



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.

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 _____

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 10th. A late fee will be assessed if payment is made after the 10th.

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 10th 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: _____