

ST PAUL'S EPISCOPAL DAY SCHOOL

188 South Swinton Avenue, Delray Beach, FL, 33444 Tel: 561-278-4729

All classes are for children age 3 or 4 years by September 1 of the year of enrollment

APPLICATION FOR ENROLLMENT

Class applying for*: _____ Child's date of birth: _____

Child's full name: _____ Sex: _____

Child's nickname (if any): _____

Address: _____

Home phone: _____ Email: _____

Father's name: _____

Place of employment: _____

Business telephone: _____ Cell phone: _____

Mother's name: _____

Place of employment: _____

Business telephone: _____ Cell phone: _____

Family church affiliation: _____

With whom does the child live: _____

Student's siblings:

| Name | Age | School currently attending |
|------|-----|----------------------------|
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**The director of St Paul's Day School reserves the right to determine which class provides the optimal environment for your child. An evaluation of each child in the 3 year old classes will be performed at the end of the school year. The teachers and director will then decide upon the appropriate placement for your child for the following school year. An offer of a place in this class will then be made to you.*

Persons authorized to pick-up child: _____

If parents cannot be reached, call: _____

Telephone number: _____

Name of child's physician: _____

Telephone number of physician: _____

REGISTRATION

The yearly registration fee is \$250 and **MUST** accompany this application. *\$150 of the registration fee will be applied to the first month's tuition.*

- School hours are from 8:30 am - 12:00 noon.
- Parents must arrange for child's transportation.

TUITION

- Annual tuition is \$3,500.00 based upon a ten month calendar.
- The first month's tuition is due on **August 1**. The last payment is due of **May 1**.
- Monthly tuition fee is \$350.00 due on the first day of each month, through the month of May.
- Payment may be made by check payable to St Paul's Episcopal Church or by credit card. Please see Bill Hurd in the church office to set up credit card payments.
- Statements are not mailed out.
- Payments not received within 30 days are considered overdue. A letter will be sent reminding you of this situation. The matter must be addressed with the school within 5 days of receipt of this letter. Your child (or children) will not be permitted to return to school until the matter has been resolved.
- No rebate is allowed for less than one month's absence.

ENROLLMENT AGREEMENT

Signing below indicates your acceptance of the registration and tuition terms and this becomes a binding contract between the undersigned and St Paul's Episcopal Day School.

Parent/Guardian

Date

VERY IMPORTANT - HEALTH RECORD

Palm Beach County Health Department requires **ALL** children entering school to have their immunization record and physical examination records on file. Your doctor has these Health Forms. Please complete and provide these on the first day of school. Please provide any additional information regarding any mental and/or physical conditions that may require special attention or be otherwise useful for our staff to know.

We request permission from parents/guardians to give emergency medical treatment by a licensed physician if the parent or guardian cannot be reached. By signing below, you give permission to the school to do so.

Signed: _____

Relationship to child: _____

Date: _____

PERMISSION FOR USE OF CHILD'S IMAGE

Please sign this form to grant your unrestricted permission or to deny your permission to St Paul's Episcopal Day School and Church to use your child's image in print, video, and digital media. By signing you agree that these images may be used by St Paul's Episcopal Day School and Church for a variety of purposes, including but not limited to, printed materials and on the St Paul's Episcopal Day School and Church website, and that these images may be used without further notification. The child's surname will not be used in conjunction with any image.

Child's Name: _____

Grant permission to use child's image.

Deny permission to use child's image.

Parent/Guardian signature: _____

Date: _____