



SARDIS WEEKDAY SCHOOL

www.sardisweekdayschool.org | 704-366-9681

2022-2023 REGISTRATION FORM

Name of student: First _____ Last _____

Name/Nickname you want your child to be called and learn to read/write _____

Gender: _____ Date of Birth: _____ Age of child: _____

Parent Name: First _____ Last _____

Parent Name: First _____ Last _____

Email Address: _____

Email Address: _____

Home address: _____ Zip: _____

Home telephone: _____

Cell Phone: Parent Name: _____

Parent Name: _____

Work Number: Parent Name: _____

Parent Name: _____

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Please check the box above if we can use your contact information for our School Directory- Please list any information that you do not want published.

Emergency Contacts (Other Than Parents):

Contact Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Pick-up Information (People Authorized to Pick-up your child from school)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Please Check Appropriate Space:

- _____ Currently-enrolled Church Member
- _____ Currently-enrolled Non-Church Member
- _____ Sibling of Presently-enrolled
- _____ Church Member Not Currently-enrolled
- _____ General Public

How did you hear about us?

- _____ Google
- _____ Drove By
- _____ Facebook
- _____ Referred by _____
- Other _____

ENROLLMENT AGREEMENT

A. when you register, a registration fee and prepayment of tuition is required. Both the registration fee and the prepayment are non-refundable and non-transferable. The remainder of the tuition is divided into 9 equal payments. The first payment is due in September and the last payment will be due in May. Tuition is due the first day of each month and is late after the 10th. A late fee will be assessed if payment is made after the 10th.

Please initial and acknowledge your agreement with the above policy _____

B. Withdrawals: Notice of student withdrawal must be given in writing to the Director by the 10th of the month so that you will not be responsible for the next month's tuition.

C. We do not give tuition deductions for student absences.

D. The insurance fee and Activity fee are due and payable in September.

E. For students in the 3s-TK class. They must be fully potty trained (no Pull -Ups) by the start of school

I acknowledge and understand the above terms and conditions of enrollment.

Signature of Parent: _____ **Date:** _____

Attach most current immunization forms- as they are due by the first day of school

Personal History:

Does child have any allergies? _____

Does your child use an Epi Pen? _____, if yes explain allergy and if Epi Pen needs to be carried at all times.

Medical Contacts:

Physician: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Insurance: _____ Phone Number: _____ Policy Number: _____