

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 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)
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
☐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-12 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 2021-2022

Tuition: Preschool – Part-Time (TTH) (8-2:50)	Yearly Tuition \$2200	10 Monthly Payments \$220
Preschool - Part -Time (MWF) (8-2:50)	\$2200 \$2700	\$220 \$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
5th Grade – 8 th Grade (7:45-3:10) 9th Grade - 12th Grade (7:45-3:10)	\$3900	\$390
Infant/Toddler - 6wks-24 mths (8-2:50)	\$4200	\$420
Illiant, 10ddici - 0wk5-24 llitiis (0-2.50)	\$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 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.

Registration:

New Students - \$100

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

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	\$200.00
4 Year Old	\$250.00
Kindergarten	\$275.00
Grades 1st -5th	\$350.00
Grades 6 th - 8 th	\$400.00
Grades 9th-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:

\$32.50 daily 7am-5pm

Beverage Card:

Milk or juice can be purchased with a prepaid card. Please send your student with a water bottle.

Beverage Card \$12.00/20 Beverages

Late Fees:

Due the 1st of each month. On the 11th a late fee of \$25 will be applied. **Tuition:**

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:
Reg. Fee:\$
Pmt. Type: CASH / CHECK

Application – 20____ - 20___

STU	UDENT INFORMATION
Student's Full Name:	Preferred Name:
Date of Birth: Gender: [Male Female Social Security #:
(Infant/Toddlers, Preschool – 12th Grade)	cher: Pre-SchoolFull Time Part Time
FA	MILY 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:
Are there any custody issues of which we shorder)	hould be aware? Yes No (if Yes, please explain or attach a court
<u>Siblings</u>	<u>DOB</u>



<i></i> » <i> </i>	Family's	Church	Home:
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EDUCATIONAL	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 (i	f Yes, please explain)
Has the student ever repeated a grade? YES [If yes, please explain:		
Has the student ever been recommended for tutoring or a Provided are dates and areas of remediation along w		□YES □NO
Has the student ever been administered psychological, b if they are gifted, have a learning disability, ADD, ADH. Provided are dates, test results, evaluations, etc.		
Is the student presently taking any medications for any n	nedical or learning problems?	☐YES ☐NO
If so, please provide kind of medication, dosage, and free	quency	
Provided is a copy of students medical evaluation, wh	nich must be within the last 12 months	•
Is there anything else CCS should be made aware of who	en considering this student for enrolln	nent?
Parent Signature:		
Date:		



EMERGENCY INFORMATION 20___-20___

Student's Name:	Birthdate:
Preferred Name:	Grade/Classroom:
*Allergies:	
*Special Medical Conditions:	
*Medications:	
*Doctor's Name:	Phone #:
*Dentist's Name:	D1 11
*Preferred Hospital:	*Required
1. Name: Relationship: D.L. #:	Home Phone #: Work Phone#: Cell Phone#: k Up (please choose one or both options)
2. Name:	
Relationship:	Work Phone#:
D.L. #:	
EmergencyPick	k Up (please choose one or both options)
3. Name:	
Relationship:	
D.L. #:	
Emergency Pick	k Un (please choose one or both options)



Child's Name:	Date of Birth:
Home Address:	Phone #:
To Whom It May Concern:	
I,, the (Guardian/Parent)	e legal guardian/parent of
grant Calvary Christian School and/or its ager	nts to authorize emergency care for(Child)
should any medical problems arise.	(Child)
I understand that the treating facility will make but that said treatment should proceed as need	ke all reasonable attempts to notify me/us at the time of treatment, led, notwithstanding my notification.
· · · · · · · · · · · · · · · · · · ·	tors, teachers and staff permission to seek emergency medical I will not hold Calvary Christian School, its directors, teachers, or my child receives while in their care.
This instrument shall be in force during my ch	hild's enrollment at Calvary Christian School &/or extended care.
If at any time during treatment I/we can be r supersede this instrument.	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 Chri	istian School
Student's n	ame
I giv categories:	e permission to have his/her picture used by the school in the following Please check all that apply
	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 sic	onature Date



Payment Policy

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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

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 <u>WWW.CCSCHOOL.NET</u>

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

2021/22 School Calendar



Calvary Christian School

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November 2021

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	Su		3	10	17	24	31

	Opening Day	Nov 24-26 Thanksgiving Break	Mar 28-Ap	Mar 28-Apr 1 Spring Break
	Labor Day	Dec 20-31 Christmas Break	Apr 15	Good Friday
7	5 Fall Break	Jan 17 MLK, Jr. Day	May 19	Closing Day

Spring Break	Good Friday	Closing Day
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	Dav
Memorial Day	Independence
May 30	Jul 4



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

STUDENT RECORDS RELEASE FORM

I, as a parent or guardian of				
	of all information concerning the educational placementand whose birthdate is			
Records are in the custody of:	Records will be sent to:			
	Calvary Christian School			
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	d grading scale			
2. Individual standardized achievem	ent test results			
3. Immunizations and health forms				
4. Copy of social security card and b	irth certificate			
5. Individual Education Program or 5	5. Individual Education Program or 504, if applicable			
6. Psychological Evaluation Report, i	5. Psychological Evaluation Report, if applicable			
school personnel having a legitimate e	to me that this information will be disclosed only to educational interest in my child. I understand that I may ls if I make application to do so through the Pupil			
Signed	Date			
Parent or Guardian (Stud	ent if 18)			