



EARLY SCHOOL
FULL DAY

*Application for
Admission*



CHECKLIST FOR APPLICATION PROCESS

STEPS TO APPLY FOR EARLY SCHOOL FULL DAY ADMISSION

COMPLETED DATE

- Attend Early School Tour or Parent Information Meeting
- Submit completed application
- Submit immunization and health form before the start of school (Form 3231)

Name of Applicant LAST NAME FIRST NAME MIDDLE NAME PREFERRED NAME

Student's age as of September 1 Male Female

Do you want to start classes at Mount Pisgah if one child is enrolled and one is placed on a waiting list? Yes No

If you receive your second or third choice of days, would you like to be placed on a waiting list for your first choice of days? Yes No

Payment Options

Monthly tuition payments are payable on the first day of each month. Payments can be made by check or automatic bank draft.

Please circle your choice of the number of days needed.

	Infant	Toddler	Twos	Threes	Fours
5 day	\$1,283	\$1,229	\$1,185	\$1,185	\$1,119
3 day	\$1,026	\$984	\$927	\$927	\$876
2 day	\$690	\$649	\$619	\$619	n/a
Annual Registration	\$100	\$100	\$100	\$100	\$100

Conditions of Admission: I understand that I, as a parent or guardian, assume responsibility for payments until the end of the school year unless 30 days notice is given to the school before withdrawing my student. I also understand that the registration fee is nonrefundable.

Refund of payments: I understand that each returned check or bank draft will incur a \$35.00 charge. Upon receipt of a second returned check or bank draft, only money orders, cashiers' checks, or cash will be accepted for payment for the remainder of the school year. Tuition payments are payable monthly on the first day of the month. Tuition payments are assessed a late charge of 3% of the overdue balance if paid after the 5th of the month. Tuition is due in full each month regardless of the number of days in the month, days out for illness, vacation, school closings or inclement weather.

Dismissal Policy: I understand the school reserves the right to dismiss any student/family whose general attitude and habitual actions are contrary to the interests of the school. Behaviors found totally unacceptable and warranting immediate action include, but are not limited to: stealing, lying, physical aggressiveness, harassment, abusive or vulgar language, or vandalism. In such event, I understand that if my student is dismissed pursuant to this paragraph, I will not be entitled to any refund of tuition, and will be liable to pay any tuition or other fees, expenses, etc. still due. I understand that withdrawal will not be dated for processing until such notification is received by the ES registrar.

Publicity Agreement: I give permission for my child to be photographed/videotaped/interviewed for stories/articles appearing in newspapers or news shows promoting Mount Pisgah Christian School. Yes No

Directory Agreement: I give permission for our basic contact information (name, address, e-mail address and telephone number) to be included in the Mount Pisgah Christian School directory and Ren-Web Parent's Website. Yes No

I have read, understand, and agree to abide by the above policies, agreements, and procedures.

Signature of Parent/Guardian Date



APPLICATION FOR ADMISSION

(Please include application fee)

TODAY'S DATE/...../.....

SCHOOL YEAR/.....

Grade Applying: (please check the appropriate box)

- Infant Toddler Twos (2 by Sept 1)
- Threes (3 by Sept 1) Fours (4 by Sept 1)

Name of Applicant
LAST NAME FIRST NAME MIDDLE NAME PREFERRED NAME

Birthdate/...../..... Male Female Birthplace SSN #-.....-.....
MONTH DATE YEAR

Address
STREET CITY STATE ZIP CODE

SUBDIVISION COUNTY HOW MANY YEARS AT THIS ADDRESS

Home Phone Listed Unlisted

Current School to
NAME CITY STATE COUNTRY YEAR YEAR

Previous School to
NAME CITY STATE COUNTRY YEAR YEAR

Previous School to
NAME CITY STATE COUNTRY YEAR YEAR

Most frequently viewed e-mail address

Nationality African American American Indian Asian/Pacific American Caucasian Latino/Hispanic
 Middle Eastern Multiracial Other

Sibling Name(s) Age Grade Current School Applying to Mount Pisgah?

Parents are: Residing Together Divorced Separated Mother - Deceased Father - Deceased

Custody (if applicable): Father Mother Joint

Father Stepfather Guardian Other Mother Stepmother Guardian Other

MR., DR. NAME

HOME ADDRESS (IF DIFFERENT FROM ABOVE)

HOME PHONE (IF DIFFERENT FROM ABOVE)

CELL PHONE

EMPLOYER BUSINESS PHONE

POSITION/OCCUPATION

BUSINESS STREET ADDRESS CITY STATE ZIP

GRANDPARENT(S) NAME(S)

STREET ADDRESS CITY STATE ZIP

MRS., MS., DR. NAME

HOME ADDRESS (IF DIFFERENT FROM ABOVE)

HOME PHONE (IF DIFFERENT FROM ABOVE)

CELL PHONE

EMPLOYER BUSINESS PHONE

POSITION/OCCUPATION

BUSINESS STREET ADDRESS CITY STATE ZIP

GRANDPARENT(S) NAME(S)

STREET ADDRESS CITY STATE ZIP

