

Cardinal School

100 SPENRYN DR, MADISON, AL 35758
(256) 690-2914 | WWW.CARDINALSCHOOL.ORG



2019-2020 Enrollment Form

Student Information

Last Name	First Name	Middle Initial
Common/Nickname	Date of Birth	Grade
Last school attended		

Family Information

Child Lives with: Mother Father Both Other (Specify): _____
Please provide documentation of custodial agreement, if applicable.

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

Siblings and their ages: _____

Medical Information

Please list all allergies, medicines, special medical or dietary needs, or other areas of concern:

I hereby grant permission for the staff of the Cardinal School to contact the following medical personnel to obtain emergency medical care if warranted:

Doctor/Dentist/Hospital	Address	Phone

Conditions for Registration – Please Read Carefully

If you wish to reserve a spot for your child(ren), the following information and conditions are provided for your understanding of the process and procedures:

1. The application must be submitted with a \$150 non-refundable fee for each child. Individual records on each child and all requested information shall be on file at the school on the student’s first day of attendance.
2. Should we be unable to place your child(ren) within 90 days, your registration fee(s) can be refunded if requested in writing.
3. Please make all checks payable to Cardinal School, Inc.
4. On the student’s first day of attendance, each child must have a valid State of Alabama Certificate of Immunizations on file, or a valid Alabama Certificate of Religious Exemption.
5. A parent handbook with policies and procedures will be made available for our families.
6. Registrations are considered incomplete if any of the above conditions are not met.

Confidential information or discussions about children and their families shall not be used or disclosed for any purpose not directly related to the well-being of the child. Record will be accessible only to authorized persons.

This initial information is provided in the spirit of fostering honesty and integrity, two of our core values. Healthy communication facilitates healthy relationships. Because we wish to establish and maintain healthy relationships with all of our students and families; open and honest communication will always be our goal. These standards are established to provide the best care for your child.

Signature of Parent/Guardian

Date



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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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2019-2020 Tuition & Fee Schedule

Student's Name: _____

Start Date: _____

Please check all that apply:

_____ Registration Fee (non-refundable)	\$175.00	Due with enrollment paperwork
_____ K-8 Monthly Tuition Option	\$725.00	Due by the 1 st of every Month
_____ K-8 Bi-Monthly Tuition Option	\$367.50	Due by the 1 st and 15 th of every Month
_____ K-8 Weekly Tuition Option	\$186.25	Due Monday of every Week*
_____ Early Learning Full Time Weekly	\$200.00	Due Monday of every Week*
_____ Early Learning Part Time Weekly	\$160.00	Due Monday of every Week*

**Weekly payments should be made every week, regardless of number of weeks in the month.*

Payment Options:

_____ Check _____ Charge

I understand that by signing this fee schedule, that I accept the terms and conditions of this contract. Failure to pay my tuition by the 5th of the month will result in \$25 late fee on the 6th and \$5 each day following. Additionally, if I am 30 days late on tuition, my child will not be allowed to attend the Cardinal School, Inc. until my balance is paid in full.

Parent/Guardian's Printed Name: _____

Signature of Parent/Guardian: _____ Date: _____

Administrative Use Only

Account received: _____ Initial Payment Received: _____ Classroom Assignment: _____

Signature of School Representative: _____ 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.