

WEST GATE CHRISTIAN PREPARATORY SCHOOL

5121 Kelly Road, Tampa, FL 33615

Phone: 813-884-5147 Fax: 813-888-5368

www.westgate.org

A Ministry of West Gate Baptist Church

2010-2011 Tuition and Fee Schedule

Registration Fees NON-REFUNDABLE (Due at time of Registration)

Grade	Registration Fee
Daycare	\$100
K3	\$200
K4 (Non VPK)	\$200
K4 VPK	Per VPK schedule
K5-12 th	\$250

Curriculum Fees NON-REFUNDABLE (Due by June 1st)

If there is a non-payment of curriculum fees, it will be assumed the student is not returning and the held spot will be opened for students on the waiting list.

Grade	Curriculum Fee
K3	\$150
K4 (Non VPK)	\$150
K4 VPK	Per VPK schedule
K5	\$325
1 st -5 th	\$400
6 th -12 th	\$475

Tuition Fees

Grade	Annual Tuition
Daycare	\$125 (per week)
K3 (half-day program)	\$3,500
K4 (Non VPK; half-day program)	\$3,500
K4 (VPK; half-day program)	Per VPK schedule
K5	\$5,000
1 st – 5 th	\$6,500
6 th – 12 th Standard Track	\$6,950
10 th – 12 th College Preparatory Track	\$1,700 (additional)

Multi-Student Discounts (Only available to K5-12th Grade Students)

Full tuition is paid for the student in the highest grade. A 15% tuition discount will be given for each additional student.

Before and After Care (Daily Rate)

Before Designated Arrival Time (7:45 am) \$7.50

After Designated Pick-up Time (3:45 pm) \$12.50

After 6 pm, an additional \$5 fee is added for each 15-minute period per student.

Miscellaneous Fees

Other additional fees for sports, music, graduation etc. may apply and will be billed separately.

West Gate Christian Preparatory School
Registration Cover Sheet
Please read and initial each paragraph.

Student Last Name _____ First Name _____
Anticipated Grade in August _____

_____ At the time of application, it is important for parents/guardians to understand that new students to WGCPs are on probation for the first year. We expect students to adhere to the discipline and uniform/dress codes. Financial obligations must be up-to-date in order for students to remain in WGCPs. When accounts are 30 days past due, students may be placed on financial suspension. Also, we expect parental cooperation with regard to the placement of students in a grade level, educational testing, counseling, and other programs that would benefit a student.

_____ Each student at WGCPs re-registers annually. West Gate Christian Preparatory School reserves the right at any time to deny re-registration or to cancel the registration of a student for lack of cooperation on the part of that student or his/her parents or for failure to meet the expectations of the School's academic, discipline, or financial policies as listed in the Student Handbook.

_____ **Once your enrollment is accepted, your student is "saved a place" at WGCPs. WGCPs cannot easily replace students once a school term has begun. Therefore, tuition is considered an annual fee and is non-refundable and non-transferable. WGCPs's acceptance of your paperwork initiates a contract between you and WGCPs. The PERSON RESPONSIBLE FOR PAYMENT (listed on the Financial Application) is liable for the full school tuition (shown on the back page of the Financial Application) and any related fees or charges incurred during the school year. If, for any reason, the student is unable to complete the school year, the PERSON RESPONSIBLE FOR PAYMENT must make arrangements with the WGCPs Administration to pay the balance of the tuition at withdrawal. I understand that after I enroll, I will be responsible for the full school tuition.**

_____ Emergency withdrawal and transfer requests will be referred to the School Board and reviewed on a case-by-case basis.

Your signature indicates that you have read, understood, and agreed to these policies. Please call the WGCPs office if you have any questions or concerns. _____

Parent/Guardian Signature

REQUIRED FOR APPLICATION

- Registration Cover Sheet
- Student Application
- Non-Refundable Registration Fee (New enrollees must pay by Cash, Money Order or Cashier's Check.)
- Parent-School Agreement*
- Authorization for Emergency Medical Treatment
- School Activity Consent and Release Form
- Authorization to Pick Up Student*
- Financial Application
- Handbook Signature Page
- Original Social Security Card and Original Driver's License of person responsible for payment (copied by WGCPs)
- Original Social Security Card and Birth Certificate of student (copied by WGCPs)
- All Fees Paid in Full to Date
- Legal Documents (if necessary)*
- Discipline Procedures*
- HRS Form 3040 (school physical) provided by student's doctor
- HRS Form 680 (immunization record or exemption) provided by student's doctor
- Recommended by: _____
- Interviewer's Explanation Required (please initial) _____

Registrar's Signature of Completion

Date

West Gate Christian Preparatory School
Student Application

Student Information

Last Name: _____ First Name: _____ Middle Initial: _____
Preferred Name: _____ Social Security No.: _____ Birthday: _____
Church Affiliation: _____ Church Member: Yes No
Sex: _____ Race: _____ Student Cell Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____
Preferred Name: _____ Social Security No.: _____ Birthday: _____
Church Affiliation: _____ Church Member: Yes No
Sex: _____ Race: _____ Student Cell Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____
Preferred Name: _____ Social Security No.: _____ Birthday: _____
Church Affiliation: _____ Church Member: Yes No
Sex: _____ Race: _____ Student Cell Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____
Preferred Name: _____ Social Security No.: _____ Birthday: _____
Church Affiliation: _____ Church Member: Yes No
Sex: _____ Race: _____ Student Cell Number: _____

Family Information

Father's Last Name: _____ Title: _____ First Name: _____
Street Address: _____ Home Phone: _____
City: _____ State: _____ Zip Code: _____
Place of Employment: _____ Position: _____ Work Phone: _____
Legal Relationship to Student: _____ Lives with Student? Yes No
Financially Responsible for School Account? Yes No Work Hours _____
Father's Email Address: _____ Cell Phone: _____

Mother's Last Name: _____ Title: _____ First Name: _____
Street Address: _____ Home Phone: _____
City: _____ State: _____ Zip Code: _____
Place of Employment: _____ Position: _____ Work Phone: _____
Legal Relationship to Student: _____ Lives with Student? Yes No
Financially Responsible for School Account? Yes No Work Hours _____
Mother's Email Address: _____ Cell Phone: _____
Marital Status of Parents: _____ Married _____ Widowed _____ Divorced**
**If divorced, please include a photocopy of most recent Child Custody Order.

Admission Information

You are applying to attend what grade? _____ School attended last year: _____
Address of previous school: _____
Have all financial obligations been fulfilled at the school listed above? Yes No
Has any grade been repeated? Yes No If yes, which one: _____ Reason: _____
Does the applicant exhibit any kind of rebellious attitudes toward parents or others in authority? Yes No

Applicant:
Are you willing to commit to working diligently in our academic program? Yes No
Please give the specific name of the church where you and your child attend or are members: _____

Do you attend regularly? Yes No Does your family? Yes No
Denomination: _____
Church Mailing Address: _____ Phone: _____

West Gate Christian Preparatory School

Parent-School Agreement

Please read and initial each paragraph.

IN ORDER TO SOLEMNIFY the desire of the undersigned parents to partner with WGCPS for their child's Christian education, and to promote a clear understanding of the duties and responsibilities of each party, the undersigned parties adopt the following agreement:

I, _____, for and in consideration of my child(ren), _____, being admitted as a student or students at WGCPS, do hereby accept such admission and the duties and responsibilities entailed therein and agree to be bound by the terms of this Agreement:

____ 1. I understand that WGCPS is a ministry of West Gate Baptist Church and that my child will be educated in a Christian environment in accordance with Biblical principles. West Gate Christian Preparatory School is first and foremost a Baptist School where the Bible is the most integral part of the curriculum. I understand that my child will be regularly presented with the Gospel of Jesus Christ and encouraged to trust Him as their personal Savior.

____ 2. I have read and understand the Student Handbook. I agree that my child and I must abide by all of the policies, rules, and regulations of the School, including those listed in the Student Handbook, and I agree to support WGCPS with my conduct and my prayers.

____ 3. I understand and agree that the instructors and other School officials will guide the education of my child. I agree that my purpose in obtaining a Christian education for my child will be achieved by following the curriculum set by the instructors. To that end, I agree that I will require my child to perform all duties and responsibilities entrusted to him/her by the instructors and School officials to the best of his/her ability to their satisfaction. I will support the decisions of the instructors and School officials and will never attempt to undermine their authority. I understand and agree that during my child's enrollment, the courses offered and the instructors teaching them may occasionally change in the discretion of the School leadership.

____ 4. I understand and agree that maintaining discipline is necessary for the welfare of individual students, of each classroom, and of the entire School. I agree to support all regulations and standards of the School and hereby authorize WGCPS to employ such discipline as it deems appropriate for the training of my child in accordance with Biblical principles.

____ 5. I understand and agree that my child has no right to publish and distribute a student newsletter or any other publication. I understand and agree that WGCPS has the right, in its sole discretion, to control what is published, circulated, or otherwise distributed at its School to its students or staff, and I will ensure that my child understands this provision.

____ 6. I understand and agree that attending WGCPS is a privilege and the School reserves the right to suspend or expel my child from the School, with or without cause, in accordance with its official policies as determined by the School. I understand that no rights or presumptions of continued enrollment are conferred or implied by this Agreement or by a number of consecutive Agreements.

____ 7. I agree to pay all tuition and fees in a timely manner. **I understand that monthly tuition payments are due on the first day of each month.** I further understand that if I fail to make a timely payment, my child may be withdrawn from School and I may be subject to late-payment fees and other costs, including any necessary costs of collection in accordance with School policy. I understand and agree that all fees and deposits are non-refundable and non-transferable. I understand and agree that WGCPS reserves the right to withhold any and all School records, including transcripts, until all financial obligations have been met. I understand that after I enroll, I will be responsible for the full school tuition. I have read and understand the additional fee schedule.

____ 8. I understand and agree that it is my responsibility to immediately correct all enrollment documents of WGCPS if the information contained in the enrollment documents changes or if I discover the information is inaccurate.

____ 9. As WGCPS is a Christian ministry organization, both parties agree that they would never make demands, threaten to sue, or actually litigate any matter whatsoever relating to or resulting from this Agreement. I understand that making demands, threatening to sue, or actually litigating a matter against WGCPS clearly violates Biblical teaching and practice and shall constitute sufficient grounds for immediate withdrawal of all my children from enrollment at WGCPS. I understand that retaining or instructing an attorney to contact the ministry with regard to a potential claim or dispute will be interpreted as a threat to sue. Accordingly, the parties agree to resolve all potential claims, disputes or causes of action through binding arbitration using the procedures outlined in the attached procedures.

a. I agree to follow the Biblical pattern of Matthew 18:15-17 and Galatians 6:1 and always give a good report. All differences are to be resolved by using Biblical principles.

b. The parties agree that the methods outlined in this section shall be the sole remedies for any and all controversies or claims arising out of the enrollment relationship or this Agreement and expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.

c. I acknowledge that I have read and understand the Procedures for Arbitration adopted by WGCPS and agree to abide by the procedures outlined therein.

d. I agree to do everything in my power to avoid involving WGCPS in any legal proceedings that may take place or legal requests for documents or testimony of School officials concerning the custody and/or education and upbringing of my child. I understand that if, in spite of my and my attorney's best efforts, any School official is legally compelled to provide testimony or documentation beyond a copy of my child's standard academic records, that my child may be immediately disenrolled from WGCPS and that my account may be charged for any and all expenses incurred in complying with such legal process.

____ 10. The parties agree that there are no other agreements or understandings between them relating to the subject matter of this Agreement. This Agreement supersedes all prior agreements, oral or written, between the parties and is intended as a complete and exclusive statement of the agreement of the parties. Neither this Agreement nor its execution have been induced by any reliance, representations, stipulations, warranties, agreements or understandings of any kind other than those expressed herein. If any provision of this agreement is found to be void or voidable, it shall not affect the validity of any other provision. Both parties shall remain bound by all other provisions.

____ 11. I certify that I will explain this Agreement and its meaning to my child. I will assist the School in every way necessary to ensure my child abides by all the terms of this Agreement.

____ 12. I understand that this Agreement shall not take effect until fully executed by all parties.

IN WITNESS WHEREOF, the parties have executed this Agreement on the ____ day of _____, 20__.

Parent/Guardian Signature

Parent/Guardian Signature

I understand this agreement and its content and agree to abide by its terms and all rules which apply to students.

Student Signature (7th Grade and Above)

Student Signature (7th Grade and Above)

Student Signature (7th Grade and Above)

Student Signature (7th Grade and Above)

ACCEPTED AND APPROVED

WGCPS Representative Signature

**West Gate Christian Preparatory School
 Authorization for Emergency Medical Treatment**

If my child(ren), _____, should become ill or injured at WGCPSS, I understand that the School will:

1. Contact me immediately or
2. Contact the person(s) I have designated if I cannot be reached.

Should the School be unable to reach me and/or the person(s) designated, the School is authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

 Parent/Guardian Daytime Phone Number

 Parent/Guardian Evening Phone Number

 Parent/Guardian Daytime Phone Number

 Parent/Guardian Evening Phone Number

 Other Daytime Phone Number and Relationship

 Other Evening Phone Number and Relationship

 Medical Alert Information (i.e. medicine allergies, food allergies, or any medical conditions): _____

Preferred Physician: _____

Address: _____

Preferred Hospital: _____

Confidential – Check the appropriate box

Yes No

- Does the applicant have any significant physical impairment? If so, what? _____
- Has the applicant been previously hospitalized? If so, why? _____
- Has the applicant had or does the applicant have a disease or illness? If so, what? _____
- Has the applicant had any surgeries? If so, what kind? _____
- Is the applicant under the care of a doctor? If so, why? _____
- Has the applicant ever been treated for a nervous, mental, or emotional disorder, or seen a psychologist? If so, explain why. _____
- Has the applicant ever used illegal or dangerous drugs?
- Has the applicant ever used alcoholic beverages or tobacco?
- Has the applicant ever been expelled or suspended by any school?
- Does the applicant have any physical, emotional, or mental handicaps that may affect activities or progress? If so, explain. _____
- Has the applicant received any type of tutoring or therapy? If so, explain. _____

NOTE: THIS FORM MUST BE NOTARIZED

 Parent/Guardian Signature

 Date

 Parent/Guardian Signature

 Date

Sworn to and subscribed before me this ____ day of _____, 20____.

 Notary Public

West Gate Christian Preparatory School
School Activity Consent and Release Form

I, the undersigned parent or guardian, hereby consents to my child(ren) _____,

participating in all School activities including, but not limited to, field trips and other School sponsored trips away from School, sports and physical education activities, and school-provided transportation. I certify that my child is able to participate in these activities. If my child has medical conditions that may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone numbers listed below. If I cannot be reached, I hereby authorize a staff member of West Gate Baptist Church or WGCPS to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO AND TRANSPORTATION. In consideration for my child being permitted to enroll in WGCPS and to participate in School activities, I do hereby agree to hold West Gate Baptist Church, WGCPS, and their agents, employees, and volunteers (hereinafter "the released parties") harmless from, and to indemnify for, any and all liability, actions, causes of actions, claims, expenses, including attorneys fees, and damages on account of injury to my child, even injury resulting in death, which I now have or which may arise in the future in connection with my child's participation in School activities and any other associated activities. I further agree to hold the released parties harmless from, and to indemnify for, any and all liability, actions, causes of actions, claims, expenses, including attorneys fees, and damages on account of injury to a third party or his property which may arise in the future in connection my child's participation in School activities and any other associated activities.

I hereby grant West Gate Baptist Church and WGCPS the right to photograph and to videotape my child and to use my child's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation. I agree to hold West Gate Baptist Church and its agents, volunteers, and employees, harmless from any and all liability, actions, causes of action, claims, expenses, and damages on account of its use of my child's name, face, likeness, voice, or appearance.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement that I have read and understand.

I DO NOT WISH MY CHILD(REN) TO PARTICIPATE IN THE FOLLOWING:

Parent/Guardian Signature

Date

West Gate Christian Preparatory School
Authorization to Pick Up Student

As the parent(s)/guardian of _____,
_____, the following people have permission to pick up my child(ren)
during or after school.

Parent 1 _____

Parent 2 _____

Name	Relationship To Student	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Parent Signature

Date

Parent Signature

Date

Guardian Signature

Date

NOTE: If child custody orders have been issued by a court of law, a copy of the order must be supplied to West Gate Christian Preparatory School at Registration.

NOTE: Any change in custody orders, addresses, or telephone number(s) must be immediately submitted to the School.

West Gate Christian Preparatory School
Financial Application

Students Enrolling:

- 1. First: _____ Last: _____ Grade _____
- 2. First: _____ Last: _____ Grade _____
- 3. First: _____ Last: _____ Grade _____
- 4. First: _____ Last: _____ Grade _____
- 5. First: _____ Last: _____ Grade _____

PERSON RESPONSIBLE FOR PAYMENT:		
Name: First _____	Middle _____	Last _____
Gender: Male Female	Date of Birth: ____/____/____	Age: _____
Social Security #: ____/____/____	Driver's License #: _____	
Billing Address: _____	City: _____	State: ____ Zip: _____
Home Phone #: _____	Business Phone #: _____	Cell Phone #: _____
Employer: _____	Email Address: _____	

Payment Terms

Please check and initial your payment terms.

- _____ Payment in full at registration or by June 1 (receive a 5% discount off tuition).
- _____ Monthly – **Due the 1st of every month beginning in June, then 11 monthly payments thereafter.**

Forms of Payment

Please initial the payment method you wish to use monthly. WGCPs will send you a statement approximately a week before your due date showing you the current charges due for the month.

_____ Bank Draft – The amount of the statement will be automatically paid from your account each month. This is a great way to insure you never have a late charge on your account. Families using this payment method receive a \$5.00 discount on tuition each month. A voided personalized check must be processed with this application.

BANK DRAFT AUTHORIZATION

Beginning on the 1st day of each month, please draft my account the amount of my statement each month.

Bank Name: _____	Address: _____
Account Number: _____	Routing Number: _____
Account Holder's Name: _____	Address: _____

_____ Credit Card/Debit Card Visa Master Card American Express Discover

Card Holder's Name and Address: _____

Card Number: _____ Expiration: _____

_____ Personal Check/Money Order/Cashier's Check

To be completed by WGCPs

1st Child Annual Tuition \$ _____ Discount \$ _____
 Registration \$ _____
 Curriculum \$ _____
 Fees \$ _____

Notes: _____

2nd Child Annual Tuition \$ _____ Discount \$ _____
 Registration \$ _____
 Curriculum \$ _____
 Fees \$ _____

Notes: _____

3rd Child Annual Tuition \$ _____ Discount \$ _____
 Registration \$ _____
 Curriculum \$ _____
 Fees \$ _____

Notes: _____

4th Child Annual Tuition \$ _____ Discount \$ _____
 Registration \$ _____
 Curriculum \$ _____
 Fees \$ _____

Notes: _____

Name on Card: _____

Amount to Charge: \$ _____

Total Sent to WGCPs \$ _____ By Cash Check Credit Card # _____

Card Type: V_MC_AX_D__ Expiration Date: _____

Staff Member Completing Form: _____ Date: _____ Signature: _____

I understand that by signing this agreement, I am obligated to pay as indicated above to WGCPs's billing office. Failure to pay as indicated may cause my account to be turned over to collections. If my account is turned over to collections, I agree to pay all cost of collection, including but not limited to: interest, attorney fees, and court costs in addition to my account balance. I further understand and authorize WGCPs to pull credit and report payment history as it deems necessary. I also authorize all my creditors to release information about myself and my credit account history to WGCPs. I understand that all registration documents will become part of this contract agreement, but shall not void any part of this contract. If the bank does not honor my check/bank draft/credit card, I will be required to pay the returned item and the service fee of **\$28.50**. If my bank in the course of a school year does not honor more than one payment item, I will be required to pay all future payments by money order or cashier's check. I also understand that there is a late charge of **\$25.00** that will be applied to my account if any portion of my payment is received late.

____ Please initial that you have read the statement above.

Signature: _____ Relationship to Student _____ Date _____