

# Trinity Christian School Summer Advantage 2018 Registration Form

Entering Grade in the Fall: Kindergarten

**Student Information**

|  |            |   |
|--|------------|---|
| Student's Last Name  | First Name | Birthdate   |
| Address (Street, City, Zip)  |            | Home Phone  |
| Father/Legal Guardian (Authorized to pick up child)  |            | Mother/Legal Guardian (Authorized to pick up child) |
| Cell Phone   | Work Phone | Cell Phone  |
| Email address (Enrollment confirmation and summer information will be emailed to this address) |            | Current School                                      |

**Emergency/Medical**

|                           |                                   |
|---------------------------|-----------------------------------|
| Name of Physician         | Phone number                      |
| Special Health Conditions | Allergies (food, medicine, other) |

**Pick-Up and Emergency**

1)

|   |            |                       |
|---|------------|-----------------------|
| Additional Authorized Pick Up/Emergency Contact | Address    | Relationship to Child |
| Home Phone                                      | Cell Phone | Work Phone            |

2)

|   |            |                       |
|---|------------|-----------------------|
| Additional Authorized Pick Up/Emergency Contact | Address    | Relationship to Child |
| Home Phone                                      | Cell Phone | Work Phone            |

3)

|   |            |                       |
|---|------------|-----------------------|
| Additional Authorized Pick Up/Emergency Contact | Address    | Relationship to Child |
| Home Phone                                      | Cell Phone | Work Phone            |

*Please attach another page, if necessary.*

**Permission Form**

I have read and understand the General Information provided in the Summer Advantage Course Catalog and agree to the payment plan and payment deadlines listed.

I authorize Trinity Christian School personnel to contact my physician or accompany my child to Castle Medical Center if I am not available at time of emergency.

I hereby give my child permission to attend any field trip that may be included as part of Summer Advantage. I understand that neither Trinity Christian School nor the summer staff are liable for any accident or injury.

|                                 |      |
|---------------------------------|------|
| Signature of Parent or Guardian | Date |
|---------------------------------|------|

*Registration Form must be filled out completely or it may be returned*

Student's Name: \_\_\_\_\_

To select a class or program in a Session, indicate by writing a check "✓" or an "X" in the box to the left of the selection, then writing the tuition amount under "Write in Tuition". Add the total cost per session, then overall Total.

**Kindergarten - Session 1 (June 4 – June 29)**

| Choice                              | Course Title              | Tuition                       | Write in Tuition |                            |
|-------------------------------------|---------------------------|-------------------------------|------------------|----------------------------|
| <input type="checkbox"/>            | 6:45-8:00                 | Before School                 | \$80             |                            |
| <input checked="" type="checkbox"/> | <b>8:00-11:50</b>         | <b>Kindergarten Readiness</b> | <b>\$620</b>     |                            |
| <input type="checkbox"/>            | 11:50-2:30                | Afternoon Discovery           | \$400            |                            |
| <input type="checkbox"/>            | Only if registered for AD | Lunch (5 days per week)       | \$120            |                            |
| <input type="checkbox"/>            | 2:30-5:30                 | After School                  | \$240            |                            |
|                                     |                           |                               |                  | <b>Total for Session 1</b> |

**Kindergarten - Session 2 (July 2 – July 20: No class on July 4<sup>th</sup>)**

| Choice                              | Course Title              | Tuition                       | Write in Tuition |                            |
|-------------------------------------|---------------------------|-------------------------------|------------------|----------------------------|
| <input type="checkbox"/>            | 6:45-8:00                 | Before School                 | \$75             |                            |
| <input checked="" type="checkbox"/> | <b>8:00-11:50</b>         | <b>Kindergarten Readiness</b> | <b>\$590</b>     |                            |
| <input type="checkbox"/>            | 11:50-2:30                | Afternoon Discovery           | \$380            |                            |
| <input type="checkbox"/>            | Only if registered for AD | Lunch (5 days per week)       | \$84             |                            |
| <input type="checkbox"/>            | 2:30-5:30                 | After School                  | \$230            |                            |
|                                     |                           |                               |                  | <b>Total for Session 2</b> |

**Summer Advantage TOTAL**

*No refunds after May 15*

Deposit due with Registration

Subtotal

1st payment of 50% due **by 5/1**

Final payment of 50% due **by 6/1**

**After May 15, a \$25 Late Fee will be added to the Tuition and 100% is due with registration.**

Late fee

**100% due at registration**

FOR OFFICE USE ONLY:

|             |               |               |  |
|-------------|---------------|---------------|--|
| Date Rec'd  | Check #       | Check Amount  |  |
| Input to RW | Copied for BO | Email Confirm |  |