

NEW SALEM BAPTIST WEEKDAY EDUCATION MINISTRY

**REGISTRATION for SCHOOL YEAR 2012 - 2013
KINDERGARTEN READINESS AGES 4 - 5 YEARS**

CHILD'S NAME: (First) _____ (Last) _____

_____ **Boy** _____ **Girl**

BIRTH DATE: _____ *Age as of September 1, 2013* _____ *Years Old*

MOTHER'S NAME: _____

FATHER'S NAME: _____

ADDRESS: _____ *Subdivision* _____

_____ *Zip Code* _____

TELEPHONE NUMBERS: (Home) _____

Mom's Cell _____

Dad's Cell _____

Mom's Work _____

Dad's Work _____

Mom's Email _____

Dad's Email _____

Does your child have any medical (allergies), physical, emotional, behavioral or developmental problems that would require special needs, interventions or equipment? YES NO If yes, please attach a brief explanation.

We appreciate your honesty with us as we want to provide the best learning environment for your child.

Explain: _____

Please check number days your child will attend school

<u>KINDERGARTEN READINESS CLASS</u>	
<u>Must be 5 years old by 9/1/13</u>	
_____ 4 Days	_____ 5 Days
Monday – Thursday	Monday – Friday
Registration Fee - \$210.00	Registration Fee - \$225.00
Monthly Tuition - \$210.00	Monthly Tuition - \$225.00

The Registration Fee & Facility Fees are due at the time the registration form is submitted. I understand that the Registration Fee is non-refundable and non-transferable to other school accounts. Registration will not be complete until both fees are paid. Please complete the Financial Commitment for School Year 2012 – 2013 on the reverse side of this form.

PARENT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

Date _____ REGISTRATION CHECK # _____ CHECK AMT. _____
FACILITY CHECK # _____ CHECK AMT. _____

FINANCIAL COMMITMENT 2012-2013 SCHOOL YEAR

STUDENT'S NAME _____

I understand that my financial commitment to New Salem Baptist Weekday Education Ministry includes a registration fee and activity fee as well as tuition and to New Salem Baptist Church a Facility Fee. _____
Initials

I understand that the registration fee is non-refundable and non-transferable to other fees. _____
Initials

I understand that a facility use fee is to be paid to New Salem Baptist Church. _____
Initials

I understand that my child is enrolling for the entire school year and that tuition is based on an annual fee, paid in ten monthly installments, and is not a fee per day or a fee per month payment. Refunds will not be given for sick days, emergency school closed days, inclement weather days, or holidays.
_____ Initials

I understand that the first tuition payment is due by August 20, 2012. If withdrawal prior to school becomes necessary, I understand that the registration fee will not be refunded. _____ Initials

I understand that tuition payments are due no later than the 5th of each month (September – May) for the school year. *The August payment is due 8/20/12.* I understand that a tuition payment will be considered late after the 5th of each month and a late charge of \$25.00 will be added to the regular monthly tuition with additional daily fees added after the second notification. _____ Initials

I understand that all children enrolled in a program will be charged and Activity Fee which is due by the 13th of September, 2012. _____
Initials

I understand that if I decide to withdraw my child before or after school starts, a thirty (30) day written notice is required and that a payment for the 30 day notice is required. _____
Initials

I understand that non-payment of tuition will cause my child to be dismissed from the NSBWEM.
_____ Initials

TEACHER REQUESTS

I understand that no request for a specific teacher will be taken for the 2012-2013 School Year. Each child will be placed by the Director. _____
Initials

NOTICE OF NONDISCRIMINATION POLICY AS TO STUDENTS

New Salem Baptist Weekday Education Ministry admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies and admissions policies. . . _____ Initial

(Signature of Parent)

(Date)