

Enrollment Contract



2019-2020

St. Matthew's Episcopal School

2620 Crestview Drive
Edinburg, Texas 78539

Enrollment Contract

APPLICATION PROCEDURES/PROVISIONS FOR NEW STUDENTS

This form must be completed and submitted with the following

- A NON-REFUNDABLE/ NON-TRANSFERABLE registration, curriculum, and technology fee
 - A copy of the applicant's birth certificate
 - Immunization form with current immunizations
 - Social Security Number (copy of the card)
 - Emergency information
 - A FACTS tuition payment preference form
 - An Extended Day Enrollment form (if applicable)
1. Applicants must provide satisfactory records from the previously attended school, if applicable.
 2. Students entering any of the Early Childhood programs need to meet the eligibility requirements of each program prior to admission.
 3. All students entering our PK3 program must be 3 years of age by September 1st and toilet trained.
 4. Must complete online FACTS enrollment. Go to www.stmattschool-rgv.org

SERVING STUDENTS WITH SPECIAL NEEDS

St. Matthew's is committed to serving a dynamic student body in the general education classroom. However, St. Matthew's does not have a special education department, is not credentialed to create IEPs for students, or able to make SPED modifications to its curriculum or programming. Following a pre-enrollment interview with prospective families, individual cases will be evaluated by the Head of School. If deemed possible, we will do our best to make accommodations where we can and differentiate instruction where needed. If enrollment is not possible for the age specific grade level of the child, an earlier grade level may be recommended.

APPLICATION PROCEDURES/ PROVISIONS FOR RETURNING STUDENTS

1. This form must be completed and submitted with the following:
 - A NON-REFUNDABLE/ NON-TRANSFERABLE registration and building usage fee
 - Updated emergency information
 - A FACTS tuition payment preference form
 - An Extended Day enrollment form (if applicable)
2. Returning students are also required to have on file:
 - A copy of their birth certificate
 - Updated Immunization form
 - Social security number (copy of the card)

All previous year's tuition and fees must be current at the time of application.

Must complete online FACTS enrollment. Go to www.stmattschool-rgv.org

Registration Form

Registration Fees

Non Refundable/ Non Transferable Fees	<u>January</u> <u>24-31</u>	<u>February</u> <u>1-28</u>	<u>March</u> <u>1-31</u>	<u>April</u> <u>1-30</u>	<u>Beginning</u> <u>May 1</u>
Registration fee per student	\$150	\$175	\$200	\$225	\$250

Building Usage Fee

(Nonrefundable and Nontransferable)

\$250 per student

Fees due upon Registration

Registration Fee \$ _____ Building Usage Fee \$250 _____ Date _____

Please complete the following student-parent information.

The information is important to the school and needed on a yearly basis. Please be as complete as possible. Your cooperation is most appreciated.

Fill out an enrollment contract for each child enrolled at St. Matthew's School.

I wish to enroll the following student at St. Matthew's Episcopal School of Edinburg for the 2019-2020 school year.

Student's Name _____ Age (Sept. 1, 2019) _____ Grade Level _____

Date of Birth _____

In consideration of the acceptance of this Enrollment Contract by St. Matthew's Episcopal School, the undersigned agrees to pay tuition on the due date as stated on the 2019-2020 Fee Schedule. The undersigned understands and agrees to accept the rules and regulations of St. Matthew's School as set forth in the policy handbook of the school.

Parent's Signature _____ Date _____

STUDENT INFORMATION

Grade Level for 2019-2020 _____
Student's Legal Name _____
Preferred Name _____
Home Address _____
Mailing address _____
City/State/Zip _____
Home Phone _____
Birthday _____

WITH WHOM DOES STUDENT LIVE? _____



Parent or Guardian _____

Mother's Cell Phone _____ Father's Cell Phone _____ Work Phone _____

Mother's Occupation _____ Father's Occupation _____

Parents are: Married _____ Separated _____ Divorced _____ Single _____ Deceased _____

Parent's Email Address _____

If parents are separated or divorced, to whom shall we send general correspondence?

_____ *Mother* _____ *Father* _____ *Both*

Name: _____ *Address* _____

Cell Phone _____ *Work Phone:* _____ *Email* _____

It is imperative that you make us aware of any child custody arrangements or special circumstances. Please provide us with any court documentation pertinent to the child(ren)'s custody status.



Saint Matthew's Episcopal School accepts students of any gender, race, color, nationality, ethnic origin, or religious affiliation. Rights, privileges, programs, and activities are afforded to all students eligible to participate in the general education classroom. The school does not discriminate in any of its admission or educational programs.

MEDICAL STATEMENT FORM

Student's Name _____

DOB _____

Date of admission to St. Matthew's Episcopal School _____

Previous hospitalizations and/or operations and dates

Medical Conditions _____

Allergies _____

Bodily accidents within the past year

Other Diagnoses _____

Physical Limitations _____

Medications prescribed for continuous long term use _____

May we administer Tylenol/Ibuprofen if student requires it due to pain or fever?

Yes _____ No _____ (Parents will always be contacted in this event.)

To the best of my knowledge, my child _____ is in good health and able to participate in the programs at St. Matthew's Episcopal School.

Physician's name

Physician's Medical Practice

Address

Phone number

Parent's Signature

Date

FACTS TUITION PAYMENT PREFERENCE FORM

PARENTS/ GUARDIAN’S NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

PARTY RESPONSIBLE FOR TUITION IF DIFFERENT FROM ABOVE:

Name _____ Phone _____
Email _____

All families are required to enroll through FACTS. Please check below the desired method of payment for the new school year.

All tuition payments will be collected through FACTS:

___ **Automatic Bank Payment in full.** Payment through your checking or savings account can be made by August 20, 2019. *No enrollment fee.

___ **2 Automatic Bank Payments** through your checking or savings account. The first payment is due by August 20, 2019, and second payment due by January 20, 2020. * \$10.00 enrollment fee.

___ **Automatic Bank Payment** through your checking or savings account can be made on either the 5th or the 20th of the month for **12 months** beginning June- May. * \$45.00 enrollment fee. **MUST ENROLL BY APRIL 30, 2019** _____5th or _____20th

___ **Automatic Bank Payment** through your checking or savings account can be made once a month for **10 months** beginning August- May. * \$45.00 enrollment fee. _____5th or _____20th

___ **Please apply my fundraising fees to my FACTS account.**

___ **Please apply my extended day fees to my FACTS account.**

Automatic Bank Payments through FACTS assess a \$45.00 enrollment fee for 3 or more payments. A \$30.00 Return Payment Fee will be automatically deducted from your account for each payment attempt that is returned.

Please return this payment preference form along with the registration packet and fees to the school office upon enrollment.

I agree to make tuition payments for the 2019-2020 school year according to the option I have selected above.

Parent’s Signature

Date

(Office Use Only)

FACTS Contract # _____ Tuition \$ _____ Extended Day \$ _____ Enrollment Date _____
Fundraisers \$ _____ QuickBooks Invoice # _____

Fundraising Contract Agreement

In view of your obligation to pay tuition, parents will also be held responsible for contributing the following fees toward our fundraisers. Fees are per family for each school year.

- A minimum of \$200.00 during “Fiesta” in the form of Raffle Tickets
- A minimum of \$200 during our “Winter Fundraiser” in the form of product sales or Ticket Sales, whichever applies to the specific fundraiser
- A minimum of \$150.00 during “ Holy Smoke BBQ” in the form of BBQ Tickets

Contributions can be made through the sale of tickets and/or purchase of the tickets. Parents have the opportunity to pay for their fundraising commitments through their FACTS contract.

I agree to fulfill the required fundraising for the 2019-2020 school year.

Parent’s Signature _____ Date _____

Parent’s Signature _____ Date _____

STUDENT PICK UP and EMERGENCY PERSON CONTACT FORM

Emergency Contact Information and Student Pick-Up Information

Name _____ Relationship to Child _____
Address _____ Ph. _____

Name _____ Relationship to Child _____
Address _____ Ph. _____

Name _____ Relationship to Child _____
Address _____ Ph. _____

Name _____ Relationship to Child _____
Address _____ Ph. _____

Name _____ Relationship to Child _____
Address _____ Ph. _____

If you wish your child/ children to be picked up by anyone else other than those listed above after school or from Day Care, the school must be notified by phone or note. Such person(s) must come into the school office, produce proper identification and be identified by the child. This rule also applies to a student going home with another student. For safety reasons, we must enforce this policy. Please do not ask us to do differently.

I HAVE READ AND UNDERSTAND THIS.

Parent's Signature _____ Date _____

NAME OF OTHER CHILD/CHILDREN AT ST. MATTHEW'S EPISCOPAL SCHOOL

TRAVEL PERMISSION FORM

(Pre-K2 students will not be transported at any time by St. Matthew’s School Personnel)

_____ has our permission to participate in the activities that are a part of St. Matthew’s School program. We are also giving permission for our child to go on local field trips to such places as the library, museum, post office, etc. with adequate supervision.

Medical Authorization Form

In case of illness or accident, and if a parent or guardian cannot be reached, the staff of St. Matthew’s School has our permission to contact Dr. _____ at _____ for the necessary medical advice or attention for our child. If either parent or the above mentioned physician cannot be reached, said staff has our permission to contact the emergency corps and/or transport this child for necessary medical attention. We, the parents, will assume the cost of said medical attention and will not hold the staff of St. Matthew’s Episcopal School responsible.

Parent’s Signature _____ Date _____

PICTURE AND WORK RELEASE FORM

Student's Name _____ Grade _____

Picture Release Form

I hereby give consent for St. Matthew's Episcopal School to use my child's picture in the following:

Yearbook	_____ Yes	_____ No
Facebook	_____ Yes	_____ No
(Advertising, newspaper, or website)	_____ Yes	_____ No
_____ None		

Parent's Signature _____ Date _____

Web Page Permission Form

St. Matthew's Episcopal School has established a web page on the World Wide Web.

We realize that anyone with access to the Web will be able to view our work, and we are concerned with the privacy and safety of our students. By signing the form below, you give permission for your child's work to be published on the World Wide Web. We feel that privacy and/or safety will not be jeopardized if we use the limitations below. However, if you are not comfortable with this, we will honor your request to not publish your child's picture or work.

_____ My child's **WORK/PHOTOGRAPHS** may be electronically displayed.
I understand his/her **LAST NAME** will not be included.

_____ Please **DO NOT** electronically display my child's work, name, picture.

Parent's Signature _____ Date _____

2019-2020 Extended Day Policies and Fees

ELIGIBILITY

- Currently enrolled student at St. Matthew's or an immediate family member
- Both parents and children agree to abide by the guidelines and policies of the program

EXTENDED DAY RATES

- PK2 – 6th Grade 3:30 PM – 4:30 PM \$100.00 per month
- PK2 – 6th Grade 3:30 PM - 5:30 PM \$150.00 per month

OTHER PERTINENT INFORMATION

1. Grace Periods

- PK2 -PK4- A grace period from 3:00 pm to 3:30pm.
- K- 6th Grade- A grace period from 3:30 pm to 4:00 pm.
- Extended Day Care ends at 5:30 pm each day. **A \$20.00 late pick up fee will be charged for any child/ children not picked up by 5:35 pm.**
- **An additional \$20.00 will be charged for each additional 30 minutes the child/ children stay in Extended Day Care.**

2. Holidays and No School Days

- Extended Day will observe all school holidays and early dismissals.

3. Payment Due Dates

- All Extended Day charges will be due by the 30th of every month.
- Payments received after the 20th of the month will be charged a \$20.00 late fee.

4. Enrollment Requirements

- Registration Fee: \$50.00 per family per semester (due by Sept. 2019 and Jan. 2020)
- Extended day registration forms
- Up to date immunization records

5. Drop in rate- \$10.00 an hour.

St. Matthew's Episcopal School does not discriminate against any child based on the child's race, religion, color, creed, sex or national origin.

**EXTENDED DAY ENROLLMENT FORM
2019-2020**

Child's Name _____

Grade Level _____

Child's Name _____

Grade Level _____

Child's Name _____

Grade Level _____

Please indicate which program for which your child/children will be enrolled.

Child's Name _____

- ___ PK2 – 6th Grade 3:30 PM- 4:30PM \$100.00 per month
- ___ PK2 – 6th Grade 3:30 PM- 5:30 PM \$150.00 per month

Child's Name _____

- ___ PK2 – 6th Grade 3:30 PM- 4:30PM \$100.00 per month
- ___ PK2 – 6th Grade 3:30 PM- 5:30 PM \$150.00 per month

Child's Name _____

- ___ PK2 – 6th Grade 3:30 PM- 4:30PM \$100.00 per month
- ___ PK2 – 6th Grade 3:30 PM- 5:30 PM \$150.00 per month

Please refer to the 2019-2020 Fee Schedule for all payment due dates and late fees.

Father's/ Guardian Signature Date

Mother's/ Guardian Signature Date

NEW STUDENT ENROLLMENT CONTRACT
(Pre- K 2- 6th Grade)

Probationary Period

There will be a six-week probationary period at the onset of each academic year during which the child's and parents' adjustment to St. Matthew's will be monitored. At the end of the period, if needed, a conference will be held with the parents, teacher, and the principal. If the student or parents have been unable to adjust to the expectations of our academic community or the social environment, in the best interest of all parties, the school has the prerogative to ask the parents to withdraw their child at this time. Any parental concerns should be directed to their child's teacher and/or the Principal, as the spread of gossip is harmful to a positive Christian community. Gossip will not be tolerated by the Administration or the School Board of St. Matthew's.

Early Withdrawal

Parents desiring to withdraw their child or children before the end of the school year will be obligated to pay tuition and fees one month beyond the withdrawal date. Notification must be made in writing to the principal.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

**** I have read this entire contract and agree to the terms and conditions within it.****

Signed _____ Date _____

Signed _____ Date _____

Acceptance by St. Matthew's Episcopal School

Principal _____ Date _____

TUITION AND ASSOCIATED FEES FOR THE 2019-2020 ACADEMIC YEAR

<u>Grade</u>	<u>Hours</u>	<u>Tuition</u>	<u>2nd Child</u>	<u>3rd Child+</u>
PreK2	8-3:00 PM	\$5,000	\$4,700	\$4,400
PreK3 - PreK4	8-3:00 PM	\$5,000	\$4,700	\$4,400
Kinder- 6 th grade	8-3:30 PM	\$5,000	\$4,700	\$4,400

Required Fundraising Fees per Family

(Non-refundable and Nontransferable and may be included in the monthly FACTS payments)

Fall Fiesta	\$200	Due by October 16, 2019
Winter Fundraiser	\$200	Due by February 5, 2020
Spring Holy Smoke BBQ	\$150	Due by April 16, 2020

Extended Day Fees

(Available all full-day instructional days; fees are assessed from September- May)

(Non-refundable and Nontransferable and may be included in the monthly FACTS payments)

PreK2-6 th grade	3:30-4:30 PM	\$100.00 per month
PreK2-6 th grade	3:30-5:30 PM	\$150.00 per month

A \$50 registration fee is assessed per family per semester for Extended Care.

Drop-in rate: \$10/ hour. Late Pick-up fees are assessed at 5:35 PM for a rate of \$20 per half hour.

Extended Day payments must be paid by the 30th of the following month to avoid a \$20 late fee.

Early Morning Care and Extended Day Care

PreK3-6 th grade	7:00 a.m. (complimentary)	available until 5:30 p.m. (fee)
PreK2	7:30 a.m. (complimentary)	available until 5:30 p.m. (fee)

Twelve Month Payment Plan (Available to families who register by April 30, 2019 & Tuition will automatically be drawn from June 2019-May 2020)

	First Child	Second Child	Third Child
PreK2	\$416.67	\$391.67	\$366.67
PreK3 - PreK4	\$416.67	\$391.67	\$366.67
Kinder- 6 th grade	\$416.67	\$391.67	\$366.67

Ten Month Payment Plan (Tuition will automatically be drawn from August 2019-May 2020)

	First Child	Second Child	Third Child
PreK2	\$500 per month	\$470 per month	\$440 per month
PreK3 - PreK4	\$500 per month	\$470 per month	\$440 per month
Kinder- 6 th grade	\$500 per month	\$470 per month	\$440 per month