

St. Timothy School
 5365 Memorial Drive
 Stone Mountain, GA 30083
 Phone 404.297.8913
 Fax 404.292.3396
 www.sttimothyschool.com



OFFICE USE ONLY			
Entering grade	_____		
Classroom	_____		
Received:			
Health Forms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> On File
Transcript	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Approved by Dir.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date_____
Fees Received:			
Application Fee	<input type="checkbox"/> \$25		
Registration Fee	<input type="checkbox"/> \$200	<input type="checkbox"/> \$150	
Materials Fee	<input type="checkbox"/> \$300	<input type="checkbox"/> Other	<input type="checkbox"/> N/A
B/A Registration Fee	<input type="checkbox"/> \$75	<input type="checkbox"/> Other	<input type="checkbox"/> N/A

St. Timothy School is an extension of the church's program of Christian education. It is governed by a Board of Directors from the church. An exciting program, including art, music, science, social studies, computer science, creative movement, readiness, free play and monthly chapel, will be included. We look forward to providing a loving, caring, Christian environment for your child.

2009-2010 Registration Form

All sides of this form must be completed.

Student Information

Student's Full Name _____
Last First Middle Name Child Prefers

Age _____ Date of Birth _____ Male or Female _____ Social Security # _____

Address _____
Street, Apt. City State Zip

Home Phone _____ Mom's Cell Phone _____ Dad's Cell Phone _____

Last School Attended _____ Current Grade _____
Name and Address

Parent/Guardian Information

Marital Status Married Divorced Separate Other _____ Child Resides with _____

Father's Full Name _____
Last First Middle

Father's Social Security # (Required) _____ Father's Email Address _____

Father's Place of Employment _____ Work Phone _____

Father's Address & Phone (If different from child's) _____

Mother's Full Name _____
Last First Middle

Mother's Social Security # (Required) _____ Mother's Email Address _____

Mother's Place of Employment _____ Work Phone _____

Mother's Address & Phone (If different from child's) _____

Please attach comments if you answer yes to any of the following questions: Has your child been in a gifted program? Does your child have an IEP from his/her former school? Has the student been diagnosed with ADD or ADHD? _____

Primary Grades (Kindergarten through 5th Grade):

Please check the grade that your child will be in during the 2009-2010 school year.

- Kindergarten (Must be age 5 by 10/01/09 and pass Readiness test)
- First Grade (Must be age 6 by 10/01/09)
- Second Grade
- Third Grade
- Fourth Grade
- Fifth Grade

Preschool (Age Groups for Nursery through Readiness):

Each age group is the **age your child will be on October 1, 2009**. Please check the day(s) of your choice below.

- Readiness** 5 days (M-F) (Must be age 5 by 12/31/09)
- 4 Yr. Pre-K** 5 days (M-F)
- Young 4** 5 days (M-F)
- 3 Yrs.** 5 days (M-F) 3 days (M,W,F) 2 days (T,Th)
- 2 Yrs.** 5 days (M-F) 3 days (M,W,F) 2 days (T,Th)
- 18-24 mos.** 5 days (M-F) 3 days (M,W,F) 2 days (T,Th) 1 day (F) 1 day _____
- 12-17 mos.** 5 days (M-F) 3 days (M,W,F) 2 days (T,Th) 1 day (F) 1 day _____
- 6-11 mos.** 5 days (M-F) 1 day _____

Policy Agreement for the 2009-2010 School Year

1. Application, Registration, Materials, and Before/After School Registration Fees:

I understand that the Application Fee, the Registration fee, the Materials Fee, and the Before/After School Registration Fees are non-refundable and non-transferable. I also understand that if my child(ren) do not attend St. Timothy School for any reason or withdraw from St. Timothy School during the school year, I am not entitled to any textbooks or workbooks. All textbooks and workbooks remain the property of St. Timothy School.

Parent Signature _____ Date _____

2. Parent Handbook and School Policies:

I agree to read the St. Timothy Parent Handbook and abide by all of the policies and procedures set forth by St. Timothy School.

Parent Signature _____ Date _____

3. Authorization for Medication:

I understand that I must complete an Authorization for Medication Form before my child will be given any medication while at St. Timothy School. I understand that may change in the dosage will require a new form. If there are any adverse reactions, I will be notified. I also understand that I may not send any medication to school with my child or in my child's backpack. I understand that I must bring all medication to the main school office and give it to a director.

Parent Signature _____ Date _____

4. Change in Enrollment Information:

I understand that I must provide St. Timothy School with updated enrollment information as soon as possible. This includes changes in phone numbers, living arrangements, addresses, and emergency contact information.

Parent Signature _____ Date _____

5. School Yearbook, Videos, Field Trips, and Website:

I give permission to include my child's individual photo, classroom photos, and field trip photos in the yearbook, on the website, and all performance videos. Students in Kindergarten through Fifth Grades will take field trips. I understand that I will be notified in advance and provided with information about field trips.

Parent Signature _____ Date _____

6. Permission to Use the Internet (Students enrolled in Kindergarten through Fifth Grade only):

I give permission for my child to use the Internet for classroom projects. (Students will not be allowed to check their email, "chat" or IM while on the Internet.)

Parent Signature _____ Date _____

Parent Tuition Agreement for the 2009-2010 School Year

1. Financial Obligations

PLEASE MAKE CHECKS PAYABLE TO ST. TIMOTHY SCHOOL. (Please include your child's name on the check.)

I understand that tuition is charged as an annual tuition rate. I understand that the annual tuition rate for both Primary and Preschool is broken down into **TEN** (ten) equal payments, July 2009 through April 2010 for convenience. I also understand that all tuition payments are due by the 1st of the month. For payments after the 5th of the month, I understand that there is a \$30.00 late fee per student. I understand that there will be no payment reminder or payment coupons provided by St. Timothy School. I also understand that there is a \$35.00 fee for checks which are returned "Insufficient Funds" and that after two such checks, I must make all future payments with a MONEY ORDER or in CASH.

I also understand that nonpayment of tuition for two (2) consecutive months will result in the relinquishment of my student's place at St. Timothy School and that his/her student records will not be forwarded to a new school until all outstanding tuition and fees have been paid. I also understand that delinquent accounts will be turned over for the collection of funds upon approval by the school board. I also understand that no refunds or deductions will be made for temporary absences, illnesses, school holidays, or days missed due to inclement weather.

Parent Signature _____ Date _____

2. Withdrawal from St. Timothy School

I recognize that St. Timothy School assumes that students are enrolled for the entire school year and will therefore pay the entire annual tuition amount. If unforeseen circumstances require my student to be withdrawn, I understand that St. Timothy School requires **THIRTY** (30) days written notice. I understand that I am also responsible for a tuition payment to cover the last month which my student attends, as well as a tuition payment for the 30 day notice period. Without a 30 day written notice of withdrawal, I understand that I am liable for the entire amount of unpaid tuition for the year.

Parent Signature _____ Date _____

3. Tuition Payments

I, _____, agree that this document is a binding agreement between myself and St. Timothy School. I understand that the tuition for my child, _____, for the 2009-2010 school year is as follows:

Primary School Tuition (Kindergarten through Fifth Grade) Tuition may be paid by one of the following plans:

- Annually:** The entire year's tuition is paid in full by July 1, 2009. Two hundred dollars (\$200.00) may be deducted from the annual tuition amount.
- Quarterly:** The first payment is due by July 1, 2009. The second payment is due by September 15, 2009. The third payment is due by December 15, 2009. The fourth payment is due by February 15, 2010. One hundred dollars (\$100.00) may be deducted from the annual tuition amount. If a payment is missed the \$100.00 savings must be paid with the next payment.
- Monthly:** Tuition is paid on a ten-month plan. The first payment is due by July 1, 2009. The monthly payment is due between the 1st and the 5th of each month thereafter, continuing through April 1, 2010.

My primary school payments will be made as follows: (Please, choose one of the following.)

One **annual** payment of \$ _____ Four **quarterly** payments of \$ _____ Ten **monthly** payments of \$ _____

Parent Signature _____ Date _____

Preschool Tuition (Nursery through Readiness) Preschool tuition is paid on a ten-month, quarterly, or annual plan. (There is a 4% deduction for annual payment of preschool tuition and a 2% deduction for quarterly preschool tuition payments. See above section for due dates.) The first payment is due by July 1, 2009. The monthly payment is due between the 1st and the 5th of each month thereafter, continuing through April 1, 2010.

My preschool child will attend _____ days per week. Preschool tuition is \$ _____ per month.

My child's days will be: Mondays, Wednesdays, and Fridays Tuesdays and Thursdays Other: _____

My preschool payments will be made as follows: (Please, choose one of the following.)

One **annual** payment of \$ _____ Four **quarterly** payments of \$ _____ Ten **monthly** payments of \$ _____

Parent Signature _____ Date _____



FEES CHECKLIST

(Please, **attach the following non-refundable and non-transferable fees** to this form.)

- Application Fee of \$25.00** (For new students only)
- Registration Fee of \$200.00** (\$150.00 for returning students)
- Materials Fee of \$300.00 for Kindergarten-5th Grade**
(Must be paid by April 15, 2009)
- Before and After School Program Registration Fee of \$75.00**
- Testing Fee of \$50.00**
(Only for new students *without* transcript and test scores)

Before and After School Program for the 2009-2010 School Year

Before and After School Program Registration Fee (Please attach non-refundable and non-transferable application fee to this form.)
There is a \$75.00 registration fee for each child enrolled in the Before and After School Program. To have a guaranteed spot the registration fee **MUST** accompany this completed form.

1. Financial Obligations of the Before and After School Program

PLEASE MAKE CHECKS PAYABLE TO ST. TIMOTHY SCHOOL. (Please include your child's name on the check.)

I understand that weekly rates will not be adjusted for days missed due to after school activities, illness, holidays, or inclement weather. I understand that fees for the Before and After School Program are due every Monday morning. If I haven't paid by the following Wednesday, I understand that I will receive a late notice and be charged a \$10.00 late fee per student. I understand that if fees are not paid in full by the following Monday, my child will no longer be able to attend the Before and After School Program and that his/her slot may be filled from the waiting list. I also understand that there is a \$35.00 fee for checks, which are returned "Insufficient Funds", and that after two such checks, I must pay all future fees in CASH.

2. Hours and Pick-Up of the Before and After School Program

I understand that the before school hours begin at 7:00 A.M. and the after school hours are from 3:15 P.M. until 6:00 P.M. during the school term August through May on school days only. I understand that during this time, my child will be provided a snack and organized activities such as homework time, craft time, computer time, recreation time and rest time. I understand that I must escort my child in and out of the building for the Before and After School Program (there will be no carpool drop-off). I also understand that I must read and sign a Before and After School Policy Agreement (to be obtained from the Before & After School Director) prior to my child attending the program. **I understand that for late pick-up (after 6:00 P.M.) there will be a charge of \$1.00 per minute per child.**

Parent Signature _____ Date _____

3. Before and After School Days and Hours for:

Student's Name _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Arrival Time:	_____	_____	_____	_____	_____
Evening					
Pick-up Time:	_____	_____	_____	_____	_____
Days Per Week:	_____		Fee per week: \$ _____		

I agree that the above information regarding the weekly fee, arrival and pick-up times, and days per week are correct.

Parent Signature _____ Date _____

Please attach all applicable fees.