

Christ School
Application for Enrollment 2024-2025

Registration forms may be emailed to **admin@christschool.mgacoxmail.com**
or faxed to **478-922-0587**. Payments may be made over the phone at **478-923-2867**.

Office Use Only:	Time: _____
Date application Received:	_____
Church Member	Yes _____ No _____
Payment: CC _____ Cash _____	
Check # _____ Receipt # _____	
Recorded By: _____	
Date _____ \$ _____	Bal. \$ _____
Date _____ \$ _____	Bal. \$ _____
Date _____ \$ _____	Bal. \$ _____

Grade/Class _____ County of Residence _____

Child's Name: _____ (Male/Female) Race _____
First Middle Last

Age: _____ Date of Birth: _____ Name your child goes by: _____

Home Address: (Street/City/State/Zip) _____

Mother/Stepmother/Guardian: _____ Email: _____
(Circle one)

Home address (if different from child's) Street: _____

City: _____ State: _____ Zip: _____ Home Phone # _____

Cell Phone # _____ Cell Phone Provider _____

Place of Employment: _____ Business Phone # _____

Employer's Street Address: _____ City: _____ State: _____ Zip _____

Father/Stepfather/Guardian: _____ Email: _____
(Circle one)

Home address (if different from child's) Street: _____

City: _____ State: _____ Zip: _____ Home Phone # _____

Cell Phone # _____ Cell Phone Provider _____

Place of Employment: _____ Business Phone # _____

Employers Street Address: _____ City: _____ State: _____ Zip _____

Child's Living Arrangements: **Both Parents** **Mother** **Father** **Other**

Child's Legal Guardian(s): **Both Parents** **Mother** **Father** **Other**

Siblings: Yes _____ No _____ How Many? _____ Ages & Gender: _____

Names and grades of siblings attending or who have attended Christ School _____

Financial responsibility will be assumed by: _____

My student application on file is up to date and I do not have any other additional changes.

CHRIST SCHOOL EMERGENCY INFORMATION LIST

Child's Name: _____

Mother/Stepmother/Guardian (Circle one)

Name: _____ Home Phone # _____

Cell Phone # _____ Work Phone # _____

Father/Stepfather/Guardian (Circle one)

Name: _____ Home Phone # _____

Cell Phone # _____ Work Phone # _____

Name and phone number of relative or friend to call in case of emergency when parents are not available:

1. Name: _____ Relationship: _____

Home Phone # _____ Cell Phone # _____

2. Name: _____ Relationship: _____

Home Phone # _____ Cell Phone # _____

Person(s) Authorized to Sign Child Out:

The Child may be released to the person(s) signing this agreement or to the following:

Name: _____ Address: _____

(Street/City/State/Zip)

Home Phone # _____ Cell Phone # _____ Work # _____

Name: _____ Address: _____

(Street/City/State/Zip)

Home Phone # _____ Cell Phone # _____ Work # _____

Name: _____ Address: _____

(Street/City/State/Zip)

Home Phone # _____ Cell Phone # _____ Work # _____

**CHRIST SCHOOL
2024-2025
SCHEDULE OF TUITION AND FEES**

<i>Grade Level</i>	<i>Registration Fee</i>	<i>Book/Resource Fees</i>	<i>Monthly Tuition</i>	<i>Annual Tuition</i>
<i>2 year old 2 day</i>	<i>\$150.00</i>	<i>\$100.00</i>	<i>\$200.00</i>	<i>\$1800.00 (9mos)</i>
<i>2 year old 3 day</i>	<i>\$150.00</i>	<i>\$100.00</i>	<i>\$240.00</i>	<i>\$2160.00 (9mos)</i>
<i>2 year old 5 day</i>	<i>\$150.00</i>	<i>\$100.00</i>	<i>\$280.00</i>	<i>\$2520.00 (9mos)</i>
<i>3 year old 2 day</i>	<i>\$150.00</i>	<i>\$135.00</i>	<i>\$200.00</i>	<i>\$1800.00 (9mos)</i>
<i>3 year old 3 day</i>	<i>\$150.00</i>	<i>\$135.00</i>	<i>\$240.00</i>	<i>\$2160.00 (9mos)</i>
<i>3 year old 5 day</i>	<i>\$150.00</i>	<i>\$135.00</i>	<i>\$280.00</i>	<i>\$2520.00 (9mos)</i>
<i>4 year old 3 day</i>	<i>\$150.00</i>	<i>\$170.00</i>	<i>\$240.00</i>	<i>\$2160.00 (9mos)</i>
<i>4 year old 5 day</i>	<i>\$150.00</i>	<i>\$170.00</i>	<i>\$280.00</i>	<i>\$2520.00 (9mos)</i>
<i>Kindergarten</i>	<i>\$150.00</i>	<i>\$335.00</i>	<i>\$300.00</i>	<i>\$3000.00 (10mos)</i>
<i>1st – 5th grades</i>	<i>\$150.00</i>	<i>\$475.00</i>	<i>\$475.00</i>	<i>\$4750.00 (10mos)</i>

Registration and Book Fees must be paid in full upon registering your child at Christ School.

**After May 1st, the registration fees will increase to \$175.00 and the book fees will increase by 10%. This is due to the additional cost we are charged when ordering books after this date.*

Monthly payments are due on the first of each month and become past due after the tenth of each month.

THE REGISTRATION AND BOOK FEES ARE NON-REFUNDABLE.

Multi child (same household) tuition discount:

If you have more than one child enrolled in Christ School you are entitled to a 5% discount off of each child.

Other discounts:

*If you make an **annual** payment by the end of the first month of school, you are entitled to a 5% discount off of your child's tuition. If you withdraw your child from Christ School during the school year for any reason, the 5% incentive will no **longer apply** and will be added back to your tuition refund.*

The following document(s) must be included with your registration form:

Georgia Certificate of Immunization (Form 3231) Applies to all students 2's through 5th grade.

Georgia Certificate of Ear, Eye, and Dental Examination, (Form 3300) Applies only to kindergarten through 5th grade.

According to Georgia law, these health records must be on file in order for the student to attend Christ School.