

### St. Luke's Episcopal School

Journey Inward......

Journey Outward......

Journey Together......

RE: Letter from the Director

Dear Parent/Guardian:

My name is Vic Gandolph, and I am the Director of St. Luke's Episcopal School. St. Luke's Episcopal School has been servicing the Hot Springs community for over 50 years and is open to all faiths. St. Luke's is a developmental and academic program that guides the child in spiritual, intellectual, social, and physical development in a safe, Christian environment.

At St. Luke's you can expect superior education for the whole child – recognizing that each child has different gifts, talents, and abilities. Each child is nurtured to allow appropriate growth and development for a foundation of academic skills, spiritual awareness, and self esteem. Our students consistently score 90% or above on state assessments. We offer a state approved core curriculum. Our classes are led by accredited, experienced teachers and offer a low student to teacher ratio. Enrichment classes include Spanish, Music, Art, Computer Technology, Good Shepherd, Taekwondo and Physical Education. We also offer Summer Enrichment programs, as well as after-school care.

When students leave St. Luke's, they will have the foundation to excel in future academic endeavors. It is not uncommon to see our former students' names in the paper for academic excellence. All of these are what makes St. Luke's the premier Pre-School/Primary school in Hot Springs.

Sincerely,

Vic Gandolph, Director

Address: 228 Spring Street 71901 Hot Springs, AR Phone: 501-623-1653 Fax: 501-623-6164 Website: www.stlukesschoolhs.org

# APPLICATION FOR ADMISSION ST. LUKE'S SCHOOL

FALL 2018-2019

228 Spring St. Hot Springs, AR 71901 - (501)-623-1653

Current St. Luke Stude	ent: <u>Y/N</u>	,		
		Child's DOB	Ago on 9	/4 /2040
Home Address		itv	Ctoto	7.
Parent Name (1)	Mobile Div	Relat	state	Z1p
Home Phone	Mobile Phone	Email Email	non to chita_	
WOIK FIIOHE	Workplace & City	W	lork Hrs	
ratefic Haine (2)		Rela	ation to Child	
nome mone	Mobile Phone	Email	*	
Work Phone	Workplace & City	W	ork Hrs	
ii parents can't be reach	ied, person to be called i	n an emergency:		
Name:	Address			16
PhoneRe	elationship to child	-		
Child to be enrolled in: (	Circle one)		8	
(18mo-2.5 yr/2 day)	(18mo-2.5 yr/3 day)	(18mo-2.5 yr/5	day)	,
(2.5yr-3yr/2 day)	(2.5 yr-3yr/3 day)	(2.5 yr-3yr /5 da	ay)	
(3yr/2day)	(3yr/3day)	(3yr/5day)		
(4yr/3day)	(4yr/5day)			*-
Primary (5 day only) -	(Kindergarten)	(1 <sup>st</sup> Grad	e) (	(2 <sup>nd</sup> Grade)
ENROLLMENT REQU	JIREMENTS CONTRA	CT:		
We hereby apply for the ac	dmission of (Student name)	to St.	Luke's School	for the_ (School year)
DATE:				(Ochool year)

NOTE: \$100.00 Enrollment Fee and \$50.00 towards supplies is due when this completed application form is returned to the school. Completing the registration does not guarantee admission. If you are put on a waiting list and you decide not to come to St. Luke's, your deposit is refundable. If <u>you</u> decide not to attend St. Luke's and have been accepted, the registration fees are non-refundable.

## ST. LUKE'S EPISOCPAL SCHOOL ENROLLMENT FORM

Student's Information	ı:	- GG				
Student's Full Name:						
Rreferred Name:	»:	Grade:	DOE	€	Gender:	
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City:	State:	Zip:		County:	e: ···	8.7
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Home Phone:	A		78			. 111 .
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ather's Information:	'x	*(* )	720	4 0		D.,
Father's Full Name:		(C)	*			5.
Preferred Name:	Title:	F-Mall:	10745			
Mobile:	Comp	any Name:	<del>*************************************</del>	· · · · · · · · · · · · · · · · · · ·		-
Mobile: Job Title:	Ru	siness Phone:	[8]	¥	E.A.	
Fax:	Rusiness F-ma				EXL:	(a) *
Emergency Contact:	Allowed	to pick up chil	ldı <del>İza</del>			
Church Affiliation:		to bick up citi	iu. <u>emu</u>			a lie
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Mother's Information	1	30.5				(72)
(37)	<del></del>	······································	· · · · · · · · · · · · · · · · · · ·		the second second	
Mother's Full Name:			*	00 N	, ×	- 12 - 12
Preferred Name:	Title:	E-Mall:	,		5	******
Mobile:					9	
Job Title:				9	Ev+	
Fax:						
Emergency Contact:		to pick up chil		y 8	07	
Church Affillation:					a	

Address:	A S S S S S S S S S S S S S S S S S S S		3		
					***
City:	State:Zip:	196	County	3 y 2	
81 252C 3	*		Country I		•
Home Phone:		4		, ,	
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ther's Information:	(A)	*		* *	
Father's Full Name	9 2				-
Father's Full Name: Preferred Name:	Trible.			8	
Mobile:	Title: E-Mall:		-		
Job Title:	Company Name:	-			-
Fax:	Business Phone: Business E-mail:			Ext:	
Emergency Contact:	Allowed to pick up child:	THE		1	
4. 1.					
ther's Information:	* 9 * 9				
1other's Full Name:	Title:E-Mall:		<del></del>		- \
referred Name:	Title:E-Mall:	+			
	Company Name:	-			
ob Title;	Business Phone:	THE PARTY OF			
ax:	Business E-mail:			Ext;	
mergency Contact:	Allowed to pick up child:	INV			

### 2018/2019 TUITION & FEE SCHEDULE

Ages	Monthly	Supply	Book	Registration	Electronic Key Rent	Yearly Tuition	Yearly Tuition w/5%
1,302	Tuition	Fee	Fee	Fee	(non-	(fees & key	discount
10. 0.5 10.					refundable)	not included)	(fees & key not included)
18mo-2.5 yr/2 day	\$265	\$100	0	\$100	\$50	\$2,517.50	\$2,391.62
18mo-2.5 yr/3 day	\$362	\$125	0	\$100	\$50	\$3,439.00	\$3,267.05
18mo-2.5 yr/5 day	\$459	\$150	0	\$100	\$50	\$4,361.00	\$4,142.95
2.5-3 yr/2 day	\$265	\$100	0	\$100	\$50	\$2,517.50	\$2,391.62
2.5-3 yr/3 day	\$362	\$125	0	\$100	\$50	\$3,439.00	
2.5-3 yr/5 day	\$459	\$150	0	\$100	\$50	\$4,361.00	\$3,267.05
3 yr/2 day	\$265	\$100	0	\$100	\$50	\$2,517.50	\$4,142.95
3 yr/3 day	\$362	\$125	0	\$100	\$50		\$2,391.62
3 yr/5 day	\$459	\$150	0	\$100	\$50	\$3,439.00	\$3,267.05
4 yr/3 day	\$362	\$125	0	\$100		\$4,361.00	\$4,142.95
4 yr/5 day	\$459	\$150	0		\$50	\$3,439.00	\$3,267.05
Kindergarten	\$448	\$100	\$100	\$100	\$50	\$4,361.00	\$4,142.95
1st/2nd Grade	\$448	\$100		\$100	\$50	\$4,256.00	\$4,043.20
**(All tuition & fees are		\$100	\$100	\$100	\$50	\$4,256.00	\$4,043.20

**(All tuition	&	fees	аге	subject	to	change
(var carcion	•	ICCS	aic	annlect	TO	change

		Activities	included	with tuition:		1000000
Spanish	Computer	PE	Music	Tae-Kwon-Do	Good Shepherd	7.4
18mo-Primary	3yr-Primary	18mo-Primary	Primary	4yr-Primary	3 yr-Primary	Pre K-Primar

#### Discounts:

\* Multiple children: 10% off 2nd child's tuition

\* Prepay full year tuition: 5%

\* Bring own lunch: 2%

\* Parishioner: 5%

### To complete, we need the following:

\*Social security number

\*Copy of child's birth certificate

\*Copy of child's vaccination record

\*Copy of medical insurance

# Aftercare is from 3:00-5:30 with charges beginning at 3:16. If your child is here after 5:30, it becomes \$20.00 per hour

Aftercare charges are as follows:

3:16-3:30 - \$1.25

3:31-4:00 - \$1.75

4:01-4:30 - \$1.75

4:31-5:00 - \$1.75

5:01-5:30 - \$1.75

\* Lunch & breakfast included in tuition

- \* DHS vouchers accepted
- \* Monthy tuition is a leveled payment based on total tuition divided by 9.5 months. 178 days x daily rate divided by 9.5 (August is based on half month tution)
- \* Number of school days
- 2 day classes 72
- 3 day classes 106
- 5 day classes 178

# ST. LUKE'S EPISCOPAL SCHOOL Additional Student Information and Parental Permission Form

			· · · · · · · · · · · · · · · · · · ·	Date:	
Class Choice (Circle O	ne):	×	2	n .	
18 mo-2 1/2: 2 da		/ E days	10.4/0		
The state of the s	1		2 1/2- 3:	2 days / 3 days	
The state of the s	/ 3 days / :	5 days 	4 yr old:	3 days / 5 days	7 -
Kindergarten	5 days	) <del>!</del>	1st Grade	5 days	
2nd Grade	5 days	. 6	( A)	7	
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oes your child have any fo yes, please describe then		k)	Yés	No	ത്രിക്കും ചെയ്ത്തിക്കും അവ
					· · · · · · · · · · · · · · · · · · ·
oes your child have any sp yes, please describe them	peclal needs?	(g)k	Yes	No	и и. в
		en and the second	ÿ	W (0	
	8			6	
5/17/	X				3 - 2 - 2
	,				
you have court paperwork structions with the Directo	k or child custod	y directives, p	please indicate th	at here and make sure	e you leave
Do we have permission to	give emergency	/ heading and a		7	e you leave
you have court paperwork structions with the Director of the permission to your child for emergency roul if this becomes necess	give emergency nedical care? Ev	r treatment ar Pery attempt v	nd/or transport vill be made to ca	7	e you leave No
Do we have permission to your child for emergency rou if this becomes necess	give emergency nedical care? Ev sary.	treatment ar ery attempt v	nd/or transport vill be made to ca er lab?	II Yes	
Do we have permission to your child for emergency r you if this becomes necess	give emergency nedical care? Ev sary.	treatment ar ery attempt v	nd/or transport vill be made to ca er lab?	II Yes	No
Do we have permission to your child for emergency rou if this becomes necess does your child have permission of n the school website?	give emergency nedical care? Ev sary. Ilssion to work in your child be in	treatment are returned to the computer the newspaper	nd/or transport vill be made to ca er lab? er, social media o	II Yes	No No
Do we have permission to your child for emergency rou if this becomes necess	give emergency nedical care? Ev sary. Ilssion to work in your child be in	treatment are returned to the computer the newspaper	nd/or transport vill be made to ca er lab? er, social media o	II Yes Yes Yes	No No No

### **Emergency Contact Information:** Name: \_\_\_\_\_Relation: Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_ Name:\_\_\_\_\_\_ Relation:\_\_\_\_\_ Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_ Name: Relation: Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Medical Contact Information: Physician:\_\_\_\_\_\_Phone:\_\_\_\_\_ Physician Address:\_\_\_\_ Dentist:\_\_\_\_\_\_Phone:\_\_\_\_\_ Hospital:\_\_\_\_\_Phone:\_\_\_\_ Insurance:\_\_\_\_\_Phone:\_\_\_\_\_ Policy Number:\_\_\_\_\_ Pickup Information: Name:\_\_\_\_\_Phone:\_\_\_\_\_ DL #:\_\_\_\_\_Tag #:\_\_\_\_ Notes: Name:\_\_\_\_ \_\_\_\_\_Phone:\_\_\_\_ Notes: Name:\_\_\_\_\_Phone:\_\_\_\_\_ DL #:\_\_\_\_\_\_Tag #:\_\_\_\_ Notes:\_\_\_\_

### **TUITION PAYMENT OPTIONS**

The following are the options by which you can pay your tuition at St. Luke's. You will be asked to pick one of these options when you register your child. Generally speaking this arrangement starts with your September payment. Once your fees and August tuition payment are paid all your ensuing tuition payments will need to pay by the method you choose. Tuition is the main source of income for the school and in order for the school to pay its operating expenses, we must receive tuition on a timely basis. All accounts must be paid in full from the previous year in order to register for the upcoming year. Tuition is due by the first of each month. If tuition is not received by the 7th of each month, a 10% late fee will be added. If your account is 2 payments past due during the year, your child may be suspended until the account is paid in full. These changes are necessary for the financial health of the school.

Option 1: Pay by bank draft/credit of tuition amount due each month. This amount	card allowing the school to draft from your will be drawn out of the account you provid	bank/card the
first business day of the month.		ĕ
Option 2: Set up an auto pay arrang tuition every month. Your auto pay tuition will	gement with your bank to send us a paymer I be due on the first business day of every n	
Option 3: Pre Pay full year 5% disco	unt or ½ a year 2.5% discount.	
Option 4: Returning students: Conti	inue payments options from previous school	ol year.
Any aftercare charges that you may incur will be guidelines as tuition applies. Everyone will still tuition and aftercare. We will send your state	I receive a statement to show what you hav	ion. Same /e paid for
If you have any questions about tuition or any question to Dee Vinson in the financial office ( Luke's strive to make our school accessible to need to discuss your financial arrangements p	ext#14) or Vic Gandolph, Director (ext#25). everyone who wishes to attend. If at any ti	. We at St.
As a reminder, your monthly tuition isthat will be withdrawn from the account you in	per month, <b>NOT</b> including aftercare. Thindicate, on the first business day of the mo	is is the amount nth.
Student Name	Parent Signature	Date

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS I (we) hereby authorize St. Luke's Episcopal School, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. DEPOSITORY NAME: Bear State Bank. BRANCH: Hot Springs, AR 71913 ROUTING NO: ACCOUNT NO: \_\_\_\_\_ This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. CONSUMER NAME(S) \_\_\_\_\_ (PLEASE PRINT) SIGNED: SIGNED: DATE: \_\_\_\_\_ CREDIT CARD OPTION: Card Number:\_\_\_\_\_ Address to card: \_\_\_\_\_ CONSUMER NAME(S) \_\_\_\_\_\_(PLEASE PRINT) SIGNED: SIGNED: DATE: \_\_\_\_\_