

Behavior Guidance Policy

St. Paul Christian School uses positive guidance principles in managing behavior. Positive reinforcement and role modeling are the first and foremost techniques in fostering good behavior. Should positive reinforcement become ineffective, logical consequence explanation, prevention and intervention and/or redirection techniques will be used in order to alter inappropriate behavior. Discipline will not be associated with food, rest, or toileting and your child will not be denied outdoor/active play as a result of misbehavior. Whenever possible, the child will be encouraged to contribute toward resolving the conflict in which he or she is involved.

Under no circumstances will **St. Paul Christian School** use physical or verbal abuse for discipline. Should the above methods not alleviate inappropriate behavior, we will request your help.

Parent/Legal Guardian Signature_____

Date_____

Parent Notification

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children **UNLESS** a parent has a court order that indicates which parent has custody of the child/children.

The school **must have a copy of the court order on file**; otherwise, either parent may check the child out of school with proper identification.

I have read the above statement of the law.

Parent signature *Date*

Child's Name _____

St. Paul Christian School

Parental Media Release

In all formats, I (we) authorize the St. Paul Christian School to use and publish recognizable images of my child, excluding their name, in any medium deemed appropriate by St. Paul Christian School, including, but not limited to:

- Web Pages
- Newspapers
- TV (Broadcasts to homes)
- Multimedia presentations
- Pictures for professional journals

I (we) release and discharge St. Paul Christian School, and all persons acting with its permission and authority, from any liability by virtue of use of photographs so long as same are used for an educational purpose by St. Paul Christian School. I (we) warrant that we are the guardian and/or parents of _____ and have full rights to sign on behalf of said child.

Student name _____

Parent signature _____ Date _____

St. Paul Christian School Financial Agreement

I agree to pay tuition on the 5th day of each month for the entire month **via auto deduct payment**. If payment is returned, an overdraft fee of \$25.00 will be charged. If all the monies due are not paid in full by the end of the month, the student's place may be forfeited **unless arrangements have been made with the accounting office or Principal in advance**.

All tuition fees are determined by the child's age prior to September 1st of each year.

There are no reductions in tuition for absences, closings due to severe weather, natural disasters, or single holidays.

I understand that if I need to withdraw my child from school I am required to give a **thirty-day notice in writing**.

In the event of an emergency and the parents cannot be contacted, I authorize **St. Paul Christian School** on my behalf to obtain professional medical assistance for my child.

I understand that **St. Paul Christian School** is under the watch and care of St. Paul Lutheran Church. They are licensed through the state of Florida. **St. Paul Christian School** is a nonprofit organization that is faith based. We support and teach biblical, family values.

Tuition for _____ at St. Paul Christian School for the _____ School

Year is \$ _____ per month.

Parent must initial below acknowledging all fees are non-refundable.

(Initial Here)

I, _____, have read and understand this agreement. All questions I had were satisfactorily answered by the St. Paul Christian School staff. I agree to these terms and conditions.

Date

Signature

Print Parent Name

Print Student Name

St. Paul Christian School is a nonprofit institution. All student fees are used for functions and services intended to benefit the students of our school. Our goal is to provide the highest quality of instruction and care for your child at the lowest possible cost. Your prompt payment will assist us in meeting this goal

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) St. Paul Christian School to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY 2.5% credit card fee
(subject to lower during school year)

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

Your Name Any Street, Anytown Tel: (001) 555-0000		0001
DATE _____		
PAY TO THE ORDER OF ATTACH VOIDED CHECK HERE		\$ _____
DEPOSIT SLIPS NOT ACCEPTED		100 DOLLARS
Savings Bank Any Street, Anytown Tel: (001) 555-5555		Security features Included. Details on back.
RE _____	MP _____	
123456789	000123456789	0001
ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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