

**GAARDE CHRISTIAN SCHOOL**  
**2009/2010 REGISTRATION FORM**

Returning Student  
*(Reg. Fee \$125.00)*

New Student  
*(Reg. Fee \$200.00)*

Male  
 Female

Birth date: \_\_\_\_\_  
Age: \_\_\_\_\_

Preschool Class (circle one):

MWF am 3's    MWF pm 3's    T/TH 3's

MWF am 4's    MWF pm 4's    Pre-K

Kindergarten Class (circle one):

½ Day K                      All Day K

Grade Entering (1-8 only) \_\_\_\_\_

Student's Last Name (*Legal*): \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Nick Name or name child prefers if different from above \_\_\_\_\_

Child lives with:     Mother     Father     Stepmother     Stepfather     Other \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's SSN: \_\_\_\_\_

Father's SSN: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Father's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's Home #: \_\_\_\_\_

Father's Home #: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_

Father's Work #: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

What church do you attend? \_\_\_\_\_

**BILLING OPTIONS:**

**Plan 1**

Annual  
Postmarked by Aug 1  
**4% Discount & No Billing Fee**

**Plan 2**

10 Month  
(Aug. 1 – May 1)  
**\$150 Billing Fee**

*The first payment is due August 1<sup>st</sup> (billed July 15th), thereafter; tuition payments are due on the first of each month. All school fees are non-refundable.*

GCS admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school and do not discriminate in administration of its educational policies and other school-administered programs. GCS reserves the right to select students on the basis of academic performance, religious commitment and personal qualifications – including a willingness to cooperate with the GCS administration and to abide by its policies.

I agree to the terms of this registration agreement, understanding the tuition, fees and early withdrawal penalties as stated in our handbook. A non-refundable registration fee for each student (returning & new) must accompany this form. By signing this registration form, I agree to read & abide by the Gaarde Christian School Parent/Student Handbook.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***FOR OFFICE USE ONLY***

**Date Received:** \_\_\_\_\_

**CLASS ASSIGNMENT:**

- Pre 3's (MWF – AM)
- Pre 3's (T/TH – AM)
- Pre 4's(MWF – AM)
- Pre 4's (MWF – PM)
- Pre – Kinder (M-F – AM) Teacher \_\_\_\_\_
- ½ Day Kindergarten
- Full Day Kindergarten
- Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5
- Grade 6
- Grade 7
- Grade 8

**NEW STUDENT**

- Registration Form Signed
- Paid Registration Fee \$ \_\_\_\_\_
  - Ck # \_\_\_\_\_
  - Copy of Check
  - Cash
- Rec'd Copy of Birth Certificate
- Rec'd Immunization Form / Current (up to date) Immunization Form
- Rec'd Transfer Request Form
- Rec'd "Required Student Information Form" – Signed
- Rec'd "Student Enrollment Statement" – Signed
- Entered in Class List Notebook
- Logged in GCS Table
- Copy of Registration Form to GCS Billing
- Appointment w/Administrator for Assessment testing (Kindergarten – 8<sup>th</sup> grade only) Date: \_\_\_\_\_

**RETURNING STUDENT**

- Registration Form Signed
- Paid Registration Fee \$ \_\_\_\_\_
  - Ck # \_\_\_\_\_
  - Copy of Check
  - Cash
- Rec'd "Required Student Information Form" – Signed
- Rec'd "Student Enrollment Statement" – Signed
- Entered in Class List Notebook
- Logged in GCS Table
- Copy of Registration Form to GCS Billing
- Appointment w/ Administrator (optional) Date: \_\_\_\_\_