Registration Package 2026/2027

Welcome Letter

Dear Esteemed Students and Beloved Parents,

On behalf of the entire faculty and staff, it is my utmost pleasure to welcome you to St. Clement Christian Academy. As the principal of this cherished institution, I am overjoyed to invite you into our close-knit community, built upon the strong foundations of **faith, knowledge, and compassion**.

At St. Clement Christian Academy, we are committed to providing an exceptional educational experience rooted in Christian values and academic excellence. We strive to nurture the minds, spirits, and hearts of our students, guiding them toward their fullest potential in both academics and character.

To our new students, embrace this journey with open hearts and eager minds. To our parents, thank you for entrusting us with your child's education and spiritual growth. Together, we will continue to build a Christ-centered learning community where faith and knowledge walk hand in hand.
Proverbs 22:6 reminds us: "Train up a child in the way he should go, and when he is old he will not depart from it."

May your time here be filled with joy, growth, and abundant blessings.
Blessings,
Bishoy Saad, M.Ed.
Principal

Bsaad@stclementacademy.com

Application Process

We are delighted that you are applying for enrollment at **St. Clement Coptic Orthodox Christian Academy**. Please review the following requirements and submit all necessary documents with your non-refundable registration fee.

Required Documents

- Copy of Birth Certificate
- Updated Immunization Record
- Social Security Card
- Insurance Card
- Physical Exam (Kindergarten & 7th Grade)
-

Important: Enrollment is not complete until all forms and fees are received. Space is limited in each class.

Tuition & Fees (2026–2027)
Pre-Kindergarten Programs

Program	Annual Tuition	Monthly Rate	Notes
Infant (6 weeks–12 mo.)	$14,400	$1,200	12 months
Pre-K1 (12–24 mo.)	$12,000	$1000	12 months
Pre-K2 (24–36 mo.)	$11,100	$925	12 months
Pre-K3 (3–4 yrs)	$8,000	$800	10 months
Pre-K4 (4–5 yrs)	$6,500	$650	10 months

Fees:

- Registration Fee: $300 (non-refundable)
- Technology/Books/Materials: $300
- Supply List: $120

Kindergarten – Middle School

- Registration Fee: $300 (non-refundable)
- Books & Materials Fee: $400
- Technology Fee: $200 (Due by 01/31/2027)
- Acitvity Fee: $125 (Due by 01/31/2027)
- Tuition: $9,000/year ($900/month, August–May)

Financial Aid: Up to 50% off available (ask the main office).

Late Payments: Payments made after the 5th incur a $50 late fee. Tuition is due in full even if a student withdraws early, unless otherwise agreed in writing.
Meals: Breakfast and lunch provided.
Extended Care:

- Before School (6:30–8:00 AM): $150/month or $10/day
- After School (3:00–5:30 PM): $200/month or $15/day

General Information
School Hours:

- Infant: 6:30 AM – 6:00 PM
- Pre-K1–2: 7:00 AM – 4:30 PM
- Pre-K3–8th Grade: 8:00 AM – 3:00 PM

Transportation:
Parents may coordinate with approved independent drivers for before/after-school transport. These drivers are **not employees or agents** of the school.

Application Form

Registration: _____/_____ ***Books:*** _____/_____ **Gender: Male / Female**

Teacher of choice (Optional and not guaranteed): _____ ***Grade*****:** _____

Student Name: _____
Last ***First*** ***Middle***

Address: _____

City: _____ **State:** _____ ***Zip Code*****:** _____

Home phone #: _____ **E-mail address:** _____

Date of Birth: _____/_____/_____ **Social Security #:**_____-_____-_____

Mother's Name: _____ **Mother's Cell #:** _____

Employer: _____ **Work number:** _____

Mother's Social Security #:_____-_____-_____

Father's Name: _____ **Father's Cell #:** _____

Employer: _____ **Work number:** _____

Father's Social Security #:_____-_____-_____

Last Grade Completed: _____ **Last School attended:** _____

School address: _____

City: _____ **State:** _____ **Zip Code:** _____

School Phone #: _____ **Fax#:**_____

Before Care:	**Yes_____**	**No_____**	**6:30AM – 8:00AM**	**$150/month or $10/day**
After Care:	**Yes_____**	**No_____**	**3:00PM – 5:30PM**	**$200/month or $15/day**

Parent's Signature: _____ ***Date:*** _____

Health Form & Medical Release

Student Name: _____
Last *First* *Middle*

Date of Birth: _____/_____/_____ ***Grade***: _____ **Gender: Male / Female**

Mother's Name: _____ **Mother's Cell #:** _____

Father's Name: _____ **Father's Cell #**: _____

In case of an emergency notify (<u>other than parent or guardian</u>):

Name: _____ **Phone #:** _____

+----------+

Food or medication allergies: _____

Other allergies: _____

Health conditions: _____

Treatments:_____

Other/comments: _____

Preferred Hospital: _____

Physician's Name: _____ **Phone #**:_____

*In the event of illness or injury, I authorize **St. Clement Christian Academy** and its designated representatives to obtain medical care for my child from any licensed physician or hospital. I understand every effort will be made to contact me before treatment, but if I cannot be reached, I authorize emergency care deemed necessary.*

*I hereby **release and hold harmless** St. Clement Christian Academy, its staff, and affiliates from any liability arising from medical care administered in good faith. Health and emergency data will be handled per HIPAA and FERPA confidentiality requirements.*

***Parent's Signature**: _____ **Date**: _____*

Release of Information

I authorize my child's previous school to release records, including transcripts, progress reports, and behavioral information, to St. Clement Christian Academy. All records will remain confidential in accordance with FERPA.

Parent's Signature: _____ ***Date***: _____

+----------+

Tuition and Financial Responsibility Agreement

I, _____, parent/guardian of _____, agree to pay tuition and fees as stated in this year's schedule.

- I understand **registration, books, and materials fees are non-refundable**.
- Tuition must be paid monthly by the 1st of each month.
- A **$50 late fee** applies after the 5th day of the month.
- PREK Parents: I understand that withdrawal during the school year requires **30 days' written notice** and may result in a **prorated withdrawal fee**.
- KG thru 8th Grade parents: I am responsible for the full year's tuition even if my child withdraws early or misses extended time. This is an annual contract divided into 10 equal payments.
- I authorize the school to withhold records and transcripts until all financial obligations are met.
- Unpaid balances may be referred to a collection agency at the parent's expense.

Parent's Signature: _____ ***Date***: _____

+----------+

Transportation Waiver (KG-8th Grade)

I acknowledge that participation in any school-sponsored trip or activity involving transportation is voluntary. I release and hold harmless **St. Clement Christian Academy**, its staff, volunteers, and agents from all claims arising from transportation provided by the school.

_____ _____

Parent's Signature ***Student's Name (Please Print)***

Photo & Media Release

I, _____, parent/guardian of _____, authorize St. Clement Christian Academy to use my child's name, photograph, and/or video in publications, promotional materials, and online media. I waive any right to inspect or approve the finished materials. A written notice has to be given if you do not consent to media use.

Parent's Signature: _____ ***Date***: _____

+----------+

Liability Waiver & Conduct Policy

I understand that St. Clement C.O.C. Academy is not responsible to supervise my child/children before or after school hours if not enrolled in before/aftercare program. I understand that daycare and preschool aged children are never allowed on campus without a parent/guardian/member to supervise.

I understand that St. Clement C.O.C. Academy does not provide insurance relative to accidents or injuries as a result of school related activities. I understand that I am responsible for the health/medical care of my child/children in the event of an injury or accident during any School activity/classes.

I understand that St. Clement C.O.C. Academy has a no tolerance policy for student misconduct. Students that continue to violate the conduct policies of the school may be dismissed from their class at the administration's discretion.

By signing this, I waive, discharge and covenant not to sue St. Clement C.O.C. Academy, its teachers, staff, attorneys, employees, associates, affiliates, successors and assigns, and all other persons, firms or corporations, whether or not specifically names, herein, jointly, severally, and jointly and severally, of and from any and every claim, demand, right or cause of action, of whatever kind of nature, whether in tort, contract, or created by statute, directly or indirectly, for any injuries, damages, or losses the undersigned may incur as a result of his or her participation and involvement in St. Clement C.O.C. Academy.

_____ _____

Parent's Signature ***Student's Name (Please Print)***

Safety, Privacy & Video Disclosure Policy

For the **safety and privacy of all students**, St. Clement Christian Academy maintains a strict confidentiality policy regarding video surveillance and incident records. The school **will not release or disclose video footage, images, or the names of any students or individuals involved in disciplinary, behavioral, or safety-related incidents** to parents, guardians, or third parties, except under the following limited circumstances:

- When required by law or court order;
- When requested by authorized law enforcement officials;
- When deemed necessary by school administration to protect the welfare of a child; or
- When approved in writing by the Head of School in consultation with legal counsel.

By signing this document, parents acknowledge and agree to this confidentiality policy.

Parent Signature: _____ Date: _____

Faith Participation Agreement

I understand that St. Clement C.O.C Academy is a Coptic Orthodox school and believes in the Coptic Orthodox faith. I also understand that by enrolling my child in St. Clement, I thereby agree to have my child participate in the Coptic Othodox prayers. I agree to have my child participate in morning/afternoon prayers from the Agpya (prayer book of hours), memorize Bible verses, take weekly Bible class, and attend Holy Liturgy every Wednesday.

_____ _____

Parent's Signature ***Student's Name (Please Print)***

Non-Discriminatory Policy

SCCA admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of educational policies, programs, athletic, and other school administered programs.

_____ _____

Parent's Signature ***Student's Name (Please Print)***

Parent Acknowledgment

I acknowledge that I have received and reviewed:

- The 2026–2027 Registration Packet
- Student Handbook (available at www.StClementAcademy.com)
- Financial Agreement
- Liability & Conduct Policy
- Faith Participation Agreement
- Safety & Privacy Policy

I agree to abide by all school policies and procedures.

_____ _____

Parent's Signature ***Student's Name (Please Print)***

Governing Law & Dispute Resolution

This agreement shall be governed by the laws of the State of Tennessee. In the event of a dispute, the parties agree to attempt resolution through good-faith mediation or arbitration prior to legal action.