



ALPINE CHRISTIAN SCHOOL ENROLLMENT PACKET



STUDENT INFORMATION

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

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Gender:  Male  Female

Student Ethnicity:  Caucasian  Hispanic  African American  Asian  Other \_\_\_\_\_

Student Citizenship:  USA  Mexico  Canada  Other \_\_\_\_\_

HOUSEHOLD

Please make sure to include information for parents/guardians in all households for emergency contact purposes. Attach additional information if necessary.

Caregiver #1

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  Male  Female

Relationship to Student: \_\_\_\_\_

Custodial Rights?  Yes  No

Financial Responsibility?  Yes  No

Receive Emails?  Yes  No

Marital Status:  Single  Married  Divorced

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Caregiver #2

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  Male  Female

Relationship to Student: \_\_\_\_\_

Custodial Rights?  Yes  No

Financial Responsibility?  Yes  No

Receive Emails?  Yes  No

Marital Status:  Single  Married  Divorced

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

**AFTER SCHOOL CARE:**

Does your child need before school care (7:45am-8:10am) or After School Care (3:00pm-5:30pm)?

Before School Care (\$50.00/month or \$3.00/day)

After School Care (\$180.00/month or \$3.00/day)

Do you give permission for your child to walk to and from school?

Yes

No

Do you give permission for your child to be captured via photo or video and used to promote Alpine Christian School on social media, ACS website, newsletters, or other promotional publications?  Yes  No

I give permission for my child to be transported to and from field trips or other special events or activities that I will be notified of in advance. I agree to waive and release all claims, present or future, for damage, injury or loss to the student of the student's property which may be caused by any act, or failure to act, by Alpine Christian School, its administrators, teachers, employees, agents, students, parents, or others acting on the school's behalf and agree to not sue for relief arising from such claims.  Yes  No

**EMERGENCY CONTACTS**

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

**Relationship:** \_\_\_\_\_

Authorized Pickup?  Yes  No

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

**Relationship:** \_\_\_\_\_

Authorized Pickup?  Yes  No

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

**MEDICAL INFORMATION**

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Hospital: \_\_\_\_\_

**PERMISSION TO TREAT: STUDENT LIABILITY AND MEDICAL RELEASE (INITIAL EACH LINE)**

\_\_\_\_\_ I hereby agree to release Alpine Christian School, its representatives, agents, and employees from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while participating in school activities, including travel.

\_\_\_\_\_ I do voluntarily authorize the Alpine Christian School and designee to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency treatment for the named person as deemed necessary in medical judgment.

\_\_\_\_\_ I agree to indemnify and hold harmless Alpine Christian School and said designees for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical practices.

Does your child have any existing medical conditions?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your child have any known allergies?  Yes  No

If yes, please list: \_\_\_\_\_

Do you give permission for Alpine Christian School to medicate your child with Tylenol?  Yes  No

Does your child have any physical restrictions?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your child taking any medications?  Yes  No

If yes, please explain: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **FINANCIAL POLICY**

Alpine Christian School's primary source of income is tuition. It is vital that all ACS families understand their financial commitments to the school and faithfully pay all tuition and other fees on time.

**CONSEQUENCES OF DELINQUENT ACCOUNTS:** Tuition payments are due on the first of each month and are considered late after the 5<sup>th</sup> of each month. If your account has an unpaid balance, a fee of \$25.00 will be assessed. If your account is unpaid by 8:00 am on the last day of the month, you will be jeopardizing your child's place in our school, and your account may become suspended.

**SUSPENDED ACCOUNTS:** An account can become suspended as a result of more than two (2) NSF returned checks, or after an account has become 30 days delinquent and no payment arrangements have been made with the school office. Once an account has been suspended, Alpine Christian School reserves the right to remove the student(s) from school. After a student has been removed from the program due to a suspended account, the responsible payer will then have 30 days to pay off the past due balance. The student(s) will remain out of school until the outstanding balance is paid in full. If after 30 days either payment has not been received in full, payment arrangements have not been made or payer defaults on any portion of the payment plan, the account will then be sent to collections.

**WITHDRAWAL NOTIFICATION:** Students who withdraw during the school year are expected to give a 30-day written notice, pay a \$450.00 withdrawal fee, and must complete the withdrawal paperwork located in the school office. Tuition refunds will be determined on a prorated basis, which will depend on the exact day the student withdraws and the date that is on the withdrawal paperwork.

**REFUND POLICIES:** Upon termination of enrollment, tuition will be pro-rated based on the number of school days attended. The pro-rated tuition, minus the 30-day notice given and the withdrawal fee, will be compared to the amount of tuition paid, leaving either a refund due to the school family or a payment due by the school family.

**UNIFORMS:** All students are required to order school uniforms through the school. The school will not refund money for the school uniforms that are not used or do not fit. It is the responsibility of the parents to order the proper sized clothing for their children.

**BILLING QUESTIONS:** Please direct all billing questions or concerns to Gabby Denham or Caroline Luna at Alpine Christian School at (432) 837-5757.

After carefully reading this Financial Policy, please sign and date acknowledging that you understand your financial responsibility.

- I understand that Alpine Christian School can withhold any transcripts requested from other schools and refuse my child seating for final exams if tuition is in arrears. I understand that end of term report cards will be withheld from students with an account of 30 days or more past due.
- I understand that monthly payments are required to be made at school office, via mail to 1901 Loop Drive, Alpine TX 79830, or by paying invoice online.
- It is my responsibility to inform Alpine Christian School of any change in my financial condition that could affect timely tuition payments.
- Students who withdraw during the school year are expected to give a 30-day notice, pay a \$450.00 withdrawal fee, and must complete the withdrawal paperwork located in the school office.
- I have been informed that no student will be allowed to register for the following academic year until all financial obligations for the prior year are complete with ACS.

## TUITION & FEES

Do you plan to apply for tuition assistance?  Yes  No

Who is financially responsible for your child's tuition & fees? \_\_\_\_\_

If the person(s) financially responsible is not listed as a Parent/Guardian, please provide their name, address, and relationship to student:

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

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

Phone Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### 2019-2020 Tuition Rates & Payment Options

#### **BRIDGE-K:** (3 & 4 year olds - potty-trained)

New Enrollment Application Fee: \$85.00

New Enrollment Fee: \$125.00

Re-Enrollment Fee: \$110.00

Half Day: \$350.00 per month

Monday - Friday: 7:45 a.m. - 12:30 p.m.

Supply Fee: \$50.00

Snack Fee: \$50.00

Academic Day: \$400.00 per month

Monday - Friday: 7:45 a.m. - 3:00 p.m.

Supply Fee: \$100.00

Snack Fee: \$100.00

Extended Day: \$460.00 per month

Monday - Friday: 7:45 a.m. - 5:30 p.m.

Supply Fee: \$100.00

Snack Fee: \$150.00

#### **K-12<sup>th</sup> GRADES (8:30am – 3:00pm):**

##### **Kindergarten**

\$275.00 per month for 12 months

\$366.67 per month for 9 months

\$3,300.00 per year

##### **4<sup>th</sup> Grade**

\$408.83 per month for 12 months

\$545.11 per month for 9 months

\$4,906.00 per year

##### **6<sup>th</sup> - 12<sup>th</sup> Grades**

\$583.34 per month for 12 months

\$777.78 per month for 9 months

\$7,000.00 per year (**Note:** Cost of online courses is included in this amount.)

##### **1<sup>st</sup> – 3<sup>rd</sup> Grades**

\$369.75 per month for 12 months

\$493.00 per month for 9 months

\$4,437.00 per year

##### **5<sup>th</sup> Grade**

\$458.83 per month for 12 months

\$611.11 per month for 9 months

\$5,500.00 per year

##### **Fees Per Student K-12<sup>th</sup> (one-time fee):**

K – 12<sup>th</sup> Grade New Enrollment Application Fee: \$85.00

K – 5<sup>th</sup> Grade New Enrollment Fee: \$375.00

K – 5<sup>th</sup> Grade Re-Enrollment Fee: \$360.00

K – 12<sup>th</sup> Grade Supply Fee: \$200.00

**DISCOUNTS AVAILABLE:**

**Multi-Child Discount**

10% discount per each additional child

**Referral Discount**

10% discount on student tuition if family refers a student who enrolls at ACS & pays full tuition

**Other Options:**

Before School Care (7:45 - 8:10 a.m.): \$50.00 a month per student or Drop-in \$3.00/day

After School Care (3:30 - 5:30 p.m.): \$180.00 a month per student or Drop-in \$10.00/day

**TUITION & ENROLLMENT FEES PAYMENT OPTIONS AVAILABLE:**

1. **One payment** to ACS due by August 1, 2019.
2. **Two payments** made to ACS. The first payment will be due by August 1, 2019 and the second payment will be due by January 2, 2020.
3. **Monthly payments** made over 12 months beginning **June 2019 through May 2020**.

**NOTE:** Students enrolled after June, 2019 will have monthly payments divided out over the school year starting with the month of enrollment through May, 2020.

**ACKNOWLEDGEMENT**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_