

Satsuma Christian School
 Fee Policy
 2020-2021 School Year

ALL FEES ARE NON-REFUNDABLE AND SUBJECT TO CHANGE

Registration

Returning SCS students	January 20 TH	\$125
Public registration opens	January 20 TH	\$150

Tuition

K3-K4	\$2150.00 yearly	*may be paid monthly \$215.00
K5-3 rd	\$2250.00 yearly	*may be paid monthly \$225.00

Tuition is based on a ten-month payment schedule and is due on the 1st of each month. A \$30.00 late fee per child is assessed on the 6th of the month for any past due balances. The student is automatically withdrawn on the 11th of the month unless account is paid in full.

A 10% discount will be given for additional children living in the same household, having the same parent or legal guardian. This discount will apply to the lowest tuition amount(s). A \$50.00 discount will be given for paying a student's total tuition and all fees in full by August 1st, 2015. There will be a \$30.00 service charge on returned checks. If not paid in full within 10 days, the student will be withdrawn on the 11th day of the month and no more checks will be accepted.

Fees

Maintenance \$100.00 (per family)	Book Rental K3-K4 \$130 K5-3 rd \$170	Activity/Technology K3 \$125 K4 \$175 K5-3 rd \$195
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NEW STUDENTS

Reg/Book Fee	Due at Registration
Maint. Fee	Due June 1 st
Act/Tech Fee	Due July 1 st
Tuition	Due August 1 st

RETURNING STUDENTS

Reg.	Due at Registration
Book/Maint.	Due June 1 st
Act/Tech Fee	Due July 1 st
Tuition	Due August 1 st

SATSUMA CHRISTIAN SCHOOL
P.O. Box 610
SATSUMA, AL 36572
(251) 675-1295

Application Date: _____ Entering Grade _____

Name _____
Last Middle First (Name to be called)

Birthday: _____ Age _____ Gender _____ Race _____ Social Security# _____

FAMILY INFORMATION:

Home Address: _____
Street City State Zip

Father's Name _____ Email _____

Employer _____ Occupation _____

Home Phone _____ Cell _____ Work _____

Mother's Name _____ Email _____

Employer _____ Occupation _____

Home Phone _____ Cell _____ Work _____

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

Name/relationship of person who has custody of the child? _____

(Legal documentation of custody and visitation rights must be submitted with registration)

Person responsible for student's account? _____

Billing address (if different from above) _____

SIBLING INFORMATION

NAME AGE SCHOOL ATTENDING

Last school student attended _____

Has student ever repeated a grade? _____ If yes, which grade? _____

Church Affiliation _____ Regular Attendance? _____

Reason for choosing Satsuma Christian School? _____

LIST NAMES OF PEOPLE ALLOWED TO PICK-UP STUDENTS (INCLUDE PARENTS):

LIST NAME(S) OF ANYONE NOT ALLOWED TO PICK UP STUDENT OR ANYONE WHO HAS ON-CAMPUS VISITATION RESTRICTIONS: _____

EMERGENCY/MEDICAL INFORMATION

LIST NAMES AND PHONE NUMBERS OF PEOPLE TO BE CONTACTED IN THE EVENT OF SICKNESS OR EMERGENCY (Please list in the order you wish to be contacted, including parents):

Name/phone number of child's physician: _____

Name/policy number of child's insurance: _____

Does student have vision or hearing problems? _____ If yes, describe _____

Has student been tested for learning or speech difficulties, received special help for reading, or had psychological testing? _____ If yes, please explain and give dates: _____

If your child has had psychological testing, does he/she have an IEP? _____

(Satsuma Christian School reserves the right to verify test results)

Please list any allergies your child has: _____

Please list any health conditions/disabilities your child has and any special instructions regarding the condition: Diabetes _____ Heart Condition _____ Seizures _____ Asthma _____

Please list any medications your child takes regularly: _____

If your child needs to take medication during school hours, it has to be kept in the school office in the original labeled container and a medication authorization form will need to be filled out by the parent. Medication may not be kept in the student's book bag.

Permission to Obtain Medical Treatment

If your child should become ill or suffer an accident while at school, you will be contacted immediately. In the event that we are unable to contact you immediately, the school and/or its designated staff is authorized to seek and obtain such attention, treatment, and services for your child as may be deemed necessary.

"I, the parent/guardian of _____, agree to assume responsibility for payment of all medical costs incurred."

If emergency treatment is required and parents cannot be reached, authorization is hereby granted

to: 1. Call for an ambulance for transportation to hospital: Yes ___ No ___

Which hospital is preferred? _____

2. Administer any treatment deemed necessary by the physician: Yes ___ No ___

Signature of parent/guardian _____ Date _____

**Satsuma Christian School has my permission to administer first aid for cuts, scrapes/scratches, and etc.

Parent Signature

Date

Child's Medical Report

Child's Name: _____ Date of Birth: _____

Name of Child's Parent or Guardian: _____

Address: _____ Phone Number: _____

In addition to a medical report of medical screening, A Certificate of Immunization is required for each child two months and for five year olds who are not enrolled in public or private school.

History of Allergies: _____

I examined this child on (date) _____. I find him/her to be in good physical condition and free of contagious and infectious diseases, except as noted below.

Signature of Physician, Physician's Assistant, Certified Nurse Practitioner

Date

FORM OF AFFIDAVIT
K3,K4 and K5
FOR PARENT/GUARDIAN

STATE OF ALABAMA

COUNTY OF MOBILE

Before me, a Notary Public in and for said State and County, appeared

_____.

And is known to me, after being duly sworn or affirmed, says as follows: That affiant, is the parent or legal guardian of the minor child _____:
That the affiant has been notified by DeAnn McEvoy, Satsuma Christian School Principal, a representative of First Baptist Church of Satsuma School and Daycare Church/School, that said church or school has filed notice and is exempt under law from regulation by the Department of Human Resources.

_____ Parent/Legal Guardian
Parent/Legal Guardian's Signature

Sworn, or affirmed to and subscribed before me this

_____ day of _____, 20_____.

Notary Public

SEAL:

My Commission Date Expires: _____

SATSUMA CHRISTIAN SCHOOL
BEFORE/EXTENDED CARE
REGISTRATION FOR 2020-2021

Child's name _____ Grade _____

BEFORE SCHOOL CARE
Full Time _____ Drop in _____
\$25 monthly \$6 per day
**No charge after 7:30 am

EXTENDED SCHOOL CARE
Full Time _____ Drop in _____
\$75 monthly \$6 per day
**No charge before 3:00 pm

Extended care is available for all SCS students. Before school care is available from 6:30 to 7:30 am.
Extended school care is provided until 6:00 pm.

If your child is registered as full time, you will be billed at a full time rate unless you call and make other arrangements.

Home address _____

Home Phone _____ Age _____ Sex _____

Father's name _____ Home # _____ Work # _____

Cell # _____

Mother's name _____ Home # _____ Work # _____

Cell # _____

Name and phone numbers of persons allowed to pick up your child or assume responsibility for your child in case of an emergency when parents cannot be contacted:

Name _____ Phone _____

Name _____ Phone _____

*Any health information we need to be aware of: _____

Permission is granted to meet the needs of my child in case of emergency:

Parent Signature _____

Hospital Preferred _____ Doctor _____

Phone _____

If your doctor is unavailable, permission is granted to engage doctor on call ___yes ___no

*Please list any family member that is NOT ALLOWED, under any circumstances, to pick up our child.

Name _____ Relationship _____

Name _____ Relationship _____

PARENTAL AGREEMENT

1. I will pay required fee for each month or day, depending on which program I have chosen.
2. I will not hold the school/daycare caregivers liable for any accidents or injuries during related activities.
3. I give permission for my child to be treated by a doctor in case of injury in the event that I am unable to be reached.
4. I agree to discipline, as outlined in the Satsuma Christian School Conduct/Discipline Policy.

Parent Signature

Date

Satsuma Christian School WAIVER AND CONSENT FORM

Please complete for each child enrolled at Satsuma Christian School

Student Name: _____ Date: _____

Student Handbook Policy Understanding Statement

PARENT INITIALS

I have read and understand the policies and procedures contained in the Satsuma Christian School Student Handbook made available to me via hardcopy and the school website. I fully understand that I am responsible for adhering to these policies as stated. I understand that I should contact my principal for clarification of policies should I have questions.

Discipline Waiver

PARENT INITIALS

Satsuma Christian School reserves the right as a private institution to administer corporal punishment; however, we are determined to make every effort to consider some parents' opposition to this method of discipline. If the school feels that a child's behavior warrants corporal punishment and parents do not want SCS to administer punishment, the parents must take the student home for the remainder of the day. This will result in an unexcused absence. If corporal punishment is administered, parents will be notified.

- Administer corporal punishment when necessary
- Call parent to school to discipline child

I am the parent of/custodial guardian of the above-named student of Satsuma Christian School. I have read and understood the above waivers and procedures. I desire that the student named above be a student of Satsuma Christian School, and I hereby agree that the student and I will be subject to the terms and consequences as stated.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

CHURCH SCHOOL ENROLLMENT FORM

School Year 2020-2021

Public School District Satsuma

TO BE COMPLETED BY PARENT OR GUARDIAN

Student's Name _____ Home Phone _____

Home Address _____

Date of Birth _____ Grade _____

Parent/Guardian's Name _____ Home Phone _____

Home Address _____

Church School of Enrollment Satsuma Christian School School Phone 251-675-1295

Address P.O. Box 610 5600 Old Hwy 43 Satsuma, AL 36572

SIGN HERE _____ DATE _____

Signature of Parent

TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR

Church School Name Satsuma Christian School School Phone 251-675-1295

Address P.O. Box 610 Satsuma, AL 36572

Date of student enrollment Signature of Church School Administrator

CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

I hereby give consent to the administrator of Satsuma Christian School to notify the public school superintendent should the above named student cease attendance at said school.

SIGN HERE _____ DATE _____

Signature of Parent or Guardian

SATSUMA CHRISTIAN SCHOOL MISSION STATEMENT

The mission of Satsuma Christian School is to include giving each student an opportunity to come to know God through Jesus Christ, giving each student guidance into a positive Christian philosophy of life, and giving each student full opportunity and the necessary resources to develop to his or her full potential, spiritually, academically, social and physical. By doing so, Satsuma Christian School will strive to help ensure that students attain high academic excellence in preparation for advanced curriculum studies on the secondary level which emphasizing the Bible, the Word of God, in school life and daily studies so that students and faculty reflect Christian morals and ethics in their daily lives.

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COMMITMENT FORM

As parents/guardians of the children listed, we commit ourselves to:

- Uphold and support the mission and ministry of Satsuma Christian School (without reservation) through participation and prayer.
- Work closely with teachers in carrying out all aspects of each child's education.
- Support the total school curriculum and program of instruction as specified by the School Ministry Team and Administration.
- Partner with Teachers and Administration in the spiritual nurturing of each child.

We agree to:

1. Read and follow all items contained in the Parent/Student Handbook.
2. Read the Fee Policy and pay all required fee by specified due dates.
3. Supply a current blue card, a copy of birth certificate and social security card. Student will not be officially registered until student file is complete.

We, the parents/guardians of _____
have read and understand the mission statement and commitment form.

Parent/Guardian Signature(s):

_____ Date _____

_____ Date _____

Person responsible for paying the bill: _____

Address: _____

Telephone _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS: SATSUMA CHRISTIAN SCHOOL ADMITS STUDENTS OF ANY RACE, COLORE, NATIONAL AND EITHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS AND ACTIVITIES.

Satsuma Christian School Admission Policy

(Returning and Initial Admission)

Students must meet appropriate age requirement by October 1st. Entrance examinations will be administered to students entering 1st-3rd grades. Students whose examination results indicate that they are on the proper grade level may be admitted to that grade. If, however, it appears that a student would have difficulty at the grade level for which has been applied for, he/she may be admitted at a lower grade level.

Many factors will be considered in approving applications for admissions and re-enrollment. Some of the more important ones are as follows:

1. Conduct, attitude and grades of the student in previous years.
2. Achievement level as indicated by school grades, achievement tests, and/or entrance exams.
3. A previous history of truancy.
4. Consideration of past tuition payment and account status.
5. Whether or not the student and family will make an unreserved commitment to the standards and policies of Satsuma Christian School.
6. K3-K4 students must be fully potty-trained before the school term begins and will not be allowed to wear pull-ups.
7. For the welfare of your child, it is imperative that office personnel be informed of any existing medical condition or limitation upon registration.

PLEASE NOTE:

Students who have been suspended (in school or out of school) or expelled from a previous learning institution will not be considered for enrollment.

*I have read and agree to the above stated policy.

Parent Signature _____ Date _____

SATSUMA CHRISTIAN SCHOOL
K5-3RD GRADE UNIFORM POLICY

EVERYDAY WEAR GIRLS

Khaki jumpers, short and pants

NO low-rise, bell-bottoms, corduroy, cargo, carpenter or jeans.

Light blue, navy or red polo shirts

Black or Brown Belt (optional)

Black, Navy or white socks (solid)

White, black, navy, red or gray tennis shoes, multicolor allowed (from colors listed)

No boots or shoes with lights, high tops or skates.

*******ALL hair accessories MUST be school colors (white, black, navy, red or gray).**

EVERYDAY WEAR BOYS

Khaki shorts or Khaki pants

No corduroy, cargo, or jeans

Light blue, navy or red polo shirts

Black or Brown Belt (optional)

Black, Navy or white socks (solid)

White, black, navy, red, or gray tennis shoes, multicolor allowed (from colors listed)

No boots or shoes with lights, high tops or skates.

WINTER WEAR

Light blue or navy long-sleeved polo

White or navy turtleneck under uniform shirt

Solid color navy, red, gray or white pullover or Cardigan sweater, sweatshirt, or windbreaker.

Over-coat may be worn, but not in the classroom unless they are the above mentioned colors.

OUT OF UNIFORM POLICY

Students will be allowed to dress out of uniform on Fridays and other specified days. This is a privilege and the following guideline MUST be followed.

- Shorts must be appropriate length.
- Jeans/pants may not be worn with holes or below the students' hip points and may not have excessive droop.
- Shirts with pictures and/or messages advertising alcoholic beverages, tobacco, drugs, obscene message and skulls will not be allowed.
- No muscle shirts, tank tops, halter-tops, crop tops, midriff shirts, low cut shirts or any revealing tops may be worn.

Parents are required to insure that their student arrives in appropriate attire. Parents will be called to bring their student's uniform if staff/faculty determines attire is inappropriate.

******Out of Uniform Pass must be purchased through the office. The cost is \$30.00 per year. Students may come out of uniform every Friday and other days approved by the administration.**

Satsuma Christian School
Photo Release Form
2020-2021

Student's Name _____ Grade _____

By signing this release form, you (the parent/guardian) give Satsuma Christian School and/or its affiliate's permission to use your child's name and/or picture in all publications of Satsuma Christian School; including, but not limited to the yearbook, the newsletter and website.

Parent/Guardian Signature _____ Date _____