

CATHEDRAL CHRISTIAN SCHOOL
2008 – 2009 TUITION AND FEE SCHEDULE
KINDERGARTEN

- * EARLY REG. FOR PREVIOUS STUDENTS – MARCH 1ST -31ST -----\$35.00
- * REGISTRATION BEGINS APRIL 1ST FOR NEW STUDENTS-----\$70.00
- * REGISTRATION FOR EACH ADDITIONAL K3, K4, OR K5 CHILD-----\$35.00

***NON-REFUNDABLE**

KINDERGARTEN REGISTRATION INCLUDES:
YEARBOOK, ACCREDITATION MEMBERSHIP, AND INSURANCE

* BOOK FEE -----
\$150.00

* ACTIVITY FEE -----
\$30.00

***ALL FEES MUST BE PAID BY AUGUST 1**

TUITION IS DUE ON THE 1ST OF EACH MONTH
ALL KINDERGARTEN IS 5-DAY
ALL KINDERGARTEN CLASSES ARE FROM 8:00 UNTIL 12:00 DAILY

TUITION FOR K3, K4, AND K5 -----\$180.00

TUITION FOR EACH ADDITIONAL CHILD WILL BE 10% LESS THAN REGULAR PRICES.

A DISCOUNT OF 10% WILL BE GIVEN FOR TUITION WHEN THE FULL AMOUNT IS PAID
BY AUGUST 31, 2008.

*****WE ACCEPT VISA AND MASTERCARD*****

Cathedral Christian School admits students of any race, color, or national and ethnic origin to all rights, privileges, and activities generally accorded or made available to students of the school. Cathedral Christian School does not discriminate on the basis of race, sex, color, or national and ethnic origin in administration of its educational policies and admission.

STUDENT ENROLLMENT FORM 2008 – 2009

DATE OF ENROLLMENT _____ PAID BY: CASH ____ CHECK ____ # _____

STUDENT'S NAME _____
(Last) (First) (MI)

NICKNAME OR NAME PREFERRED: _____

SOCIAL SECURITY NUMBER: _____

BOY: _____ GIRL: _____ AGE: _____ RACE: _____ BIRTHDAY: _____

NEW ENROLLMENT: ____ RE-ENROLLMENT: ____ GRADE THIS FALL: _____

FATHERS NAME: _____ **SSN:** _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

EMPLOYER: _____ **WORK #:** _____

CELL PHONE #: _____ **HOME PHONE #:** _____

MOTHER'S NAME: _____ **SSN:** _____

ADDRESS (IF DIFFERENT): _____

CITY: _____ **ZIP:** _____

EMPLOYER: _____ **WORK #:** _____

CELL PHONE#: _____ **HOME PHONE # (If Different):** _____

DOES STUDENT RESIDE WITH BOTH PARENTS? _____

IF NOT, GIVE NAME/ADDRESS OF THE PARENT/GUARDIAN WITH WHOM THE
CHILD LIVES WITH: _____

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR FINANCES:

NAMES AND GRADES OF OTHER CHILDREN:

DO YOU ATTEND CHURCH? _____

IF SO, WHAT CHURCH? _____

EXPLAIN BRIEFLY WHY YOU WANT A CHRISTIAN EDUCATION FOR YOUR

CHILD: _____

**Any misrepresentation or omission could result in immediate dismissal of your child.
Please note that all students are placed on a 9 week probationary period in both academics and behavior.**

LIST ALL SCHOOLS ATTENDED INCLUDING KINDERGARTEN:

NAME OF SCHOOL

CITY/STATE

GRADES ATTENDED

MAILING ADDRESS OF MOST RECENT SCHOOL:

HAS THIS STUDENT BEEN RETAINED IN A GRADE? _____

IF YES, WHICH GRADE? _____ FOR WHAT REASON? _____

HAS THIS STUDENT EVER BEEN EXPELLED FROM ANY SCHOOL? _____

IF YES, EXPLAIN _____

HAS THIS STUDENT EVER BEEN SUSPENDED FROM ANY SCHOOL? _____

IF YES, EXPLAIN _____

HAS THIS STUDENT EVER HAD ANY DISCIPLINE PROBLEMS IN ANY SCHOOL? IF YES,

WHY? _____

DOES THIS STUDENT HAVE ANY PHYSICAL OR EMOTIONAL PROBLEMS WHICH REQUIRE SPECIAL MEDICATIONS? _____

IF YES, PLEASE EXPLAIN: _____

IS THIS STUDENT ALLERGIC TO ANY MEDICATION? _____

IF SO, WHAT? _____

HAS THIS STUDENT EVER BEEN DIAGNOSED AS HAVING ANY LEARNING DISABILITIES? IF YES, PLEASE EXPLAIN IN WHAT AREAS HE/SHE WAS HAVING DIFFICULTY. PLEASE SUBMIT COPIES OF ANY TESTING RESULTS.

EMERGENCY INFORMATION: RESPONSIBLE ADULT TO CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED.

NAME: _____ RELATIONSHIP TO STUDENT _____

PHONE: _____

CHILD'S PHYSICIAN: _____

PHYSICIAN'S TELEPHONE: _____

PHYSICAL PROBLEMS OR LIMITATIONS: _____

CONSENT FOR MEDICAL TREATMENT

In the event that my child becomes ill or is injured while under School supervision, I approve the School authorities taking the following steps in the following order:

1. Contact a parent or legal guardian of the student and follow his/her instructions.
2. In the event of an emergency when neither parent nor legal guardian can be reached immediately, the School authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest clinic or hospital for consultation and/or treatment.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the Principal, or his designated representative to furnish on my behalf such written or oral authorization as may be so required.

DATE

PARENT/LEGAL GUARDIAN SIGNATURE

NO CHILD WILL BE ADMITTED WITHOUT:

- BLUE IMMUNIZATION FORM
- COPY OF BIRTH CERTIFICATE
- COPY OF SOCIAL SECURITY CARD
- COMPLETED STUDENT APPLICATION
- PREVIOUS YEAR'S PROGRESS REPORT, IF ANY
- SIGNED FINANCIAL COMMITMENT

PLEASE LIST 2 PEOPLE OTHER THAN YOURSELF, WHO WE COULD CALL IN THE EVENT OF AN EMERGENCY*

1. _____
 NAME RELATIONSHIP PHONE#

2. _____
 NAME RELATIONSHIP PHONE#

THE FOLLOWING PEOPLE MAY PICK UP MY CHILD FROM SCHOOL/DAYCARE:

 NAME RELATIONSHIP

 NAME RELATIONSHIP

 NAME RELATIONSHIP

 NAME RELATIONSHIP

THE FOLLOWING PEOPLE MAY NOT PICK UP MY CHILD:

 NAME RELATIONSHIP

 NAME RELATIONSHIP

I HAVE READ AND SIGNED IN ITS ENTIRETY THE APPLICATION FOR ADMISSION TO CATHEDRAL CHRISTIAN SCHOOL.

 INITIAL

BY LAW, WE MUST LET EITHER PARENT PICK-UP A CHILD, UNLESS WE HAVE A WRITTEN COURT INJUNCTION. OTHERWISE, WE CANNOT STOP ANY PARENT.

*IF YOUR HOME OR WORK NUMBER CHANGES DURING THE YEAR, PLEASE NOTIFY THE SCHOOL AS SOON AS POSSIBLE.

Statement of Cooperation and Financial Commitment

I hereby make application for _____ to attend Cathedral Christian School, herein referred to as CCS. In making application I understand and agree to comply, abide, and ensure that the above named student abides by the provisions of the CCS School Board Policies Manual, the Parent/Student Handbook, and the rules and standards set out therein, including, but not limited to, the following:

I understand that:

1. CCS reserves the right to dismiss any student who does not respect and/or abide by its standards or cooperate in the educational process.
2. I understand that I am committed to pay the annual tuition, whether the above named student actually attends or not. CCS reserves space based on firm commitments. The annual tuition amount is forgiven only under the following circumstances.
 - a. Student is dismissed from the school for academic or disciplinary reasons.
 - b. There is a death of the student's parent/legal guardian.
 - c. If the family of the student moves from the area during the school year (25 mile radius from CCS).
3. I agree to pay the annual tuition of \$_____ for the above named student in ten (10) monthly installments of \$_____ due on the 1st and late after the 15th day of each month, beginning August, 2008, all regular fees normally associated with the school year.
4. I understand that if the monthly payment is not made by the close of business of the 15th day of the month that a late fee of twenty dollars (\$20) will be added to my regular tuition fee.
5. I agree to pay upon demand all costs of collection, legal expenses and attorney's fees incurred or paid by CCS in its collection or enforcement of sums due under this agreement.
6. I understand that if my account is at any time two months in arrears, my child (children) will not be admitted to class until the account is up to date.
7. I understand that if I attempt to withdraw the above named student from CCS and owe an outstanding balance, that no records will be transferred until the account is paid in full.
8. I authorize my child to take part in all student activities at CCS including, but not limited to, sports programs and field trips away from the school premises.
9. I absolve CCS, its agents, servants and employees from any and all liability to me or to the above named students due to any injury to the above named student while at CCS or during any activity of CCS.

Date: _____ Signature: _____

Please pray about this upcoming school year and the contracts you are about to sign. Consider our rules a standard for your child and yourself while he/she is attending Cathedral Christian School.

1. All students must be the required enrollment age on or before September 1 of this year.
2. Every student's parent must fill out the teacher information form provided by the teacher, which will contain important first-hand information about your child. This information will be discreetly and securely held by the teacher. It must be given to the teacher on or before the first day of school.
3. Parents, please be honest on the information form if your child has ever been dismissed or asked to leave another school because of behavioral or discipline problems.

If you intend for your child to receive proper guidance in academic and spiritual training, then your honesty with us concerning your child is of the greatest importance.

4. Students should always be on time. The first bell rings at 7:50 a.m. Students who arrive after 8:00 will be considered tardy. The State of Alabama requires that teachers keep an Alabama State Attendance Register. We must keep an accurate record of days present, absent, or tardy (three tardies equals one absence). Students who accumulate more than NINE excused absences in one semester will be considered "failing due to excessive absences" and will be retained (not promoted). If a child arrives after 10:00 a.m. or checks out before noon, he/she will be considered absent that day.
5. Elementary students are dismissed at staggered times from 2:50-3:00 p.m. You should be at school to pick up your child at the appropriate time. All students must be picked up no later than 3:15. If you will need aftercare, you must be registered with the aftercare program for your child to attend. No drop-ins are allowed except in cases of emergency. There are a certain number of spots in the aftercare, so register early if you will need this service.

6. **Any time you need to speak with the teacher, please make an appointment through the office. The teacher's in-class time belongs to your child. Teachers can make appointments before or after school or during their planning periods. Making appointments is an economical use of your time.** Field trips, parties, and incidental meeting in the hall are not times to discuss academics with your child's teacher.

Once again, please remember to keep the school office and your child's teacher informed when you have changes in addresses, phone numbers, or other pertinent contact information.

Signed _____

Date _____

Child's name _____

This copy will be kept on file