

South Pointe Christian PRESCHOOL
RE-ENROLLMENT FORM
 Circle Class Entering (2022-2023): N T K2 K3 K4

Office Use Only: Date Form Received _____		Registration Paid _____		Book/Supply Paid _____	
Student Information					
Student's Legal Name		Last		First	
Preferred Name		Sex	Age	Date of Birth	Month
					Day
					Year
Address	Street		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					
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					
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					
Dentist					
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)

RE-ENROLLMENT FORM (continued)

PLEASE READ CAREFULLY. By signing this application I/we understand and agree that:

1. Should my child not respond favorably to South Pointe Christian Pre-School for any reason, I will not try to change the school to fit my needs, but agree to quietly with draw.
2. South Pointe Christian Pre-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 original container with child's name and directions for administrating 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.
3. I understand final acceptance of my child is determined by the administration. The school has full discretion in the class placement and promotion of my child.
4. Promotional advertisements are used by South Pointe Christian Pre-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 Pre-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 polices.

The following polices are set forth by the South Pointe Christian School Board. If other arrangements need to be made, they must be submitted in writing and sent to the School's Office. The School Board will respond within 30 days. You will be notified of their response.

1. Students will not be allowed to attend class if tuition becomes past due by more than 5 days.
2. Registration, book and supplies and tuition fees are **non-refundable**.
3. 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.
4. Students will not be allowed to participate in field trips, incentive programs, etc. if account is not current.
5. Due to general expenses and staff commitments, no reduction can be made in tuition due to absenteeism, school closings due to inclement weather, scheduled days closed for holidays, vacations, teacher workdays, etc.
6. A fee of \$30.00 will be charged to your account for returned checks.
7. A fee of \$5.00 will be charged for late payment. Late fees are charged Tuesday of each week.
8. A fee of \$150.00 will be charged if your child is withdrawn during the school year.

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

South Pointe Christian School PO Box 188 / 28981 Highway 9 Pageland, SC 29728