

**NEW STUDENT FINANCIAL INFORMATION 2018-2019  
KINDERGARTEN – 8TH GRADE**

<b>Registration Fee per student (K-8) – fee must accompany paperwork at time of enrollment and is non-refundable</b>	<b>\$100</b>
--	--------------

**BASE TUITION**

Multiple student discounts only apply to full-time students	<b>First Child</b>	<b>Second Child</b>	<b>Third Child</b>
Kindergarten through 8 <sup>th</sup>	<b>\$5,995</b>	<b>\$5,385</b>	<b>\$5,080</b>
<b>Payments made through FACTS will be done over 12 months</b> Approximate monthly payment rates	<b>\$499.58</b>	<b>\$448.75</b>	<b>\$423.33</b>

**DIFFERENTIATED LEARNING PROGRAM**

<b>NILD and WINGS</b> (Students enrolled in NILD and WINGS are entitled to a 40% base tuition break)	\$4,860
<b>NILD ONLY</b> National Institute of Learning Development (Students enrolled in the NILD program are entitled to a 20% base tuition break.)	\$3,865
<b>WINGS ONLY</b> (Students enrolled in the WINGS program are entitled to a 20% base tuition break.)	\$2,698
<b>WINGS MATH ONLY</b>	\$916
<b>WINGS LANGUAGE ARTS ONLY</b>	\$1,783

**OTHER FEES**

**PER STUDENT**

<b>Extended Care per student – available before (7AM) and after school (until 5:30PM)</b>	<b>\$5/hr \$10/day</b>
<b>Sports Fees (per sport, per student) – due at time of sports registration</b>	<b>\$65</b>

## DISCOUNTS

<p><b>PASTOR'S DISCOUNT</b> – If you are an active ordained minister of the gospel, you will receive a 10% discount off of your total tuition bill. This discount can only be applied to 2018-2019 costs. This discount is not available if you are taking advantage of <b>Option 1</b> on the <b>Tuition Payment Preference Form</b>.</p>	<p style="text-align: center;">10% discount off total tuition bill, not including fees</p>
<p><b>CHURCH MEMBER</b> This discount is available to members of Central Worship Center.</p>	<p style="text-align: center;">\$200 off per child</p>
<p><b>PAYMENT IN FULL</b> This discount, Option 1, (on the Tuition Payment Preference Form) is available if tuition is paid in full by these dates</p>	<p style="text-align: center;"><b>2% discount off total tuition bill, not including fees, if paid by June 25th</b></p> <p style="text-align: center;"><b>After June 25th payment in full can be made no later than 7/31/18 however, no discounts apply</b></p>

**\*\*\*\*\*FACTS TUITION PAYMENT PLAN\*\*\*\*\***

**ALL FAMILIES NOT PAYING IN FULL MUST ENROLL IN THE FACTS TUITION PAYMENT PLAN**

This option entitles the responsible party to budget payments over 10 OR 12 months through FACTS Management Company beginning August 2018.

**To enroll in FACTS go to <https://online.factsmgt.com/signin/3Q0DP>**

First time users will need to create a username and password. **NOTE: IF YOU HAVE ALREADY CREATED AN ACCOUNT AND APPLIED FOR FINANCIAL AID USE THE SAME USERNAME AND PASSWORD WHEN ENROLLING IN THE FACTS TUITION PLAN.** If you have questions please contact the Accounting office at 302-875-4488 ext 311

### LATE FEES/RETURNED CHECKS/PAST DUE TUITION

Any missed payment to the school, to include tuition, fees and extended care, will incur a \$25 late charge. There will also be a \$25 fee for returned checks. If you are enrolled in FACTS and they are unable to obtain a monthly tuition payment, a grace period will be offered. However, if FACTS is unable to retrieve the funds, they will assess a \$30 charge as well.

**I agree to make tuition payments for the 2018/2019 school year. I have read the financial information provided in this document and understand and agree to abide to all financial requirements contained, to include late fees. If there is a default on payment I will also be responsible for court costs, collection agency fees and or any additional fee incurred as a result.**

### REFUND POLICY

**Registration fee and the first two months tuition are non-refundable**

**STUDENT APPLICATION**

**The following is needed for enrollment to be complete – Please use this as your checklist:**

**Student and Family Application**

**Registration fee (see Financial Information sheet) This fee must accompany application prior to interview**

**Copy of child's Birth Certificate and Immunizations**

**Parent Guardian Agreement**

**Tuition Payment Preference Form**

**Pastor Recommendation Form**

**Aftercare Agreement**

**School Honor Code (Grades 6-8 only)**

Student Name \_\_\_\_\_

Male/Female \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

State and Zipcode \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Entering into Grade \_\_\_\_\_ Has this child repeated a grade?  Yes  No

If yes, what grade and for what reason. \_\_\_\_\_

Name and address of church where student/ family fellowships: \_\_\_\_\_

List all previous schools attended:

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_

Complete Address \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_

Complete Address \_\_\_\_\_

Does the student currently have or have they ever had an Individual Education Plan or Profile (IEP)?

Yes  No

\_\_\_\_\_

\_\_\_\_\_

What is his/her attitude toward school and teachers? \_\_\_\_\_

---

---

What is his/her attitude toward discipline? \_\_\_\_\_

---

---

Has your child ever been expelled, dismissed, suspended, or refused admission to another school?

Yes  No (If yes, Explain below)

---

---

Has your child ever had disciplinary difficulties:  Yes  No (If yes, Explain below)

---

---

---

Has your child ever been in trouble with the law, arrested, etc? Yes or No (If yes, explain below)

---

---

Has your child ever used tobacco or drugs of any kind? Yes or No (If yes, explain below)

---

---

Has the applicant any history of unusual physical or emotional condition, or learning disability which has required professional attention or which might require special attention at Epworth Christian School?   
Yes  No If yes, please explain and include copies of all reports.

---

---

Has the applicant ever been enrolled in a special class or received tutoring?  Yes  No (If yes, explain below)

---

---

How did you hear about Epworth Christian School? \_\_\_\_\_

---

---

FAMILY APPLICATION

**Biological Father ( Mr. Dr. Rev. )**

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone: Home \_\_\_\_\_

Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer: \_\_\_\_\_

Office Phone: \_\_\_\_\_

**Biological Mother ( Mrs. Dr. Miss )**

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone: Home: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Office Phone: \_\_\_\_\_

**Biological Parents' Relationship** ( married, divorced, deceased, never married)

**Alternative Family Information** (Step-parent, Adoptive Parent, or Guardians)

Name: ( Mr. Mrs. Miss Dr. Rev. )

---

Address:

---

Phone: Home: \_\_\_\_\_

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

Email Address:

---

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer: \_\_\_\_\_

Office Phone: \_\_\_\_\_

**Does the student live with the biological parents?** ( Yes or No ) (If No, please explain below)

---

---

---

**Personal References (list two):**

1. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone Number

2. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
**Father/Guardian Signature and Date**

\_\_\_\_\_  
**Mother/Guardian Signature and Date**

## PARENT-GUARDIAN AGREEMENT

Epworth Christian School is a non-profit organization representing Jesus Christ throughout our community. Epworth Christian School requires its employees and at least one parent/guardian of each student to be a born-again Christian, *living their lives as Christian role models* (I Timothy 4:12). Employees and parents will conduct themselves in a way that will not raise questions regarding their Christian testimonies. A Christian lifestyle should reflect the Biblical perspective of integrity and appropriate personal and family relationships, business conduct, and moral behavior.

**As partner of Epworth Christian School** (*initial and sign below*),

\_\_\_\_\_ I agree to provide godly instruction in the home.

\_\_\_\_\_ I commit to protecting my child from inappropriate materials by partnering together to monitor all audio (iPod, CD, etc.) and video (internet, TV, games) materials.

\_\_\_\_\_ I understand that display of ungodly and unrighteous attitudes, practices, or lifestyles will not be tolerated.

\_\_\_\_\_ I believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give my permission for my child's teacher and/or other agent of the school to make and enforce regulations and policies in a manner consistent with Christian principles of discipline as set forth in the Scriptures.

\_\_\_\_\_ I release Epworth Christian School and its representatives from liability in the event of an accident or injury except to the extent of any insurance coverage available.

\_\_\_\_\_ I understand that school lockers and desks are the property of the school and that the school has a right to open and search lockers and desks. Where there is reasonable and justifiable suspicion, students' possessions, (book bags, gym bags and clothing) may be searched and items that are in violation of laws (federal, state, or local) or school policy will be seized.

\_\_\_\_\_ My child and I have read the Dress Code and we agree to support it and abide by it in every way. (See Dress Code online at [www.epworthcs.com](http://www.epworthcs.com)) If you need a printed copy from office, please request.

\_\_\_\_\_ My child and I have read the Discipline Policy and we agree to support it and abide by it in every way. (See Discipline Policy online at [www.epworthcs.com](http://www.epworthcs.com)) If you need a printed copy from office, please request.

\_\_\_\_\_ I agree to conduct myself in accordance with the Bible and its commandments to make every effort to live at peace and to resolve disputes with each other in private or within the church. (I Corinthians 6:1-8; Matthew 18:15-20)

\_\_\_\_\_ I give permission for my child's photo to be included on the home page for Epworth Christian School and the Epworth Christian School face book page. I understand that this is located on the World Wide Web (www) and can be seen throughout the world by people with access to the www through the Internet.

---

Parent Signature and Date



# PASTOR RECOMMENDATION FORM

## PART I

**To be filled in by the family.** After you have filled in Part I, please give this to your Pastor to complete and mail directly to the school.

Family Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Address: \_\_\_\_\_

Father/ Mother Occupation: \_\_\_\_\_

Home Church: \_\_\_\_\_

Names of children applying to ECS:

1.
2.
3.
4.
5.

## PART II

**To be filled in by your Pastor.**

Does the above family worship in your church?  Yes  No How long? \_\_\_\_\_

Describe their worship attendance: Regular \_\_\_\_\_ Occasional \_\_\_\_\_  
(Epworth Christian School defines regular attendance as 9 times within a 3 month period at any a.m., p.m., weeknight or women's/men's service.)

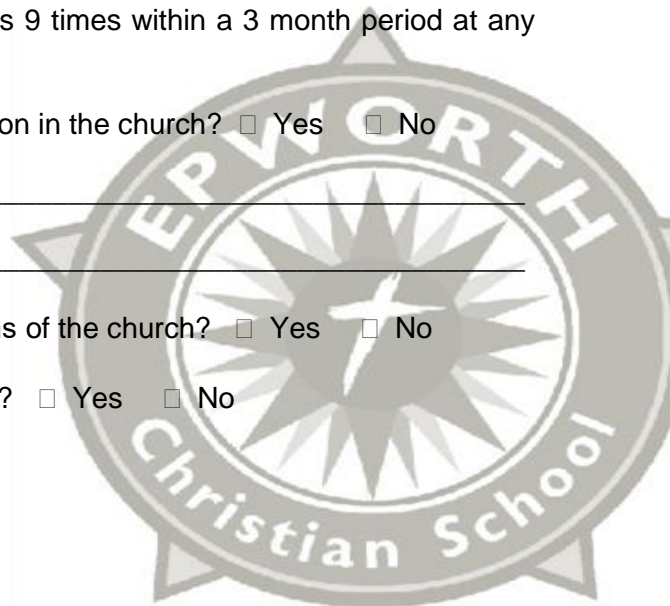
Have any members of the family held a leadership position in the church?  Yes  No  
If yes, please explain:

---

---

Are the children active in the youth or children's programs of the church?  Yes  No

Do you consider the children open to spiritual instruction?  Yes  No



What is your understanding of this family's relationship to God?

---

---

Are there any concerns that should be known by the school that could either positively or negatively influence the decision of the Admissions Committee?

---

---

Do you recommend the family for admission to Epworth Christian School?  Yes  No

Pastor's Signature: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

Church Phone: \_\_\_\_\_

**Please return to:**

Registrar, Epworth Christian School  
14511 Sycamore Road, Laurel, Delaware 19956  
Phone: 302-875-4488 Fax: 302-875-7207

---

**Probationary Pastor Recommendation:** If you are not currently fellowshipping with a local body of believers (attending a local church) on a regular basis, as home to the ECS ministry, Pastor Tim Dukes, Senior Pastor of Central Worship Center, would like to invite you to become a part of the fellowship here. Please call the church office at 302.875.7995 to set up an appointment to meet with Pastor Tim to have your form signed.