

New Student Checklist

Name _____ Grade _____

Placement test _____

Interview with Principal _____

Register online _____

Assumption of Risk _____

Copy of "live birth" certificate K4-3rd _____

Immunization form _____ AND/OR Exemption Form _____

Parent Partnership _____

Financial Contract _____

Field Trip form _____

Permanent Release _____

Request for records (if coming from another school) _____

Report card/Progress Report for 8th-10th grades _____

Staff Initials _____



REGISTRATION PACKET 2022-2023

*All Papers **must** be filled out for student to be enrolled in school.

Financial Contract Form

2022/2023

Family Name _____ Parents/Guardians (first name) _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ E-mail _____

Referred by: _____ Church _____

Students: For new circle N, for returning students circle R

Enrollment Status	STUDENT NAME	GRADE ENTERING	AM or PM (K4/K5)
N R	_____	_____	_____
N R	_____	_____	_____
N R	_____	_____	_____
N R	_____	_____	_____

FEES

Registration Fee \$300 ALL curriculum/registration/fees are NON-REFUNDABLE

****Class/Testing and Curriculum fees are due June 1st****

Curriculum Fee (text, workbook, and material fees) per student

K4-\$190 K5-\$235 1st-5th \$335 6th-10th--\$350

Class Fees: K4/K5--\$25 1st-5th--\$35 6th-10th--\$45

Yearly Iowa Testing Fee K5-10th--\$40

Tuition: 11 month 10 month

K4/K5 \$2884/yr. per student \$262.18 \$288.40

Grades 1st-5th \$4611/yr. per student \$419.18 \$461.10

Grades 6th-8th \$4823yr. per student \$438.45 \$482.30

Grades 9th/10th \$5141/yr. Per student \$467.36 \$514.10

Circle Payment Plan You Prefer *11 mo. Or *10 mo.

*11 month payment plan begins July 1st

*10 month payment plan begins August 1st

+ \$200 tuition discount per year for each additional student in family.

+ 5% tuition discount if paid in full before school starts.

+\$30 NSF Charge for all returned checks

+\$30 late fee after the 5th of each month.

FOR OFFICE USE ONLY

Registration Fee	\$ _____
Curriculum Fee	\$ _____
Tuition	\$ _____
Class Fee	\$ _____
Testing Fee	\$ _____
Total	\$ _____
<u>Adjustments:</u>	
5% pay in full	\$ _____
Extra student	\$ _____
Referral Incentive	\$ _____
Pro-rated Days	
_____ @ _____	\$ _____
Placement test fee	\$ _____
Before/ Aftercare Registration	
Frequent	\$ _____
Infrequent	\$ _____
Balance	\$ _____

Volunteer Fee (TBA)

If you are unable or do not wish to volunteer for the minimum of 27 hours per year (3hrs/mo.) you may pay a volunteer fee of \$365 at the beginning of the school year. This will waive the mandatory volunteer time agreed to when signing the Parent Partnership Agreement Plan.

Auction Fee (TBA)

Our main fundraising event (which keeps tuition low as possible) of the year is our School Auction. We require each family to participate by donating an auction item(s) with a minimum value of \$100 and sell tickets for our "Mule muffin" door prizes. If you do not wish to donate an item(s), you may opt to pay \$100 which will be used to purchase an item on your behalf. You may also choose to pay \$100 instead of selling tickets.

Referral Incentive

\$200 will be taken off your tuition for each family you refer that enrolls for the 2022-2023 year. The amount will be taken off of your last payment.

Scholarship Donations

I would like to donate \$_____ a month towards scholarship fund. Initials _____

I would like to donate a one time gift of \$_____ towards the scholarship fund. Initials _____

I/we understand and agree that we are responsible for all tuition and charges incurred as a result of my/our student(s) enrollment at Calvary Christian School, and that failure to meet the terms of this agreement may result in dismissal and withholding of report cards, transcripts and /or diplomas.

THE UNDERSIGNED hereby acknowledges that the below agreement and accompanying financial information for the upcoming year of enrollment, including tuition and fees, has been carefully read, understood and agreed to by affixing signature(s) below.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

ALL PAYMENTS ARE DUE ON THE 1ST OF EACH MONTH AND WILL BE ASSESSED A LATE FEE OF \$30 IF PAID AFTER THE 5TH (unless prior arrangements have been made.)

OFFICE USE ONLY _____

Payment Plan

I understand that my contract for the 2022/2023 school year totals \$_____ with a tuition of \$_____ that is payable in _____ equal installments of \$_____ beginning on _____ 1, 2022 and ending on _____ 1, 2023.

PARENT PARTNERSHIP AGREEMENT

Agreement:

If accepted for admission to Calvary Christian School, we agree to the following conditions for our child's attendance. We understand that CCS is a Christian, independent, non-profit corporation formed for the purpose stated in this application. We authorize and give the administration, faculty and staff of CCS authority and jurisdiction over our child during any session of school or during the time that our child is present at or engaged in any school activity.

We further agree to the following:

- To make my tuition payments on time due the 1ST of each month (or pay a \$30 late fee after the 5th).
- To faithfully pray for the faculty, staff and students at CCS.
- To abide by the decisions of the administration of the school.
- To permit a teacher or the administration to dispense corrective discipline.
- To volunteer 27 hours per family, per year (3 hrs/mo) (or pay an additional \$365 at the beginning of the school year).
- To actively support and attend CCS activities.
- To use the Matthew 18:15-17 principle in resolving conflicts among student, staff and CCS family members.
- To accept the position that a student's witness on and off the campus can influence his or her right to attend CCS.
- To do our best to get our child to school on time and pick them up on time.
- To contact our child's teachers when we have an appropriate concern.
- To help our child work toward achievement of individual, class and school goals.
- To help our child learn how to be sensitive to the needs of other students in ways that honor the Lord.
- To encourage our child to behave in accordance with all school regulations.
- To see that our child's dress, as well as our own, is modest and consistent with the CCS Dress Code at school as well as during field trips.
- To encourage our child to grow spiritually by regular devotional activity and church attendance.
- To encourage our child to apply himself or herself diligently to his or her studies and to provide a time and a place for study.
- Support CCS's Mission, Purpose, Goals, Philosophy, Doctrinal Statement, Rules and Policies.

We have read and agree with all the above:

Student's Name: _____

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

CALVARY CHRISTIAN SCHOOL HEALTH AND WAIVER FORM

All School Field Trips

General Information:

Student's Name _____ Birthdate _____ Age _____

Father's Name _____ Phone(_____) _____

Mother's Name _____ Phone(_____) _____

Home Address _____

Employer _____

In case of emergency and parents cannot be contacted, please call:

Relative: Name _____ Phone (_____) _____

Neighbor: Name _____ Phone (_____) _____

(One of these individuals should be available to pick up your child if necessary)

Health Information:

Insurance
Company _____ Policy# _____ Group# _____

Doctor's Name _____ Phone (_____) _____

Is student allergic to any drugs? _____ please specify _____

Does student have any allergies? _____ please specify _____

Date of last tetanus booster? _____

Does the student take any medications regularly? _____

Are there any behavioral concerns? _____

In case of injury or illness, "I/we hereby give consent for hospitalization or medical treatment by a licensed medical doctor when deemed necessary for the welfare of the said minor. I understand every effort will be made to notify parents or guardian of student. In the event of an injury I will not hold Calvary Christian School liable. I acknowledge that I have read this form completely and understand the school policies."

PARENT'S SIGNATURE _____ DATE _____
PARENT'S SIGNATURE _____ DATE _____

CALVARY CHRISTIAN SCHOOL

Permanent Authorization for Release of a Child

Student's Name: _____

I hereby authorize the above-mentioned child to be picked up from Calvary Christian School by the following people any time during the school year:

1. _____ Phone Number _____
2. _____ Phone Number _____
3. _____ Phone Number _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



REQUEST FOR RECORDS

Previous School: _____

School Address: _____

Phone: _____

I hereby authorize the release of the following records:

Identifying information

Attendance records

Academic transcripts

Health records

Achievement tests

Interest inventory results

Psychological and personality test scores

Student's Name: _____
(Last) (First) (M.I.)

Grade: _____

Birthdate: _____

Please Send to:

**Calvary Christian School
10611 W. Clearwater Ave.
Kennewick, Washington 99336**

Parent/Guardian's

Signature: _____ **Date:** _____

"I, the LORD, watch over it; I water it continually. I guard it day and night so that no one may harm it."