



SARDIS WEEKDAY SCHOOL

www.sardisweekdayschool.org | 704-366-9681

2026-2027 School Year Registration Form

Name of Student: First _____ Last _____

Name/Nickname you want your child to be called and learn to read/write _____

Date of Birth: _____ Age of child: _____ Gender: M ____ F ____

Home Address: _____ Zip: _____

Parent #1 Name: First _____ Last _____

Email Address: _____ Cell Number: _____

Parent #2 Name: First _____ Last _____

Email Address: _____ Cell Number: _____

Work Number: Name of Parent: _____ / Work Number: _____

Name of Parent: _____ / Work Number: _____

Emergency Contacts (Other Than Parents):

Contact Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____



Pick-up Information (People Authorized to Pick-up your child from school)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Please Check Appropriate Space:

_____ Currently enrolled Church Member
_____ Currently enrolled Non-Church Member
_____ Sibling of Presently enrolled
_____ New Family

How did you hear about us?

_____ Google
_____ Drove By
_____ Facebook
Other _____

ENROLLMENT AGREEMENT

A. A registration fee and the curriculum enrichment fee are required. Both the registration fee and the curriculum enrichment fee are non-refundable and non-transferable. Tuition is due on the first day of each month and is late after the 5th. A late fee will be assessed if payment is made after the 5th.

Please initial and acknowledge your agreement with the above policy _____

B. Withdrawals: Notice of student withdrawal must be given in writing to the Director by the 5th of the month so that you will not be responsible for the next month's tuition.

C. We do not give tuition deductions for student absences.

D. *For students in the 3s-TK class. They must be fully potty trained (no Pull-ups) by the start of school*

I acknowledge and understand the above terms and conditions of enrollment.

Signature of Parent: _____ **Date:** _____

Attach most current immunization forms- as they are due by the first day of school

Medical History:

1. Does your child have any allergies? _____

If yes, what allergies? _____

2. Does your child use an Epi Pen? _____

If yes, please explain the allergy and if Epi Pen needs to be always carried. Epi-pen form must be submitted.

3. Is your child currently under a doctor's care? _____

If yes, please share the reason:

4. Is your child on any continuous medication? _____

If yes, please give more information: _____

5. Any history of significant diseases or recurrent illnesses? _____

Please check if yes:

Diabetes: _____ Convulsions: _____ Heart trouble: _____ Asthma: _____

6. Is your child currently receiving therapy (speech, OT, PT, Play therapy...etc.)? _____

If so, please describe: _____

*Signature of Parent/Guardian _____ Date: _____

Medical Contacts:

Physician: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Insurance: _____ Phone Number: _____