

**Presbyterian Day School  
944 Catalpa Street  
Clarksdale, Mississippi 38614**

January 26, 2017

Dear Parents,

Enclosed are registration forms for the 2017-2018 school year. We count it a special privilege to be able to serve God by offering a Christian education to your child. We feel that a Christian foundation is vital to the complete education of your child. We pray daily for God's wisdom to minister to your child as we teach. Our curriculum integrates faith and learning that we believe will make an eternal difference in your child.

**If you are registering as a new student, please:**

- Complete and sign the attached registration forms.
- Return forms to the school office by **February 24, 2017**.
- Registration fees will be due upon acceptance of your child in our school.

**If you are a returning student, please:**

- Complete and sign the attached registration forms.
- Return forms and registration fees to the school office by **February 24, 2017**.  
Registration fees may be divided in half, paying the first half, by February 24, 2017 and the balance in a check post-dated March 24, 2017. If your registration fees are being paid in two payments, you must attach your first payment and your second post-dated check, dated March 24, 2017 to your registration forms.

**Families with children already enrolled in the school and in good standing who wish to enroll for the 2017-2018 school year will be given priority until February 23, 2017.** After this date, we will begin accepting applications for new students in all grades.

The Board of Trustees prayerfully seeks to make PDS as affordable as possible for you and at the same time provide the best teachers and equipment for your children. We appreciate and are thankful for each of you, for the sacrifices you make to obtain a Christian education for your children.

Financial assistance is available for students in Sr.K through Sixth Grade. This assistance is awarded to a student on the basis of the family's need. All students receiving financial assistance must meet certain academic requirements and be **fully registered**. **The deadline for filing Financial Assistance applications is April 21st.**

Millie Morson  
Principal

Dear PDS Parents,

FACTS Grant & Aid Assessment will be conducting the financial need analysis for Presbyterian Day School for the upcoming 2017-2018 school year. Families applying for financial aid will need to complete an application and submit the necessary supporting documentation to FACTS Grant & Aid Assessment by April 21, 2017. Applicants can apply online beginning Tuesday, January 31<sup>st</sup>, 2017 at [www.factstuitionaid.com](http://www.factstuitionaid.com). The following information is required in order for FACTS to process your application:

1. Submit a completed online application. **Faxed or copied applications will not be accepted.** Please do not submit multiple applications. FACTS will process one application per household.
2. Payment of the \$25 nonrefundable application fee.
3. Copies of your 2015 or 2016 IRS Federal Form 1040, 1040A or 1040-EZ U.S. Individual Income Tax Return (2 pages), including all supporting tax Schedules C or C-EZ, Schedule E, Schedule F, Depreciation Form 4562, S Corporation Form 1120S (4 pages) & Schedule K-1 and Form 8825, Partnership Form 1065 (5 pages) & Schedule K-1 and Form 8825, Estates and Trusts Form 1041 & Schedule K-1. If applicant and co-applicant file separately, we require both tax returns for the same tax year. **We do NOT accept State tax returns. Any DRAFT or PRE-VIEW copies of the Tax Return will NOT be accepted.** If you submit an Amended Form 1040X Tax Return we will need the original Tax Return that was submitted to the IRS.
4. Copies of all 2016 W-2 Wage and Tax Statements for both you and your spouse. NOTE: If you are applying before you have received all 2016 W-2 Wage and Tax Statements, please submit them as soon as they become available.
5. Copies of all supporting documentation for household Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF). Supporting documentation must be provided even if you do not file a Tax Return.

Please allow 2 to 4 weeks for your online application and supporting tax documents to be processed. If you have provided an e-mail address make sure to check the primary e-mail address regularly for Notices sent by FACTS indicating missing information or tax documents. Application deadlines are set by the school or institution awarding the scholarships. If you are applying after a given deadline date, please contact your school or institution to ensure that your application will be accepted.

NOTE: Recommendations are made by FACTS; however, final award decisions are made by the organization providing the scholarship.

If you have questions or concerns about the application process, you may speak with a FACTS Customer Care Representative at 1-866-315-9262. Fax supporting documents to 866-315-9264.

Sincerely,

Millie Morson, Principal  
Russell Fava, Susan Flowers and Mark Webb, Scholarship Committee

**Presbyterian Day School**  
**944 Catalpa Street**  
**Clarksdale, Mississippi 38614**  
**2017-2018**

**Registration Fee:** This fee is non-refundable and is **due by February 24<sup>th</sup> for all returning students** and at the time of acceptance for new students. This fee assures a place for the student for the 2017-2018 school year. Registration fees may be divided in half, paying the first half by February 24, 2017, and the balance in a check **post-dated** March 24, 2017. A student is not considered registered until registration fees are paid in full.

Preschool and Jr. Kindergarten (5 Half days a week, Mon.- Fri.)	\$ 175.00
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Sr. Kindergarten –Sixth Grade	\$ 200.00
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\*FIRST CHILD FULL PRICE REGISTRATION FEE. EACH ADDITIONAL CHILD WILL RECEIVE \$50.00 OFF REGISTRATION FEE IF REGISTRATION FEE IS PAID IN FULL BY MARCH 24<sup>TH</sup>.

**Workbook/Activity/Yearbook Fees:** These fees will now be due by **May 16<sup>th</sup>** before the new school year begins, so that student materials may be purchased during the summer in preparation for students' arrival in August. This fee may also be divided into two payments. The first is due by May 16<sup>th</sup> and the balance in a check **post-dated** June 16, 2017.

Preschool and Jr. Kindergarten	\$ 100.00
Sr. Kindergarten- Third Grade	\$ 130.00
Fourth- Sixth Grades	\$ 150.00

<b>Tuition Fee:</b>	<b>Yearly</b>
Preschool and Jr. Kindergarten	\$ 2,907.00
Sr. Kindergarten thru Sixth Grade	\$ 4,580.00

**Tuition may be paid as follows:**

- Annual (payment in full) – Due June 5, 2017**
- Semi-annual by bank draft – debited on June 5 and December 5, 2017**
- Quarterly by bank draft – debited on June 5, September 5, December 5, 2017 and March 5, 2018**
- Monthly bank draft – which will be debited on the 5<sup>th</sup> of each month**

**Schedule for twelve-month bank draft beginning June 5<sup>th</sup>, 2017, and ending May 5<sup>th</sup>, 2018**

	<b>Monthly</b>
Preschool and Jr. Kindergarten	\$ 242.25
Sr. Kindergarten thru Sixth Grade	\$ 381.66

**If you enroll your child anytime after July 31, the tuition per month is based on a ten- month payment plan instead of a twelve-month payment plan. Tuition would be as follows:**

	<b>Monthly</b>
Preschool and Jr. Kindergarten	\$ 290.70
Sr. Kindergarten thru Sixth Grade	\$ 458.00

Should an account become delinquent, please refer to the school handbook regarding the Board of Directors' policies on past or overdue accounts.

**Presbyterian Day School**  
**944 Catalpa Strret**  
**Clarksdale, Mississippi 38614**

**AFTER SCHOOL CARE**

The school is pleased to provide an after-school care program for current students until 5:00 p.m. each day school is in session. After-school care begins at 11:30 a.m. for all preschool students (both 3 and 4 year olds).

Kindergarten through Sixth Grade will go to After-School at 3:00 p.m.

Lunch: Preschool students will either bring a lunch or order.

Drop-in Policy: We will attempt to accommodate all requests, but first priority will be given to working parents. Please give as much advance notice as possible.

Children's Release: Only authorized adults will be permitted to pick up a child. Please notify the Director in writing or by calling if there is a change.

Late Fee: An additional fee of \$10.00 per quarter hour, or any part thereof, will be charged for students picked up after 5:15 p.m.

Toy Policy: Small toys are permitted after school, but we are not responsible for lost or broken toys. These toys must be kept in the student's backpack until the Daycare Director has given students' permission to play with them. Please no guns, knives, or balls.

Day Care Fees (subject to change at the beginning of each school year):

11:30 – 3:00	\$7.00 per day
11:30 – 5:00	\$9.00 per day
3:00 – 5:00	\$6.00 per day
Drop – ins	\$4.00 per hour

Children are only charged until 5:00 p.m. Anyone picked up later than 5:15 will be charged a late fee of \$10.00 per quarter hour, or any part thereof.

All day care fees are due on Friday for that week's stay. Also, drop-in fees are due the day your child stays.

**Presbyterian Day School  
944 Catalpa Street  
Clarksdale, Mississippi 38614**

**APPLICATION FOR ADMISSION 2017-2018**

<b><u>For Office Use Only</u></b>	
<b>Registration Fee:</b> _____	<b>Interview:</b> _____
<b>Board Approval:</b> _____	<b>Testing:</b> _____
<b>Letter of Acceptance Mailed:</b> _____	<b>Wkbook Fees:</b> _____
<b>Health Forms Received:</b> _____	<b>Birth Certificate Received:</b> _____
<b>Update: Quickbooks:</b> _____	<b>Access:</b> _____

If you are a **new student** to PDS, please attach a photocopy of birth certificate, immunization compliance form, transcripts, national testing scores, and a current report card when you return your registration forms. This application will not be considered without evidence of previous academic achievement.

(PLEASE PRINT) **Today's Date** \_\_\_\_\_

\*\*\*\*\*

Child's Full Name: \_\_\_\_\_ Grade 2017-2018: \_\_\_\_\_

Name by which child is called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*\*\*\*

Schools Previously Attended: (List last school first)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Grade: \_\_\_\_\_

**If parents are divorced, who has legal custody?** \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Church Membership: \_\_\_\_\_

\*\*\*\*\*

Brothers and Sisters

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

\*\*\*\*\*

Please comment on your child's general behavior, ability to mix with others, potential talents, strong points, weak points, or any other factors which may be of importance to the education of your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical, mental or emotional condition which would limit his/her participation in any/all activities at PDS? NO \_\_\_ YES \_\_\_ Please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been evaluated for special academic needs, learning difficulties or school adjustment problems by a psychologist or other professional? NO \_\_\_ YES \_\_\_ Please explain or attach a copy of the evaluation. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In a brief paragraph, state why you want your child enrolled at PDS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Parent Signature Date

**Presbyterian Day School  
944 Catalpa Street  
Clarksdale, Mississippi 38614**

**Parental Consent Form 2017-2018**

In making application for my child, I desire to have him/her complete the school year at PDS. I understand that the policy of the school is to make no refunds of fees or tuition payments unless the school is unable to accept my child or I move out of the Clarksdale area before August 1, 2017. Any possible decisions I make will not affect this policy. I am responsible for paying tuition according to one of the payment options on the tuition payment policy. In the event of transfer, I am responsible for paying the tuition for each month, when my child is enrolled for a day or more of that month. In the event of a transfer to another school in the area, depending on the circumstances, I may be responsible for paying the tuition for the remainder of the school year. I understand that all report cards will be withheld on all accounts which become thirty days past due. If the account becomes more than sixty days overdue, my child will be immediately withdrawn until my account is current. I understand that no student records will be released until my account is clear.

I understand that my child will be placed according to the test results and other generally accepted educational standards. I understand the position, purpose and goals of the school, and pledge my wholehearted support of the spiritual and academic programs of the school. I agree to support the school's rules, regulations, and policies of classroom discipline, including corporal punishment should it be necessary. I understand that the school reserves the right to dismiss any student who does not respect its spiritual standards or does not cooperate with the educational process.

I understand that my child is not to arrive before **7:40** a.m. unless arrangements have been made in advance. I will pick up my child after school without delay or make arrangements for such.

I will not hold the school liable for any accidents that may occur during the activities for which I have given permission for my child to attend, including accidents which may occur transporting students to and from such activities.

I agree to abide by, and be responsible for, any decisions made in medical emergencies or severe weather conditions, when I am not available, as deemed necessary by the PDS personnel in charge.

I understand that my child will not be admitted to class the first day of school if my account is past due or if the proper forms (**including health information and immunization compliance form**) are not on file in the school office.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Presbyterian Day School  
944 Catalpa Street  
Clarksdale, Mississippi 38614**

**Emergency Information Form 2017-2018**

(Please Print)

\*\*\*\*\*

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\*\*\*

Home and Cell Phone Numbers \_\_\_\_\_

Person who would assume responsibility for your child in an emergency if we are unable to contact either parent:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

**Family Physician:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Medical Condition:

Is your child allergic to any drugs or to insect stings? Does your child have any medical condition that a physician or our administration and faculty should know about? **If the answer to either of these questions is yes, please explain.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Presbyterian Day School  
944 Catalpa Street  
Clarksdale, Mississippi 38614**

**Field Trip Permission Form 2017-2018**

Selected field trips will be taken by various classes during the year to enrich the educational experience of the children. These trips will be announced in advance, and no child will be permitted to participate without written parental permission. Parents are asked to sign this permission slip which authorizes such trips, and removes the school and teacher from any liability in case of accidents.

I understand the above policy, and hereby give my permission for my child to attend such field trips. I understand that neither the school, the teacher, nor any parent transporting and/or chaperoning shall be held liable in case of accidents.

\_\_\_\_\_ has my permission to travel with the faculty, staff, and chaperones of Presbyterian Day School on scheduled field trips.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Medical Permission Form 2017-2018**

Presbyterian Day School has my permission to administer Acetaminophen (generic Tylenol), Tums, and cough drops to my child, \_\_\_\_\_ for minor aches and pains. I agree to furnish the school with these supplies for my child, labeled with my child's name. I understand that if my child has a fever, I will be notified before any medication is administered.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Presbyterian Day School  
944 Catalpa Street  
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**Enrollment Check List 2017-2018**

The following check list is provided for your convenience. Simply place an "X" or check mark on the line provided beside each item as it is completed. When ALL items are checked, your application is complete.

- \_\_\_\_\_ **Application for Admission** is fully completed and signed.
- \_\_\_\_\_ **Application for Financial Assistance (if needed)** is completed.
- \_\_\_\_\_ **Parental Consent Form** is signed.
- \_\_\_\_\_ **Emergency Information Form** is fully completed and signed.
- \_\_\_\_\_ **Field Trip Form** is completed and signed.
- \_\_\_\_\_ **Medical Permission Form** is completed and signed.
- \_\_\_\_\_ **Check(s)** attached for the registration fee made payable to Presbyterian Day School.
- \_\_\_\_\_ **(For Pre-3, Jr. K and Sr. Kindergarten students)** An updated immunization compliance form. You should have turned in an immunization form for your child if/when they were enrolled as a Preschooler or Jr. Kindergartener; however, your child may need additional immunizations at this time. Please check with your pediatrician or health department to review your child's immunization form to determine if your child needs additional immunizations to start school.
- \_\_\_\_\_ **(For new students only)** An original, **certified birth certificate must be** submitted before entering school. The office will make a copy of the original and keep it in the student's file.
- \_\_\_\_\_ **(For new students only)** An updated **immunization form** from your pediatrician or health department. All immunizations must be complete and up to date **before** entering school.
- \_\_\_\_\_ **(For new students only)** A copy of your child's transcripts, national testing scores, and a current report card.
- \_\_\_\_\_ **(For new students only)** Set up an **appointment for entrance test**.
- \_\_\_\_\_ **(For new students only)** Set up an **appointment for a parental interview** with the Headmaster.

**2016-2017 Presbyterian Day School Tuition Contract**  
**944 Catalpa Street**  
**Clarksdale, MS 38614**

This contract is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
between \_\_\_\_\_ hereinafter called the parents, guardians, or  
persons in loco parentis, and Presbyterian Day School, hereinafter called the School or PDS.

1. Name of Student: \_\_\_\_\_ Grade 2017-2018 \_\_\_\_\_ Tuition \_\_\_\_\_  
Name of Student: \_\_\_\_\_ Grade 2017-2018 \_\_\_\_\_ Tuition \_\_\_\_\_  
Name of Student: \_\_\_\_\_ Grade 2017-2018 \_\_\_\_\_ Tuition \_\_\_\_\_

2. In consideration of the acceptance of this contract by the School, the undersigned agree to pay,  
in accordance with the following terms and conditions, total tuition for the above named child(ren)  
\$ \_\_\_\_\_.

3. **I (we) agree to pay the balance of tuition in the following manner (check one):**

- \_\_\_\_\_ a) Full balance will be paid before June 5, 2017.  
\_\_\_\_\_ b) Balance will be paid in 12 monthly installments of \$ \_\_\_\_\_, **drafted on the 5<sup>th</sup>** of  
each month beginning June, 2017 and ending May, 2018.  
\_\_\_\_\_ c) Balance will be paid in 12 monthly installments of \$ \_\_\_\_\_, **drafted on the 15<sup>th</sup>**  
of each month beginning June, 2017 and ending May, 2018.  
\_\_\_\_\_ d) Balance will be paid in 10 monthly installments of \$ \_\_\_\_\_, **drafted on the 5<sup>th</sup>**  
of each month beginning August, 2017 and ending May, 2018.  
\_\_\_\_\_ e) Balance will be paid in four quarterly installments of \$ \_\_\_\_\_ by draft from your  
bank account on June 5<sup>th</sup>, September 5<sup>th</sup>, December 5<sup>th</sup>, 2017 and March 5<sup>th</sup>, 2018.

4. My signature below, as well as on the Parental Consent Form, indicates my acceptance of the  
policies of the PDS Board and Administration; the procedures, policies and regulations as set forth  
in the Parent Handbook and Parental Consent Form; and the financial terms set forth herein.

_____	_____	
Signature of person financially responsible for student(s)	Date	
_____	_____	
Mailing Address	Phone Number	
_____	_____	
City	State	Zip
_____	_____	_____
Accepted by PDS _____	By: _____	

**DIRECT DEBIT OF PAYMENT  
SIGN-UP/AUTHORIZATION FORM  
Presbyterian Day School**

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT

Name:            Presbyterian Day School  
Location:        Clarksdale. MS

I hereby authorize Presbyterian Day School to initiate DEBIT entries, and to initiate, if necessary, CREDIT entries and adjustments to my PAYMENT if an error occurs to my (our) account or accounts listed below.

Type of Account: \_\_\_\_\_

	Financial Institution	Location	(R/T) Transit No.	Acct No.
1.				
2.				
3.				

This authority is to remain in full force until Presbyterian Day School has received written notification from me (or either of us) of its termination in such time manner as to afford the School and Financial Institution a reasonable opportunity to act on it.

Name: \_\_\_\_\_ (Primary Owner of Account)

SS Number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ (Co-Signer of Account)

SS Number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**PLACE VOIDED CHECK HERE**

**Student's name:** \_\_\_\_\_

**Parent(s) name:** \_\_\_\_\_

**Cell phone number:** \_\_\_\_\_

**Cell phone provider (ex. AT&T, C Spire:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

\_\_\_\_\_

**We will use this information to contact you with school events and important dates.**

**I agree to allow my child's photograph to be used on publications, PDS facebook and PDS website.**

\_\_\_\_\_  
**Parent Signature**

