**For office use only**: *Reg. pd: $_____Date recd._____ Ck #_____ Ck date_____ EC reg. _____Accept. Ltr._____*

*Facility Fee: $_____ Date recd. _____ Ck # _____ Ck date _____ Add monthly $ _____*

*Multi-child discount: $_____ # of payments: _____ Total Family Tuition Pmt.: $_____AS Pmt:$_____*

**********

# Strickland Christian School Enrollment Contract

**Student's Name:_____ D. O. B. _____/_____/_____ Grade Entering:_____**

**I, (please print) _____, as parent or legal guardian, do hereby enroll the above named child in Strickland Christian School of Austin, Texas, for the 2009-2010 school year.**

**I understand that the tuition is $_____ and is due in full on the first day of school and is non-refundable except as stated in the handbook. As a convenience I elect to pay said tuition in _____ equal installments of $_____ each, for a total of $_____, as stated in the handbook, subject to the approval of the office. If applicable I will pay extended care tuition by ___ May 7, 2009, ___ by September 7, 2009, ___ on the same schedule as tuition, or ___ on the September through May plan. I agree that should any monthly installments remain delinquent beyond the twelfth day of the month, said child may not remain in school until payment of $20 late fee and unpaid installments are paid. I understand that no student records will be released until all accounts are cleared, including the payment of all installments in full, even if I my child does not complete the school year.**

**I understand that the school reserves the right to insist on the immediate withdrawal of any student whose presence in the school is considered detrimental either to the students' or to the school's best interest; and if the school requires the withdrawal of my child, I will be obligated to pay tuition accrued to the date of withdrawal. I have read the section on rules, policies, procedures and discipline in the handbook, and I agree to insist that my child submit to the program of academic and disciplinary regulations, and to all other requirements instituted by the director and carried out by the faculty. I am aware that the Bible relegates to me the duty and responsibility to educate and counsel my own child, but in delegating a portion of that responsibility to the school I agree to cooperate by urging my child to remain diligent in study and to strive toward moral excellence in a manner prescribed by the Bible. I understand the forms of discipline administered at the school and hereby give full discretion to the principal and faculty, including the administering of corporal punishment.**

**I further understand that the school offers participation in competitive sports and activities using playground equipment in which there is involved the normal amount of physical danger attendant upon such sports and activities, and that the school cannot, and therefore does not, assume responsibility for injuries which may result there from.**

**I hereby request that my child, named above, be allowed to ride in a car operated by a member of the faculty of Strickland School or by a driver approved by the faculty on school sponsored or approved trips, and hereby warrant and represent to Strickland School and its employees, that said method of transportation is safe and reasonable for said purpose, and hereby waive any requirements that said driver be bonded, or that said method of transportation be supervised in any manner by Strickland School. Furthermore, I hereby waive, release, and discharge Strickland School from any claim, demand, or cause of action arising out of the transportation of my child by the car, above named, and agree Strickland School is exercising due discretion herein and is not guilty of negligence, nonfeasance, or malfeasance in allowing said method. I also waive, release, and discharge any driver or vehicle owner from any claim, demand, or cause of action arising out of said trip. I am satisfied that the driver of the car is a responsible, careful, and considerate driver and will exercise good judgment.**

**Accompanying this contract is a registration fee and a facilities fee, where applicable, that become non-refundable upon notification of acceptance of my contract. I have read, and do understand and agree to support and abide by the conditions explained in this enrollment contract, and in the Strickland School Handbook of the current year, and do declare that the information supplied on the application for enrollment form is true and accurate to the best of my knowledge. I also agree to keep the school informed of any pertinent changes in my contact information.**

_____ _____

**Date Signed** **Signature of Parent or Legal Guardian**

*For office use only: Interviewed:_____ Accepted on: _____ Grade: _____ Teacher:_____*

**********

# Strickland Christian School Application for Enrollment

**Student's Full Name:_____Preferred Name:_____**

**Street Address:_____City:_____, TX 78_____**

**Phone #: (_____)_____ Date of Birth:_____/_____/_____ Age (as of Sept. 30, 2009):_____**

**Male ____ Female ____ If Kindergarten: Half Day____ Full Day ____ Staying in After School: No ____ Yes, until_____**

**Student lives with (check one):**

**Both parents_____ Mother only_____ Father only _____ Someone other than parent _____**

**If your family is new to Strickland, recommended by: _____**

**Reason for Applying: _____**

**_____**

**Information that could be helpful to our faculty in working with your child: _____**

**_____**

**Previous School Attended: _____ City _____State _____ Zip_____**

**Siblings attending Strickland School in the 2009-10 school year: Name: _____Grade: _____**

**Name: _____Grade:_____ Name: _____Grade:_____**

## Parents or Guardians

**Name: _____ Relationship: _____Church Affiliation:_____**

**Occupation: _____ Company Name:_____**

**Work Phone: _____ Cell Phone: _____ E-mail: _____**

**Name: _____ Relationship: _____ Church Affiliation: _____**

**Occupation: _____ Company Name: _____**

**Home Address (if different): _____ City: _____ , TX 78_____**

**Home Phone (if different): _____ Work Phone: _____ Cell Phone :_____**

**E-mail:_____**

**In the case of an emergency when parents cannot be reached, contact:**

**Name: _____ Relationship: _____Phone #1: _____ #2: _____**

Student's Name: _____ Grade_____

***Last*** ***First***

By signing this form I give my permission for any Strickland School staff member to administer the following medications or medical treatments to my child when deemed necessary. The staff member will record the name of the medication, date, time, and the amount given. This form will be kept on file. Medications will be administered according to pre-stated parental directions or according to medication label. We cannot be responsible for medications that the student takes without the knowledge of the teacher or that is self-administered.

Please initial all medications that you will approve in the boxes provided.

**First aid for cuts, skin irritations, insect bites and stings:**

p Alcohol solutions p Antibiotic ointment p Benadryl ointment

**First aid for minor pain,headaches or allergies:**

p Acetaminophen (Tylenol) p Ibuprofen (Advil or Motrin) p Benadryl p Other_____

Medications that my child takes daily or on a regular basis (inhalers, insulin, etc.):

Name of medication: _____ Dosage: _____

Time Taken: _____ Reason for medication: _____

Allergies to medications: _____

Serious Conditions or Illnesses: _____

Please sign below if the above first aid measures and medications indicated are acceptable. You are giving permission for our staff to administer these medications.

Signature of parent or guardian _____

Printed name_____ Date _____

## CONSENT FOR EMERGENCY TREATMENT FOR STUDENTS

I, _____, the parent or guardian of _____, do hereby give my permission to Strickland Christian School, its teachers, administrators and staff to request medical treatment for the above named child in the event of an emergency.

_____ _____

Signature Date

_____ _____ _____

Doctor's Name Address Phone

❶

# Pick-up Authorization Sheet

**Child's Full Name:_____Grade_____Home phone_____**

**My child will be picked up at _____ 12:00 _____ 3:00 _____ Later Please specify time: _____**

**Only the following authorized persons may pick up my child from school:**

| Name | Phone # | Alternate Phone # | Relationship |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**If you are divorced, we must know who has custody of your child. Please also indicate if any parent is not permitted to pick up your child Please provide any additional information that may be beneficial for your child's teacher to know regarding your family circumstance.**

_____

_____

**Please use the reverse side of this sheet to add any other information you wish.**

| _____ | _____ | _____ |
|---|---|---|
| **Printed Name** | **Signature** | **Date** |

O

PARENT AND VOLUNTEER AGREEMENT

_____
Child(ren)'s Name(s)

**The purpose of this agreement is to inform all parents and volunteers about the school's policies and procedures and to insure a safe environment for our students, staff, parents, and volunteers. Please read the agreement and sign where indicated. The form must then be returned to the school office. If you have any questions, the teacher or principal will be happy to help.**

1. Volunteers work with and for the teachers and principals and must follow their directions. Volunteers work at the discretion of Strickland Christian School, its director, administrators, and faculty and may be dismissed at any time for any reason.

2. Volunteers must not talk to children about personal family matters nor give advice about those affairs or problems which are normally the responsibility of the family.

3. Volunteers must call 911 in the event of an emergency and inform the teacher or staff member on duty immediately.

4. Volunteers must report suspected child abuse to the principal and to the child abuse hotline, which is posted near each school telephone.

5. Volunteers must be aware of the rules and procedures for discipline and safety found in the current school handbook and safety standards and must abide by those rules and procedures and encourage the children to abide by them also.

6. Volunteers must report discipline problems to the teacher in charge and must not prescribe punishment.

7. Volunteers must not be in the vicinity of the children or the school if they have any communicable diseases. Food service volunteers, including lunch monitors, must not work if they have any open cuts or wounds.

8. Drivers for field trips assure the school that their vehicles are mechanically safe and well maintained. Drivers will operate their vehicles only when they are physically and mentally capable of doing so and with proper regard for all traffic laws, signals, markings, and weather conditions, with respect for other drivers and pedestrians, with seatbelts worn by all persons in the vehicle, and with insurance limits which meet or exceed those required by law in Texas. Each driver declares that his license has never been suspended or revoked and that he has no mental or physical limitations or disability which might cause his driving to be unsafe.

9. Volunteers must never have been convicted of a felony or be guilty of any indecency with a child. A parent who was convicted more than ten years before for certain felonies may be admitted as a volunteer on a limited basis at the discretion of the director if full disclosure of the facts is available.

**I, the undersigned volunteer, have read and understand and agree to support and abide by the conditions in this agreement. I further certify that I have not been convicted of a felony or indecency with a child.**

| | | |
|---|---|---|
| Parent Signature | Printed Name | Date |
| Parent Signature | Printed Name | Date |
| Grandparent Signature | Printed Name | Date |

# Credit Card Authorization
# For School Year 2009-2010

Please accept this form as official notification that I authorize Strickland Christian School to automatically charge the credit card account specified below and in the months noted below to satisfy the monthly tuition or lunch payments for the student or students listed herein. I agree that any other fees that have accrued and have been left unpaid by the day the account is charged will also be included. I understand that the school will keep my credit card information with all confidentiality and that only administrative personnel employed by the school will have access to such information. I agree that my credit card will be charged automatically between the 5th and the 8th of each month until all installments are satisfied.

Student Name_____ Grade in 2009-2010_____

Student Name_____ Grade in 2009-2010_____

Student Name_____ Grade in 2009-2010_____

p 12 payment plan (June-May) p Registration Fee

p 9 payment plan (June-February) p Facilities Fee

p 1 Payment Plan (September) p Extended Care Registration

p 1 Payment Plan (May) p Extended Care Tuition

p Lunches (when needed) p Other _____

Card to be charged: p Visa p MasterCard p Discover Amount: _____

Type of card: p Credit p Debit Email Address _____

Credit Card Number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Exp. Date__ __/__ __ __ __

Last 3 Digits on the back of Card __ __ __

Name as it appears on Card _____

Address on Account _____ Zip Code _____

Authorization Signature _____ Date: _____

*For Office Use Only:*
*Total*: $_____

# Strickland School Media Release

I, _____ (parent name), custodial parent or legal guardian of _____ (student's name), understand that Strickland Christian School does from time to time record images and audio of students and their families during school hours and at school-related events. I understand that these may include video recordings, photographs and audio recordings. I hereby give permission for Strickland Christian School to use the above mentioned images and recordings of my child and my family in newsletters, yearbooks, brochures, DVD's and on the school's and the Parent/Teacher's web sites for advertising, recruiting new students and other school-related purposes.

Parent Signature _____ Date _____

# Austin Parent Teacher Fellowship

## *Student Directory & APTF Membership Form*

Please fill out this form, and return it with your registration materials.

A.P.T.F. sponsors publication of a school directory annually, and copies are distributed to A.P.T.F. members only. Join A.P.T.F. today to get your directory!

**____Yes! I am a proud supporter of Strickland School, and would like to join the A.P.T.F. for the 2009-2010 school year.**

Enclosed are my $10 dues ___ check (made payable to "APTF") ___cash
(Please note that dues are $10.00 per family)

Parent's name: _____

Parent's name: _____

**_____Yes, I would like my student(s) included in the 2009-2010 Strickland School directory**. Please fill out only the information you would like included in the directory.

Student's name_____ Grade in fall 2009:_____

Student's name_____ Grade in fall 2009:_____

Student's name_____ Grade in fall 2009:_____

Student's name_____ Grade in fall 2009:_____

Address: _____

_____ Mom's E-mail:_____

Home Phone:_____ Dad's E-mail: _____

Mom's cell phone: _____ Mom's Work #: _____

Dad's cell phone: _____ Dad's Work #: _____

**_____ No, we do not wish to be listed in the directory**.

Parent's name _____

Student's name(s):_____

Parent Signature_____Date_____

***For Office Use Only:***

Ck # _____ Ck Date _____ Cash _____

# *Strickland Christian School*

Checklist for School Registration

**I.** **<u>For school registration, please do the following</u>**:

A. Read the 2009-2010 handbook and discipline policy (available on the school's website).
B. Schedule an admission interview with the admissions director (only for parents new to the school).
C. Complete and sign the following forms (available on the school's website):

☐ Enrollment Contract

☐ Enrollment Application

☐ Medications Permission Form and Consent for Emergency Treatment

☐ Release Form

☐ Pick-Up Authorization

☐ Parent Volunteer Agreement

(signed by both parents and by grandparents when applicable)

☐ Credit Card Authorization (if you choose this payment option)

☐ APTF Student Directory & Membership Form

D. Enclose Immunization Records

___ The school has our student's latest records on file

___ Enclosed are the updated records

E. Write a check for the registration fee and facilities fee (where applicable).

F. Make arrangements to finish your training and volunteer requirements (returning parent's only) by completing the following:

_____ Both parents have completed the required volunteer and training hours.

_____ Volunteer and/or training hours have not been completed; we will complete those hours as follows:

_____

_____

G**. Deliver the above items as well as this checklist in the envelope provided to the school office, your child's teacher or place in the red mailbox outside the school office. Registration materials may also be mailed to the post office box.**

**Student's Name(s)_____ Date_____**