



Packed With Power to Prepare Young People for Their Purpose

2020-2021 School Year

**Transformation Christian School
5890 Etzel Ave.
St. Louis, MO 63112**

Please read, follow each step that applies to you and sign below.....

1. Set up and appointment to view the school.
2. Complete enrollment forms and return with the application fee of \$25 (along with a copy of birth certificate) on or before May 1, 2020. A late application fee will be \$125.00 for all students after May 1st.
3. A medical history and current immunization record must be submitted to the school office on the physician's letterhead on or before July 31, 2020. All students must have the following immunizations: Diphtheria, Tetanus, Pertussis (DTap/DT), Polio (OPV or IPV), Hepatitis B (HB), Haemophilus Influenza B (Hib), Measles, Mumps, Rubella (MMR) and Varicella (Chickenpox).

Note: ALL STUDENTS MUST BE FULLY POTTY TRAINED PRIOR TO ADMISSION

Father's Signature Date

Mother's Signature Date

Legal Guardian's Signature Date

Legal Guardian's Signature Date

SCHOOL USE ONLY:

DATE: _____ REGISTRATION FEE: _____ RECEIPT #: _____



TRANSFORMATION Christian School

5890 Etzel Ave.
St. Louis, MO 63112
Tel. 314-361-0710

LOWER SCHOOL (students 2 year-olds – 4 year-olds) *Updated April 18, 2020

August 2020 – May 2021 School Year

TUITION AND FEES:

APPLICATION FEE: \$25.00 due on or before May 1st, \$125 after (Non-refundable)

REGISTRATION FEE: due on July 31, 2020 (Non-refundable)

2 & 3 Year Olds -\$85.00

K-4 - \$223.00

A 10% (one FREE month) discount is given to families who pay the annual tuition in full on or before August 1, 2020.

TUITION: (Lunch, Snack, and Field trip transportation fees included)

Annual/Monthly (10 months payment due August 1, 2020 – May 1, 2021)

	TCCWOC MEMBERS (Annual/Monthly – 10 Months)/Weekly	NON-TCCWOC MEMBERS (Annual/Monthly – 10 Months)/Weekly
2-Year-Old Class	\$5,460/\$546.00/\$126	\$6,000/\$600/\$138
3-Year-Old Class	\$5,005/\$500.50/\$116	\$5,500/\$550/\$127
4-Year-Old Class	\$4,550/\$455.00/\$105	\$5,000/\$500/\$115

***Multi Child Discount** - The second child enrolled in TCS (either upper or lower school) from the same family and household receives a 25% discount on tuition, the third child receives a 35% discount on tuition, and the fourth child receives a 45% discount on tuition. Family discount are from the youngest to the eldest child. TCCWOC membership discount or Multi Child discount is given to qualified families, but not both.



TRANSFORMATION Christian School

5890 Etzel Ave.
St. Louis, MO 63112
Tel. 314-361-0710

UPPER SCHOOL (students Kindergarten – 2nd Grade)*Updated April 18, 2020

2020 - 2021 School Year

TUITION AND FEES:

APPLICATION FEE: May 1, 2020 \$25.00; \$125 after May 1st (Non-refundable)

REGISTRATION FEE: July 31, 2020 (Non-refundable)

Kindergarten - \$275.00

First & Second Grade - \$425.00

(Includes Books and Annual National Testing)

TUITION: (Lunch & Field trip transportation fees included)

Kindergarten, First & Second Grade

Annual/Monthly (10 months payments starting August 1st ending on May 1st)

Annual/Monthly

\$6,000.00/\$600.00 Non-member

\$5,460.00/\$546.00 TCCWOC member

A 10% discount is given to families who pay the annual tuition in full on or before August 1, 2020. TCCWOC member or Multi Child discount is given to qualified families, but not both. The second child enrolled in TCS (either upper or lower school) from the same family and household receives a 25% discount on tuition, the third child receives a 35% discount on tuition, and the fourth child receives a 45% discount on tuition. Family discounts are from the youngest to the eldest child.

BEFORECARE AND/OR AFTERCARE: For Upper School Students Only

6:30 am – 7:45 am

3:30 pm – 6:30 pm
(includes snacks)

Monthly Price

Before **OR** After Care

\$80.00

Monthly Price

Before **AND** After Care

\$125.00

School Uniform

School Uniforms are as follows:

- All students are to wear the red school shirt
(must be purchased at the school)
- \$15.00/Short sleeve and \$20.00/Long sleeve (cost subject to change)
- Both girls & boys are to wear navy blue bottoms.
- Both boys & girls are to wear black or brown shoes

FIELD TRIP APPAREL

When we take field trips, each student is required to wear a school uniform to assist us in identifying our students.

Parent Agreement

Child's Name: _____

Today's Date: _____

We understand that enrollment in Transformation Christian School is not a right, but a privilege.

1. We/I promise to support the total program of Transformation Christian School to the best of our ability.
2. We/I consent to the training given by Transformation Christian School.
3. We/I understand that discipline is a positive training in the right direction and will support the school in its efforts to discipline our children (Proverbs 19:18 AMP - Discipline and teach your son while there is hope, And do not [indulge your anger by or resentment by imposing inappropriate punishment nor] desire his destruction).
4. We/I further agree to cooperate by disciplining our children in the home.
5. Realizing the degree our children are influenced by our words and acts, we/I promise to refrain from negative remarks and discussions concerning the school in the presence of our children.
6. We/I also agree that when problems arise, we/I will come to the school in a spirit quietness and openness to discuss them with teachers or administration.
7. We/I shall endeavor to support and uphold the principles, practices, rules, regulations, and educational policies of TCS. If we/I have and disagreements with any of the school staff or another school parent, we/I will follow the scriptural procedures as found in Matthew 18:15-17.
8. **We/I shall pay tuition in advance by the 1st of the month on time.** We/I understand that tuition is an annual charge. For my convenience and the school's monthly expenses tuition is invoiced for 10 months. My monthly invoice is due by the 1st of each month starting August 1st and ending May 1st. If we/I chose to pay weekly or bi-weekly, We/I understand that my child/children's tuition must be paid in full by the 1st of each month. For example, my child/children's September invoice is to be paid in full by September 1st to avoid any late fees and possible withdrawal of my child/children. **In the event tuition remains delinquent by the 15th of the month, we/I understand the following:**
 - a. \$35.00 late fee.
 - b. No report cards, transcripts, or diplomas will be given until accounts are paid in full.
 - c. **If tuition remains delinquent for 14 days, on the 15th day the child(ren) will not be allowed to attend school until the delinquent tuition is paid.**
 - d. No personal checks accepted.
9. We/I agree that if we cannot accept the standards of Transformation Christian School, we will withdraw our child(ren) from the school and forfeit all fees paid. Tuition may be refunded on a prorated basis at Transformation Christian School's discretion.
10. We/I agree to attend all Parent/Staff meetings and Parent/Teacher conferences.

FIELD TRIP AND TRANSPORTATION PERMISSION

☐ **We/I do**

☐ **We/I do not,**

give consent for my child to take part in the field trips with TCS. It is my understanding that I will be notified when such trips are planned.

Father's Signature

Date

Mother's Signature

Date

Legal Guardian's Signature

Date

Legal Guardian's Signature

Date



Transformation Christian School

Student Application for Admission

Mark age the child will be by July 31, 2020 for class selection:

Lower School: ☐ 2 year old class ☐ 3 year old class ☐ 4 year old class

Upper School: ☐ K5 – 2nd Grade

Grade level for the 2020-2021 School Year _____ DATE: _____

Name: _____

Last

First

Middle

Male _____ Female _____ Date of Birth: _____

Home Address: _____

City

State

Zip

Telephone: () _____ Country of Citizenship: _____

Please check all that apply (optional, for statistical purposes only)

Ethnic Background:

☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other

What public government school district do you live in?

Sibling: _____ Age: _____ School currently attending: _____

Sibling: _____ Age: _____ School currently attending: _____

Sibling: _____ Age: _____ School currently attending: _____

Sibling: _____ Age: _____ School currently attending: _____

FAMILY INFORMATION:

Student resides with (check all that apply): ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother

☐ Other (Please specify.) _____

Correspondence should be sent to: ☐ Both parents ☐ Father ☐ Mother

☐ Other (Please specify.) _____

<p>Name of Father or guardian: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Other _____</p> <p>_____ <small>First Middle/Maiden Last</small></p> <p>Relationship to applicant: _____</p> <p>Home Address: _____</p> <p>_____ <small>City State Zip</small></p> <p>Home Phone: (_____) _____</p> <p>Cell Phone: (_____) _____</p> <p>Email: _____</p> <p>Position: _____</p> <p>Employer: _____</p> <p>Address: _____</p> <p><small>City State Zip</small></p> <p>Work Phone: (_____) _____</p>	<p>Name of Mother or guardian: <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____</p> <p>_____ <small>First Middle/Maiden Last</small></p> <p>Relationship to applicant: _____</p> <p>Home Address: _____</p> <p>_____ <small>City State Zip</small></p> <p>Home Phone: (_____) _____</p> <p>Cell Phone: (_____) _____</p> <p>Email: _____</p> <p>Position: _____</p> <p>Employer: _____</p> <p>Address: _____</p> <p><small>City State Zip</small></p> <p>Work Phone: (_____) _____</p>
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<p>If applicable, name of stepfather: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Other _____</p> <p>_____ <small>First Middle/Maiden Last</small></p> <p>Relationship to applicant: _____</p> <p>Home Address: _____</p> <p>_____ <small>City State Zip</small></p> <p>Home Phone: (_____) _____</p> <p>Cell Phone: (_____) _____</p> <p>Email: _____</p> <p>Position: _____</p> <p>Employer: _____</p> <p>Address: _____</p> <p><small>City State Zip</small></p> <p>Work Phone: (_____) _____</p>	<p>If applicable, name of stepmother : <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____</p> <p>_____ <small>First Middle/Maiden Last</small></p> <p>Relationship to applicant: _____</p> <p>Home Address: _____</p> <p>_____ <small>City State Zip</small></p> <p>Home Phone: (_____) _____</p> <p>Cell Phone: (_____) _____</p> <p>Email: _____</p> <p>Position: _____</p> <p>Employer: _____</p> <p>Address: _____</p> <p><small>City State Zip</small></p> <p>Work Phone: (_____) _____</p>
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STUDENT BACKGROUND INFORMATION: (List most recent school first.)

Current School: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** (____) _____

Principal: _____ **Dates Attended:** _____ **Reason for leaving:** _____

Previous School: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** (____) _____

Principal: _____ **Dates Attended:** _____ **Reason for leaving:** _____

Has the student ever repeated a grade? ☐ No ☐ Yes If yes, please give grade and reason. _____

Has the student participated in any special learning programs (gifted, resource, special education, IEP) Yes No

If yes, please specify: _____

Has the student ever received a disciplinary action? ☐ No ☐ Yes Explain. _____

Why would you like your child to attend Transformation Christian School? _____

How did you hear about Transformation Christian School? _____

CHURCH INFORMATION: If you attend a church, please provide the following information:

Church Name: _____

Street Address: _____ Pastor's Name: _____

City: _____ State: _____ Zip: _____

Family's frequency of attendance: ☐ Once a week or more ☐ 2-3 times per month ☐ Once a month ☐ Less than once a month

Our mission at Transformation Christian School is to work together with the home and church to aid in the academic and spiritual development of your child. Therefore, we require at least one parent to be a born again believer in the Lord Jesus Christ, and to be an active member of a local Christian Church. Please share your personal testimony of salvation through the Lord Jesus Christ and current walk with God in the space provided.

EMERGENCY NUMBERS AND PICKUP INFORMATION:

It is imperative that we have current emergency telephone numbers to locate parents. If a number changes, please notify.

_____	_____	_____	_____	_____
Name	Relationship	Work #	Cell	Home
_____	_____	_____	_____	_____
Name	Relationship	Work #	Cell	Home
_____	_____	_____	_____	_____
Name	Relationship	Work #	Cell	Home
_____	_____	_____	_____	_____
Name	Relationship	Work #	Cell	Home

PERSONS AUTHORIZED TO PICK UP STUDENT:

Name: _____	Relationship: _____	Phone: _____
Address: _____ City: _____ State: _____ Zip: _____		
Name: _____	Relationship: _____	Phone: _____
Address: _____ City: _____ State: _____ Zip: _____		
Name: _____	Relationship: _____	Phone: _____
Address: _____ City: _____ State: _____ Zip: _____		
Name: _____	Relationship: _____	Phone: _____
Address: _____ City: _____ State: _____ Zip: _____		

STUDENT MEDICAL INFORMATION: Please complete all information in this section and submit **UPDATED** health information (including new immunizations) received from your doctor's office

Allergies: _____

Drug Allergies: _____

Routine Medication: _____ How often: _____

Name of Doctor: _____ Phone Number: _____

Insurance Company: _____ Group Number: _____

If Asthmatic: Please provide an inhaler or breathing apparatus that can be administered to your child in case of emergency or as needed on a daily basis along with an **Asthma Action Plan**.

School Policy: All medications administered to students require **Written Parental Consent**. This includes over the counter medication such as Advil, cough drops, and nasal spray. All medication must be provided by the parent.

Learning begins at 8:00 am and ends at 3:00 pm. Before care (includes breakfast) starts at 6:30 am and ends at 7:45 am. After Care (includes snacks) starts at 3:30 pm and ends at 6:30 pm.

Please mark below if Before/After Care is needed for your child.

Before Care

After Care

Before AND After Care

There is no additional charge for Before and After Care for Lower School (2 - 4-year-old classrooms). For Upper School, Kindergarten - 2nd Grade, there is a \$80 monthly fee for Before OR After care and a \$125 monthly fee for Before AND After Care.

Are you a current member of Transformation Christian Church and World Outreach Center in St. Louis, MO?

☐ Yes

☐ No

Please list any additional child or children in your family that are attending TCS for the 2020 – 2021 School Year:

TRANSFORMATION CHRISTIAN SCHOOL
Authorization for Release of Records

We must have records from the last school attended in order to evaluate your student. Please fill out the information below and give this form to the school last attended.

Student's Name: _____

I hereby authorize _____
Name of Student's Present School

Street Name

City

State

Zip

To release to:
Transformation Christian School
5890 Etzel Avenue
Saint Louis, MO 63121
314-361-2120
Fax: 314-361-0938

- Academic Records (with a grading scale, quarter and semester grades)
- Standardized Test Scores
- Discipline Records (Please let us know if there are none on file.)
- Health Records/Immunizations
- Special Education (including current IEP and most recent evaluation)
- Additional information that would be helpful in placing the student

Signed: _____
Parent or Guardian

Address: _____
Street Address **City** **State** **Zip**

Date: _____

We cannot proceed with an interview unless we have these records. Please forward the final transcript to Transformation Christian School when available.

*Records brought in by parents will not be accepted as official and will be viewed as temporary until official copies are received from the previous school.

Statement of Confidentiality

Transformation Christian School will treat all information regarding a candidate's application with complete confidentiality. Only authorized personnel and agents have access to this information unless otherwise required by law. The information recorded within the scope of this policy is not disclosed to the applicant or the applicant's family.

TRANSFORMATION CHRISTIAN SCHOOL

5890 Etzel Avenue, Saint Louis, Missouri 63112, 314-361-2120 Fax: 314-361-0938

2020-2021 IMMUNIZATION FORM

Name of Child (LAST) (FIRST) (MI)				Age		Date of Birth	Grade
Address (Street, City, State)						Gender Male Female	
Physician				Name of Parents or Legal Guardians		Phone Number	
Dose	Dta/DTP Td/DT	Polio IPV/OP V	MMR/MR	Chicken Pox Varicella or Date/Disease	Hep. B	HIB	Other
Dose No. 1							Menactra
Dose No. 2							
Dose No. 3							
Dose No. 4				Hep A			
Dose No. 5							
Dose No. 6							
DATE	ADVERSE REACTIONS						

Physical Exam

Transformation Christian School requires all NEW students to have a physical before attending school.

Name _____ Date _____ Height _____

Weight _____ BP _____ Lab: Urinalysis (dipstick) Albumin _____ Sugar _____

Vision: ☐ Normal ☐ Glasses ☐ Contacts Hearing: ☐ Normal ☐ Abnormal ☐ Hearing Aid

Check the box if normal and circle if abnormal:

☐ Growth Development ☐ Ears, nose ☐ Eyes ☐ Skin, glands ☐ Heart
☐ Thyroid, head, neck ☐ Lungs ☐ Hernia ☐ Teeth, tonsils ☐ Genitalia ☐ Other

Explain any abnormal findings: _____

Allergies: _____

Can student carry full program of school? ☐ Yes ☐ No Is special seating recommended? ☐ Yes ☐ No

If yes, specify: _____

Other recommendations and remarks: _____

I understand this is a standing order for the 2020-2021 school year.

Signature _____ M.D./D.O. Name (print) _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone _____

As a result of the annual state inspection, we are required to have each parent/guardian to give the information requested below:

In the event of an emergency, I authorized Transformation Christian Preschool to seek medical care at:

Name and telephone # of the preferred hospital or the nearest emergency hospital.

Parents/guardian signature

Date