



Registration package 2022/2023

St. Clement is now accepting registration for 2022/2023 school year. We are on a first come first serve basis, therefore, if interested, please fill out the attached forms and return it back with the registration fee as soon as you can to ensure enrollment for your child.

Thank you

Bishoy Saad, M.Ed.
Principal

Notice:

Your child will NOT be enrolled unless you return this package with the registration fee.

*** We are only accepting limited number of students for each of our classes*

Application Process and Forms

We are delighted that you are applying for enrollment of your child(ren) at St. Clement Coptic Orthodox Christian Academy. Everything you will need for the application process is included in this packet. It is important to understand that our process is meant to facilitate the school's policy of meeting the individual needs of each child. Please review the requirements listed below and carefully fill out all the necessary forms.

Submit all required application forms and pay the required **non-refundable registration fee**.

Requirements:

- Copy of birth certificate
- Updated Immunization records
- Social Security Card
- Insurance Card
- *Physical exam (Kindergarten and 7th Grade)*



2022/2023 Tuition and Fees

Pre-Kindergarten

- Application/Registration Fee**(School running expenses): \$250
- Books/Materials Fee** (Classroom and school materials): \$250
- Infant Tuition:** \$7,000/year (\$700/month)
- Pre-K 1 tuition:** \$6,000/year (\$600/month)
- **Pre-K 2 tuition:** \$5,500/year (\$550/month)
- Pre-K 3 tuition:** \$5,000/year (\$500/month)
- Pre-K 4 tuition:**\$4,500/year (\$450/month)

Kindergarten, Elementary and Middle

- **Application/Registration Fee**(School running expenses): \$250
- Books/Materials Fee**(Classroom and school materials): \$250
- **Kindergarten:** \$7,000/ year (\$700/ month)
(financial aid is available, please ask in the main office)
- **Elementary/Middle School tuition:**\$7,000/year (\$700/ month)
(financial aid is available, please ask in the main office)
- Sibling Discount:** \$50/month

** Tuition is payable in ten equal monthly installments (August - May), due on the first of each month. (Payments made after the 5th of the month will result in a late fee of \$50)*

You are responsible to pay the full year tuition even if you withdraw your child during the school year.

Breakfast and lunch provided

Extended Care:

- A. Before School Care (6:30-8:00) \$100/month or \$7/day
- B. After School Care (3:00/4:30-5:30) \$150/month or \$10/day

Fees Include:

Computer lab fee, science fee, SAT testing, Library fee.
This does not include a yearbook.

General Information

School Hours

Infant - Pre-K 2: 7:00 AM- 4:30 PM

Pre-K 3 - 8th Grade: 8:00AM - 3:00PM

Transportation

Parents may arrange with one of the drivers for before and after school transportation. *These drivers work independently using their personal vehicles.*



Application Form (2022/2023)

Registration: ____/____/____ Books: ____/____/____ Gender: Male / Female

Teacher of choice (Optional and not guaranteed): _____ Grade: _____

Student Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone #: _____ E-mail address: _____

Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Mother's Name: _____ Mother's Cell #: _____

Employer: _____ Work number: _____

Mother's Social Security #: _____ - _____ - _____

Father's Name: _____ Father's Cell #: _____

Employer: _____ Work number: _____

Father's Social Security #: _____ - _____ - _____

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Last Grade Completed: _____ Last School attended: _____

School address: _____

City: _____ State: _____ Zip Code: _____

School Phone #: _____ Fax#: _____

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|--------------|-----------|----------|-----------------|-------------------------|
| Before Care: | Yes _____ | No _____ | 6:30AM – 8:00AM | \$100/month or \$7/day |
| After Care: | Yes _____ | No _____ | 3:00PM – 5:30PM | \$150/month or \$10/day |



Parent's Signature: _____ Date: _____

Health Form & Medical Release

Student Name: _____

Date of Birth: _____/_____/_____ *Last First Middle*
Grade: _____ Gender: Male / Female

Mother's Name: _____ Mother's Cell #: _____

Father's Name: _____ Father's Cell #: _____

In case of an emergency notify (other than parent or guardian):

Name: _____ Phone #: _____

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Food or medication allergies: _____

Other allergies: _____

Health conditions: _____

Treatments: _____

Other/comments: _____

Preferred Hospital: _____

Physician's Name: _____ Phone #: _____

In case of medical or surgical emergency, I hereby give permission to the physician selected by St. Clement Coptic Orthodox Academy or his/her representative to hospitalize and secure proper treatment for my child as named above.

I hereby release the directors and staff of the school from all responsibility of sickness or accidents which might be incurred while attending school and its functions.

I hereby give permission to school designated supervisor to secure medical care and treatment in the event of an emergency. I understand that I will be contacted immediately in the event that something unforeseen happens that needs my immediate attention.



Parent's Signature: _____ Date: _____

Release of Information Permission Form

My child, _____, is applying for admission to St. Clement Christian Academy
I hereby authorize _____

Name of School (Current Attending)

to release his/her student records to St. Clement C.O.C. Academy. These records include but are not limited to: progress reports, information on the curriculum, and any other pertinent information deemed necessary. I understand that this information will be held confidential by both schools. This authorization also applies to the teacher evaluation form I will be submitting to my child's teacher.

Parent's Signature: _____ Date: _____

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Contractual Payment Agreement

I _____; the parent of _____

I understand that I am obligated to make the payment each month to St. Clement COC Academy even if my child misses a few days, weeks and/ or months. In the case a child is withdrawn, a prorated penalty fee will be charged to the account, amount of penalty will be determined based on the time the child leaves St. Clement. I am legally responsible to make the monthly payments to St. Clement for as long as my child is enrolled, and I am still legally responsible to pay the penalty fee in the case I may choose to withdraw my child, regardless of the reason. I comprehend that St. Clement COC Academy reserves the right to withhold all student's records and not transfer them unless full tuition/ fee is paid.

Parent's Signature: _____ Date: _____

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School Van/Bus Permission Form (KG-8th Grade)

It is the express intent, policy, and procedure of St. Clement C.O.C. Academy that all students ride to and from any school –related event via School Bus/Van and under the immediate supervision of a St. Clement school staff /volunteers.

Please complete and SIGN below understanding that you are assuming full responsibility for this student and completely releasing St. Clement C.O.C Academy, its staff, and its volunteer workers from all liability.



Parent's Signature

Student's Name (Please Print)

Photo Release Permission Form

I, _____, parent of _____
(Print name) (Child's name)

hereby grant permission to St. Clement C.O.C. Academy to take and use: Photographs and/or digital images of **my child** for use in news releases and/or educational materials as follows: printed publication or materials, electronic publication, or web sites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of St. Clement C.O.C. Academy.

Parent's Signature: _____ *Date:* _____

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Waiver of Liability Form

I understand that St. Clement C.O.C. Academy is not responsible to supervise my child/children before or after school hours if not enrolled in before/aftercare program. I understand that daycare and preschool aged children are never allowed on campus without a parent/guardian/member to supervise.

I understand that St. Clement C.O.C. Academy does not provide insurance relative to accidents or injuries as a result of school related activities. I understand that I am responsible for the health/medical care of my child/children in the event of an injury or accident during any School activity/classes.

I understand that St. Clement C.O.C. Academy has a no tolerance policy for student misconduct. Students that continue to violate the conduct policies of the school may be dismissed from their class at the administration's discretion.

(Initial)_____ I have read this Waiver and Release of Liability form and I understand the contents of the form.

By signing this, I waive, discharge and covenant not to sue St. Clement C.O.C. Academy, its teachers, staff, attorneys, employees, associates, affiliates, successors and assigns, and all other persons, firms or corporations, whether or not specifically names, herein, jointly, severally, and jointly and severally, of and from any and every claim, demand, right or cause of action, of whatever kind of nature, whether in tort, contract, or created by statute, directly or indirectly, for any injuries, damages, or losses the undersigned may incur as a result of his or her participation and involvement in St. Clement C.O.C. Academy.



Parent's Signature

Student's Name (Please Print)

Coptic Orthodox School Enrollment Agreement

I understand that St. Clement C.O.C Academy is a Coptic Orthodox school and believes in the Coptic Orthodox faith. I also understand that by enrolling my child in St. Clement, I thereby agree to have my child participate in the Coptic Orthodox prayers. I agree to have my child participate in morning/afternoon prayers from the Agpya (prayer book of hours), memorize Bible verses, take weekly Bible class, and attend Holy Mass every Wednesday.

Parent's Signature

Student's Name (Please Print)

Student Handbook Agreement

I have read the student handbook provided at www.Stclementacademy.com and agree to all the terms and conditions. I also understand and will adhere to all policies disclosed in the handbook.

Parent's Signature

Student's Name (Please Print)