



**Preschool Enrollment Form and Financial Contract**      School Year 2010/2011

Student name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: M / F

Parents: \_\_\_\_\_ Married Separated Divorced

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School District in which you live: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different than student's): \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different than student's): \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

List siblings and ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who can be reached and where while your child is at pre-school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# MAG CHRISTIAN SCHOOL

## Enrollment Form

### EMERGENCY INFORMATION

Please list two persons who could be contacted if you (the parent) cannot be reached in an emergency requiring medical attention.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized to take child? Yes No

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized to take child? Yes No

Names of all people authorized to pick up your child from preschool:

_____	_____
_____	_____
_____	_____

Names of any people who may NOT take your child from preschool:

_____	_____
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Please list the source of your child's regular medical care and dental care. If you do not have a doctor or dentist, please indicate on the appropriate line. Please list Dr.'s name, address, and phone number:

Medical: \_\_\_\_\_

\_\_\_\_\_

Dental: \_\_\_\_\_

\_\_\_\_\_

# MAG CHRISTIAN SCHOOL

## Enrollment Form

### Questions about your student:

To be completed by parent or guardian.

1. Does your child have any medical problems, physical limitations or challenges? \_\_\_\_\_

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2. Does your child have any food, drug, or other allergies? \_\_\_\_\_

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3. Does your child have any special diet needs? \_\_\_\_\_

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4. Is your child right handed or left handed? \_\_\_\_\_

5. Has your child had previous group experience? If yes, where? \_\_\_\_\_

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6. Does your child have playmates? \_\_\_\_\_

7. How much TV does your child watch and what type of programs? \_\_\_\_\_

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8. Explain what areas or things particularly interest your child (i.e. puzzles, reading, building, creative play, etc.). \_\_\_\_\_

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9. Is your child comfortable using pencils, crayons, markers, paints, scissors, paste, or playdough? \_\_\_\_\_

10. Explain how your child does at dressing, undressing, feeding, and toileting him/herself. \_\_\_\_\_

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11. How well does your child speak? Is speech clear? Does s/he use complete sentences? How does s/he communicate with other children and adults? \_\_\_\_\_

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12. How does your child relate to peers? Is s/he shy, confident, friendly, withdrawn, aggressive, outgoing, good-natured, moody, etc.? \_\_\_\_\_

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13. What behavior do you consider the most difficult to deal with? \_\_\_\_\_

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14. Describe your child in regard to their personality, behavior, fears, etc. \_\_\_\_\_

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15. Has your child had a preschool screening and where? \_\_\_\_\_

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# MAG CHRISTIAN SCHOOL

## Enrollment Form

### Tuition Costs and Payment Schedules:

Please indicate preferred payment plan.

#### Preschool – 3 year old (2 days per week) - \$1200 per year

12 monthly installments June 1 through May 1	100.00 _____
Quarterly installments due July 1, October 1, January 1, and April 1	300.00 _____
Bi-annual installment due July 1 and February 1	600.00 _____
Payment in full due August 1 is subject to a \$50.00 discount	1150.00 _____

#### Preschool – 4 year old (3 days per week) - \$1400 per year

12 monthly installments June 1 through May 1	117.00 _____
Quarterly installments due July 1, October 1, January 1, and April 1	350.00 _____
Bi-annual installment due July 1 and February 1	700.00 _____
Payment in full due August 1 is subject to a \$50.00 discount	1350.00 _____

I agree to the payment indicated above. I acknowledge that if I choose to change this payment schedule after June 1<sup>st</sup>, I will be assessed a **\$25 change fee**. Invoices are generated on the 15<sup>th</sup> of the month and are due on the 1<sup>st</sup>. Invoices that are not paid by the 10<sup>th</sup> of the month will be subject to a **\$25 late fee**. If my account falls more than thirty days in arrears, it will result in the withdrawal of my student(s). No health records, transcripts, report cards, SAT scores, or any other records will be released until the account is paid in full. A **\$25 check charge** will be assessed for any returned checks.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# MAG CHRISTIAN SCHOOL

## Enrollment Form

### Early Withdrawal Policy

The parent or guardian responsible for payment is responsible for tuition and fees based on the following withdrawal timelines:

- If withdrawal occurs between August 1 and September 30, 50% of the remaining tuition must be paid.
- If withdrawal occurs between October 1 and December 31, 75% of the remaining tuition must be paid.
- If withdrawal occurs on or after January 1, 100% of the remaining tuition must be paid.

We recognize that there may be extenuating circumstances requiring a family to petition for early withdrawal without penalty. All petitions must be submitted to the Administrator in writing. Each petition will be addressed on an individual basis.

I have read and agree to the financial policy printed above.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Volunteer Policy

As a private school, we rely on the involvement of our families to help keep tuition costs as low as possible. The following outlines the details:

- Each family agrees to complete the correct number of volunteer hours.
  - Thirty-six (36) hours per school year if your oldest student is in Kindergarten or older.
  - Eighteen (18) hours if your oldest student is in Kindergarten Readiness.
  - Ten (10) hours if your oldest student is in Preschool.
- Each family needs to complete the first half of their required hours by the end of December. The second half of their required hours should be completed by the middle of May.
- Unfulfilled volunteer hours are billed at the rate of \$10 per hour.
- Families have the option of buying out their time in advance at a rate of \$10 per hour.
- Hours must be completed by an adult. Students can not complete volunteer hours.
- Volunteer hours are a per family requirement, not per student.

We understand the volunteer policy as explained above and commit to the following:

\_\_\_\_\_ We agree to fulfill the volunteer obligations outlined above.

\_\_\_\_\_ We prefer to buy out our time at \$10 per hour.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

