Cell Phone Pager	Cell Phone Pager
DL No.	DL No.
Employer	Employer
Work Phone	Work Phone

Student resides with _____

If custodial issues exist, please provide a complete copy of any legal/court documents regarding the child's custody/visitation, etc. This information will be kept in your child's file. Thank you.

Names, ages and schools of other siblings in the family:

Name	Age	School Attending	Grade

Grandparent Information:

Student's <u>Paternal</u> Grandparents:	Student's <u>Maternal</u> Grandparents:
Address	Address
City State Zip	City State Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone

RESTRICTED PICK-UP

I hereby authorize the release of my child exclusively to the following people:

Name	Relationship	Phone Number	DL# or SSN:

Parent/Guardian Signature _____

Child's Name _____

EMERGENCY DAYTIME CONTACTS

Please list phone numbers where parents/guardians may be reached in case of emergency.
Please prioritize contacts.

Name	Relationship	Phone Number	Cell Phone #

MEDICAL RELEASE & HEALTH INFORMATION

Name and explain any health condition(s) past or present which need to be brought to the School's attention to safeguard this student at school or which would restrict physical activity levels (e.g. diabetes, seizures, asthma, emotional disorders, educational challenges, etc.).

Is the student taking any prescription medication(s)? Yes or No
Please Specify:

Does the student have any known allergies? Yes or No
Please Specify:

Has the student been tested for any of the following (Please circle):

Speech/Language

Attention Deficit Disorder

Learning Disabilities

Attention Deficit Hyperactivity Disorder

Emotional Issues (which affect learning)

Other _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I do _____ or do not _____ give consent to the facility director or person in charge to seek emergency care and emergency transport to:

Texoma Medical Center
1000 Memorial Drive
Denison, TX 75020
(903) 416-6000

or nearest emergency treatment center for necessary emergency medical treatment.

Parent/Legal Guardian _____ Date _____



ENROLLMENT CONTRACT

This application is hereby made by the undersigned parent(s)/guardian to enroll my child, _____ (student name) _____ (date of birth) in St. Luke's Episcopal School in the _____ grade (grade placement for next year is subject to mastery of the criteria required at the current grade level) for the _____ academic year.

As a condition of enrollment at St. Luke's Episcopal School (hereinafter called School), this signed Enrollment Contract is evidence of agreement of the undersigned to be responsible for all fees and tuition and to abide by the policies of the School as published in the School Handbook including, but not limited to, parents' participation in Parent Teacher Association fundraisers and events or in-school service as made a part of this Enrollment Contract.

Conditions stipulated by School, if any:

1. To reserve a place in the School for the above-named child for the school year of _____, the undersigned shall deliver to St. Luke's School either in person or by mail, at 427 W. Woodard Street, Denison, Texas 75020, a completed Enrollment Package, an executed copy of this Enrollment Contract, and non-refundable Enrollment, Building Maintenance and Testing fees of \$320 for grades K-3rd, \$240 for Pre-K4 (extended day) or \$185 for Pre-K classes.
2. Tuition at St. Luke's School may be paid by the year or in equal payments paid by the month. If paying monthly, tuition for August is due at the time of enrollment or in August before the beginning of school and subsequent payments are due on the first day of each month. A \$25 Late Fee will be added to accounts not current by the 15th of each month.
3. From and after the date of the Enrollment Contract, the undersigned shall be fully liable for the payment of tuition for the _____ academic year as provided herein, notwithstanding any absence or other non-attendance by the enrolled student. School will make no refunds of enrollment fees or tuition payments. Enrollment fees and tuition payments with respect to enrolled siblings are not transferable. Any parent/guardian not current with regard to all financial commitments to School may not register any child/children until such obligations are fully paid.
4. Any Enrollment Fee or payments of tuition which are retained by School hereunder are agreed upon by School and the undersigned as liquidated damages and shall be for the purpose of reimbursing School for the damages which said School presently expects to incur in connection with the failure of the undersigned to perform any obligations reasonably contemplated by this Enrollment Contract. The undersigned and School accordingly, the retention of such Enrollment Fee or payments of tuition constitutes a reasonable and good faith estimate of the extent of any such damages.
5. In the event of student transfer, school records will not be released until all financial obligations have been met.
6. In the event a check is returned, an NSF fee of \$25.00 and a \$5.00 bank fee per check will be assessed to the undersigned.
7. To be eligible for special consideration in tuition and other benefits accorded to a communicant of St. Luke's Episcopal Church in good standing, please confirm by your initials that:

I have met with the Rector of St. Luke's Episcopal Church and have been deemed eligible for the tuition discount available to active communicants.

(St. Luke's Church Member's Initials Here)

(St. Luke's Church Rector Initials Here)

The undersigned acknowledge(s) that I (we) have read this Enrollment Contract thoroughly and understand all of the provisions of same and hereby agree to pay tuition for the entire _____ academic year as set forth herein.

DATED this the _____ day of _____, 200__, and executed by the parent(s) or guardian financially responsible for the herein enrolled child.

Parent/Guardian

Address

ACCEPTED by ST. LUKE'S EPISCOPAL SCHOOL on this the _____ day of _____, 200__.

Headmistress



AFTER SCHOOL ENRICHMENT CONTRACT

The conditions of this agreement provide protection for parents as well as for St. Luke's After School Enrichment Program (ASEP). In order for the program to maintain high standards and also meet its financial obligations, it is important that it operates within a level of stability. It is necessary that ASEP salaries and overhead not be reduced as a result of "absentee losses" in income. Thus, the terms of this agreement will insure an average monthly income to meet these expenses.

CONTRACT TERMS

1. An enrollment fee of \$30.00 and a supply fee of \$25.00 per child per year is required at the time of enrollment. These fees are non-refundable.
2. The child must be enrolled in St. Luke's Episcopal School to be enrolled in ASEP. Tuition for FULL TIME ASEP students may be paid by the year or in equal payments paid by the month. If paying monthly, tuition for August is due at the time of enrollment or in August before the beginning of school and subsequent payment is due on the first day of each month. A \$25 Late Fee will be added to accounts not current by the 15th of each month.
3. Payment is due without exception to absence, holidays or vacation. It is understood that a child may be refused admission in ASEP if payment for school tuition does not remain current. PART TIME students who are billed by the hour will receive their charges on each statement at the end of the month, which is due upon receipt.
4. In the event of early withdrawal of a child from ASEP, it is agreed that a two-week prior notice be given, and it is understood that the balance of tuition will still be due for the entire month of withdrawal. If tuition were paid for the entire year and your child is withdrawn, it is understood that the tuition is non-refundable.
5. There will be a \$1.00 per minute late charge assessed after 6:00 p.m. if a child has not been picked up. Our insurance coverage is until 6:00 p.m.; therefore, children may stay late only in the case of emergency with telephone notice.
6. In the event a check is returned, an NSF fee of \$25.00 and a bank fee of \$5.00 per check will be assessed to the undersigned.
7. It is understood and agreed that the undersigned will comply with emergency medical care authorization procedures outlined and held by the School.
8. It is understood and agreed that it is the responsibility of the parent/guardian to provide a lunch for the enrolled child.
9. For a child to be eligible for enrichment classes, all ASEP tuition must be current.
10. Should the Director of ASEP find the responsibilities of this contract have not been met or that a child is not able to adjust to this program, the child will be withdrawn by giving the parent two weeks prior notice.

Name of Student _____ Grade _____

Please indicate enrollment:

- PreK Full Time - \$200.00/Monthly
11:30 - 6:00 M-F
- PreK Extended - 4th Grade Full Time - \$160.00/Monthly
3:00 - 6:00 M-F
- Part Time - \$5.00/Hourly
24 Hour Notice

I have read and fully understood the terms and conditions of this agreement and do hereby affirm and acknowledge my acceptance of this agreement by my signature.

DATED this the _____ day of _____, 200__, and executed by the parent(s) or guardian financially responsible for the herein enrolled child.

Parent/Guardian

Address

ACCEPTED by ST. LUKE'S EPISCOPAL SCHOOL on this the _____ day of _____, 200__.

ASEP Director