



calvary  
christian school

## Admission 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 - \$150.00

The non-refundable registration fee must be enclosed with the completed application packet. No student will be accepted without it. Returning Students - \$100.00, if registered before May 1<sup>st</sup>. Please have exact cash or checks made payable to CCS. A family portal account will be set up to pay future charges online after we have your information in our system.

### ☐ 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 with an expiration date is required before the first day of school.

### ☐ Preschool

All children 3 years and older must be potty trained. No pull-ups or diapers are allowed in the 3 and 4 year old classrooms. The classes are not equipped to care for diaper changes beyond 2 years of age.

### ☐ Kindergarten Exams Physical, Eye, and Dental Exams

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-4<sup>th</sup>)

All new students are subject to testing for placement purposes.

### ☐ 6<sup>th</sup> Grade Physical

All applicants entering 6<sup>th</sup> Grade must have a complete physical. A copy of the form is necessary before the first day of school.



## Financial Information 2025-2026

### Tuition:

	Yearly Tuition	10 Monthly Payments
Preschool - Infant/Toddler - 6wks-24mths	\$6100	\$610
Preschool – Full-Time 2's	\$4400	\$440
Preschool – 3's (TTH)	\$3000	\$300
Preschool – 3's (MWF)	\$3500	\$350
Preschool – Full-Time 3's and 4's	\$4200	\$420
Elementary - Kindergarten - 4 <sup>th</sup> Grade	\$4300	\$430
5 <sup>th</sup> Grade – 8 <sup>th</sup> Grade	\$4300	\$430
9th Grade - 12th Grade	\$4500	\$450

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 - \$150/ Returning Students - \$100 (Considered new students after May 1<sup>st</sup>)

### Discounts:

There is a 5% discount on yearly tuition paid in full by July 10th. Sibling discounts are as follows: 1<sup>st</sup> child – Regular tuition, 2<sup>nd</sup> child – less 20%, 3<sup>rd</sup> child – less 25%, 4<sup>th</sup> child – less 30%.

### Annual Fees:

<u>(Due August 1<sup>st</sup>)</u>	<u>Material Fees</u>
2's - 4's	\$250.00
Kindergarten - 4th	\$350.00
Grades 5 <sup>th</sup> - 12 <sup>th</sup>	\$450.00

### Extended Care: 6:30 AM to 7:30 AM and 3:20 PM to 6:00 PM

<u>Time of Service</u>	<u>Charge/day</u>
6:30 AM - 7:30 AM	\$ 3.00/day
3:20 PM - 4:30 PM	\$ 5.00/day
3:20 PM - 6:00 PM	\$10.00/day

### Summer Camp: Registration and Details set in the spring

\$1500 or 4 payments of \$375.00      7:00AM - 5:00PM

### Meals:

Parents are asked to send a packed lunch with students. Please send a water bottle with your student.

### Other Fees:

**Tuition:** \$25/month applied to accounts on the 11th of each month

**Extended Care:** Billed weekly/Due weekly. \$15 fee/week applied to all E/C accounts past due.

**CCS NSF:** Payment must be paid in cash and a \$30 NSF fee will be applied to the account.

**Facts Returned Payment:** Facts charges a \$25 fee for each returned payment.



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**OFFICE USE ONLY**

Date Rec'd: \_\_\_\_\_

Time: \_\_\_\_\_

Taken By: \_\_\_\_\_

Reg. Fee: \$ \_\_\_\_\_

Pmt. Type: CASH / CHECK

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  
(Infants – 12th 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: \_\_\_\_\_

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

Siblings

DOB

School Hours

8 AM - 2:50 PM Preschool  
8 AM - 3:10 PM Elementary  
8 AM - 2:35 PM Middle/High

How did you hear about Calvary Christian School?



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<sup>th</sup>)

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

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Has the student ever repeated a grade? ☐ YES ☐ NO What grade? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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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 student's 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?

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Calvary Christian School reserves the right to decline applications.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## EMERGENCY INFORMATION 20\_\_-20\_\_

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Grade/Classroom: \_\_\_\_\_

\*Allergies: \_\_\_\_\_

\*Special Medical Conditions: \_\_\_\_\_

\*Medications: \_\_\_\_\_

\*Doctor's Name: \_\_\_\_\_ \*Required 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)



## 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, [ccschool.net](http://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.

Thank you,

Calvary Christian School

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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)
- ☐ Social Media

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

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Parent's signature

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Date



## Payment Policy

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A non-refundable registration fee of \$150.00 is required for new students and \$100.00 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 the 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 the 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 re-enroll 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





### 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:

\_\_\_\_\_  
School  
\_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code

**Records will be sent to:**

Calvary Christian School  
15 Redwing Drive  
Winchester, KY 40391

**Please email records to:**

[diane.osborn@ccschool.net](mailto:diane.osborn@ccschool.net) - K-4th

[rebecca.polchinski@ccschool.net](mailto:rebecca.polchinski@ccschool.net) - 5th-12th

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)



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## School Calendar

## 2025-2026

[ccschool.net](https://ccschool.net)

July 2025						
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		

August 2025						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	PD	PD	PD	PD	9
10	TW	TW	TW	O	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September 2025						
Su	Mo	Tu	We	Th	Fr	Sa
	H	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				

October 2025						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	B	B	B	B	B	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November 2025						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	TW	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	B	H	B	29
30						

December 2025						
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	B	B	H	B	27
28	B	B	B			

January 2026						
Su	Mo	Tu	We	Th	Fr	Sa
				H	B	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	H	20	21	22	23	24
25	26	27	28	29	30	31

February 2026						
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 2026						
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	B	B				

April 2026						
Su	Mo	Tu	We	Th	Fr	Sa
			B	B	H	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		

May 2026						
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	C	TW	23
24	H	26	27	28	29	30
31						

June 2026						
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				

**O** Opening Day for Students

**TW** Teacher Work Day - No School

**H** Holiday - No School

**B** Break - No School

**PD** Professional Development

**C** Closing Day for Students