



Registration

School Information

First day of school: Monday, August 17th, 2009

School Hours: 8:00 AM to 3:00 PM

School Fees

Registration: \$125 per child (Non-Refundable)

Tuition: (All tuition fees are based on the school year, and then divided into 10 payments as follows:

All school fees are non refundable

Student	PK 3,4,5 & KG	Elementary(1st-5th)
First Student	\$250	\$125
Second Student	\$225	\$115
Third Student	\$200	\$100

Transportation:

As for 2009/2010 School year, St. Clement is not offering any type of transportation

Extended Care:

Before Care	7am-8am	\$25
After Care	3pm-5:30pm	\$35



COPTIC ORTHODOX DIOCESE OF THE SOUTHERN UNITED STATES

ST. CLEMENT COC ACADEMY OF NASHVILLE, TENNESSEE

Lunch & Breakfast:

Lunch cost per child \$2.50 per day

Breakfast cost is included in tuition

School Uniform:

Girls: Navy Blue/Black jumper/skirt/pant and white/red/burgundy/purple/pink/blue/navy blue polo shirt

Boys: Navy Blue/Black pant and white/red/burgundy/purple/blue/navy blue polo shirt

Documents we need:

- + Birth Certificate (Copy)
- + Health record before five years old and after 10 years old (Copy)
- + Baptism Certificate (Copy)
- + Social Security Card (Copy)



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Before Care/ After Care Program

Application

Student Name: _____
Last First Middle

Date of Birth: _____ Child's Grade: _____

Address: _____

City: _____ State _____ Zip Code _____

Before Care: yes _____ No _____

After Care: yes _____ No _____

+ Before Care begins daily at 7am \$25 per month

+ After Care begins daily at 3pm, and ends at 5:30pm \$35 per month

+ There will be a charge of \$1.00 per minute per child if you are late picking up your child

In Case of an Emergency, please notify:

1. _____ Phone _____ Cell _____

2. _____ Phone _____ Cell _____

I give permission to _____ Relationship : _____ and/or

_____ Relationship: _____ to pick up my child.

Signature of parent _____ Date _____



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Contractual Payment Agreement

I _____; the parent of _____

Agrees and fully understand that I must pay the full amount each month to St. Clement COC Academy.

I also understand that I am obligated to make the payment each month to St. Clement COC Academy even if my child is no longer enrolled, or I move or change jobs. I am still legally responsible for payment. I agree I will pay for 10 months.

Parent Signature _____ Date _____



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ST. CLEMENT COC ACADEMY OF NASHVILLE, TENNESSEE

Registration Form

2009/2010 School Year

Application Fee: \$125

Student Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security # _____

Home _____ Mother's Cell _____ Dad's Cell _____ \

Mother's Work _____ Dad's Work _____

Date of Birth: _____ Last Grade Completed: _____ Gender: Male / Female

Last School attended: _____

School address: _____

City: _____ State: _____ Zip Code: _____

School Phone # _____ Fax# _____

Mother Name: _____ Employer: _____

Father Name: _____ Employer: _____ \

Email: _____

I give permission to _____ Relationship : _____ and/or

_____ Relationship: _____ to pick up my child.

Signature of parent _____ Date _____



COPTIC ORTHODOX DIOCESE OF THE SOUTHERN UNITED STATES

ST. CLEMENT COC ACADEMY OF NASHVILLE, TENNESSEE

Health Form & Medical Release

Name: _____ Date of Birth _____ Sex _____

Parent/Guardian _____ Home # _____ Work # _____

Home Address _____ City _____ State _____ Zip _____

In Emergency Notify _____ (other than parent or guardian)

Address _____ Phone _____

Past Illnesses of importance: _____

Penicillin or other drug reactions and/or allergies: _____

Is the child under any special medical treatment or diet that needs to be continued?

Child Insurance Company _____ Policy# _____ Group# _____

In case of medical or surgical emergency, I hereby give permission to the physician selected by St. Clement Coptic Orthodox Academy or his/her representative to hospitalize and secure proper treatment for my child as named above.

I hereby release the directors and staff of the school from all responsibility of sickness or accidents which might be incurred while attending school and its functions.

I hereby give permission to school designated supervisor to secure medical care and treatment in the event of an emergency. I understand that I will be contacted immediately in the event that something unforeseen happens that needs my immediate attention.

Parent Signature

Date

Relationship to the child

PLEASE ATTACH COPY OF THE INSURANCE CARD WITH THIS FORM