



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).
3. A medical history and current immunization record must be submitted to the school office on the physician's letterhead before the student is allowed to attend school. 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 December 10, 2020

February 1, 2021 – May 28, 2021 School Year

FEES: includes books & activity fees

APPLICATION FEE: \$25.00 (Non-refundable)

REGISTRATION FEE: (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 and Snack included)

Annual/Monthly (4 months payment due January 15, 2021 – April 15, 2021)

TCCWOC MEMBERS

4 Months/Weekly

NON-TCCWOC MEMBERS

4 Months/Weekly

2-Year-Old Class	\$546.00/\$126	\$600/\$138
3-Year-Old Class	\$500.50/\$116	\$550/\$127
4-Year-Old Class	\$455.00/\$105	\$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

February 1 – May 28, 2021 School Year

TUITION AND FEES: includes books & activity fee

APPLICATION FEE: \$25.00; \$125 (Non-refundable)

REGISTRATION FEE: (Non-refundable)

Kindergarten- \$275.00

1st, 2nd, 3rd Grade - \$425.00

(Includes Books and Annual National Testing)

TUITION: (Lunch & Snack included)

Kindergarten, 1st, 2nd & 3rd Grade

Annual/Monthly (4 months payments starting February 1st ending on May 1st)

Monthly

\$600.00 Non-member

\$546.00 TCCWOC member

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

Monthly Price

Before **OR** After Care

\$80.00

3:30 pm – 6:30 pm

(includes snacks)

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.

Tuition is paid in advance by the 15th of the month on time. Tuition is an annual charge. For my convenience and the school's monthly expenses tuition is invoiced for 4 months. My monthly invoice is due by the 15th of each month starting January 15th and ending April 15th. If you chose to pay weekly or bi-weekly (this applies to 2- through 4-year-olds), tuition must be paid in full by the 1st of each month. For example, my child/children's January invoice is to be paid in full by January 1st to avoid any late fees and possible withdrawal of my child/children. **In the event tuition remains delinquent by the 20th of the month:**

- 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, on the 1st day of the month the child(ren) will not be allowed to attend school until the delinquent tuition is paid.**
- d. No personal checks accepted.



Transformation Christian School

Student Application for Admission

Admission Date: _____

Discharge Date: _____

Mark age the child will be by July 31, 2021 for class selection:

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

Upper School: ☐ K5 – 3rd Grade

Grade level for the 2021-2020 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>Work Schedule: _____</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> <p>Work Schedule: _____</p>
<p>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>Work Schedule: _____</p>	<p>Name of Stepmother: <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>Work Schedule: _____</p>

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 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 \$60 monthly fee for Before OR After care and a \$105 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: (you must still register each individual child)

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