



Epiphany
Montessori School
2018-2019
REGISTRATION
PACKET

*Providing Academic Excellence in a Christian Environment
for Children ages Three through Five*

206 N. Third Street
Kingsville, TX 78363
(361) 592-2871
(361) 592-2105 fax

Admissions@EpiphanySchoolKingsville.org
www.epiphanychoolkingsville.org

For Office Use Only:

Non-refundable Registration Fee: Amount Paid: _____

Payment Plan: _____ Pay in Full _____ Monthly

Plan 1 _____ Plan 2 _____ Plan 3 _____ Plan 4 _____ Plan 5 _____

Initial Payment: Amt. _____ Ck# _____

Birth Certificate _____

Immunization record _____

Hearing / Vision Record _____

Referred by _____

Social Security Card _____

Transfer records _____

Afterschool Care _____

APPLICATION PROCEDURES:

1. Fill out the application packet including the Fundraising Participation Agreement and return it to the office with the \$150 (non - refundable) registration fee.
2. New students must provide birth certificate, Social Security card, and current/updated immunization record.
3. All 4 and 5 year old students are required to have hearing and vision screening.
4. Returning students must have all tuition and fees incurred during the preceding school year paid in full to be considered for admission. Returning students must provide updated immunization records and results of current hearing and vision screening.
5. Epiphany School utilizes Smart Tuition to make your tuition payments easy and convenient.
6. Applicants for scholarships are available online at www.factstuitionaid.com.

Epiphany Episcopal School does not discriminate on the basis of race, color, gender, or ethnic origin in the admission of students or in the administration of its educational programs.

FINANCIAL POLICY

Tuition, as set by the Board of Trustees, is payable on a ten – month basis from August through May. The first tuition payment and all fees must be paid by August 10th. Tuition may also be paid weekly, by semester, in full for the year.

All tuition and fees acquired during the school year will be recorded and billed by Smart Tuition.

Pay-in-Full Discount: A 5% total discount will be awarded for total tuition paid in full in advance by August 10th.

Family Discount: Families with more than one child enrolled in the school will receive a 5% discount on their total tuition. Families with more than one child enrolled may also receive the Pay-in-Full discount if the total tuition is paid in full in advance by August 10th.

Early Withdrawal: If the student(s) is (are) withdrawn before the school year starts, tuition is refundable only if the class(es) in question is (are) full on the first day of class.

Withdrawal: We require at least thirty (30) days written notice to the school office if a student is to be withdrawn. Failure to give said notice will result in the assessment of one month's tuition. All school records will be withheld until the assessment of one month's tuition and any outstanding tuition, fees, or other charges are paid in full. If final payment is made by personal check, all records, including, but not limited to report cards, will be held until the check has cleared the bank. In the event of an account being eligible for any refund, all refunding decisions may be reviewed and acted upon by the Board of Trustees.

Late Fees: A \$30.00 late fee will be assessed on all payments received after the 10th of the month.

Account-in-Arrears: In the event of a monthly account falling thirty (30) days in arrears, students will not be permitted to attend classes, receive progress reports, and/or report cards until the account is paid and made current.

Insufficient Funds (NSF)& CLOSED ACCOUNT Check Fee: A \$30.00 fee will be charged for each check that is returned from the bank declared “(Insufficient Funds/NSF)” or written on a CLOSED ACCOUNT. After two returned checks, we will only accept payment on any tuition, fees, or other charges in the form of cash, a cashier's check, or a bank or postal money order.

Initials _____

ANNUAL FEES SUMMARY PER STUDENT

Epiphany School like other private schools that do not receive federal funds, has always depended on fundraising to maintain our financial stability. Epiphany has historically had a raffle in the fall and an auction in the spring. Again, historically parents have been required to sell 'x' number of raffle tickets. Several years ago, the parents asked for the option to pay a fee rather than sell raffle tickets, hence you have the option to pay as indicated below:

Registration Fee: \$150 (non- refundable)

<u>Tuition</u>	<u>Plan 1:</u>	<u>Times</u>	<u>*Monthly + Raffle</u>	<u>Monthly - Raffle</u>
	Pre-K 3	½ Day- 8:00-12:00	\$420.00	\$440.00
	<u>Plan 2:</u>			
	All grades	Full Day	\$500.00	\$540.00
	<u>Plan 3:</u>	Full Day + Lunches	\$580.00	\$620.00
	<u>Plan 4:</u>			
	All grades	Full Day +Aftercare	\$600.00	\$640.00
	<u>Plan 5:</u>			
	All grades	Plan 4 + Lunches	\$680.00	\$720.00

For the 2018-2019 school year, all students registered on or before May 31, 2018 will have the \$150 registration fee applied to their first month's tuition.

*FUNDRAISING PARTICIPATION AGREEMENT

_____ I/we agree to participate 100% in the fall fundraiser (Unsold raffle tickets will be posted to the parents'/guardians' statement at the first of the next month.)

HOT LUNCH PROGRAM

Lunch (includes milk) \$4.00

Milk \$.50

1. All lunches and milks will be charged on a daily basis and will be posted to the parents'/guardians' statement at the first of the next month.
2. Lunch count is taken each morning by 8:15.
3. Hot lunches are ordered from the Kingsville School District (KISD) by **8:30 a.m.**
4. Parent(s)/guardian(s) of students who arrive after lunch count in the classroom must inform the office if a hot lunch or milk will be needed by **8:30 a.m.**
5. Parent(s)/guardian(s) of students who arrive **after 8:30 a.m.** will be responsible for providing lunch for their child (ren).
6. Students who do not wish to eat hot lunch must bring a cold lunch from home. Milk is available for students bringing a cold lunch and must be ordered during morning lunch count.
7. Students do not have access to microwaves, nor can faculty, staff, or parents/guardians heat lunch items for students. Refrigeration is not available, so cold lunches should be packed with food safety in mind.
8. Menus are provided by KISD. Menus are subject to change without notice due to availability of items.
9. All students and parents/guardians must not enter the kitchen area of the Parish Hall at any time due to liability concerns.

Initials _____

EXTENDED CARE PROGRAM

HOURLY OPTION	3:15 - 5:30 p.m.	\$4.00 per hour
OVERTIME CHARGES	after 5:30 p.m.	CHARGED TO HOURLY <i>AND</i> CONTRACT FAMILIES <i>PER</i> <i>CHILD</i> : Regular rate of \$4.00 an hour <i>plus</i> \$2.00 a minute

Hourly Extended Care and overtime charges will be charged on a daily basis and will be posted to the parent'/guardians' statement at the first of the next month.

EXTENDED CARE PROGRAM SUMMARY

I. OBJECTIVES

- A. To provide a service to our parents and to continue the Christian atmosphere in our Extended Care Program.
- B. To focus on learning to be self-reliant, developing a good self-image, and acceptance of personal responsibility.

II. ENTRANCE REQUIREMENTS

- A. Children must be enrolled in Epiphany Episcopal School.
- B. Required documents:
 - 1. Completed Emergency Information Card.
 - 2. A written consent letter is needed for persons other than those specified on the emergency card to pick up any child. In an emergency, the parent is responsible for making these special arrangements.

III. DISCIPLINE

- A. Discipline in this extended care program is directed in the hope that we will promote self-discipline and acceptable behavior. All school rules apply during the Extended Care Program and the Assertive Discipline Plan outlined in the *Epiphany Episcopal School Parent & Student Handbook* will be followed.

IV. SNACKS

- A. The school does not provide snacks for those children enrolled in the Extended Care Program. It is the parent(s) or guardian(s) responsibility to provide an appropriate and healthy snack for their child(ren).

V. DISMISSAL/DEPARTURE

- A. Children will be dismissed through the playground gate at the alley. In case of inclement weather, students will be kept in the Parish Hall. Under these circumstances, the gate closest to the Parish Hall will be used for parental access.

VI. FEES AND CHARGES

- A. Standard fees as outlined below will be paid monthly. Hourly fees are calculated and posted to your account monthly for the preceding month.

VII. SCHOOL CLOSED

- A. Extended Care is not available on days when the school is closed (holidays, teacher in-service, etc.).

Initials _____

ENROLLMENT APPLICATION

Child (ren) applying for admission:

First Name	Last Name	Soc. Security #	Birth date	Grade	M or F	½ -PK3 Only Circle One
						½ FULL
						½ FULL
						FULL
						FULL

STREET ADDRESS: _____

MAILING ADDRESS (if different): _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

Applicant lives with: Both Parents Mother Father Parent & Step-Parent Guardian

Is there a custody agreement in place for this child and do you have the legal right to make educational decisions for this child?
 No Yes (If Yes, please provide documentation)

FATHER/GUARDIAN NAME: _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Employed at: _____

Cell Phone: _____ Work Phone: _____

E-mail address: _____

MOTHER/GUARDIAN NAME: _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Employed at: _____

Cell Phone: _____ Work Phone: _____

E-mail address: _____

Family's Religious Preference:

Please INITIAL the box designating your choice.

Please indicate tuition payment Preference

In full _____	Monthly _____
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Please indicate if you wish to enroll for:

Plan 1 _____	Plan 2 _____	Plan 3 _____	Plan 4 _____	Plan 5 _____
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EMERGENCY CONTACT AND MEDICAL INFORMATION

In the event that I/we cannot be reached, the following persons are authorized to pick up my child (ren):

Name	Telephone #	Cell Phone #	Relationship

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I/we cannot be reached to make any arrangements for emergency medical attention at the time of an illness or accident, I/we hereby authorize the Head of School or other school personnel to take my/our child (ren)

to _____, at _____ or
(Name of Preferred Physician) *(Preferred Physician's address)*

to _____, at _____
(Name of Emergency Medical Care Facility) *(EMC address)*

or to the nearest hospital for treatment.

I give consent for Epiphany Montessori School to secure any and all necessary emergency medical care for my child.

(Parent(s)/Guardian(s) Signature) *Date*

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which EMS should be aware.

PHOTO/IMAGE RELEASE FORM

I/We give permission for photos and/or images of my child captured through video, photo, and digital camera, to be used in connection with all Epiphany Montessori School academic and non-academic activities, including the web site and any and all school publicity. I/We understand that all photos and/or images will become the property of Epiphany Montessori School. I/We further understand and agree that I/we waive any and all present or future compensation rights to the use of said photos and/or images. In addition, I/we understand and agree that children attending field trips may be photographed or videotaped by news media beyond the control of Epiphany Montessori School.

(Parent(s)/Guardian(s) Signature)

(Date)

WEB PAGE PERMISSION

Epiphany Montessori School has a web page. We realize that anyone with access to the Web will be able to view our page. We feel that the privacy and/or safety of our students will not be jeopardized if we use the limitations below. By signing this form, you give your permission for your child's work and/or photographs to be published on our site.

_____ My child's WORK/PHOTOGRAPH may be electronically displayed.
I understand his/her LAST NAME WILL NOT be included.

_____ Please DO NOT electronically display my child's work, name, or picture.

(Parent(s)/Guardian(s) Signature)

(Date)

WALKING FIELD TRIP PERMISSION FORM

My child (ren) _____ has/have my permission to travel with his/her/their classroom teacher(s) and classmates on school-approved field trips during the school year.

(Parent(s)/Guardian(s) Signature)

(Date)

For any field trips requiring transportation, teachers will send home a separate permission slip. Parents/Guardians who drive for field trips will be required to keep a copy of their current driver's license and proof of insurance on file in the school office

Parent(s)/Guardian(s) Agreement Contract

By my/our signature(s) below, and with my/our initials on the pages of this document, I/We hereby wish to make application for enrollment for my/our child (ren) to Epiphany Montessori School. I/We have read and understood the Epiphany Montessori School 2018-2019 Registration Packet including: *Application Procedures, Provisions for Enrollment, Fundraising Participation Agreement, Enrollment Application Form, Annual Fees Summary, Extended Care Program Summary, Medication Administration Policy, Medical Release Form, Emergency Contact Form, Photo/Image/Web Page Release Form, Field Trip Permission Form, and Parent(s)/Guardian(s) Agreement Contract.*

I/We understand that in order for my/our child (ren) to be enrolled at Epiphany Montessori School, I/we agree to abide by the provisions, policies, rules, and regulations. I/We further acknowledge that I/we take full financial responsibility for any tuition and fees that my/our child's/children's enrollment incurs, including but not limited to the fundraising participation agreement.

I/We also understand that the items listed above are designed as informational guides for the procedures of Epiphany Montessori School; however, they are not a comprehensive list of all the rules and procedures. Individual teachers will advise students of their own classroom rules. Parent & Student Handbooks will be available online before the beginning of the school year. Any administrative changes may be added at the discretion of the Head of School and/or the Board of Trustees. I/We further understand that I/we will be notified of any changes in these general guidelines listed above.

I/We understand and agree that in order for Epiphany Montessori School to be able to provide a quality educational institution for all students that I/we must take full responsibility for and provide my/our support in assisting the school faculty and staff in maintaining an atmosphere which is conducive to intellectual, physical, emotional, and spiritual growth, including fundraising.

Father's/Guardian's Signature

Mother's/Guardian's Signature

Date

Date

Grandparents & Special Friends Form

The following information is needed for special events and other mailings. Special Friends could be any adult that you, as a parent/guardian, feel is important in the life of your child (ren).

Paternal Grandparents (Father's Parents)	
Name	
Address	
City/State/Zip	

Maternal Grandparents (Mother's Parents)	
Name	
Address	
City/State/Zip	

Special Friends	
Name	
Address	
City/State/Zip	

Special Friends	
Name	
Address	
City/State/Zip	

Special Friends	
Name	
Address	
City/State/Zip	