



calvary
christian school

Preschool/Elementary
15 Redwing Drive
Winchester, KY 40391

Middle /High School
3455 Wades Mill Road
Winchester, KY 40391

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 if registered before May 1st. Please have exact cash or a check made payable to CCS. A family portal account will be set up to pay future charges online after the information has been entered into the system.

Required Forms

All forms included in the application packet must be completed. (Payment Policy, Emergency Information, Notarized Medical Release, and Records Release for 1st - 12th grade)

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 that is not expired 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

All applicants entering kindergarten must have a complete physical exam, eye exam, and dental exam. A copy of all exams are necessary before the first day of school.

Entrance Testing

All new students (K-4th) are subject to testing for placement purposes.

6th grade

All applicants entering 6th grade must have a complete physical. A copy of the form is necessary before the first day of school.



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Application 2026-2027

Student Information

Full Name: _____
Preferred Name: _____
Date of Birth _____
Gender: Male _____ Female _____
Grade Entering: _____

Family Information

Father/Guardian _____
Home Address _____
Cell Phone _____ Home Phone _____
Email _____ (must be different from spouse's email)
Employer _____ Work Phone _____

Mother/Guardian _____
Home Address _____
Cell Phone _____ Home Phone _____
Email _____ (must be different from spouse's email)
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 attach a court order

Siblings and Dates of Birth _____

How did you hear about our school? _____

Family Church Home _____

Educational Information

Current School Attending _____

Address _____ Phone # _____

Most Recent Grade Completed _____ Grade/Class Applying for _____

Has your student ever been:
asked to leave, suspended, or expelled from school? _____

Has your student ever repeated a grade? _____

Has your student ever been administered psychological, behavioral, or academic testing to determine if he or she is gifted, has a learning disability, ADD, ADHD, behavior or emotional disorder? _____

Please provide dates, test results, evaluations, etc.

Is your student presently taking any medications for any medical or learning problems? _____

Please provide medication, dosage, and frequency, as well as a copy of your student's medical evaluation with the last 12 months.

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

Calvary Christian School reserves the right to decline applications.

Parent Signature _____

Date _____

School Hours

8 AM - 2:50 PM Preschool

8 AM - 3:10 PM Elementary

8 AM - 2:45 PM Middle/High

Helping kids fully become who God created them to be.





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Emergency Information

Allergies: _____

Special Medical Conditions: _____

Medications: _____

Doctor's Name: _____ *Required Phone #: _____ *Required

Preferred Hospital: _____ *Required Phone #: _____ *Required

Contact Information

If parents cannot be reached in an emergency, who should be contacted?
(please list one name per line)

1. Name: _____ Phone #: _____
Relationship: _____ Work Phone#: _____
D.L. #: _____

2. Name: _____ Phone #: _____
Relationship: _____ Work Phone#: _____
D.L. #: _____

3. Name: _____ Phone #: _____
Relationship: _____ Work Phone#: _____
D.L. #: _____



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

Relationship

Date

Phone #

Signature

Relationship

Date

Phone #

Notary Public: _____

My Commission Expires: _____



PHOTOGRAPH/VIDEO NON-PERMISSION/OPT-OUT FORM

(PARENTS: Complete and return this form *only if you do NOT give permission* for your student's image to appear in possible school publications, including postings on the website.)

From time to time, photographs or videos of students are taken during the school day for use in news releases, publications, video productions, social media, educational projects, and the website, ccschool.net.

If you do *NOT* wish to have your child photographed/videotaped for news media or school publicity purposes, sign and return this form to your child's teacher. Parents must submit to their student's teacher by the first day of school. This form applies only to the current school year. Please fill out a new form each school year if you do not want your child's image published.

Student's full name (please print) _____ School year _____
Grade: _____
Parent/Guardian name (please print) _____ Parent/Guardian
signature _____ Date _____

Please note that if your student participates in public events that are open to the community, the school may have little or no control over photographs taken by media, other parents, or community members attending the event.



Payment Policy

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. This fee is non-refundable.

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.

July 1st	Tuition Payment #1 Due	January 1st	Tuition Payment #6 Due
August 1st	Annual Commitment Fee Due	February 1st	Tuition Payment #7 Due
September 1st	Tuition Payment #2 Due	March 1st	Tuition Payment #8 Due
October 1st	Tuition Payment #3 Due	April 1st	Tuition Payment #9 Due
November 1st	Tuition Payment #4 Due	May 1st	Tuition Payment #10 Due
December 1st	Tuition Payment #5 Due		

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.

The annual commitment fee is due August 1st. This fee is non-refundable.

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.



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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

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

2026-2027

ccschool.net

July 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	31	

August 2026						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	PD	PD	PD	PD	TW	8
9	TW	TW	12	O	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2026						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	H	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2026						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	B	B	B	B	B	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2026						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	TW	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	B	B	B	H	B	28
29	30					

December 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	B	B	B	B	H	26
27	B	B	B	B		

January 2027						
Su	Mo	Tu	We	Th	Fr	Sa
					H	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	H	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 2027						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	TW	13
14	H	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2027						
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	H	27
28	B	B	B			

April 2027						
Su	Mo	Tu	We	Th	Fr	Sa
				B	B	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	

May 2027						
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	C	TW	27	28	29
30	31					

June 2027						
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