



Application for Enrollment

**** Form will not be accepted without payment. ****

Student Information

Student's Name: _____ Grade Entering: _____
Last First MI

Birth Date: _____
(New students require birth certificate.)

Gender: M F

Address: _____
Street City State ZIP

Parent Information

Father's Name: _____ Email: _____

Home: (____) ____ - ____ Cell: (____) ____ - ____ Work: (____) ____ - ____

Mother's Name: _____ Email: _____

Home: (____) ____ - ____ Cell: (____) ____ - ____ Work: (____) ____ - ____

Marital Status: Married Single Divorced Separated Widowed

Student Lives With: _____

Who is responsible for tuition obligation? _____

Does the student have siblings? Yes No

If so, please indicate the siblings' name/age/school they attend: _____



Student's Academic History

Previous school(s) attended:

School Name: _____ Grade Enrolled: _____

Address: _____ Phone: (_____) _____ - _____
Street City State

Reason for Leaving: _____

School Name: _____ Grade Enrolled: _____

Address: _____ Phone: (_____) _____ - _____
Street City State

Reason for Leaving: _____

School Name: _____ Grade Enrolled: _____

Address: _____ Phone: (_____) _____ - _____
Street City State

Reason for Leaving: _____

Has your child ever been suspended or expelled from school? Yes No

If yes, please explain: _____

Are there any academic or behavioral concerns that we should be aware of? Yes No

****Please note our policy:** *If Olive Branch Christian School finds that student information which affects academic performance or student's behavior has not been thoroughly disclosed, the school will terminate enrollment and registration and tuition paid will not be refunded.*



Family Information

Does your family attend church regularly? Yes No

If yes, which church do you attend? _____

If yes, how often? Weekly Monthly A few times annually

****Olive Branch Members ONLY:**

Would you like to apply for a church member discount? Yes No

***Membership discount applications must be filled out annually.*

Administrative

- How did you hear about us?
- Web Search
 - Word of Mouth
 - Social Media
 - Referred by Family or Friends
 - Billboard
 - Mailer

For Office Use ONLY:	Enrollment Forms Received On: ____ / ____ / ____	Time: _____
Payment Amount: _____	Check (No. _____)	Cash Coupon: _____



Daycare Registration

Please mark the box with the daycare schedule you are selecting for this year.

- Options:
- Morning Daycare (6:30 – 8:20am) | Cost: \$76/month
Approximate drop-off time: _____
 - Afternoon Daycare (3:00 – 6:00pm) | Cost: \$140/month
Approximate pick-up time: _____
 - Full-time Daycare (morning and afternoon) | Cost: \$190/month
Approximate drop-off time: _____ pick-up time: _____
 - Hourly | Cost: \$5/hour Number of hours: _____
Days needed: M T W TH F
- *Note: You will be charged for the entire hour even if you are only utilizing a portion of it.*

I am enrolling my child in the daycare program indicated above and understand that tuition and daycare payments are due by the first day of each month. If I have chosen hourly daycare, I understand that payment is due at time of invoice. Invoices will be sent home weekly.

I understand that I must notify the OBCS office two weeks in advance of any changes I wish to make to my daycare schedule.

I understand that if I do not indicate time of pick-up when signing out, I will be charged until 6:00pm.

I understand that if my child is picked up after 6:00pm, I will be charged \$1.00 per minute.

I understand that if my child has been picked up after 6:00pm on multiple occasions, my use of afterschool daycare may be suspended.



Mother's Name: _____ Cell: (____) ____ - ____

Employer: _____ Work: (____) ____ - ____

Social Security No: ____ - ____ - ____ Driver's License No: _____

Signature: _____ Date: ____ / ____ / ____

Father's Name: _____ Cell: (____) ____ - ____

Employer: _____ Work: (____) ____ - ____

Social Security No: ____ - ____ - ____ Driver's License No: _____

Signature: _____ Date: ____ / ____ / ____



Financial Contract

Registration

- A non-refundable registration fee is due at the time of registration. This fee holds your child's place on the roster and contributes to the cost of your child's textbooks, insurance costs, A.C.S.I. fees, and assessment materials. It is not prorated during the year, as the costs are incurred whether your child attends for one month or a complete year.
- All textbooks are property of the school.
- Registration includes the initial back to school supplies for each student. When supplies run out, parents are responsible for replenishing any supplies needed.
- Returning students who have a past due balance will be allowed to register but will not be allowed to attend school if past dues still exist on the first day of school.

Payment Options

Returning Students (prior to March 1):

- One (1) payment in-full in the amount of \$225.00
- Four equal payments of \$56.25 starting February 1 and continuing through May 1.
A missed payment may result in your child being dropped from the enrollment list.

New Students, Preschoolers, and Returning Students (enrolling after March 1):

- One payment in-full in the amount of \$300.00

Tuition and Withdrawals

Monthly tuition payments are due the first day of every month. No child will be allowed to attend class unless their tuition is current. Students who have a past due balance will not be allowed to attend school. Payments received after the 5th of the month are considered past due.

You will be charged a late fee of \$50.00 if the payment is received after the 5th of the month.

Your child will not be allowed to attend school until payment is made in full. The position your child holds will be considered open to those on the waiting list and/or open enrollment.

There will be a \$25 service fee for all checks that are returned from the bank.



As good stewards of our resources, with which God has entrusted us, we require at least two (2) weeks' notice if, for any reason, your child will be withdrawn from school. Upon withdrawal (for any reason), at any time after the first day of school, ten (10) percent of the balance of remaining tuition will be withheld from a refund or billed upon withdrawal. Those who withdraw for any reason must fill out an exit form. Until the exit form is completed, and returned to the office, a spot is still held for your student and you will be charged until the form is received. Charges will be computed on a daily basis.

Payment Options

If you are registering after July 15, Option 2 is not available.

1. One payment in-full for \$6,490.00 due by August 1.
2. Twelve (12) equal monthly payments starting July 1 and ending June 1.
 - a. Single student rate = \$541.00
 - b. Sibling discount for 2nd child rate = \$460.00
 - c. Sibling discount for 3rd child rate = \$406.00
 - d. Sibling discount for 4th child rate = \$352.00
 - e. Sibling discount for 5th child rate = \$298.00
3. Ten (10) equal monthly payments starting August 1 and ending May 1.
 - a. Single student rate = \$649.00
 - b. Sibling discount for 2nd child rate = \$552.00
 - c. Sibling discount for 3rd child rate = \$487.00
 - d. Sibling discount for 4th child rate = \$422.00
 - e. Sibling discount for 5th child rate = \$357.00
4. Enrolled after September, \$649.00 payments due monthly or elect to pay in full on a prorated basis.

*****A financial commitment letter will be sent to you via email outlining the payment plan you have chosen. No monthly invoices will be sent.***

Payment option you are choosing: 1 2 3 4

Single Student Name: _____

2nd Sibling Student Name: _____

3rd Sibling Student Name: _____

4th Sibling Student Name: _____

5th Sibling Student Name: _____



****ALL of the information below must be completed for enrollment****

Person responsible for tuition obligation: _____

Email of person financially responsible for tuition: _____

Mother's Information:

Print Name: _____ Date: ____/____/____

Employer: _____ Work: (____) ____ - ____

Cell: (____) ____ - ____ SSN: ____ - ____ - ____ DL#: _____

Signature: _____

Father's Information:

Print Name: _____ Date: ____/____/____

Employer: _____ Work: (____) ____ - ____

Cell: (____) ____ - ____ SSN: ____ - ____ - ____ DL#: _____

Signature: _____