

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	<i>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.</i>
4 Forms	All 4 forms included in the application packet must be completed. (Payment Policy, Emergency Information form, <u>Notarized</u> 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 is required
<i>Immunization Certificate</i>	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-12 th)	<i>All new students are subject to testing before final admission is approved.</i>
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)





Tuition: Preschool – Part-Time (TTH) (8-2:50)	Yearly Tuition \$2200	10 Monthly Payments \$220
Preschool – Part –Time (MWF) (8-2:50)	\$2700	\$270
Preschool – Full-Time 2's (8-2:50)	\$4100	\$410
Preschool – Full-Time 3's and 4's (8-2:50)	\$3800	\$380
Kindergarten thru 4 th Grade (8-3:10)	\$3900	\$390
5 th Grade – 8 th Grade (7:45-3:10)	\$3900	\$390
9th Grade - 12th Grade (7:45-3:10)	\$4200	\$420
Infant/Toddler - 6wks-24 mths (8-2:50)	\$5600	\$560

Tuition can be paid monthly or yearly. Tuition for the school year is broken down into 10 payments for monthly tuition. Monthly payments are due on the 1st of each month. The first monthly tuition payment is due July 1st. A 5% savings is offered for a yearly tuition payment. The deadline to receive this 5% savings is July 10th. After July10th, if no payment has been received, your student will be removed from the class roster, thus forfeiting the reserved place in the class.

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 10^{th} . Sibling discounts are as follows: 1^{st} child – Regular tuition, 2^{nd} child – less 20%, 3^{rd} child – less 25%, 4^{th} child – less 30%

One Time Fees:

Material	(Due August 1 st)
2/3 Year Old	\$200.00
4 Year Old	\$250.00
Kindergarten	\$275.00
Grades 1 st -5 th	\$350.00
Grades 6 th – 8 th	\$400.00
Grades 9 th -12th	\$450.00

Extended Care:

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

6:30AM- 7:30 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 Meals and Snacks are included \$32.00 daily or \$150.00 weekly \$20.00 daily for 4 hours or less

Meals:

Lunch is \$4.50/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 1^{st} of each month. On the 11^{th} a late fee of \$25 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:
	Taken By:
COV christian sch	Reg. Fee:\$
	- Pmt. Type: CASH / CHECK
Application – 2	20 20
STUDENT IN	FORMATION
Student's Full Name:	Preferred Name:
Date of Birth: Gender: \Box Male \Box F	emale Social Security #:
Grade Entering: Requested Teacher:	Pre-School 🗌 Full Time 🗌 Part Time
(Infant/Toddlers, Preschool – 12th Grade) Home address:	
FAMILY INF	TORMATION
FATHER / GUARDIAN	Social Security #:
Home Address:	Home Phone#:
(if differe	ent from student) Cell Phone#:
Email:	(statements will be emailed to this address)
Employer:	Work Phone #:
MOTHER / GUARDIAN	Social Security #:
Home Address:	Home Phone#:
(if differe	ent from student) Cell Phone#:
Email:	(statements will be emailed to this address)
Employer:	Work Phone #:
Student lives with: Mother Father Other	Relationship:
Are there any custody issues of which we should be away order)	re? Yes No (if Yes, please explain or attach a court
<u>Siblings</u>	DOB

How did you hear about Calvary Christian School?

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EDUCATIONA	AL INFORMATION	
Current School (or Daycare) Attending:		
School Address:	School Phone #:	
Most Recent Grade Completed:	Applying for Grade:	$(Infants - 12^{th})$
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?		
Has the student ever been recommended for tutoring Provided are dates and areas of remediation along		YES NO
Has the student ever been administered psychologica 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 ar	ny 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 mont	hs.
Is there anything else CCS should be made aware of	when considering this student for enro	llment?
Parent Signature:		
Date:		



EMERGENCY INFORMATION 20____-20____

Student's Name:	Birthdate:
Preferred Name:	Grade/Classroom:
*Allergies:	
*Special Medical Conditions:	
*Medications:	
*Doctor's Name:	
*Doutist's Names	<i>Phone</i> #:
*Preferred Hospital:	
<i>Relationship:</i> <i>D.L. #</i> :	Home Phone #: Work Phone#: Cell Phone#: Pick Up (please choose one or both options)
2. Name:	Home Phone #:
Relationship:	Work Phone#:
D.L. #:	Cell Phone#:
<i>Emergency</i>	Pick Up (please choose one or both options)
3. Name:	Home Phone #:
D.1	Work Phone#:
D.L. #:	<i>Cell Phone#:</i>
Emergency	Pick Up (please choose one or both options)



EMERGENCY MEDICAL RELEASE

(Child)

Child's Name:	Date of Birth:
Home Address:	Phone #:
To Whom It May Concern:	
I,, t	he legal guardian/parent of
(Guardian/Parent)	(Child)
grant Calvary Christian School and/or its ag	ents to authorize emergency care for

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:	



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 <u>www.ccschool.net</u> 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: <u>Please check all that apply</u>

School brochures/publications

Newspaper

Yearbook

Internet (A child's last name is not used with photos)

Social Media

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

Parent's signature



Payment Policy

20____20____

There is a non-refundable registration fee of \$100.00 for new students and \$50.00 for students currently enrolled in Calvary Christian School. Currently enrolled students are considered new students if registering after May 1st.

Tuition can be paid monthly or yearly. Tuition for the school year is broken down into 10 payments for monthly tuition. Monthly payments are due on the 1st of each month. The first monthly tuition payment is due July 1st. While we do offer a 10 day grace period on tuition payments, a late fee of \$25.00 will be added to all accounts not paid by the 10th day of each month.

A 5% savings is offered for a yearly tuition payment. The deadline for yearly payments and to receive this 5% savings is July 10th.

After July 10th, if no payment has been received, your student will be removed from the class roster, thus forfeiting the reserved place in the class.

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. For withdrawals after July 10th, the July monthly tuition payment will be forfeited whether paying monthly or yearly. Returning students who withdraw after July 10th will be charged an additional \$50 registration fee to reenroll later in the school year. 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. 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/signature of parent/guardian

Student Name

Person who is financially responsible

Date

Calvary Christian School - Hot Lunch Ordering Schedule - 2021-2022

Please be reminded that once the ordering date is passed the cost of a school lunch will be \$5.50.

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

Regular School Hours

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

Preschool: 8:00am - 2:50pm

Elementary: 8:00am - 3:10pm

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

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

Calvary Christian School

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October 2021

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Su Mo Tu We Th

2021/22 School Calendar

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Trimest	ers 1st: (08-12-21 - 11-10-21	Trimesters 1st: 08-12-21 - 11-10-21 2nd: 11-11-21 - 2-18-22 3r
Aug 12	Opening Day		Nov 24-26 Thanksgiving Break
Sept 6	Labor Day		Dec 20-31 Christmas Break
Oct 11-1	Oct 11-15 Fall Break		Jan 17 MLK, Jr. Day

3rd: 2-21-22 - 5-19-22 (O-Opening, C-Closing, H-Holiday, B-Break)	May 30 Memorial Day
(O-Opening	l Break
3rd: 2-21-22 - 5-19-22	Mar 28-Apr 1 Spring Break

Independence Day Jul 4

Good Friday Closing Day Apr 15 May 19



15 Redwing Drive Winchester, KY 40391 (859) 744-0817 Ned Hess, Principal

STUDENT RECORDS RELEASE FORM

I, as a parent or guardian of ______ authorize and approve of the release of all information concerning the educational placement of my child, who is enrolling in grade ______and whose birthdate is ______.

Records are in the custody of:

Records will be sent to:

School

Calvary Christian School

School 15 Redwing Drive Winchester, Ky 40391

City, State, Zip Code

City, State, Zip Code

This information should include:

- 1. Transcript, withdrawal grades and grading scale
- 2. Individual standardized achievement test results
- 3. Immunizations and health forms
- 4. Copy of social security card and birth certificate
- 5. Individual Education Program or 504, if applicable
- 6. Psychological Evaluation Report, if applicable

My signature below constitutes notice to me that this information will be disclosed only to school personnel having a legitimate educational interest in my child. I understand that I may inspect this information and/or records if I make application to do so through the Pupil Personnel Office.

Signed____

Date_____

Parent or Guardian (Student if 18)