

# Christian Academy

School Age Application

#### **School-Age Fees and Tuition**

Registration Fee FREE

Annual Tuition \$6,100.00

**Book & Supply Fee** 

(Includes books, screenings, and school supplies. NO BOOK BAGS will be provided)

All School-Age Students \$430.00

\*Shipping charges will be added after August 1, 2024.

School Discounts

**ZFC Membership** \$50 off total due each month

\*See details below.

- OR -

Church Membership \$200.00 off Annual Tuition

- OR -

**Multiple Sibling** 

Full Annual Tuition for one child - AND -

25% Discount on 1 sibling's Annual Tuition 35% Discount on 2 sibling's Annual Tuition

\*School-age students only.

**❖** Monthly payments are accepted. Minimum monthly payment amount 1/9<sup>th</sup> of total annual tuition.

Discounts cannot be combined. Families may claim ZFC Membership Discount, Church Membership Discount OR Multiple Sibling Discount.

Annual tuition amounts pay for the academic school year. See the ZBOP 2024-2025 School Calendar for beginning and ending dates. Tuition payments are not based on attendance. Tuition payments maintain your child's class slot at ZBOP.

**ZFC** Membership Discount is applied monthly for documented enrolling parents/guardians who are active members of Zion Faith Center and who contribute at least \$50 monthly to the same.

Church Membership Discount is granted upon receipt of the Membership Verification form that is mailed to the church indicated on the ZBOP Application Agreement.

# From the Office of: CHRISTIAN ACADDMY

We look forward to the 2024 – 2025 school year with you all!!! For a smooth school year, please remember...

#### **PAYMENTS**

Make all payments on time and avoid a \$5 per day late fee.

5 late fees = No entry 10 late fees = Withdrawal

Withdrawn families can pay a \$150 re-entry fee to re-enroll. This option is available once in a year.

#### LATEST DROP - OFF TIME

10:00 AM

Absolutely NO entry after this cut off time. Arrive by 9:50 AM to ensure clocking in by 10:00 AM.

#### FULL-TIME vs. PART-TIME

Full time = 5 - 10 hours Part time = 5 hours and less

When deciding on drop-off times, remember, part time students must be picked up within 5 hours of the dropped off time. The Late Pick-up policy is enforced one minute after the 5<sup>th</sup> hour of part-time care.

#### **CONTRACTS**

Families sign Application Agreement contracts to reserve student class slots and confirm tuition amounts. Charges are based on the signed documents.

#### **SCHOOL HOURS**

6:00 - 5:00 PM

#### **UNIFORMS**

K4, K5, and School Age students wear school uniforms purchased from Zion Buds of Promise.

When K4, K5, and School Age students are not wearing proper uniforms, a non-uniform fee is charged to parent accounts and students miss the day's extra-curricular activities.

#### LATE PICK-UP CHARGES

\$25 is charged one minute after the required pick-up time. After 15 minutes, \$1 is charged every minute for the next 15 minutes.

#### CCAP APPROVALS

Avoid paying full tuition by providing a CCAP approval letter.

### **File Checklist**

For ZBOP to care for your child(ren), the following items are required before they can attend. Before returning your paperwork, review the checklist and make sure you have all the required documents and fees.

| <ul> <li>□ \$0 tuition/co-pay balance</li> </ul>  | <ul> <li>Food Program Annual Application</li> </ul>   |
|---|---|
| <ul> <li>Application Agreement</li> </ul>   | <ul> <li>Dental Exam (K5, 2<sup>nd</sup>, &amp; 6<sup>th</sup> OR first time<br/>K5 or School Age student)</li> </ul> |
| <ul> <li>□ Summary of Licensing Standards</li> </ul>  | <ul> <li>Eye Exam (K5 and first time School Age)</li> </ul>   |
| <ul> <li>Student Information Form</li> </ul>  | <ul> <li>■ Book Fee</li> </ul>  |
| <ul> <li>Policy Forms</li> </ul>  | <ul><li>■ Medical Form</li></ul>  |
| <ul> <li>□ Fundraiser Schedule</li> </ul>   | <ul> <li>CCAP approval letter/Change of Provider</li> </ul>   |
| <ul> <li>■ Birth Certificate</li> </ul>   | (If Applicable)   |
| <ul> <li>For new school age students (1<sup>st</sup> grade<br/>standardized test scores.</li> </ul> | and up), their most recent report card and  |
| - · · · · · · · · · · · · · · · · · · ·   | ildren and Family Services and the state of Illinois for not being in compliance when monitors arrive records.        |
| Please provide all items a <u>WEEK BEF</u><br>interruptions.  | ORE planned start date to avoid attendance  |
|   |   |
|   |   |
|   |   |
|   |   |
| Parent/Guardian Signature   | Parent/Guardian Signature   |

#### ZION BUDS OF PROMISE CHRISTIAN ACADEMY

#### 2024 - 2025 APPLICATION AGREEMENT

|   | E                               | oate:  |   |      |
|---|---------------------------------|--|---|------|
| Child's Name:   |                                 | Enrol  | led inG   | rade |
| Annual Tuition \$   |                                 |  |   |      |
| Discount —  | □ ZFC Membership                | ☐ Church Membership  | □ Multiple Child  *Only for multiple School Age students. |      |
| Tuition Owed: \$  |                                 | r installments of: \$ss day of each month to avoid                                     |   |      |
| paid in nine (9) installm   | ents on the first business d    | ss slot, that the tuition rate lay of each month regardless choosing to re-enroll must | of attendance to  |      |
| <u>Initials</u>   |                                 |  |   |      |
| Transportation Service Name, Telepho  | one                             | Est. Pick Up Time  | Est. Drop Off Time  |      |
| I (We), the undersigned, have read a<br>of Promise Christian Academy Parent |                                 | erms, conditions, and procedure  | s outlined in the Zion B                                  | uds  |
| Father or Guardian's Name (Printed)   |                                 | Signature)   |   |      |
| Mother or Guardian's Name (Printed)   |                                 | Signature)   |   |      |
| I (We), were recommended to Zion b  | y:                              |  | _   |      |
| I (We) are active members or regula   | rly attend the following churcl | 1:   |   |      |
| (Church Name)   |                                 | (Address   | 5)  |      |
| (Pastor's Name)   |                                 | (City, State & Z   | ip Code)  |      |

#### ZION BUDS OF PROMISE CHRISTIAN ACADEMY 2024 - 2025 Before/After Care APPLICATION AGREEMENT

|                        |   |   | Date:   |  |  |   |
|------------------------|---|---|---|--|--|---|
|                        |   |   |   |  |  |   |
| Child's Nam            | ne:   |   |   |  |  |   |
| ☐ Befo                 | ore Care:   | Mon   | Tues  | Wed  | Thurs  | Fri.                                    |
| ☐ Afte                 | er Care:  | Mon   | Tues  | Wed  | Thurs.   | Fri.                                    |
| at the                 | ☐ Daily Rate  | ☐ Week  | ly Rate   | Annual Rate  | of   |   |
|                        | I understand that Zi class slot, that the t each month (or stat to maintain the clas enrollment fee.  | uition rate listed<br>e-determined co   | d above must be po-<br>p-pays on the first  | aid in nine (9) ins<br>day of each mon   | tallments on the fi<br>th) regardless of a   | irst day of<br>ttendance                |
| Initials               |   |   |   |  |  |   |
| of  My th th wi  My ea | y payment <u>is</u> state sub<br>each month along wit<br>y payment <u>is not curre</u><br>e first business day of<br>at my advance payme<br>hen Zion receives my A<br>y payment <u>will not be</u><br>ach week along with m | h any outstandi<br>ntly state subsic<br>each week untints will be retur<br>Action for Childres<br>state subsidized<br>y outstanding a | ng account baland<br>dized, but I have a<br>I the state notified<br>ned to me (less a<br>en approval letter | ce.  applied. I will pays ame of my co-pay appropriate fees and and check coveri | the full tuition an<br>ment amount. I u<br>d co-payment amo<br>ng the time attend<br>on the first busine | nount on<br>nderstand<br>ounts)<br>led. |
| Папорога               |   |   |   |  |  |   |
|                        | e undersigned, have re<br>uds of Promise Christia   |   |   | erms, conditions,  | and procedures ou  | itlined in                              |
| Father or G            | Guardian's Name (Print  | ted)  | (Signatur   | e)   |  |   |
| Mother or              | Guardian's Name (Prin   | ted)  | (Signatur   | e)   |  |   |
| I (We), we             | ere recommended to Zi   | on by:  |   |  |  |   |

CFS 428 Rev. 4/2001

## State of Illinois Department of Children and Family Services

#### APPLICATION/RECORD OF CHILD INFORMATION

| Name of Child   | Birthdate              | Sex  |
|---|------------------------|------|
| Address   |                        |      |
| Date Child Received                                       |                        |      |
| PARENT OR OTHER PERSONS(S) PLACING THE                    | CHILD                  |      |
| Name  | Name                   |      |
| Relation to child   | Relation to child      |      |
| Home address  | Home address           |      |
| Phone Number  |                        |      |
| Place of employment                                       | Place of employment    |      |
| Address   |                        |      |
| Phone Number  |                        |      |
| Working hours   | Working hours          |      |
| OTHER PERSON TO NOTIFY IF PERSON PLACIN Name Phone Number | Address                |      |
| PHYSICIAN TO CALL IF CHILD BECOMES ILL OF                 | R INJURED              |      |
| Name  | Address                |      |
| Phone Number  | Hospital or Clinic     |      |
| PROGRAM   |                        |      |
| Days per week   | Hours of care          |      |
| Rate of pay (optional)                                    | _                      |      |
|   |                        |      |
| Signature of parent or other person placing child         | Signature of caregiver | Date |

A completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times to licensing representatives of the Department of Children and Family Services. Contact the Area Office for supplies of this form.

#### PERSONS AUTHORIZED TO PICK UP THIS CHILD (INDICATE RELATIONSHIP) Name Relationship Phone Relationship Phone Name Name Relationship Phone Name Relationship Phone Relationship Phone Name Relationship Name Phone Relationship Name Phone I authorize Zion Buds of Promise Christian Academy to provide first aid treatment to my child in the case of an accident. I additionally authorize Zion Buds of Promise Christian Academy, in my absence, to call emergency city services (911), and have my child transported to the most appropriate medical facility, as well as consent for medical treatment of my child at said facility. A staff person for the Zion Buds of Promise Christian Academy will accompany my child should he/she be transported to a medical facility. Zion Buds of Promise Christian Academy will notify parents/guardian immediately. As a parent/guardian, I will notify Zion Buds of Promise Christian Academy in writing of any changes in my address, employer, workdays and hours and respective phone numbers. I will also notify Zion Buds of Promise Christian Academy of any other changes in my child's student information. I have received a copy of the Zion Buds of Promise Christian Academy Parent Handbook, Fundraiser Schedule and Guidance & Discipline Policy. I understand that Zion Buds of Promise Christian Academy is a religious based program, that religious instruction is a part of the curriculum and that all subject matter will be presented from a Christian perspective. I give consent for my child to go on walking trips through the neighborhood. I give consent for the program to photograph, videotape or film my child for promotional or security purposes. I give consent for my child to participate in prayer and in the religious instruction that is a part of Zion Buds of Promise Christian Academy's childcare program. **Parent/Guardian Signature** Date

EMAIL ADDRESS(ES) FOR COMMUNICATIONS REGARDING THIS CHILD

| If the child has any of the following, please explain:  Medical problems      |
|---|
| Medical problems  |
| Physical handicaps  |
|   |
| Restrictions for play – outdoors  |
|   |
| Restrictions for play – indoors   |
|   |
| Allergies   |
|   |
| Food likes  |
|   |
| Food dislikes   |
|   |
| Fears   |
|   |
| Does the child take a nap? Time Length  |
|   |
|   |
| Is the child toilet trained?  |
| Does the child have special names for objects? (potty, cookies, drinks, etc.) |
|   |
| Does the child regularly take medication? If so, what kind and directions     |
|   |
| If the child is an infant, what are the feeding instructions?                 |
| Time Amount Temperature   |
| Diaper changes: PowderOintment  |
| Other information that will help in caring for the child                      |
|   |
|   |
|   |
| Comments:   |
|   |
|   |

#### **Hours of Operation and Late Pick-Up Policy**

Zion Buds of Promise Christian Academy operates Monday through Friday, unless otherwise posted. Our hours are 6:00 a.m. to 5:00 p.m. with the following start times:

| • | Before Care        | 6:00 a.m. |
|---|--------------------|-----------|
| • | Devotion           | 8:00 a.m. |
| • | School Instruction | 8:30 a.m. |
| • | After Care         | 3:00 p.m. |

For Full-Time students, at 5:01 p.m. a \$25.00 per child Extended Care charge will be assessed.

At 5:15 p.m., calls will be made to others documented on authorized pick-up lists and there will be an additional per child late pick-up charge of \$1.00 for every minute your child/children remain at ZBOP past 5:15 p.m.

All late pick-up charges are due and payable upon pick-up and will not be added to account balances. Children will not be allowed continued ZBOP attendance until late pick-up fees have been paid. If late pick-ups continue, ZBOP will have no other choice but to discharge repeat offenders from our program.

At 5:30 p.m., if we have been unable to locate parents, authorized designates or emergency contacts, children who are still in our care will be transported to Phoenix Police Department which is located one block south of our center at 625 East 151st Street, Phoenix, Illinois, 708-331-2181. Parents will have to pick children up from the Phoenix Police Department and will be subject to the laws, policies and procedures associated with child abandonment situations.

For Part-Time students, this policy is enforced exactly 5 hours after the student is dropped

| Parent/Guardian Signature | Parent/Guardian Signature |
|---------------------------|---------------------------|

#### **Before/After School Care Departure/Arrival Policy**

Parents/guardians shall be legally responsible for making sure their school-aged children get to and from their schools safely.

Parents/guardians shall be legally responsible for selecting their school-aged children's walking routes from and to Zion Buds of Promise Christian Academy.

Parents/guardians shall be legally responsible for providing supervision that is appropriate to the student's age, maturity, and conditions that exist on the walk route.

Parents/guardians should direct walk route safety concerns to the association or law enforcement agency responsible for the specific location/area.

Plans for transporting school-aged children from and to before/after school care must be established and agreed upon in writing by parents/guardians, the school and Zion Buds of Promise Christian Academy.

Parents must sign a written consent allowing school-age children to be transported to another location or to their home where they are placed on their own supervision.

Transportation plans may include, but are not limited to:

- A) Children leaving the center to go to school;
- B) Children leaving school to go to the center; and
- C) Children leaving the center.

| Parent/Guardian Signature | Parent/Guardian Signature |
|---------------------------|---------------------------|

#### **Guidance and Discipline Policy**

Here at ZBOP, our philosophy is for each child to be nurtured in a non-threatening environment, which does not include the use of corporal punishment. Staff shall help ensure children develop self-control and assume responsibility for their own actions. Limits and consequences shall be clear and understandable to children, consistently enforced and explained to the child before and as part of any disciplinary action.

Firm positive statements about behaviors or redirection of behaviors shall be our goal. In circumstances where a child may need to be removed from the group to help a child gain control, it shall not exceed one minute per year of age. Removal from the group shall not be used for children less than 24 months of age.

Children shall not be disciplined for toilet accidents. Corporal punishment, including hitting, spanking, swatting, beating, shaking, pinching and other measures intended to induce physical pain or fear, any threatening or actual withdrawal of food, rest or use of the bathroom; abusive or profane language, or public or private humiliation, including threats of physical punishment or any form of emotional abuse, including shaming, rejecting, terrorizing or isolating a child will not be acceptable or tolerable.

Children shall have reasonable opportunity to resolve their own conflicts. Discipline shall be the responsibility of adults who have an ongoing relationship with the child.

Our goal here at ZBOP is to assure the success of each and every child. Therefore, should there be an issue to resolve, we will not only contact the parents, but we will work with the parents to develop an intervention plan. The center Director will monitor the implementation by staff and keep all parties apprised of the plan's progress.

In certain circumstances, where ZBOP has been unsuccessful in resolving the child's behavior, we will, as we will throughout this process, request assistance of the child's parents. Any program developed with the assistance of the parent will include Director, Staff and Parents monitoring the progress of this plan of action.

When efforts by ZBOP have been unsuccessful, a clinical behavior management plan may be developed to meet the needs of a particular child, if developed with the parent and a professional clinician. These efforts will be documented in the child's file, along with the appropriate consents. All staff working with the child shall receive training on implementing the plan.

| Parent/Guardian Signature | Parent/Guardian Signature |  |
|---------------------------|---------------------------|--|

#### 2024 - 2025 Fundraiser Schedule

| 1. | Affy Tapple Sale               | September 9 – October 11, 2024 |
|----|--------------------------------|--------------------------------|
|    |                                |                                |
| 2. | World's Finest Chocolate       | January 6 – 24, 2025           |
|    |                                |                                |
| 3. | Spring Jubilee Fashion<br>Show | April 17, 2025 @ 5:30 PM       |

Zion Buds of Promise Christian Academy will sponsor fundraisers during the school year. This is a shared responsibility that all ZBOP families are urged to participate in, selling a minimum amount that will be established for each event. Fundraisers generate monies that are used solely for the purpose of improving our facility, curriculum, and equipment.

Families who choose not to participate in any fundraising efforts will have a \$75 family fundraiser allotment amount added to their account for each fundraiser missed. Unpaid allotments will result in outstanding account balances which will affect report card/progress report distribution, standardized test score distribution, graduation participation and, possibly, school attendance.

| Parent/Guardian Signature | Parent/Guardian Signature |
|---------------------------|---------------------------|

# **Zion Buds of Promise Christian Academy** 2024 – 2025 Calendar

| <b>Key:</b> School Closed Report Cards/Progress Report                            | Early Dismissal No Uniform Days     |
|---|-------------------------------------|
| First Day of Academic School Year   | August 26, 2024                     |
| School Closed (Labor Day)   | September 2, 2024                   |
| <b>Affy Tapple Sale</b> (Apples ready for pick up October 30)                     | September 16 – October 11, 2024     |
| School Closed (Indigenous Peoples'/Columbus Day)                                  | October 14, 2024                    |
| K3 – 4 <sup>th</sup> Grade Report Cards Distributed (1 <sup>st</sup> Term)        | October 11, 2024 <b>(29 days)</b>   |
| Parent/Teacher Conferences  | October 21, 2024 (by appointment)   |
| Hallelujah Day Party  | October 31, 2024                    |
| School Closed (Veterans Day)  | November 11, 2024                   |
| K3 – 4 <sup>th</sup> Grade Report Cards Distributed (2 <sup>nd</sup> Term)        | November 22, 2024 <b>(28 days)</b>  |
| EARLY DISMISSAL @ 3:00 P.M. (Thanksgiving Eve)                                    | November 27, 2024                   |
| School Closed (Thanksgiving Break)  | November 28 – 29, 2024              |
| Christmas Program – 6:00 P.M.   | December 13, 2024                   |
| Winter Break – Grades Not Recorded/No Uniform                                     | December 23, 2024 – January 3, 2025 |
| School Closed (Christmas Break)   | December 23 – 25, 2024              |
| School Closed (New Years Day)   | January 1, 2025                     |
| World's Finest Chocolate Fundraiser   | January 6 – 24, 2025                |
| School Closed (Martin Luther King Jr. Day)  | January 20, 2025                    |
| Red Roses – 4 <sup>th</sup> Grade Report Cards Distributed (3 <sup>rd</sup> Term) | January 24, 2025 <b>(33 days)</b>   |
| Valentine's Day Party   | February 14, 2025                   |
| School Closed (President's Day)   | February 17, 2025                   |
| Black History Month Program – 5:30 P.M.   | February 28, 2025                   |
| K3 – 4 <sup>th</sup> Grade Report Cards Distributed (4 <sup>th</sup> Term)        | March 7, 2025 <b>(28 days)</b>      |
| Science Fair Award Ceremony – 5:30 PM   | March 28, 2025                      |
| Standardized Test Administered (K5 – School Age)                                  | April 14 – 17, 2025                 |
| Spring Jubilee Fashion Show @ 5:30 PM   | April 17, 2025                      |
| K3 – 4 <sup>th</sup> Grade Report Cards Distributed (5 <sup>th</sup> Term)        | April 17, 2025 <b>(30 days)</b>     |
| School Closed (Good Friday)   | April 18, 2025                      |
| Spring Break – Grades Not Recorded/No Uniform                                     | April 21 – 25, 2025                 |
| School Closed (Memorial Day)  | May 26, 2025                        |
| Red Roses – 4 <sup>th</sup> Grade Report Cards Distributed (6 <sup>th</sup> Term) | May 30, 2025 <b>(28 days)</b>       |
| Lady Day of the Academic School Year  | May 30, 2025 (176 days)             |
| K5 Graduation Ceremony – 1:00 PM  | May 31, 2025                        |
| School Closed (ZBOP Vacation Week)  | June 2 – 6, 2025                    |
| First Day of Summer Camp  | June 9, 2025                        |
| School Closed (Juneteenth)  | June 19, 2025                       |
| School Closed (Independence Day)  | July 4, 2025                        |
| Open House  | July 14, 2025, 5:30 PM              |
| 2025 – 2026 School Registration Day   | July 21, 2025                       |
| Last Day of Summer Camp   | August 15, 2025                     |
| School Closed (Center Administration Day)   | August 22, 2025                     |
| First Day of 2025 – 2026 School Year  | August 25, 2025                     |



Beginning in the Fall of 2024, our school will adopt new uniform colors that align with the new royal blue and gray colors of the church. To ensure consistency and a unified appearance, all families will be required to purchase the appropriate pieces from Zion Buds of Promise. This will help maintain a cohesive look throughout our school community. Here are the items we will have available for purchase:



The polo shirts, jumpers, and sweaters will be adorned with the school logo. In addition to these uniform items, students are required to wear sturdy, solid black shoes, along with either white or royal blue socks, and solid black belts. Those items can be found at any store. On the next page, you will find the sizing chart, and the final page is the Uniform Order Form. Please complete one form per student.

## SIZE CHART

(In Inches)

| POLOS |        |        |                |
|-------|--------|--------|----------------|
| SIZE  | CHEST  | LENGTH | SHOULDER WIDTH |
| 4     | 28     | 18 3/8 | 12             |
| 5     | 29     | 19 1/4 | 12 3/8         |
| 6     | 30     | 19 3/4 | 12 3/4         |
| 7     | 30 3/4 | 20 1/4 | 13 1/8         |
| 8     | 32     | 21 3/4 | 13 1/2         |
| 10    | 33 1/2 | 22 7/8 | 14 1/4         |
| 12    | 35     | 24     | 15             |
| 14    | 37     | 25 1/8 | 15 3/4         |
| 16    | 38 1/2 | 26 1/4 | 16 1/4         |
| 18    | 40     | 27 3/8 | 17             |
| 20    | 41 1/2 | 28 5/8 | 17 3/4         |
| M     | 45     | 29 1/2 | 21             |
| L     | 49     | 30     | 22             |
| XL    | 53     | 30 1/2 | 23             |
| XXL   | 56     | 31     | 24             |

| PANTS |        |        |        |
|-------|--------|--------|--------|
| SIZE  | WAIST  | HIP    | INSEAM |
|       |        |        |        |
| 4     | 22 1/2 | 29     | 15 3/4 |
| 5     | 23     | 30     | 17 5/8 |
| 6     | 23 1/2 | 31     | 19 1/4 |
| 7     | 24     | 31 3/4 | 20 318 |
| 8     | 24 1/2 | 32 1/2 | 21 5/8 |
| 10    | 25 1/2 | 34     | 23 7/8 |
| 12    | 26 1/2 | 36     | 26 1/8 |
| 14    | 27 1/2 | 38     | 27 3/8 |
| 16    | 29     | 40     | 29     |
| 18    | 30     | 41 1/2 | 29 1/2 |
| 20    | 31     | 43     | 30     |
| 8H    | 28 1/2 | 35     | 20 5/8 |
| 10H   | 29 1/2 | 37     | 21 7/8 |
| 12H   | 30 1/2 | 39     | 24 5/8 |
| 14H   | 32     | 41     | 25 7/8 |
| 16H   | 33     | 43     | 27 1/8 |
| 18H   | 34     | 44 1/4 | 27 1/2 |
| 20H   | 35     | 45 1/2 | 28     |

## **SIZE CHART**

(In Inches)

| SKIRT / SC | COOTER |
|------------|--------|
|------------|--------|

| Skiki / Scotiek |         |                 |        |
|-----------------|---------|-----------------|--------|
| SIZE            | WAIST   | WAIST STRETCHED | LENGTH |
| 4               | 21      | 23              | 13 1/2 |
| 5               | 21 1/2" | 24 3/4          | 14     |
| 6               | 22      | 24 5/8          | 15     |
| 6X              | 22 1/2  | 25 1/4          | 16     |
| 7               | 23 1/14 | 26 1/4          | 17     |
| 8               | 23 3/4  | 26 3/4          | 18     |
| 10              | 24 1/2  | 27 1/2          | 18 1/2 |
| 12              | 25 1/2  | 28 1/2          | 19     |
| 14              | 26 1/2  | 29 1/2          | 21     |
| 16              | 27 1/2  | 30              | 22 1/2 |
| 18              | 28 1/2  | 31 5/8          | 23 1/8 |
| 20              | 29 1/2  | 33              | 23 3/4 |

#### **SWEATER**

|      | GWE                 |               |       |
|------|---------------------|---------------|-------|
| SIZE | BODY WIDTH / LENGTH | SLEEVE LENGTH | CHEST |
| S    | 17 / 21.75          | 26.5          | 26-27 |
| M    | 18.5 / 23.25        | 29            | 28-30 |
| L    | 20 / 24.75          | 31            | 31-32 |
| XL   | 21.5 / 26.25        | 32 1/2        | 33-34 |

# **Uniform Order Form**

Student Name: \_\_\_\_\_

| Short Sleeve Pol    | oLong Sleeve F  | 2010   |
|---------------------|---|--------|
| Size:               | Size  | 2:     |
| Quantity:           | Quantity  | /:     |
| \$8 each            | \$9 each  |        |
| Jumper w/ Pleat     | Jumper w/ Box   | Pleats |
| Size:               | Siz   |        |
| Quantity:           | Quantit<br>\$23 each  | y:     |
| Skirt               | Scooter   |        |
| Size:               | Siz   | e:     |
| \$14 each Quantity: | \$13 each Quantit   | y:     |
| Pants               | Sweater   |        |
| Size:               | Siz   | e:     |
| Quantity:           | FREE  1st one free w/ initial uniform purchase. (\$25 each after) | y: 1   |