



# SARDIS WEEKDAY SCHOOL

www.sardisweekdayschool.org | 704-366-9681

## 2024-2025 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 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 5<sup>th</sup>. A late fee will be assessed if payment is made after the 5<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 5<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.** 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 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: \_\_\_\_\_