



Spencer Christian School

Preschool/Kindergarten Enrollment Application

NEW Student Application Process

- ✓ Submit* the following to reserve placement:
 - Coronavirus Waiver of Liability
 - Preschool Application
 - Handbook Receipt Form
 - Registration fee
 - Emergency medical treatment form
 - Authorized pick-up list
 - Immunization record or waiver
- ✓ We will contact Junior Kindergarten and Kindergarten families to schedule an interview/assessment.
- ✓ Upon acceptance, you will receive confirmation from the school office.

RETURNING Student Application Process

- ✓ Submit* the following to reserve placement:
 - Coronavirus Waiver of Liability
 - Preschool Application
 - Handbook Receipt Form
 - Registration fee
- ✓ If needed, please complete:
 - **Updated** emergency medical treatment form
 - **Updated** authorized pick-up list
 - **Updated** immunization record or waiver

You will receive your family's annual invoice for the school year via email:
Preschool - July/August • Junior Kindergarten - June/July • Kindergarten - May/June

** New students may submit application for upcoming school year starting February 1st at 9am*

** Returning students may submit application during the month of January (enrollment is first-come/first-served starting February)*

Preschool/Kindergarten
Elementary/Middle School
High School

Melanie Winstead
Cindy White
Mindy Druin

schoolprek@spencerchristian.org
school@spencerchristian.org
mindy@spencerchristian.org



NATIONAL CENTER FOR LIFE AND LIBERTY
OFFICES IN WASHINGTON D.C., TEXAS, AND FLORIDA
888.233.NCLL (6255)

Waiver of Liability Relating to Coronavirus/COVID-19

On March 11, 2020, the World Health Organization declared the novel coronavirus, COVID-19, a pandemic. COVID-19 is highly contagious and believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people over the past several months. Spencer Christian School (the "Ministry") has put precautions in place to reduce the spread of COVID-19; however, the ministry cannot guarantee that you or your family, including your child(ren), will not become exposed to or infected with COVID-19. Further, because of the number of individuals involved in school activities, and the fact that many infected individuals appear to be asymptomatic, attending this activity could increase your and your child(ren)'s risk of contracting COVID-19.

By signing this waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19. I also acknowledge that by attending Spencer Christian School, such exposure or infections may result in personal injury, illness, disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Spencer Christian School may result from actions, omissions, or negligence of myself and others, including, but not limited to, Ministry employees, contractors, volunteers, members, and participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Ministry or participation in Spencer Christian School ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the Ministry, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Ministry, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name(s) of Participant(s)



Spencer Christian School

5720 Taylorsville Road, Fisherville, KY 40023, (502) 477-9617 ext. 200

K-12 Family Application (one per family)

Father

Name _____
Street _____
City _____ State _____ Zip _____
Employer _____ Position _____

() _____
mobile phone
() _____
work phone
() _____
home phone
_____ email

Mother

_____ check here if same address

Name _____
Street _____
City _____ State _____ Zip _____
Employer _____ Position _____

() _____
mobile phone
() _____
work phone
() _____
home phone
_____ email

Preferred email for Financial Correspondence:

Preferred email(s) for other school correspondence:

☐ Mom ☐ Dad ☐ Both

Spencer Christian Church Member? ☐ Yes ☐ No

If no, church affiliation _____ Children in household _____

Shaded areas for office use only.

List all Children in Household	Birth Date	Grade Entering	Applying for Admission		Registration Fee	Annual Tuition
			Yes	No		
Total Family Tuition:			Monthly Payment for IPN:			Pending Scholarship Application:

For new applicants, list any current SCS families we may contact for a reference. _____

How did you learn about SCS? _____

Spencer Christian School is not equipped to provide for the educational needs of all students. Therefore, we reserve the right to withhold admission as it best affects the educational interest of your child.

We certify that all the information on this application is true and complete and authorize Spencer Christian School to contact the applicant's previous school(s) and teachers to obtain records and opinions regarding the applicant(s).

Parent's Signatures _____ Date _____

_____ Date _____

Please return family application, along with all other student applications and registration fees to the school office.



K-8 Enrollment Form 2023-2024

☐ **New Enrollment** ☐ **Re-enrollment**

Applicant's name: _____ Applying for Grade: _____

Allergies and/or Health Issues: _____

Parent Handbook Receipt Form

I have fully read the handbook provided to the parents/guardians and agree to follow all guidelines and policies established by Spencer Christian School. I am aware of all the health requirements, discipline policies and medical emergency procedures. I agree to provide any change of information immediately to the school office.

Parent/Guardian Signature: _____ Date: _____

Tuition Contract

	Kindergarten	1st-8th Grades	9th-12th Grades
Registration (<i>non-refundable</i>)	\$225*	\$275*	\$275*
Annual Tuition	\$3360	\$4500	\$6000
12 Monthly Installments	\$280	\$375	\$500
First Payment Due	June 1	June 1	June 1

**Registration fee includes book fee*

I AGREE TO:

- Pay an annual registration fee per child at the time of enrollment. **This is a non-refundable fee.**
- Pay tuition according to the schedule as listed above.
- Pay the monthly tuition installment during the first week of each month. A late charge of \$25 will assessed on the 10th day of the month if payment is not received.

Parent/Guardian Signature: _____ Date: _____

Commonwealth of Kentucky School Reporting Requirements

Kentucky State Law requires all students ages 6 to 18 to meet their standard of 1062 instructional hours in 177 6-instructional hour days. Spencer Christian School operates on a unique schedule in cooperation with the parents. To meet the requirements, I (as the parent/legal guardian), will provide additional individual instructional hours equal to or greater than 12 hours per week for students that are enrolled in first through twelfth grades.

Parent/Guardian Signature: _____ Date: _____

Medical Permission

I give my permission to Spencer Christian School staff to take whatever steps are necessary in the event of a serious accident or illness. In the event of an emergency, SCS may release my child to a medical professional. SCS is not an allergen-free school. It is the responsibility of the parent and child to be capable of avoiding allergens and treating reactions. Physical education courses, school performances, recess, sports, and other school-sponsored activities contain risk of physical injury. I agree that my child may participate in all school activities. I release and hold harmless Spencer Christian School, its agents, employees, successors, and assigns from any and all liability for loss, injury, damage, or claims arising out of my child's participation.

Parent/Guardian Signature: _____ Date: _____

Photo and Contact Information Permission

- I give my permission to Spencer Christian School to use my child's photo for advertisement purposes. Yes ☐ No ☐
- I give permission to Spencer Christian School to publish my contact information in a school-wide directory. The directory will only be distributed to school families and is not to be used for solicitation purposes. Yes ☐ No ☐

Immunization Record

Please obtain the most recent copy of your child's immunization record and submit a copy with this application. An appropriate religious or medical waiver will also be accepted. (KRS 214.034/KRS 214.036)

Parent/Guardian Signature: _____ Date: _____

For returning students: if you have changes to Release of Child or Emergency Medical Release Form, please attach corresponding form(s).



K-12 New Student Application

Applicant's Name: _____

Applying for grade: _____ Gender: _____ Race: _____

Current school: _____

Location (if not local): _____

Allergies and/or Health Issues: _____

(attach recent photo)

We will submit a records request to your child's school, or you may submit the following with your application:

1. Most recent standardized test scores (if applicable) 2. Attendance record 3. Report card 4. Immunization record or waiver

Describe the applicant's education history (previous schools, classes, curriculum used).

Describe the applicant's extracurricular interests and/or achievements.

Has the applicant been tutored?

Yes No

Has the applicant been subject to disciplinary action?

Yes No

Has the applicant skipped or repeated a grade?

Yes No

Has the applicant had any learning or behavioral problems?

Yes No

Does the applicant have any physical disabilities or illnesses?

Yes No

Are you aware of any issues that may affect the applicant's behavior or academics?

Yes No

If you answered yes to any of these questions, please provide a complete explanation. If more space is required, attach a separate page.



I, _____ (parent) of _____ (address),
City of _____, County of _____, Kentucky, am the father/mother/legal
guardian of _____ (child's name), a minor who attends and/or
participates in activities with Spencer Christian School, located at 5720 Taylorsville Road, Fisherville, KY 40023.

In the event that all reasonable attempts to contact me at _____ (phone number), have been
unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. _____ (preferred physician)
at _____ (phone number), or Dr. _____ (preferred dentist), at
_____ (phone number), or, in the event that they are not available, by any licensed
physician or dentist; and
2. The transfer of the child to _____ (preferred hospital) or any other hospital
reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or
dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

The following information is needed by any hospital or practitioner not having access to the child's medical
history:

Allergies: _____

Medication being taken: _____

Date of last tetanus shot: _____

Physical Impairments: _____

Insurance Company: _____

Policy Number: _____

Policy Holder: _____

Other pertinent facts to which a physician should be alerted: _____

Dated: _____

Signature

Printed Name



Name of Child(ren): _____

Below is a list of persons authorized to pick up your child from Spencer Christian School. Under no circumstances will your child be allowed to leave the property except for those names listed below. We reserve the right to check identification.

Please list parent's names too!

1. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____

2. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____

3. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____

4. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____

5. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____

6. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____

7. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____