



# SARDIS WEEKDAY SCHOOL

www.sardisweekdayschool.org | 704-366-9681

## 2023-2024 School Year Registration Form

Name of Student: First \_\_\_\_\_ Last \_\_\_\_\_

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

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age of child: \_\_\_\_\_

Parent Name: First \_\_\_\_\_ Last \_\_\_\_\_

Parent Name: First \_\_\_\_\_ Last \_\_\_\_\_

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

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

Home address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Cell Phone: Parent Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Work Number: Parent Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Please check the box above if we can use your contact information for our School Directory- Please list any information that you do not want published.

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### Emergency Contacts (Other Than Parents):

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: \_\_\_\_\_

**Please Check Appropriate Space:**

**How did you hear about us?**

- \_\_\_\_\_ Currently enrolled Church Member
- \_\_\_\_\_ Currently enrolled Non-Church Member
- \_\_\_\_\_ Sibling of Presently enrolled
- \_\_\_\_\_ Church Member Not Currently enrolled
- \_\_\_\_\_ General Public

- \_\_\_\_\_ Google
- \_\_\_\_\_ Drove By
- \_\_\_\_\_ Facebook
- \_\_\_\_\_ Referred by \_\_\_\_\_
- Other \_\_\_\_\_

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**ENROLLMENT AGREEMENT**

**A.** A registration fee and the curriculum enrichment fee is required. Both the registration fee and the curriculum enrichment fee are non-refundable and non-transferable. Tuition is due the first day of each month and is late after the 10<sup>th</sup>. A late fee will be assessed if payment is made after the 10<sup>th</sup>.

**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 10<sup>th</sup> 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.** The insurance fee is payable in September.

**E.** 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 child have any allergies? \_\_\_\_\_

If yes, what allergies? \_\_\_\_\_

2. Does your child use an Epi Pen? \_\_\_\_\_

if yes, explain allergy and if Epi Pen needs to be always carried

\_\_\_\_\_  
\_\_\_\_\_

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

If yes, for what reason: \_\_\_\_\_

4. Is your child on any continuous medication? \_\_\_\_\_

If yes, when and for what? \_\_\_\_\_

5. Any history of significant previous diseases or recurrent illness? \_\_\_\_\_

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: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**SARDIS WEEKDAY SCHOOL  
2023-2024 SCHOOL YEAR TUITION RATES**

**\*MARK YOUR CLASS CHOICE APPROPRIATE TO CHILD’S AGE:**

<b>TODDLERS (Turns one years old by August 31<sup>st</sup>)</b>			
<b>*Choice</b>	<b>Class Days</b>	<b>Monthly Tuition</b>	<b>Curriculum Enrichment Fee</b>
	Tuesday/Thursday	\$320	\$100
	Monday/Wednesday/Friday	\$370	\$100
	Monday - Friday	\$465	\$100

<b>TWO-YEAR-OLDS (Turns two years old by August 31<sup>st</sup>)</b>			
<b>*Choice</b>	<b>Class Days</b>	<b>Monthly Tuition</b>	<b>Curriculum Enrichment Fee</b>
	Tuesday/Thursday (Young 2s) Turn 2 by August 31- Dec. 1	\$320	\$100
	Monday/Wednesday/Friday	\$370	\$100
	Monday - Friday	\$465	\$100

<b>THREE-YEAR-OLDS (Turns three years old by August 31<sup>st</sup>)</b>			
<b>*Choice</b>	<b>Class Days</b>	<b>Monthly Tuition</b>	<b>Curriculum Enrichment Fee</b>
	Monday/Tues./Wed./Thursday	\$418	\$100
	Monday - Friday	\$465	\$100

<b>FOUR-YEAR-OLDS (Turns four years old by August 31<sup>st</sup>)</b>			
<b>*Choice</b>	<b>Class Days</b>	<b>Monthly Tuition</b>	<b>Curriculum Enrichment Fee</b>
	Monday/Tues./Wed./Thursday	\$418	\$100
	Monday - Friday	\$465	\$100

<b>TRANSITIONAL KINDERGARTEN (Turns 5 years old by December 1)</b>			
<b>*Choice</b>	<b>Class Days</b>	<b>Monthly Tuition</b>	<b>Curriculum Enrichment Fee</b>
	Monday – Friday	\$500	\$100

**REGISTRATION FEE:**

**First Child:** \$90.00 (Sardis Member) / \$120.00 (Non-Sardis Member) **Each Additional Child:** \$65

**Curriculum Enrichment Fee:** \$100 (Storyteller, Music & Movement, Special Events Expense)

**Attach Registration Fee and Curriculum Enrichment Fee (both non-refundable)**

**Make checks payable to: Sardis Weekday School**

or visit our website for PayPal payments at [SardisWeekdaySchool.org](http://SardisWeekdaySchool.org)

**QUESTIONS?**

Contact Kristen Suh, Director at (704) 366-9681 or [kristen.suh@sardis.org](mailto:kristen.suh@sardis.org)

**Name of Student:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Parent Information:**

**Mom: Name:** \_\_\_\_\_

**Dad: Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_