



## Elementary (Kindergarten-5<sup>th</sup> grade) Enrollment 2010-2011

### STUDENT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Grade in 2010-2011: \_\_\_\_\_

Ethnicity: Please check all that apply\*:  
 American Indian/Alaskan Native     Asian/Pacific Islander  
 Black     Hispanic     White     Other/Mixed Race

\*This information is voluntary and used to comply with Federal Reporting. It has no effect on admissions to Summit School and the information will not be used for any discriminatory purposes.

Please check the appropriate statement: \_\_\_\_\_ This is my Eldest or Only child at The Summit School of Ahwatukee  
 \_\_\_\_\_ This is a Sibling of my Eldest child registered for the 2010-2011 school year at The Summit School of Ahwatukee

Please tell us who referred you to Summit School: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

_____ Name of Parent/Guardian #1	_____ Name of Parent/Guardian #2
_____ Relationship to Student	_____ Relationship to Student
_____ Street Address	_____ Street Address
_____ City	_____ City
_____ State/Zip Code	_____ State/Zip Code
_____ Home Phone	_____ Home Phone
_____ Cell/Pager	_____ Cell/Pager
_____ Employer/Name of Business	_____ Employer/Name of Business
_____ Email	_____ Email

### BILLING INFORMATION: (If different from parent/guardian)

_____ <b>Billing Name</b>	_____ <b>Phone Number</b>
_____ <b>Billing Address</b>	_____ <b>Email Address</b>
_____ <b>City</b>	_____ <b>State/Zip Code</b>

*The Summit School does not discriminate against any person for admission or employment, on the basis of race, color, religion, national origin, disability, sex or age.*

<b>For Office Use Only:</b>	Date Received: _____	Grade: _____	Initials: _____	Accept Sent: _____
(Updated: 1/19/10)	1st Payment Method: Check # _____	Credit Card Type: _____	Start Date ___/___/___	







***PARENT COPY: Please Retain For Your Records***

**2010-2011  
ACTIVITY FEE SCHEDULE  
For 5<sup>th</sup> through 8<sup>th</sup> Grades**

Exciting activities and trips are scheduled throughout the year to build community and develop independence. There are associated fees, which are not included in tuition. The following are projections, subject to change and are provided to help you plan ahead. Activities will be billed at time of event and participation in the events is optional but encouraged.

**MIDDLE SCHOOL EVENTS**  
(Grades 6<sup>th</sup> thru 8<sup>th</sup>)

Fall Community Building Day Trip (October)	\$65
Halloween Dance (October)	\$10
Winter Activity (December)	\$10
Spring Party (April)	<u>\$10</u>
Total Estimate	\$95

**SPRING TRIPS**  
(Grades 5<sup>th</sup> thru 8<sup>th</sup> \*Destinations may vary)

Pali Mountain, CA (Grades 5th & 6th)	\$ 450
Astro Camp, CA (Grade 7th)	\$ 450
Washington, D.C. (Grade 8th)	\$2,500

**R.O.P.E. (Rite of Passage Experience) (Grade 8th)**

4<sup>th</sup> Quarter Right of Passage Experience: Cost vary according to individual

**GRADUATION EXPENSES**  
(Grade 8th, Billed April 1st)

Graduation Fee	\$175
<i>(Includes Cap &amp; Gown, Invitations, Memory DVD, Memory Blanket and Graduation Reception.)</i>	

***PARENT COPY: Please Retain For Your Records***

**2010-2011 Elementary Tuition**

Grade	Tuition	Sibling Discount
<b>Kindergarten-5th</b>	<b>\$11,440</b>	<b>\$10,296</b>

**Fees not included in Tuition, due August 1, 2010:**

Annual Dues and Fees are non-refundable and may be paid by check or added into auto-debit for August tuition.

- B.E.S.T. (Parent Organization) Dues \$75
- Art Supply Fee \$200

**Payment Plan Options**

<b>1<sup>st</sup> Tuition Payment due at Enrollment*</b>		<b>Remaining Tuition</b>		<b>Remaining Tuition</b>		<b>Remaining Tuition</b> August thru May <i>*Payments have been rounded for ease in pay</i>	
		<b>1 Payment</b>		<b>2 Payments</b>		<b>10 Payments</b>	
First Child	Sibling	First Child	Sibling	First Child	Sibling	First Child	Sibling
<b>\$700</b>	<b>\$700</b>	<b>\$10,740</b>	<b>\$9,596</b>	<b>\$5,370</b>	<b>\$4,798</b>	<b>\$1,074</b>	<b>\$960</b>

\*1<sup>st</sup> month payment is non-refundable and is due at the time this Enrollment form is submitted. It may be paid by check, cash, credit card or IBE: Help a Student Funds.

**Parent Commitment**

Upon signing the Enrollment Form for your child, you are committing to his/her education at Summit School. The following are expectations for all Summit parents and guardians:

- A minimum of thirty days notice is required when withdrawing a student. I am responsible for tuition for the remainder of the semester in which I withdraw my child(ren).
- I will volunteer at least 10 hours per child, per year.
- I understand the importance of contributing to the Arizona Private School Tax Credit on behalf of Summit School of Ahwatukee.
- I will contribute to the Summit Annual Fund.

**Terms**

7. Monthly tuition is due the 1<sup>st</sup> of each month, starting in August and continuing through May 2011. 1-Pay Tuition is due on August 1, 2010. 2-Pay Tuition Installments are due August 1st, 2010 and December 1st, 2010.
8. Tuition is considered late on the 2<sup>nd</sup> of each month and each tuition account will be charged a \$20.00 late fee.
9. In the event that a tuition account has reached 30 days past due the parent(s) will be notified that they will have 24 hours to make payment in full or the student(s) will face dis-enrollment. Upon dis-enrollment, the account will be turned over to a collection agency.
10. All accounts with checks returned for non-sufficient funds will be assessed a \$25.00 returned check fee.
11. After enrollment, no refunds of tuition or fees will be made for the semester. If the student is withdrawn from Summit, it will still be the financial obligation of the family to pay tuition through the remainder of the semester. Exceptions will be provided for families moving more than 50 miles from Summit School or upon pre-approval of the Head of School. **\*No refund of tuition or fees for the semester will be made at any time if a student is either dismissed or asked to withdraw from school for disciplinary reasons.**
12. If at any time there is a past due balance owed and no alternative arrangements have been made with the Business Office, **grades and transcripts will not be released.**



## AUTO-DEBIT PAYMENT FORM FOR 2010-2011

Summit School of Ahwatukee will debit your bank account on the following schedule dependent upon the Payment Plan you selected: Please select all that apply

- \_\_\_\_\_ 1 Payment: Debit will occur on August 1<sup>st</sup>
- \_\_\_\_\_ 2 Payments: Debit will occur on August 1<sup>st</sup> and December 1st
- \_\_\_\_\_ 10 Payments: Debit will occur on the 1<sup>st</sup> of each month, August 2010 thru May 2011
- \_\_\_\_\_ Prepaid Extended Day: Debit will occur on the 1<sup>st</sup> of each month, August 2010 thru May 2011  
(Completion of the Extended Day Enrollment Form is required)
- \_\_\_\_\_ B.E.S.T. Fee: \$75 Debit will be added to August 1<sup>st</sup> Tuition, one-time Fee

**STUDENT NAME(S):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Summit School of Ahwatukee Company ID: 86-1012694

I (we) hereby authorize Summit School of Ahwatukee, hereinafter called COMPANY, to initiate debit entries to my/our (Select one) \_\_\_\_\_ **Checking Account** OR \_\_\_\_\_ **Savings Account** indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. In the event that an auto-debit is declined, I understand that I will be charged a \$25.00 fee and the tuition payment in full will be due within 5 days.

Name(s): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Note: Suspension of auto-debit service requires a 10-day notification to the Summit School Business Office. All written debit authorization MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

#### **For Business Office Use Only:**

Inv. \_\_\_\_ Roster: \_\_\_\_ Reminder: \_\_\_\_

Student 1:	Total Tuition: _____	Monthly Tuition: _____
Student 2:	Total Tuition: _____	Monthly Tuition: _____
Student 3:	Total Tuition: _____	Monthly Tuition: _____
Student 3:	Total Tuition: _____	Monthly Tuition: _____



**AUTO CREDIT CARD CHARGE  
PAYMENT FORM FOR 2010-2011**

I authorize the Summit School of Ahwatukee Business Office to charge the selected tuition item(s) for the following student(s) account(s) to my credit card. The credit card transaction will occur between the 1<sup>st</sup> and 5<sup>th</sup> of the month it is due.

Declined transactions may result in the application of late fees and cancellation of automatic credit card payment privileges. **It is my responsibility, as the credit card holder, to notify Student Billing of any changes in card information** (i.e., expiration date, billing address, etc.) Any changes to this payment arrangement must be done in writing to the Summit School Business Office. (Please complete only 1 form per family).

**Please Select all Item(s) To Be Automatically Charged:**

- One-time Application Fee (For new students only)
- 1<sup>st</sup> Tuition Payment to be charged upon 2010-2011 Enrollment Acceptance
- 1-Pay Tuition on August 1, 2010
- 2-Pay Tuition on August 1, 2010 and December 1, 2010
- 10-Pay Tuition beginning August 1, 2010 thru May 1, 2011
- Prepaid Extended Day: beginning August 2010 (*Completion of the Extended Day Enrollment Form is also required.*)
- Drop-In Extended Day: (*Completion of the Drop-in Ext. Day Enrollment Form is also required.*)

**Student First and Last Name(s):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Credit Card Number** **Expiration Date:** (mm/yyyy)

**Please Circle credit card type and add appropriate Security #:**

**VISA: 3 digit #** \_\_\_ **MasterCard: 3 digit#** \_\_\_ **AMEX: 4 digit #** \_\_\_\_

**Name on Card:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Card Holder** **Date**

**Billing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

<b><u>For Business Office Use Only:</u></b>		Inv. _____	Roster: _____	Reminder: _____
Student 1:	1 <sup>st</sup> Tuition Payment: _____	Total Tuition: _____	Monthly Tuition: _____	
Student 2:	1 <sup>st</sup> Tuition Payment: _____	Total Tuition: _____	Monthly Tuition: _____	
Student 3:	1 <sup>st</sup> Tuition Payment: _____	Total Tuition: _____	Monthly Tuition: _____	
Student 4:	1 <sup>st</sup> Tuition Payment: _____	Total Tuition: _____	Monthly Tuition: _____	

**Extended Daycare Enrollment 2010-2011**

Welcome to the Extended Day Program at Summit School! We are proud to offer quality childcare before and after school for your children. Preschool Extended Day Care is for preschoolers and Kindergarteners. Elementary/Middle School Extended Day is for 1<sup>st</sup> graders through 8<sup>th</sup> graders. We have designed 2 programs to assist you with your schedule:

**Pre-Paid Extended Daycare:** For use by parents who will use before and/or after school care daily or very frequently.

**Drop-In Extended Daycare:** For use by parents who will use before and/or after school care from time to time.

**Summit School Extended Daycare Policy:**

**EXTENDED DAY HOURS:** The Extended Day fee covers the hours before school (7:00 AM – 8:00 AM) and after school (3:30 PM – 6:00 PM). Afternoon snacks and necessary materials are also included in the fee. Summit Extended Day Care Program closes promptly at 6:00 PM. Parents who have not picked up their children by 6:00 PM will be charged an additional fee of \$1.00 per minute, as stated in the Parent Student Handbook.

**RULES AND POLICIES:** In the event Summit does not receive payment within 5 days of billing or we are unable to complete your auto-debit transaction, your child(ren) will not be allowed into Extended Daycare until your balance is paid in full. All school rules, procedures and policies are in effect during Extended Daycare activities. Only previously authorized persons who show proper identification AND are listed on the Emergency Cards will be allowed to pick up students. All parents/legal guardians or authorized persons must sign the student(s) into Extended Day before school and/or sign the student(s) out of Extended Day upon pick-up after school.

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**Summit School of Ahwatukee  
Extended Daycare Enrollment 2010-11:**

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_  
Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_  
Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

**Email address (Required)** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please Complete your Extended Daycare Enrollment by  
Choosing 1 of the Programs listed on the other side of this form.**



Please Select 1 of the following Programs:

**Pre-Paid Extended Daycare Program Agreement:**

Provides Full-time use of Extended Daycare before and/or after school daily, Preschool thru 8<sup>th</sup> grade. It begins with the first day of school and ends with the last day of school that Extended Day is offered.

**Payment Options: (Select One)**

- \_\_\_\_\_ 1 payment of \$2,250 due August 1, 2010
- \_\_\_\_\_ 2 payments of \$1,125 due August 1, 2010 and by January 1, 2011

**Payment Form: (Select One)**

- \_\_\_\_\_ Check
- \_\_\_\_\_ Auto-Debit (Complete Auto-debit form)
- \_\_\_\_\_ Auto-Credit Card Charge (Complete Auto-Credit Card charge Form)

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- \_\_\_\_\_ 9 payments of \$250 due August 2010 thru April 2011

- \_\_\_\_\_ Auto-Debit (Complete Auto-debit form)
- \_\_\_\_\_ Auto-Credit Card Charge (Complete Auto-Credit Card charge Form)

I understand and agree to the terms of the Summit Pre-Paid Extended Daycare Program and the Payment Option /Form I have selected.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Drop-In Extended Daycare Program Agreement:**

Drop-In Extended Daycare rates are **\$17.00 per day**, per child for **actual days used**. You will only be charged for all Drop-In Extended Days used within a month. **Summit Policy requires all Drop-In Extended Day monthly usage to be auto-charged to your credit card with no additional fees.** Checks and auto-debit will not be accepted for the 2010-2011 school year. Drop-In use will be tallied for the month and auto-charged between the 1<sup>st</sup> and 5<sup>th</sup> of the following month. A receipt of your charge will be emailed to you. If you question an Extended Day Charge, please do not hesitate to contact our business office at (480) 403-9505.

*In order to attend Drop-In Extended Daycare in 2010-11, please complete the following:*

**Please Circle credit card type and add appropriate Security #:**

VISA: 3 digit # \_\_\_      MasterCard: 3 digit# \_\_\_      AMEX: 4 digit # \_\_\_\_

16 Digit Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

I understand and agree to the terms of the Summit Drop-In Extended Day Program and the Auto-Credit Card payment process.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_