



100 Spenryn Dr. Madison, AL 35758 • 256-772-4400 • info@cardinalschool.org

Today's Date: _____

Person completing this form: _____ Relationship: _____

Child name: _____

Date of Birth: _____ Age: _____

Ethnicity: _____ Gender: _____ Male _____ Female

Mothers name: _____ Best No. to call: _____

Employer: _____ Work number: _____

Fathers name: _____ Best No. to call: _____

Employer: _____ Work number: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Mothers Email address: _____

Fathers Email address: _____

Person or entity responsible for payment: _____

Insurance information

SSN: _____ Insurance (if applicable): _____

Policy: _____ Group number: _____

Please complete a universal health care form and copy of front and back of current insurance card.

** Does not cover schooling, but if ABA services are required we will file insurance for you.



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Medical Information

Physician: _____

Address: _____ Phone: _____

What primary concern brought you to The Cardinal School, Inc?

Diagnosis (if applicable): _____ date: _____

Please attach copies of any testing completed in the past year

Current condition of health: _____

Is your child taking any medications? Yes No
If yes: please list all medications as they may also affect behavior/intervention strategies

Is your child on a special diet? Yes No specify: _____

Who referred you to us? _____

I would like my child to do these things more often,

1. _____
2. _____
3. _____

I would like my child to do these things less often,

4. _____
 5. _____
- _____



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Strengths and weaknesses by domain

Behavioral Strengths

Weaknesses

Pre-academic and Academic Strengths

Weaknesses

Motor skills (fine and gross) Strengths

Weaknesses

Self-help, Problem solving abilities and Adaptive/life Skills Strengths



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Weaknesses

**Social and Emotional skills
Strengths**

Weaknesses

**Communication skills
Strengths**

Weaknesses



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What additional activities does your child enjoy? (*video games, music, art, etc.*):

Unusual fears or behaviors: _____

Any additional information that you would like to share? _____



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Educational History

Place a check next to any behavior or condition your child experienced in school or continues to experience

Difficulties with reading	Difficulties with writing
Difficulties with arithmetic	Difficulties with concentration
Difficulties with spelling	Difficulties with other subjects
Difficulties with social skills/friends	Other:

Is the child currently in school? Yes No

Name of school: _____ **System:** _____ **Grade:** _____

Does your child have a current Individual Education Plan? Yes No N/A

Please provide a copy of the current IEP from school

Is your child currently receiving special education classes? Yes No N/A

Has your child skipped or repeated grades? Yes No N/A

Does your child receive remediation services: Yes No N/A

If so, which grades? _____

**Does your child participate in extracurricular activities available during or after school?
Specify.**

Does your child receive additional services such as speech, occupational therapy or physical therapy?

Other comments or concerns not covered above?



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2018-2019 Tuition & Fee Schedule*

Student's Name: _____ Start Date: _____

Tuition Rates: (tuition is based on a 10 month school year Aug through May.)

- Registration Fee (non-refundable) \$175.00 Due with enrollment paperwork
- K-8 Monthly Tuition Option \$690.00 Due by the 1st of every Month
- K-8 Bi-Monthly Tuition Option \$345.00 Due by the 1st and 15th of every Month
- K-8 Weekly Tuition Option \$172.50 Due Monday of every Week
- Early Learning Full Time Weekly \$190.00 Due Monday of every Week
- Early Learning Part Time Weekly \$150.00 Due Monday of every Week

Volunteering Waiver Fee \$125.00 per semester Due by the last day of the month it is incurred.

(If 2 hours of volunteering are not completed, this fee will be assessed. Please call the number above to arrange volunteer hours.)

School hours are from 8:00 a.m. to 2:00 p.m. Pre-K hours are from 6:30 a.m. to 5:30 p.m.
Late Pick Up Fee \$50/hour (This can be waived with prior arrangements.)

Payment Options:

Cash Check Charge

I understand that by signing this fee schedule, the school system accepts the terms and conditions of this contract. Failure to pay tuition on time could result in late fees or the student being removed from Cardinal School until the balance is paid.

Parent/Guardian's Printed Name: _____

Signature of Parent/Guardian: _____ Date: _____

School Representative's Printed Name: _____

Signature of School Representative: _____ Date: _____

Administrative Use Only		
Account received: _____	Initial Payment Received: _____	Classroom Assignment: _____
Signature of Cardinal School Representative: _____	Date: _____	
Signature: _____	Date: _____	



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Request/Authorization to Release Records

Source of information: _____
Person or facility

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax: _____

Email: _____

Identifying information:

Name: _____ DOB: _____

Parent/guardian: _____

Address: _____

City: _____ State: _____ AL: _____

Phone number: _____ Fax: _____

I hereby authorize the source named above to send, as promptly as possible, the records listed below to The Cardinal School, Inc.

- Academic and educational records
- Teacher and staff observations and reports

I authorize _____, to speak by telephone with The Cardinal School, Inc. about the reasons for referral, any relevant history or diagnoses, and other similar information that can assist with treatment plans and goals or the assessment and evaluation process.

I understand that no services will be denied solely because I refuse to consent to this release of information and that I am not in any way obligated to release these records. I do release them



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because I believe that they are necessary to assist in the development of the best possible treatment plan. The information disclosed may be used in connection with the treatment plan.

This request and authorization to release confidential information is being made in compliance with the terms of the Privacy Act of 1974 (Public Law 93-579) and the Freedom of Information Act of 1974 (Public Law 93-502); and pursuant to Federal Rule of Evidence 1158 (Inspection and Copying of records upon patient's written authorization). This form is to serve as both a general authorization, and a special authorization to release mental health information under the Drug Abuse Office and Rehabilitation Act Amendments of 1974 (Public Law 93-282) the Veterans Omnibus Health Care Act of 1976 (Public Law 94-581) and the Veteran's Benefit and Services Act of 1988 (Public Law 100-322). It is also in compliance with 42 C.F.R Part 2 (Public Law 93-292), which prohibits further disclosure without the express written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

In consideration of this consent, I hereby release the source of the records from any and all liability arising therefrom.

This request and authorization is valid during the pendency of any claim or demand made by or on behavior of the source and arising out of an accident, injury or occurrence to myself or my child. I understand that I may void this request and authorization except for that action already taken, at any time by means of a written letter revoking the authorization and transfer of information, but that this revocation is not retroactive. If I do not void this request and authorization, it will remain in effect until that time the client is released from care.

I agree that a photocopy, electronic, or faxed copy of this form is acceptable in lieu of the original form.

I affirm that everything in this form that was not clear to me has been explained. I also understand that I have the right to receive a copy of this form upon request.

Parent/guardian printed name: _____

Parent/guardian signature: _____

Date: _____

Please choose from the following options:

I, _____ authorize The Cardinal School, Inc, to release information to _____

Address: _____

Phone number: _____ City: _____ Zip: _____

OR



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Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time) and your payment is always on time.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Cardinal School, Inc. to charge my credit card
(full Name) (insert business name)
 indicated below for _____ on the _____ of each _____ for payment of my
(Amount) (day or date) (frequency)
 _____ Tuition.
(Child Name)

Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Checking/ Savings Account

Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____

Credit Card

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3-digit number on back of card) _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Cardinal School, Inc. in writing of any changes in my account information or termination of this authorization at least **15 days** prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Cardinal School, Inc. may at its discretion attempt to process the charge again within 30 days and agree to an additional **\$30.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.



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2018-2019 Church School Enrollment Form

TO BE COMPLETED BY PARENT OR GUARDIAN

Student's Name:

Street or Mailing Address:

City/State/Zip:

Phone: Date of Birth: Grade:
Parent/Guardian's Name:

Address (if different):

Phone (if different):

Current School Enrolled In:

Consent for Notification of Student Withdrawal: I hereby give prior consent to the administrator of the church school to notify the public school superintendent should the above-named student cease attendance at said school.

Signature of Parent/Guardian:

Date:

TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATION

The Cardinal School, Inc. a homeschool ministry of The Church of Our Daily Bread

Address: 100 Spenryn Dr. Madison, AL 35758 School Phone: 256-772-4400

Date of Student Enrollment: School Year: 2018-2019

Signature of Administrator:

Date:



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Cardinal School Enrollment Contract

All parents guardians, and other persons responsible or payments should read all the provisions of the Contract, complete the required information, sign and return to the Admission Office accompanied by a non-refundable registration deposit of \$175.00. A student is accepted for enrolment or re-enrollment when the Contract has been delivered to Cardinal School, Inc., countersigned and dated. A copy of the accepted Contract will be returned prior to the start of school year. No amendment to this Contract and no alteration or addition to the printed terms hereof will be effective without the express prior written approval of the School's Director.

Student's Name _____ Grade to enter _____ Date to Enter _____

In consideration of the acceptance of the Contract by the School, the undersigned agrees to pay the required TOTAL TUITION for the full academic year and any additional fees incurred and agrees to be bound by the provisions of this Contract. So long as tuition and fee payments are not delinquent, tuition payments are due no later than the 5th of each month, or the Monday of each week.

Enrollment and Re-enrollment is conditioned upon the following terms:

Please initial each condition once read and understood

1. ____ Successful completion of the current academic year and recommendation of the school is required for re-enrollment of currently enrolled staff.
2. ____ A non-refundable registration fee of \$175.00 must accompany the contract. This fee will be applied to curriculum costs. Tuition payments must be received by the school on or before each due date. Tuition for students entering the school is a yearly cost regardless of total days attended by the student.
3. ____ In view of your obligation to pay monthly or weekly rather than annual tuition, there are no refund plans, should a student withdraw from the school at any time. The fee obligation remains the same for the month or partial month of attendance.
4. ____ I understand that no refund or cancellation of tuition or fees will be made by Cardinal School, Inc. for absence, withdrawal or expulsion/ dismissal before the end of the school year and agree to assume full responsibility for tuition and all related fees.
5. ____ Acceptance of enrollment constitutes an agreement to pay the full account, comprised of both TUITION and all related fees and expenses of the student. Cardinal School, Inc. is entitled to be reimbursed for any attorney's fees and costs incurred in the collection of any unpaid balance
6. ____ The student and the student's family agree to comply with and be subject to Cardinal School, Inc.'s rules and policies as set forth in the Parent-Student Handbook, as amended from time to time.
7. ____ Accounts are considered delinquent if not paid within 10 business days of the due date. A late payment fee of 1½% per month/week (depending on payment setup), or a fraction of a



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month, will be charged on a delinquent account. Whenever a tuition or fee account becomes past due for a period of 90 days from its due date then, unless the school shall obtain adequate security acceptable to Cardinal School, Inc. for such account with that 90-day period, the student will be withheld from classes until the delinquency is cured. If the delinquency is not cured within an additional 30-day period, the student will be dismissed. In all events, the registration fee and first tuition payment must be paid on or before the first day of school or the students place will not be reserved.

8. _____ Transcripts will be held for students until all unpaid tuition and fees are received.

Both parents/guardians (if applicable) must sign this contract:

Printed Name: _____ **Date:** _____

Printed Name: _____ **Date:** _____