

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 (Cash or Check)	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 1 st .
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) *Notary is available at Calvary
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	All applicants entering Kindergarten must
Physical/Eye Exam/Dental Exam	have a complete physical, Dental and Eye exam. A copy of all exams are necessary before the first day of school.
Entrance Testing (K-11 th)	All new students are subject to testing before final admission is approved.
☐6 th Grade Physical	All applicants entering 6 th Grade must have a complete physical. A copy of the form is necessary before the first day of school.

(ADD'L INFO – SEE REVERSE)





Financial Information 2020-2021

Tuition:	Yearly Tuition	10 Monthly Payments
Preschool - Part-Time (TTH) (8-2:50)	\$2100.00	\$210.00
Preschool – Part –Time (MWF) (8-2:50)	\$2600.00	\$260.00
Preschool – Full-Time 2's (8-2:50)	\$4000.00	\$400.00
Preschool – Full-Time 3's and 4's (8-2:50)	\$3700.00	\$370.00
Kindergarten thru 4 th Grade (8-3:10)	\$3800.00	\$380.00
5 th Grade – 8 th Grade (7:45-3:10)	\$3800.00	\$380.00
9th Grade - 11th Grade (7:45-3:10)	\$4100.00	\$410.00
Infant/Toddler - 6wks-24 mths (8-2:50)	\$5500.00	\$550.00

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; materials fee is due. If a student withdrawals in the middle of the month during the school year, any tuition payment for that month (including July) will be forfeited. If payment has been made for subsequent months, tuition for those months will be refunded.

Registration:

New Students - \$100

Returning Students - \$50 (Considered new students after May 1st)

Discounts:

There is a 5% discount on yearly 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	\$175.00
4 Year Old	\$225.00
Kindergarten	\$250.00
Grades 1st -5th	\$325.00
Grades 6 th - 8 th	\$375.00
Grades 9th-10th	\$425.00

Extended Care:

Extended Care services are available from 6:30AM – 6:00PM. Charges are based on a daily rate.

6:30AM- 7:15 AM	\$3.00/day
3:20PM - 4:30PM	\$5.00/day
3:20PM - 6:00PM	\$10.00/day

Summer Care/Snow Day/Holidays:

6:30AM – 6:00PM \$32.00 daily or \$150.00 weekly Meals and Snacks are included \$20.00 daily for 4 hours or less

Meals:

Lunch is \$4.00/day if pre-ordered. Meals are ordered online and paid in advance. Milk, juice or water can be purchased for lunches that are prepared at home. The cost/beverage is \$.60. Prepaid beverage cards are available.

Beverage Card \$12.00/20 Beverages

Late Fees:

Tuition: Due the 1st of each month. On the 11th a late fee will be applied.

Extended Care: Billed weekly and due by the Friday of the billing week. Accounts are revised 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.



OFFICE USE ONLY
Date Rec'd:
Time:
Talsas Dru
Γaken By:
Reg. Fee:\$_ Pmt. Type: CASH / CHECK

STUDENT INFO	ORMATION
Student's Full Name:	Preferred Name:
Date of Birth: Gender: Male Fen	nale Social Security #:
Grade Entering: Requested Teacher: (Infant, Toddlers, Preschool 2's – 10th Grade) Home address:	
FAMILY INFO	DRMATION
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
<u>Siblings</u> <u>DC</u>	<u>DB</u>
	

How did you hear about Calvary Christian School?





EDUCATION	AL INFORMATION	
Current School (or Daycare) Attending:		
School Address:	School Phone #:	
Most Recent Grade Completed:	Applying for Grade:	(2's - 6 th Grade)
Has the student ever been asked to leave, suspended	l, or expelled from school? Yes	No (if Yes, please explain)
Has the student ever repeated a grade? YES If yes, please explain:	□ NO What Grade?	
Has the student ever been recommended for tutoring Provided are dates and areas of remediation alon	-	□YES □NO
Has the student ever been administered psychologic if they are gifted, have a learning disability, ADD, A Provided are dates, test results, evaluations, etc.	•	
Is the student presently taking any medications for a	any medical or learning problems?	YES NO
If so, please provide kind of medication, dosage, and	d frequency	
Provided is a copy of students medical evaluation	n, which must be within the last 12	months.
Is there anything else CCS should be made aware of	f when considering this student for	· enrollment?
Parent Signature:		
Date:		
Helping H	kids fully become who God created them to b	e.



EMERGENCY INFORMATION 20___-20___

Student's Name:	Birthdate:
Preferred Name:	Grade/Classroom: (office use only
*Allergies:	
*Special Medical Condition	s:
*Medications:	
*Doctor's Name:	Phone #:
*Dentist's Name:	Phone #:
*Preferred Hospital:	*Required
Relationship: D.L. #:	(please list one name per line) Home Phone #: Work Phone#: Cell Phone#: Pick Up (please choose one or both options)
2. Name:	
Relationship:	
D.L. #:	
Emergency	Pick Up (please choose one or both options)
3. Name:	
Relationship:	
//	Cell Phone#:
Fmergency [Pick Un (please choose one or both options)

^{*}A sheet for listing additional pick-up/emergency contacts can be provided if needed.



RELEASE

Child's Name:	Date of Birth:
Home Address:	Phone #:
To Whom It May Concern:	
I,, t	he legal guardian/parent of (Child)
(Guardian/Parent)	(Child)
grant Calvary Christian School and/or its ag	ents to authorize emergency care for
should any medical problems arise.	(Child)
I understand that the treating facility will m but that said treatment should proceed as ne	take all reasonable attempts to notify me/us at the time of treatment, eded, notwithstanding my notification.
•	ctors, teachers and staff permission to seek emergency medical e. I will not hold Calvary Christian School, its directors, teachers, or at 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 supersede this instrument.	e reached or are present at the time of treatment, our judgment may
Signature	Signature
Relationship	Relationship
Date	Date
Phone #	Phone #
Notary Public:	
My Commission Expires:	



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 Cl	hristian School	
Student's r	name	
I giv categories:	ve permission to have his/her picture Please check all that apply	e used by the school in the following
	School brochures/publications	
	Newspaper	
	Yearbook	
	Internet (A child's last name is not	t used with photos)
	Social Media	
	Do not use my child's photo in any	of these categories.
Parent's si	gnature	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).

Monthly tuition payments are due the 1st of each month. 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 1st. If this payment is not made by the 10th of July, you will lose your student's reserved place. There is no tuition payment due in August - only material fees due August 1st. Subsequent monthly payments resume in September and are due the 1st of each month. The final payment is due May 1st. If a student withdrawals in the middle of the month during the school year, any tuition payment made for that month will be forfeited (including July). If payment has been made for subsequent months, tuition for those months will be refunded. Tuition will not be reduced for days missed because of illness or vacation.

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 a two week notice and payment of account in full if it becomes necessary to withdraw your child. Accounts must be cleared upon withdrawal.

As a rule, billing for extended care is sent out weekly after the week of care has been provided. Charges are due the Friday of the billing week. Accounts are reviewed weekly for arrears. A late fee of \$15 will be applied to all E/C accounts that are past due.

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	

^{*}Please note the name, address, and email of who will be financially responsible for the student's tuition, childcare, lunches, and other fees, if different from the above signature.

Please be reminded that once the ordering date is passed the cost of a school lunch will be \$5.00.

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

Infant/Toddler: 8:00am - 2:50pm

Preschool: 8:00am - 2:50pm

Elementary: 8:00am - 3:10pm

Middle School: 7:45am - 3:10pm

9th -11th Grade: 7:45am - 3:10pm

2020/21 School Calendar



Calvary Christan School

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Aug Sep Oct Trimesters: 1st 08-13-20 - 11-11-20 2nd 11-12-20 - 02-19-21 3rd 02-22-21 - 05-20-21 (O-Opening, C-Closing, H-Holiday, B-Break) Apr 2 Good Friday

t 5-9 Fall Break	pt 7 Labor Day	g 13 Opening Day
Jan 18	Dec 21-Jan 1 Christm	Nov 25-27
MLK, Jr	Christm	Thanks

Jan 18	Dec 21-Jan 1	Nov 25-27
MLK, Jr. Day	Christmas Break	Thanksgiving Break

∕lay 20 Closing Day	\pr 5-9 Spring Break	4. 1
	July -	

July 4	May 31
Independence Day	Memorial Day