

OFFICE USE	Date Received ___/___/___	Rec'd by: _____	<input type="checkbox"/> Cash \$ _____
<input type="checkbox"/> New Student	Enrollment Start Date: _____	<input type="checkbox"/> Check # _____	\$ Amount _____
<input type="checkbox"/> Re-Enrollment		<input type="checkbox"/> Online EFT Auth # _____	\$ _____

ALL GOD'S CHILDREN CHRISTIAN SCHOOL 2018-2019 PRESCHOOL - PRE-K CONTRACT REGISTRATION FORM

This agreement is between All God's Children Christian School and _____ for the elementary education of
Parent's Name

1st Child _____ PS Pre-K Child's Date of Birth ___/___/___
Registration Fee \$100 + Materials Fee \$250 = Total Fee \$350

2nd Sibling _____ PS Pre-K Child's Date of Birth ___/___/___
Registration Fee \$50 + Materials Fee \$200 = Total Fee \$250

The parent or guardian agrees that he/she is contracting for the services, which are checked above and will pay the stipulated rate for the annual services even in the event the child is on vacation or absent from school. Payment of registration and material fees will be securing a guaranteed space for his/her child(ren) for the 2018-2019 school year.

The registration and material fees must be prepaid and these fees are **NON-REFUNDABLE**.

**10% Sibling Discount taken on the lesser cost enrollment. If enrolling 3+ Siblings = 10% discount for all siblings enrolled.

2018-2019 Tuition Plans (Does not include Summer Program)

5 Day Annual Options	3 Day Annual Options	2 Day Annual Options
<input type="checkbox"/> OPT 1 - \$5,150 - 5day - 8:45am-12:30pm	<input type="checkbox"/> OPT 5 - \$4,350 - 3day - 8:45am-12:30pm	<input type="checkbox"/> OPT 9 - \$3,600 - 2day - 8:45am-12:30pm
<input type="checkbox"/> OPT 2 - \$6,150 - 5day - 7:00am-12:30pm	<input type="checkbox"/> OPT 6 - \$5,750 - 3day - 7:00am-12:30pm	<input type="checkbox"/> OPT 10 - \$4,850 - 2day - 7:00am-12:30pm
<input type="checkbox"/> OPT 3 - \$7,150 - 5day - 8:45am-6:00pm	<input type="checkbox"/> OPT 7 - \$6,350 - 3day - 8:45am-6:00pm	<input type="checkbox"/> OPT 11 - \$5,600 - 2day - 8:45am-6:00pm
<input type="checkbox"/> OPT 4 - \$7,900 - 5day - 7:00am-6:00pm	<input type="checkbox"/> OPT 8 - \$6,650 - 3day - 7:00am-6:00pm	<input type="checkbox"/> OPT 12 - \$5,800- 2day - 7:00am-6:00pm

Drop in rates are available upon request for emergencies and school breaks

Parent Contract Agreement

I am hereby registering my child for the 2018-2019 school year. In order to secure a guaranteed enrollment for the 2018-2019 school year I am submitting the \$_____ registration and materials fee with this form. **I understand these fees are non-refundable and tuition is due on the 1st of each month. A \$35 late fee that will be charged on the 6th of each month.**

Please check your option: **5-Day Options** ___ OPT 1- \$5,150 ___ OPT 2- \$6,150 ___ OPT 3- \$7,150 ___ OPT 4- \$7,900

Please check your option: **3-Day Options** ___ OPT 5- \$4,350 ___ OPT 6- \$5,750 ___ OPT 7- \$6,350 ___ OPT 8- \$6,650

Please check your option: **2-Day Options** ___ OPT 9- \$3,600 ___ OPT 10- \$4,850 ___ OPT 11- \$5,600 ___ OPT 12- \$5,800

Full Tuition Paid in Full by 07/31/17 5% discount 10 month 08/01/18 - 05/01/19 12 month 06/01/18 - 05/01/19*

*12 month program does not include summer program and cannot be enrolled in both school and summer programs at the same time.

EFT Payment Agreement

Yes, I plan on using a debit/credit card to make on-line tuition payments during the 2018-2019 school year. I understand there will be a one time Credit Card Transaction fee of \$100 per family for the year.

No, I will not be using my debit/credit card to make on-line tuition payments during the 2018-2019 school year. If I decide to pay via Debit/Credit at a later date, I agree to pay a 3% Credit Card transaction fee and it will be added to my next months tuition invoice.

Parent or Guardian Signature

Date

All God's Children Christian School 2018-2019 Preschool/Pre-K Enrollment Form

1900 Willow Lake Road
Discovery Bay, CA 94505
Office & Fax (925) 513-8006
Email: agcschool8@gmail.com

Student Information: Date of Birth ____/____/____ Enrolling in PS PR-K T-K

Student: _____ Gender M F
Last First Middle

Address: _____
Street City Zip Code

Mother: _____ Cell # _____ Work # _____ Home # _____

Father: _____ Cell # _____ Work # _____ Home # _____

Guardian: _____ Cell # _____ Work # _____ Home # _____

Mother Occupation: _____ Father Occupation: _____

Primary email address for school communication: _____

Secondary email address for school communication: _____

Student lives with Mother Father Both Guardian Married Single Parents Divorced Parents Separated

Ethnicity of Student Asian African American Caucasian Hispanic/Latino Other _____

Student Emergency and Medical Information:

Relative or friend that can be contacted if parent is unavailable _____ Phone # _____

Persons authorized to pick up student from school: (If person is not known to staff they will be asked to show a picture identification)

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Student's Physician: _____ Phone # _____

Hospital _____ Group # _____

Student's Dentist: _____ Phone # _____

Hospital _____ Group # _____

Known Food or Drug Allergies: _____

Any other medical conditions we should be aware of: _____



ALL GOD'S CHILDREN CHRISTIAN SCHOOL FAMILY STATEMENT OF FAITH

In an effort for us to better support your family's spiritual needs. We would like to know a little more about your family's spiritual background and how we can better serve you and your family. We are involved with other churches in our community who have outreach programs such as Vacation Bible School & Awana, and we want to communicate with our AGC families in regards to ongoing Christian community youth activities.

All God's Children Christian School (AGC) believes God personally formed each child to His liking with a specific plan in mind. We see a glimpse of God's individual design reflected in the life of each child. As All God's Children Christian School educators, we embrace the uniqueness of each and every child God has placed at our school.

All God's Children Christian School's purpose is to provide a Christian atmosphere that encourages social, emotional, physical, and intellectual growth. We strive for the development of the child as a whole. All children enrolled in All God's Children Christian School have the right to be happy, safe, and treated with respect and compassion.

Mother's Name: _____ Home Church: _____ Denomination: _____

Father's Name: _____ Home Church: _____ Denomination: _____

Student's Name: _____ Age: _____ Baptized? Yes No Do you want information? Yes No

Sibling #1: _____ Age: _____ Baptized? Yes No Do you want information? Yes No

Sibling #2: _____ Age: _____ Baptized? Yes No Do you want information? Yes No

Sibling #3: _____ Age: _____ Baptized? Yes No Do you want information? Yes No

Are you interested in information about Delta Community Presbyterian Church? Yes No

What made you want your student(s) to attend All God's Children Christian School?

Referral My student has friends at AGC I want my Student to have a Bible Based Education

Other: _____

Please write out why you want your student(s) to attend All God's Children Christian School?

