

**South Pointe Christian School Daycare & Pre-school
RE-ENROLLMENT FORM**

Circle Class Entering (2024-2025): N T K2 K3 K4

Office Use Only: Date Form Received		Registration Paid		Book/Supply Paid	
Student Information					
Student's Legal Name		Last		First	
Middle		Sex		Age	
Social Security #		Preferred Name		Date of Birth	
Month		Day		Year	
Address		Street or PO Box		City	
State		Zip			
If parents are separated or divorced with whom does the student reside?					
List any legal authority or parental restrictions:					
Father/Guardian Information					
Name					
Mailing Address					
Date of Birth					
Relationship to Student				Email address	
Home Phone		Cell Phone		Work Phone	
Employer		Occupation			
Name and city of church you attend					
Name of your Pastor					
Mother/Guardian Information					
Name					
Mailing Address					
Date of Birth					
Relationship to Student				Email address	
Home Phone		Cell Phone		Work Phone	
Employer		Occupation			
Name and city of church you attend					
Name of your Pastor					
Other Information					
Physician				Phone #	
Dentist				Phone #	
Hospital Preference					
Insurance Company				Policy Number	
Emergency Contacts (if parents/guardians are unavailable)					
Name		Relationship		Home/Cell Phone	
Work Phone					
Name		Relationship		Home/Cell Phone	
Work Phone					
List known allergies, food restrictions, physical, emotional or behavioral disorders, and regularly administered medications:					
With whom may student be released other than parents?					
Name		Relationship		Home/Cell Phone	
Work Phone					
Name		Relationship		Home/Cell Phone	
Work Phone					
Name		Relationship		Home/Cell Phone	
Work Phone					

(over please for signature)

**South Pointe Christian School Daycare & Pre-school
RE-ENROLLMENT FORM (continued)**

PLEASE READ CAREFULLY. By signing this application, I understand and agree to all of the following:

1. My family's beliefs and practices are to be consistent with the standards, doctrine, and values of the school. Should my child not respond favorably for any reason to South Pointe Christian School or if conflict arises as a result of not being willing to accept the standards, doctrines, and values of South Pointe Christian School, I will not try to change the school to fit my needs but agree to quietly withdraw my child.
2. I have read and understand South Pointe Christian School's Parent/Student Handbook (a copy can be found on the website at www.southpointechristianschool.org), and I agree to abide by the policies and procedures set forth therein.
3. South Pointe Christian School will not administer over-the-counter medication or prescription drugs to students without a parent's signature on the Emergency Medical Information Form (available in the school office). All medication must be in the original container with child's name and directions for administering drugs clearly labeled. In the event of a medical emergency, I give permission for my child to receive first aid from a school employee and/or treatment as required by a physician.
4. I understand final acceptance of my child is determined by the administration. The school has full discretion in the grade placement and promotion of my child.
5. Promotional advertisements are used by South Pointe Christian School. I understand and agree that my child may be used for such advertisements and that South Pointe Christian School is released from all liabilities.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

South Pointe Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. The school does not discriminate in the administration of its educational policies, scholarships, athletics, and other programs.

The following financial policies are also to be agreed upon for enrollment in South Pointe Christian School:

1. Students **will not be allowed to attend class** if tuition becomes past due by more than 30 days.
2. Registration, tuition, and book and supply fees are **non-refundable**.
3. Students will not be allowed to participate in any school sponsored function if a family's account is not current. This includes all students who are in K5-12 grades who are on the same family account.
4. All fees must be current to register for the next school year. A student will not be allowed to return to SPCS if there are any financial obligations remaining from the previous school year.
5. Transcript/diploma or any other school information will not be issued or transferred until all financial obligations have been met in full.
6. Due to general expenses and staff commitments, no reduction can be made in tuition due to absenteeism, school closings during inclement weather, pandemic related suspensions of operation, or for scheduled holiday closures, teacher workdays, etc.
7. After school care is a separate charge and is not included in your tuition payment.
8. A fee of \$30.00 will be charged to your account for returned checks.
9. A fee of \$50.00 will be charged for late payment after the 10th of each month and an additional \$25.00 after the 15th of each month.
10. For all students: A \$150.00 fee will be due if a student withdraws. No records or information will be released until this fee is paid.

All financial information is mailed to the address of the student's residence or emailed to parents. It is the enrolling parent/guardian's responsibility to provide this information to SPCS office personnel.

By signing this form, I acknowledge that I have read, understood, and agree with its provisions and accept responsibility for my child's financial account. I also understand that all fees that have been paid are non-refundable.

Parent/Guardian's Signature

Date