



calvary
christian school

Admissions Checklist

- Application for Admission* *The application form should be completed in full for each applicant. Be sure that the appropriate lines are signed.*
- Registration Fee - \$100.00* *The non-refundable registration fee must be enclosed with the completed application packet. No student will be accepted without it. Returning Students - \$50.00, if registered before May 1st.*
- 4 Forms* *All 4 forms included in the application packet must be completed. (Payment Policy, Emergency Information form, **Notarized** Medical Release form, and Publicity Permission Form)*
- Birth Certificate* *A copy of the applicant's state-certified birth certificate is required with the application packet. A hospital birth certificate cannot be accepted.*
- Social Security Card* *A copy of the applicant's social security card.*
- Immunization Certificate* *A copy of the applicant's state certified immunization certificate is required before the first day of school.*
- Kindergarten*
Physical/Eye Exam/Dental Exam *All applicants entering Kindergarten must have a complete physical, Dental and Eye exam. A copy of all exams are necessary before the first day of school.*
- Entrance Testing (K-8th)* *All new students are subject to testing before final admission is approved.*
- 6th Grade Physical* *All applicants entering 6th Grade must have a complete physical. A copy of the form is necessary before the first day of school.*

Revised 2-02-2017

(ADD'L INFO – SEE REVERSE)





Financial Information

2017-2018

<u>Tuition:</u>	<u>Yearly Tuition</u>	<u>10 Monthly Payments</u>
Part-Time – All Ages (T/TH) (8-2:50)	\$1800.00	\$180.00
Part-Time – All Ages (M/W/F) (8-2:50)	\$2300.00	\$230.00
Full-Time 2's Preschool (8-2:50)	\$3700.00	\$370.00
Full-Time 3's and 4's Preschool (8-2:50)	\$3400.00	\$340.00
Kindergarten thru 8 th Grade (8-3:10)	\$3500.00	\$350.00

Tuition payments are due on the 1st of each month. The first tuition payment is due in July. If this payment is not made by the 10th of July, your student's place is forfeited. In August, there is no tuition charge; the materials fee is due. If a student withdraws in the middle of the month during the school year, any tuition payment made for that month will be forfeited. If payment has been made for subsequent months, tuition for those months will be refunded.

Registration

New students- \$100

Returning-\$50 (Considered new student after May 1)

Discounts:

There is a 5% discount on tuition paid in full by July 10th. Sibling discounts are as follows:

1st Child – Regular tuition – 2nd Child – less 20% -- 3rd Child – less 25% -- 4th Child – less 30%

One Time Fees:

MATERIAL (Due August 1st)

2/3 Year old	\$150.00
4 Year old	\$175.00
Kindergarten	\$200.00
1-5 Grades	\$275.00
6-8 Grades	\$325.00

Extended Care:

Extended care services are available from 6:30 am until 6:00pm. Charges are based on a daily rate.

6:30-7:15 AM	\$3.00
3:20-4:30 PM	\$4.00
3:20-6:00 PM	\$9.00

Summer Care/Snow Days/Holidays:

6:30-6:00	\$30.00 daily or \$120.00 weekly
	\$15.00 daily for 4 hours or less

Meals:

Meals and snacks included

Lunch is \$3.50 a day. Meals are ordered online and paid in advance. If your child needs a drink with their sack lunch, milk, juice, or water can be purchased; the cost is \$.50 a carton. Prepaid beverage cards are available (20 for \$10.00).

Late Fees:

Tuition is due the 1st of each month; on the 11th a \$25 late fee will be applied. Extended Care charges are billed weekly and are due by Friday of the billing week. Accounts are reviewed weekly for arrears. A \$15 late fee will be applied on all E/C accounts that are past due. NSF Checks must be paid in cash and a \$30 NSF fee will be applied to the account.



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Application – 20__ - 20__

STUDENT INFORMATION

Student's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Gender: Male Female Social Security #: _____ - _____ - _____

Grade Entering: _____ Requested Teacher: _____ Pre-School Full Time Part Time
(Preschool 2's – 8th Grade)

Home address: _____ T/TH M/W/F

FAMILY INFORMATION

FATHER / GUARDIAN _____ Social Security #: _____ - _____ - _____

Home Address: _____ Home Phone#: _____

_____ (if different from student) Cell Phone#: _____

Email: _____ (statements will be emailed to this address)

Employer: _____ Work Phone #: _____

MOTHER / GUARDIAN _____ Social Security #: _____ - _____ - _____

Home Address: _____ Home Phone#: _____

_____ (if different from student) Cell Phone#: _____

Email: _____ (statements will be emailed to this address)

Employer: _____ Work Phone #: _____

Student lives with: Mother Father Other _____ Relationship: _____

Is there any custody issues of which we should be aware? Yes No (if Yes, please explain or attach a court order)

Siblings

DOB

_____	_____
_____	_____
_____	_____

How did you hear about Calvary Christian School?



Family's Church Home: _____

EDUCATIONAL INFORMATION

Current School (or Daycare) Attending: _____

School Address: _____ School Phone #: _____

Most Recent Grade Completed: _____ Applying for Grade: _____ (2's - 6th Grade)

Has the student ever been asked to leave, suspended, or expelled from school? Yes No (if Yes, please explain)

Has the student ever repeated a grade? YES NO What Grade? _____
If yes, please explain: _____

Has the student ever been recommended for tutoring or remedial instruction? YES NO
 Provided are dates and areas of remediation along with written evaluations.

Has the student ever been administered psychological, behavioral, or academic testing to determine if they are gifted, have a learning disability, ADD, ADHD, behavior or emotional disorder? YES NO
 Provided are dates, test results, evaluations, etc.

Is the student presently taking any medications for any medical or learning problems? YES NO

If so, please provide kind of medication, dosage, and frequency. _____

Provided is a copy of students medical evaluation, which must be within the last 12 months.

Is there anything else CCS should be made aware of when considering this student for enrollment?

Parent Signature: _____

Date: _____



Revised 01-24-2017

OFFICE USE ONLY	
Date Rec'd:	_____
Time:	_____
Taken By:	_____
Reg. Fee:\$	_____
Pmt. Type: CASH / CHECK	



EMERGENCY INFORMATION 20__-20__

Student's Name: _____ Birthdate: _____

Preferred Name: _____ Grade/Classroom: _____ (office use only)

*Allergies: _____

*Special Medical Conditions: _____

*Medications: _____

*Doctor's Name: _____ Phone #: _____

*Dentist's Name: _____ Phone #: _____

*Preferred Hospital: _____ *Required

If parents cannot be reached in an emergency, who should be contacted?

(please list one name per line)

1. Name: _____ Home Phone #: _____

Relationship: _____ Work Phone#: _____

D.L. #: _____ Cell Phone#: _____

Emergency Pick Up (please choose one or both options)

2. Name: _____ Home Phone #: _____

Relationship: _____ Work Phone#: _____

D.L. #: _____ Cell Phone#: _____

Emergency Pick Up (please choose one or both options)

3. Name: _____ Home Phone #: _____

Relationship: _____ Work Phone#: _____

D.L. #: _____ Cell Phone#: _____

Emergency Pick Up (please choose one or both options)

Page 2 – Emergency Contacts

Student Name: _____



4. Name: _____ Home Phone #: _____
Relationship: _____ Work Phone#: _____
D.L. #: _____ Cell Phone#: _____
 Emergency Pick Up (please choose one or both options)

5. Name: _____ Home Phone #: _____
Relationship: _____ Work Phone#: _____
D.L. #: _____ Cell Phone#: _____
 Emergency Pick Up (please choose one or both options)

6. Name: _____ Home Phone #: _____
Relationship: _____ Work Phone#: _____
D.L. #: _____ Cell Phone#: _____
 Emergency Pick Up (please choose one or both options)

7. Name: _____ Home Phone #: _____
Relationship: _____ Work Phone#: _____
D.L. #: _____ Cell Phone#: _____
 Emergency Pick Up (please choose one or both options)

8. Name: _____ Home Phone #: _____
Relationship: _____ Work Phone#: _____
D.L. #: _____ Cell Phone#: _____
 Emergency Pick Up (please choose one or both options)

9. Name: _____ Home Phone #: _____
Relationship: _____ Work Phone#: _____
D.L. #: _____ Cell Phone#: _____
 Emergency Pick Up (please choose one or both options)

10. Name: _____ Home Phone #: _____
Relationship: _____ Work Phone#: _____
D.L. #: _____ Cell Phone#: _____
 Emergency Pick Up (please choose one or both options)



EMERGENCY MEDICAL RELEASE

Child's Name: _____

Date of Birth: _____

Home Address: _____

Phone #: _____

To Whom It May Concern:

I, _____, the legal guardian/parent of _____
(Guardian/Parent) (Child)

grant Calvary Christian School and/or its agents to authorize emergency care for _____
(Child)

should any medical problems arise.

I understand that the treating facility will make all reasonable attempts to notify me/us at the time of treatment, but that said treatment should proceed as needed, notwithstanding my notification.

I give Calvary Christian School, its directors, teachers and staff permission to seek emergency medical treatment for my child should the need arise. I will not hold Calvary Christian School, its directors, teachers, or staff responsible for any injury or illness that my child receives while in their care.

This instrument shall be in force during my child's enrollment at Calvary Christian School &/or extended care.

If at any time during treatment I/we can be reached or are present at the time of treatment, our judgment may supersede this instrument.

Signature

Signature

Relationship

Relationship

Date

Date

Phone #

Phone #

Notary Public: _____

My Commission Expires: _____



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Publicity Permission Form

Informational technology has drastically altered teaching, learning, and school administration. Calvary Christian School is seeking to use an electronic format as much as possible. The school's website www.ccschool.net is a wonderful venue for keeping parents and the community informed of the activities of Calvary Christian School. The school searches for the best media to showcase the accomplishments and achievements of our children.

Periodically, we would like to post pictures of the students on the website, include them in our yearbook, and submit them to our local newspaper. If you would grant the school permission, please sign and return the form below.

Thanks,

Calvary Christian School

Student's name

I give permission to have his/her picture used by the school in the following categories: Please check all that apply

- School brochures/publications
- Newspaper
- Yearbook
- Internet (A child's last name is not used with photos)

Do not use my child's photo in any of these categories.

Parent's signature

Date



Payment Policy

20__-20__

Payment can be made at school, your RenWeb school account, or can be mailed to:

***Calvary Christian School
15 Redwing Drive
Winchester, Kentucky 40391***

*Tuition can be paid per month for 10 months or in full for the year. If you pay in full for the year by July 10th, you will receive a 5% discount. There is a **non-refundable** registration fee of \$100.00 for new students and \$50.00 for students currently enrolled in Calvary Christian School (considered new student after May 1st). A late fee of \$25.00 will be added to all accounts not paid by the 10th day of each month. The first payment is due July 10th or you will lose your child's reserved spot. There is no tuition payment due in August – only material fees. Subsequent monthly payments resume in September and are due the 1st of each month. The final payment being due May 1st. Tuition will not be reduced for days missed because of illness, snow days or vacation.*

As a rule, billing for extended care is sent out weekly after the week of care has been provided. If extended care payments are not paid in a timely manner, a \$15.00 fee will be added to the account.

In the case of a returned check, full payment in cash will be required plus an additional return check fee of \$30.00. If a second check is returned, tuition must be paid in cash, money order, or cashier's check for the remainder of the school year. No personal checks will be accepted.

If your account becomes 30 days past due, your child will no longer attend CCS and we will begin legal proceedings to collect all monies owed to the school. Once all monies are collected, CCS will send your child's record to the school of your choice.

Since the school's operation is based completely on capacity enrollment, we require two weeks notice and payment of account in full if it becomes necessary to withdraw your child. Accounts must be cleared upon withdrawal.

I, the undersigned, have read and understand Calvary Christian School's Payment Policy.

Please Print Name of parent or legal guardian

Child's Name

Signature of parent or legal guardian

Date

The RenWeb system allows families to have various charges billed to different family members and/or split items 50/50 and so on, as necessary. Each category percentage must total 100%. Please use the below chart(s) to allocate charges, if needed.

RESPONSIBLE PARTY	CATEGORY:	PERCENTAGE:
	Café	
	Childcare	
	General (Reg fee, Tuition, materials, field trips, etc.	
	School Items (spirit wear, water bottles, etc)	

RESPONSIBLE PARTY	CATEGORY:	PERCENTAGE:
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	Childcare	
	General (Reg fee, Tuition, materials, field trips, etc.	
	School Items (spirit wear, water bottles, etc)	

Calvary Christian School



2017/18 School Calendar

August 2017						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	O	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September 2017						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	H	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2017						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	B	B	B	B	B	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 2017						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	B	H	B	25
26	27	28	29	30		

December 2017						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	B	B	B	23
24	H	B	B	B	B	30
31						

January 2018						
Su	Mo	Tu	We	Th	Fr	Sa
		H	B	3	4	5
7	8	9	10	11	12	13
14	H	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2018						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 2018						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	H	31

April 2018						
Su	Mo	Tu	We	Th	Fr	Sa
1	B	B	B	B	B	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2018						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	C	25	26
27	H	29	30	31		

June 2018						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July 2018						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	H	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

TRIMESTERS: 1ST 08-17--11-15 2ND 11-16--02-23 3RD 2-26--5-24 (O-opening/C-closing) (H-Holiday/B-Break)

Aug 17	Opening Day	Nov 22-24	Thanksgiving Break	Mar 30	Good Friday -No School	May 28	Memorial Day
Sep 4	Labor Day - No School	Dec 20-Jan 2	Christmas Break	Apr 2-6	Spring Break	Jul 4	Independence Day
Oct 9-13	Fall Break	Jan 15	MLK Day - No School	May 24	Closing Day		

Calvary Christian School – Hot Lunch Ordering Schedule – 2017/2018

Please be reminded that once the ordering date is passed then you will NOT be able to order school lunch for that particular month and you will need to pack a lunch for your child.

If a lunch is forgotten and you do a daily purchase the cost is \$4.50.

Month	Open	Close
August	July 3 rd	July 14 th
September	August 7 th	August 18 th
October	September 4 th	September 15 th
November	October 2 nd	October 13 th
December	November 6 th	November 17 th
January	December 4 th	December 15 th
February	January 1 st	January 12 th
March	February 5 th	February 16 th
April	March 5 th	March 16 th
May	April 2 nd	April 13 th

LUNCH ORDERS ARE PLACED WITHIN YOUR RENWEB PARENT ACCOUNT.
INSTRUCTIONS TO SET UP YOUR ACCOUNT CAN BE FOUND ON OUR
WEBSITE WWW.CCSCHOOL.NET

Additional Information

Preschool: 8:00am – 2:50pm

Elementary: 8:00am – 3:10pm

Middle School: 7:45am – 3:10pm