



# Spencer Christian School

## Preschool/Kindergarten Enrollment Application

### NEW Student Application Process

- ✓ Submit\* the following to reserve placement:
  - Preschool Enrollment Application \*\*
  - Admission Contract
  - Registration fee
  - Personal Information Profile (PK only)
  - Emergency medical treatment form
  - Authorized pick-up list
  - Immunization record or waiver
- ✓ We will contact Junior Kindergarten and Kindergarten families to schedule an interview/assessment.
- ✓ Upon acceptance, you will receive confirmation from the school office.

### RETURNING Student Application Process

- ✓ Submit\* the following to reserve placement:
  - Preschool Enrollment Application \*\*
  - Admission Contract
  - Registration fee
- ✓ If needed, please complete:
  - **Updated** emergency medical treatment form
  - **Updated** authorized pick-up list
  - **Updated** immunization record or waiver

**You will receive your family's annual invoice for the school year via email:**  
**Preschool – July/August • Junior Kindergarten – June/July • Kindergarten – May/June**

*\* Returning students may submit application during the month of January (enrollment is first-come/first-served starting February)*

*\* New students may submit application for upcoming school year starting February 1<sup>st</sup> at 9am*

*\*\* Please notify office if your child turns six by August 1<sup>st</sup> – superintendent letter will be sent to your county of residence.*

**Preschool/Kindergarten**  
**Elementary/Middle School**  
**High School**

Melanie Winstead  
Cindy White  
Mindy Druin

[schoolprek@spencerchristian.org](mailto:schoolprek@spencerchristian.org)  
[school@spencerchristian.org](mailto:school@spencerchristian.org)  
[mindy@spencerchristian.org](mailto:mindy@spencerchristian.org)



**Family Application**

**Kindergarten / Elementary / Middle / High School\***

\* 2025-2026 High School – 9<sup>th</sup> Grade only (one per family)

**Father**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

( ) \_\_\_\_\_  
mobile phone  
( ) \_\_\_\_\_  
work phone  
( ) \_\_\_\_\_  
home phone  
email \_\_\_\_\_

**Mother**

\_\_\_\_\_ check here if same address

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

( ) \_\_\_\_\_  
mobile phone  
( ) \_\_\_\_\_  
work phone  
( ) \_\_\_\_\_  
home phone  
email \_\_\_\_\_

**Preferred email for Financial Correspondence:**

☐ Mom

☐ Dad

**Preferred email(s) for other school correspondence:**

☐ Mom

☐ Dad

☐ Both

Spencer Christian Church Member? ☐ Yes ☐ No

If no, church affiliation \_\_\_\_\_

*Shaded areas for office use only.*

List all Children in Household	Birth Date	Grade Entering	Applying for Admission		Registration Fee	Annual Tuition
			Yes	No		

<b>Total Family Tuition:</b>	<b>Monthly Payment for IPN:</b>	<b>Pending Scholarship Application:</b>
------------------------------	---------------------------------	---

**For new applicants,** list any current SCS families we may contact for a reference. \_\_\_\_\_

How did you learn about SCS? \_\_\_\_\_

*Spencer Christian School is not equipped to provide for the educational needs of all students. Therefore, we reserve the right to withhold admission as it best affects the educational interest of your child.*

We certify that all the information on this application is true and complete and authorize Spencer Christian School to contact the applicant's previous school(s) and teachers to obtain records and opinions regarding the applicant(s).

**Parent's Signatures** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

*Please return family application, along with all other student applications and registration fees to the school office.*



Applicant's name: \_\_\_\_\_ Race: \_\_\_\_\_ Grade: \_\_\_\_\_

*Please read, sign and date each section for each child applying for admission.*

### **Tuition Contract**

	Registration (non-refundable)	Annual Tuition	Payment Months	Monthly Installments	First Payment Due
<b>Kindergarten**</b> 9:00 am – 2:00 pm	\$225*	\$3480	12 (Jun-May)	\$290	Jun 1 <sup>st</sup>
<b>1st-8th Grades**</b> 9:00 am – 3:30 pm	\$275*	\$4620	12 (Jun-May)	\$385	Jun 1 <sup>st</sup>
<b>9th Grade**</b> 8:30 am – 3:30 pm	\$275 plus Book Fee \$150	\$6000	12 (Jun-May)	\$500	Jun 1 <sup>st</sup>

\* K-8th Grades – registration fee includes book fee

\*\* Placement will be confirmed after required Admission Assessment and/or Teacher Conference

#### **I AGREE TO:**

- Pay an annual registration fee per child at the time of enrollment. **This is a non-refundable fee.**
- Pay tuition according to the schedule as listed above.
- Pay the monthly tuition installment during the first week of each month. A late charge of \$25 will be assessed on the 10<sup>th</sup> day of the month if payment is not received.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parent Handbook Receipt Form**

I have fully read the handbook provided to the parents/guardians and agree to follow all guidelines and policies established by Spencer Christian School. I am aware of all the health requirements, discipline policies and medical emergency procedures. I agree to provide any change of information immediately to the school office.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Photo and Contact Information Permission**

- I give my permission to Spencer Christian School to use my child's photo for advertisement purposes. Yes ☐ No ☐
- I give permission to Spencer Christian School to publish my contact information in a **school-wide directory**. The directory will only be distributed to school families and is not to be used for solicitation purposes. Yes ☐ No ☐

### **Medical Permission**

I give my permission to Spencer Christian School staff to take whatever steps are necessary in the event of a serious accident or illness. In the event of an emergency, SCS may release my child to a medical professional. SCS is not an allergen-free school. It is the responsibility of the parent and child to be capable of avoiding allergens and treating reactions. Physical education courses, school performances, recess, sports, and other school-sponsored activities contain risk of physical injury. I agree that my child may participate in all school activities. I release and hold harmless Spencer Christian School, its agents, employees, successors, and assigns from any and all liability for loss, injury, damage, or claims arising out of my child's participation.

- Please list/update any Allergies or Health issues on the Authorization for Emergency Medical Treatment form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Immunization Record**

Please obtain the most recent copy of your child's immunization record and **submit a copy with this application**. An appropriate religious or medical waiver will also be accepted. (KRS 214.034/KRS 214.036)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Commonwealth of Kentucky School Reporting Requirements**

Kentucky State Law requires all students ages 6 to 18 to meet their standard of 1062 instructional hours in 177 6-instructional-hour days. Spencer Christian School operates on a unique schedule in cooperation with the parents. To meet the requirements, I (as the parent/legal guardian), will provide additional individual instructional hours equal to or greater than 12 hours per week for students that are enrolled in first through twelfth grades.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For returning students: if you have changes to **Release of Child or Authorization for Emergency Medical Treatment** forms, please attach corresponding form(s).*



***New Student Application***  
**Kindergarten / Elementary / Middle / High School**

Applicant's Name: \_\_\_\_\_

Applying for grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Current school: \_\_\_\_\_

Location (if not local): \_\_\_\_\_

Allergies and/or Health Issues: \_\_\_\_\_

(attach recent photo)

We will submit a records request to your child's school, or you may submit the following with your application:

1. Most recent standardized test scores (if applicable) 2. Attendance record 3. Report card 4. Immunization record or waiver

Describe the applicant's education history (previous schools, classes, curriculum used).

---

---

---

---

Describe the applicant's extracurricular interests and/or achievements.

---

---

---

---

Has the applicant been tutored?	Yes	No
Has the applicant been subject to disciplinary action?	Yes	No
Has the applicant skipped or repeated a grade?	Yes	No
Has the applicant had any learning or behavioral problems?	Yes	No
Does the applicant have any physical disabilities or illnesses?	Yes	No
Are you aware of any issues that may affect the applicant's behavior or academics?	Yes	No

If you answered yes to any of these questions, please provide a complete explanation. If more space is required, attach a separate page.

---

---

---

---



**Authorization for Emergency Medical Treatment**

I, \_\_\_\_\_ (parent) of \_\_\_\_\_ (address),  
City of \_\_\_\_\_, County of \_\_\_\_\_, Kentucky, am the father/mother/legal  
guardian of \_\_\_\_\_ (child's name), a minor who attends and/or  
participates in activities with Spencer Christian School, located at 5720 Taylorsville Road, Fisherville, KY 40023.

In the event that all reasonable attempts to contact me at \_\_\_\_\_ (phone number), have been  
unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician)  
at \_\_\_\_\_ (phone number), or Dr. \_\_\_\_\_ (preferred dentist), at  
\_\_\_\_\_ (phone number), or, in the event that they are not available, by any licensed  
physician or dentist; and
2. The transfer of the child to \_\_\_\_\_ (preferred hospital) or any other hospital  
reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or  
dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

The following information is needed by any hospital or practitioner not having access to the child's medical  
history:

Allergies: \_\_\_\_\_

Medication being taken: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Physical Impairments: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Other pertinent facts to which a physician should be alerted: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name



Name of Child(ren): \_\_\_\_\_

Below is a list of persons authorized to pick up your child from Spencer Christian School. Under no circumstances will your child be allowed to leave the property except for those names listed below. We reserve the right to check identification.

**Please list parent's names too!**

1. Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Telephone # of responsible party: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Telephone # of responsible party: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Telephone # of responsible party: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Telephone # of responsible party: \_\_\_\_\_
5. Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Telephone # of responsible party: \_\_\_\_\_
6. Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Telephone # of responsible party: \_\_\_\_\_
7. Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Telephone # of responsible party: \_\_\_\_\_