

OFFICE USE	Date Received ___/___/___ Recv'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"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Waitlist <input type="checkbox"/> Referral	<input type="checkbox"/> Online EFT Auth # _____ \$ _____
	<input type="checkbox"/> Potty Trained <input type="checkbox"/> Y <input type="checkbox"/> N • <input type="checkbox"/> Pullups <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> FC <input type="checkbox"/> QB <input type="checkbox"/> RW <input type="checkbox"/> MT <input type="checkbox"/> LIC <input type="checkbox"/> CUM <input type="checkbox"/> Door _____

## ALL GOD'S CHILDREN CHRISTIAN SCHOOL 2020-2021 PRESCHOOL - PRE-K ADMISSION APPLICATION

This agreement is between All God's Children Christian School and \_\_\_\_\_ for the PS/Pre-K education of  
Parent's Name

1st Child \_\_\_\_\_  PS  Pre-K Child's Date of Birth \_\_\_/\_\_\_/\_\_\_  
Registration Fee \$100 + Materials Fee \$300 =  Total Fee \$400

2nd Sibling \_\_\_\_\_  PS  Pre-K Child's Date of Birth \_\_\_/\_\_\_/\_\_\_  
Registration Fee \$50 + Materials Fee \$250 =  Total Fee \$300

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 2020-2021 school year.

### 2020-2021 Tuition Plans (Does not include Summer Program)

5 Day Annual Options	3 Day Annual Options	2 Day Annual Options
<input type="checkbox"/> OPT 1 - \$5,550 - 5day - 8:45am-12:30pm	<input type="checkbox"/> OPT 5 - \$4,750 - 3day - 8:45am-12:30pm	<input type="checkbox"/> OPT 9 - \$4,000 - 2day - 8:45am-12:30pm
<input type="checkbox"/> OPT 2 - \$6,550 - 5day - 7:00am-12:30pm	<input type="checkbox"/> OPT 6 - \$6,150 - 3day - 7:00am-12:30pm	<input type="checkbox"/> OPT 10 - \$5,250 - 2day - 7:00am-12:30pm
<input type="checkbox"/> OPT 3 - \$7,550 - 5day - 8:45am-6:00pm	<input type="checkbox"/> OPT 7 - \$6,750 - 3day - 8:45am-6:00pm	<input type="checkbox"/> OPT 11 - \$6,000 - 2day - 8:45am-6:00pm
<input type="checkbox"/> OPT 4 - \$8,300 - 5day - 7:00am-6:00pm	<input type="checkbox"/> OPT 8 - \$7,050 - 3day - 7:00am-6:00pm	<input type="checkbox"/> OPT 12 - \$6,200 - 2day - 7:00am-6:00pm

### Parent Tuition Enrollment Agreement

I am hereby registering my child for the 2020-2021 school year. In order to secure a guaranteed enrollment for the 2020-2021 school year I am submitting the \$\_\_\_\_\_ registration and materials fee with this form or I am choosing the following payment plan

Full registration & materials payment enclosed  Split into two payments due January 2020 and February 2020 (Early Registration only)  
**I understand these fees are non-refundable and tuition is due on the 1st of each month. A \$35 late fee will be charged on the 6th of each month.**

I have selected Option # \_\_\_\_\_ \$\_\_\_\_\_ Please select your payment option

Full Tuition Paid in Full by 08/01/20 5% discount  10 month 08/01/20 - 05/01/21  12 month 06/01/20 - 05/01/21\*

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

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

\_\_\_\_\_ (Please Initial) - I understand there is a \$35 program change fee if I need to change my students program.

### EFT Payment Donation

Yes, I plan on using a debit/credit card to make on-line tuition payments during the 2020-2021 school year. I understand credit card fees do not benefit my student's educational experience. Therefore, I would like to make a donation in the amount of:

\$100 (Suggested Donation)  Other \$ \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date  
PS & Pre-K Student Info & Registration Form 10/19

# All God's Children Christian School

## 2020-2021 | Preschool/Pre-K Admission Application

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: \_\_\_\_\_

**Potty Trained?**  Yes  No - **Pullups?**  Yes  No



# ALL GOD'S CHILDREN CHRISTIAN SCHOOL FAMILY - ADMISSION APPLICATION STATEMENT OF FAITH

In an effort for us to better support your family's spiritual need, 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

How did you hear about All God's Children Christian School? \_\_\_\_\_

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

Other: \_\_\_\_\_

Where you referred by an AGC Family?:  Yes  No \_\_\_\_\_

**Do you intend to continue your child's education at All God's Children Christian school for elementary school (K thru 5)?  Yes  No**

Please explain why you want your student(s) to attend All God's Children Christian School.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

