



RENAISSANCE

School of the Eastern Shore

10526 County Road 64
Daphne, Alabama 36526
(251) 990-0041

Dear Parents,

We are honored that you chose to consider the **Renaissance School of the Eastern Shore** as an academic and life experience for your child.

Renaissance School offers a full curriculum for grade levels K-8. Our classes are structured for students to flourish in a small group setting. All subject areas are taught with an integrated, multi-sensory approach. Instruction is customized to meet the needs of our students. Our curricula incorporates:

- Science
- Mathematics
- English Language Arts
- History
- Physical Education
- Enrichment courses

Please contact 251-990-0041 for more information. We look forward to hearing from you.

Sincerely,

Sherlie Andrews
Sr. Director of Educational Services

Courtney Klotz
Director of Operations

Renaissance School does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school-administered programs.



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2019-2020 TUITION

The Application Fee must be received before your child's spot is secured.

Application Fee – Returning Students.....	\$100/year
Application Fee – New Students	\$150/year
*Curriculum Fee (due June 1, 2019)	\$375.00
*Supply & Activity Fee (due July 1, 2019)	\$375.00
Tuition (due on the 1 st of each month beginning August 1, 2019)	\$715.85/month
Payable August 2017 to May 2018	
Homework Helper/After School Care.....	\$5.00/hour Billed monthly

PAYMENT TERMS

You are contractually obligated to pay 10 months of tuition. All monthly payments must be paid by the 10th of the month. Payments made after the 10th will incur a \$25 late fee. A charge of \$35 will be assessed for all NSF payments.

We currently offer the following payment options for our families.

- Annual Payment \$7,158.50/year
- Sibling Discount (2% discount for each additional student) \$7,015.33/year
- Monthly Payment \$715.85/month
- Monthly Payment with 2% sibling discount \$701.53/month

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STUDENT INFORMATION

Name _____ Nickname _____

Address _____
Street Number Street Name City State Zip

Preferred Email: _____

Date of Birth _____ Age _____ Gender _____

Race/Ethnicity: _____

Current School _____ Current Grade Level _____

Child's Doctor/Contact # _____

Insurance Provider _____ Policy/Group # _____

Any previous academic screening/evaluation completed? (Please list or attach reports)

Family Information

Father _____ Phone Number _____

Address (if different) _____

Place of Employment _____

Mother _____ Phone Number _____

Address (if different) _____

Place of Employment _____

With whom does student live? _____

Parents Marital Status _____ Married _____ Separated _____ Divorced

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The Renaissance School

2019-2020 Tuition Agreement

The Application Fee is non-refundable and due at the time the application for enrollment is made. Testing and Supply Fees are due July 1st. Tuition is payable August 2018 – May 2019.

Application Fee – Returning Students.....	\$100/year
Application Fee – New Students	\$150/year
*Curriculum Fee (due June 1, 2019)	\$375.00
*Supply & Activity Fee (due July 1, 2019)	\$375.00

Payment Terms: I understand that I am contractually obligated to pay 10 months of tuition. All monthly payments are due on the 1st of each month and considered late after the 10th of the month. Payments made after the 10th will incur a \$25 late fee. A charge of \$35 will be assessed for all NSF payments. Credit card payments incur a 3% service charge per transaction.

Payment Options:

- Annual Payment \$7,158.50/year
- Sibling Discount (2% discount for each additional student) \$7,015.33/year
- Monthly Payment \$715.85/month
- Monthly Payment with 2% sibling discount \$701.53/month

Early Morning Arrival: Students may be dropped off beginning at 7:30 am daily.

After School Care: After school Care is available until 5:30 daily. The cost is \$5.00 per hour per student and will be billed monthly.

Refunds: Monies collected for registration, testing and supplies are non-refundable and non-transferable.

I (We), the parents of _____ understand and agree to the Tuition Agreement for **The Renaissance School of the Eastern Shore** as stated above.

Signature of Father/Guardian _____

Date: _____

Signature of Mother/Guardian _____

Date: _____

Student Name: _____

Media Permission There will be occasions, such as projects, field trips, and special enrichments that may involve photographs of the students. There are times The Renaissance School may use photographs for publicity on flyers and/or updates on our website. ****Please initial your choice below****

_____ My child MAY be photographed

_____ I DO NOT give permission for my child to be photographed.

_____ My child's photograph may be used for RSES's publicity (flyers, websites, etc.). I understand that I will not be compensated for use of such likeness.

_____ I DO NOT give permission for my child's photograph to be used for publicity.

Parent/Guardian Signature: _____

Date: _____

Sick Policy

Our desire at The Renaissance School is for your child and all students to remain healthy. We want every student to experience the best possible environment and education possible. PLEASE DO NOT send your child to school if he/she has had any of these symptoms in the previous 24 hours.

Fever at or over 100 degrees
A continuous, wet cough
Diarrhea
Vomiting
Cold or Flu

Impetigo
Unknown rash
Lice
Chicken Pox
Conjunctivitis

If your child is being treated with an antibiotic, please wait 24 hours after treatment begins to send your child back to school. The Renaissance School of the Eastern Shore reserves the right to send a child home if it is determined by the directors that the child is sick. If a child gets sick at school or it is evident he or she does not feel well, he or she will be isolated from the other students. Parents will be called to pick up the child immediately. If neither parent can be reached by phone or text, emergency contacts will be called.

Parent/Guardian Signature: _____

Date: _____

Release of Academic & Professional Information

Student Name: _____ Date of Birth: _____

Name of Current School: _____

School Address: _____

School Phone: _____ School Fax: _____

I hereby give permission for the release of the following information concerning my child to **The Renaissance School of the Eastern Shore**. Please initial where applicable.

_____ Report cards and/or transcripts

_____ Test Scores

_____ Counselor reports and/or comments

I also give **The Renaissance School of the Eastern Shore** permission to contact the following school officials, psychologists, psychiatrists, and other professionals who are familiar with my child. (Please list name and contact information as applicable.)

(1) _____

(2) _____

(3) _____

Signature of Parent/Guardian: _____

Date: _____

Liability Release and Hold Harmless Agreement

1. In consideration for receiving permission to participate in activities with The Renaissance School of the Eastern Shore, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Union Ministries, The Renaissance Center of the Eastern Shore aka The Renaissance School of the Eastern Shore, the Board of Trustees of The Renaissance Center of the Eastern Shore, their officers, agents or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

2. I am fully aware of the risks and hazards associated with participation, and I am aware that such activities include the risk of injury and even death, and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to my property and me. I understand that The Renaissance School of the Eastern Shore does not require me to participate in this activity. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me, or any loss of damage to property owned by me, as a result of being engage in such activities.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorney's fees that Releasees may incur due to my participation in said activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

4. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named Releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Alabama and that any mediation, suite, or other proceeding must be filed or entered into only in Alabama and the federal or state courts of Alabama. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

I HEREBY CERTIFY that I have personal health insurance with _____.

I have signed this Waiver and Agreement on this _____ day of _____, _____.

Participant: _____ Witness: _____

Student's Name: _____ Present Grade: _____