

New Student Checklist

Name _____ Grade _____

Placement test _____

Interview with principal _____

Register online _____

Assumption of Risk _____

Copy of "live birth" certificate K4-3rd _____

Immunization form _____ AND/OR Exemption Form _____

Parent Partnership _____

Financial Contract _____

Field Trip form _____

Permanent Release _____

Request for records (if coming from another school) _____

Staff Initials _____



REGISTRATION PACKET

*All Papers must be filled out in order for student to be enrolled in school.

Returning Student Checklist

Name _____ Grade _____

Updated Information on Renweb _____

Assumption of Risk _____

Parent Partnership _____

Financial Contract _____

Field Trip form _____

Permanent Release _____

Registration Fee _____

Staff Initials _____



REGISTRATION PACKET

*All Papers must be filled out and signed by both parents or guardians in order for student to be enrolled in school.

Financial Contract Form

2021/2022

Family Name _____ Parents/Guardians (first name) _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ E-mail _____

Referred by _____ Church _____

Students: For new circle N, for returning students circle R

Enrollment Status	STUDENT NAME	GRADE ENTERING	AM or PM (K4/K5)
N R	_____	_____	_____
N R	_____	_____	_____
N R	_____	_____	_____
N R	_____	_____	_____

FEES

Online *Non-refundable* Registration Fee \$275 (online fee included)

Curriculum Fee *Non-refundable* (text, workbook, and material fees) per student

K4-\$180 K5- \$225 1st-5th \$325 6th-8th--\$340 **DUE JUNE 1st**

Class Fees: K4/K5--\$25 1st-5th--\$35 6th-8th--\$45

Testing Fee \$30 K5-8th **CLASS and TESTING FEES due at Orientation**

Tuition:	11 month	10 month
K4/K5	\$2800/yr. per student	\$254.54 \$280.00
Grades 1 st -5 th	\$4350/yr. per student	\$395.45 \$435.00
Grades 6 th -8 th	\$4550/yr. per student	\$413.63 \$455.00

FOR OFFICE USE ONLY

Registration Fee	\$ _____
Curriculum Fee	\$ _____
Tuition	\$ _____
Class Fee	\$ _____
Testing Fee	\$ _____
Total	\$ _____
<u>Adjustments:</u>	
5% pay in full	\$ _____
Extra student	\$ _____
Referral Incentive	\$ _____
Pro-rated Days	_____ @ _____ \$ _____
Placement test fee	\$ _____
<u>Before/ Aftercare Registration</u>	
Frequent	\$ _____
Infrequent	\$ _____
Balance	\$ _____

*11 month payment plan begins July 1st

*10 month payment plan begins August 1st

+ \$200 tuition discount per year for each additional student in family.

+ 5% tuition discount if paid in full before school starts.

+\$30 NSF Charge for all returned checks

+\$30 late fee after the 5th of each month.

I would like to donate \$ _____ a month towards scholarship fund. Initials _____

I would like to donate a one time gift of \$ _____ towards the scholarship fund. Initials _____

Volunteer Fee

If you are unable or do not wish to volunteer for the minimum of 27 hours per year (3hrs/mo.) you may pay a volunteer fee of \$365 at the beginning of the school year. This will waive the mandatory volunteer time agreed to when signing the Parent Partnership Agreement Plan.

Auction Fee

Our main fundraising event (which keeps tuition low as possible) of the year is our School Auction. We require each family to participate by donating an auction item(s) with a minimum value of \$100 and sell tickets for our "Mule muffin" door prizes. If you do not wish to donate an item(s), you may opt to pay \$100 which will be used to purchase an item on your behalf. You may also choose to pay \$100 instead of selling tickets.

Referral Incentive

\$150 will be taken off your tuition for each family you refer that enrolls for the 2021-2022 year. The amount will be taken off your last payment.

OFFICE USE ONLY

Payment Plan

I understand that my contract for the 2021/2022 school year totals \$ _____ with a tuition of \$ _____ that is payable in _____ equal installments of \$ _____ beginning on _____ 1, 2021 and ending on _____ 1, 2022.

I/we understand and agree that we are responsible for all tuition and charges incurred as a result of my/our student(s) enrollment at Calvary Christian School, and that failure to meet the terms of this agreement may result in dismissal and withholding of report cards, transcripts and /or diplomas.

THE UNDERSIGNED hereby acknowledges that the above agreement and accompanying financial information for the upcoming year of enrollment, including tuition and fees, has been carefully read, understood and agreed to by affixing signature(s) below.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

ALL PAYMENTS ARE DUE ON THE 1ST OF EACH MONTH AND WILL BE ASSESSED A LATE FEE OF \$30 IF PAID AFTER THE 5TH (unless prior arrangements have been made.)

PARENT PARTNERSHIP AGREEMENT

Agreement:

If accepted for admission to Calvary Christian School, we agree to the following conditions for our child's attendance. We understand that CCS is a Christian, independent, non-profit corporation formed for the purpose stated in this application. We authorize and give the administration, faculty and staff of CCS authority and jurisdiction over our child during any session of school or during the time that our child is present at or engaged in any school activity.

We further agree to the following:

- To make my tuition payments on time due the 1ST of each month (or pay a \$30 late fee after the 5th).
- To faithfully pray for the faculty, staff and students at CCS.
- To abide by the decisions of the administration of the school.
- To permit a teacher or the administration to dispense corrective discipline.
- To volunteer 27 hours per family, per year (3 hrs/mo) (or pay an additional \$365 at the beginning of the school year).
- To actively support and attend CCS activities.
- To use the Matthew 18:15-17 principle in resolving conflicts among student, staff and CCS family members.
- To accept the position that a student's witness on and off the campus can influence his or her right to attend CCS.
- To do our best to get our child to school on time and pick them up on time.
- To contact our child's teachers when we have an appropriate concern.
- To help our child work toward achievement of individual, class and school goals.
- To help our child learn how to be sensitive to the needs of other students in ways that honor the Lord.
- To encourage our child to behave in accordance with all school regulations.
- To see that our child's dress, as well as our own, is modest and consistent with the CCS Dress Code at school as well as during field trips.
- To encourage our child to grow spiritually by regular devotional activity and church attendance.
- To encourage our child to apply himself or herself diligently to his or her studies and to provide a time and a place for study.
- Support CCS's Mission, Purpose, Goals, Philosophy, Doctrinal Statement, Rules and Policies.

We have read and agree with all the above:

Student's Name: _____

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

CALVARY CHRISTIAN SCHOOL HEALTH AND WAIVER FORM
All School Field Trips

General Information:

Student's Name _____ Birthdate _____ Age _____

Father's Name _____ Phone(_____) _____

Mother's Name _____ Phone(_____) _____

Home Address _____

Employer _____

In case of emergency and parents cannot be contacted, please call:

Relative: Name _____ Phone (_____) _____

Neighbor: Name _____ Phone (_____) _____

(One of these individuals should be available to pick up your child if necessary)

Health Information:

Insurance

Company _____ Policy# _____ Group# _____

Doctor's Name _____ Phone (_____) _____

Is student allergic to any drugs? ____ please specify _____

Does student have any allergies? ____ please specify _____

Date of last tetanus booster? _____

Does the student take any medications regularly? _____

Are there any behavioral concerns? _____

In case of injury or illness, "I/we hereby give consent for hospitalization or medical treatment by a licensed medical doctor when deemed necessary for the welfare of the said minor. I understand every effort will be made to notify parents or guardian of student. In the event of an injury I will not hold Calvary Christian School liable. I acknowledge that I have read this form completely and understand the school policies."

PARENT'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____

CALVARY CHRISTIAN SCHOOL

Permanent Authorization for Release of a Child

Student's Name: _____

I hereby authorize the above-mentioned child to be picked up from Calvary Christian School by the following people any time during the 2021/2022 school year:

1. _____ Phone Number _____
2. _____ Phone Number _____
3. _____ Phone Number _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



REQUEST FOR RECORDS

Previous School: _____

School Address: _____

Phone: _____

I hereby authorize the release of the following records:

Identifying information

Attendance records

Academic transcripts

Health records

Achievement tests

Interest inventory results

Psychological and personality test scores

Student's Name: _____

(Last)

(First)

(M.I.)

Grade: _____

Birthdate: _____

Please Send to:

**Calvary Christian School
10611 W. Clearwater Ave.
Kennewick, Washington 99336**

Parent/Guardian's

Signature: _____ **Date:** _____

"I, the LORD, watch over it; I water it continually. I guard it day and night so that no one may harm it."



Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name:

First Name:

Middle Initial:

Birthdate (MM/DD/YYYY):

NOTICE: A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Personal/Philosophical or Religious Exemption

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

PERSONAL/PHILOSOPHICAL EXEMPTION*

- | | | | |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |

*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law

RELIGIOUS EXEMPTION

- | | | | |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella | |

Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

X

Licensed Health Care Practitioner Name (print)

Licensed Health Care Practitioner Signature

Date

MD ND DO ARNP PA

Washington License # _____

RELIGIOUS MEMBERSHIP EXEMPTION

Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

Parent/Guardian Declaration

I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Birthdate (MM/DD/YYYY):** _____

NOTICE: This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

Medical Exemption

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Please indicate which vaccination the **medical exemption** is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt.":

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Health Care Practitioner Declaration

I declare that vaccination for the disease(s) checked above is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

X _____

Licensed Health Care Practitioner Name (print)

Licensed Health Care Practitioner Signature

Date

MD ND DO ARNP PA

Washington License # _____

Parent/Guardian Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X _____

Parent/Guardian Name (print)

Parent/Guardian Signature

Date



MEDICATION AT SCHOOL

Whenever possible, the parent and Health Care Provider will design a schedule for giving medication outside of school hours. Medication is ordered to be given to a student at school only when necessary. Medication, unless otherwise directed, will be kept in a designated secure area and administered by the school nurse or trained school personnel.

Health Care Provider's Orders (to be completed by Health Care Provider)

Student:	Birth date:
Diagnosis for which medication is given:	

Name of Medication(s)	Dose	Time of day to be given

Side effects of drug (if any) to be expected:
Length of time this authorization is valid:

This student has been instructed by me and/or my office staff, and has demonstrated the ability to properly manage self-administration of the medication as ordered.
I request and authorize this student to carry their medication/self administer: Yes No

Health Care Provider Signature:	Date:
Health Care Provider name (<i>print or type</i>):	
Phone:	Fax:
School nurse verification of student developmental ability to self-administer medication in the school setting is required by statute.	
School Nurse:	Date:

**If an epi-pen is administered at school, an ambulance will be called after ONE dose and the student will be transported to the nearest hospital.

Parent Permission (to be completed by parent or guardian)

I am the parent or the legal guardian of the child named.

By law my signature indicates that I understand the school shall incur no liability as a result of any injury arising from the administration of medication by the CCS staff or as self-administered by the student.

Parents or guardians shall hold harmless the school and its employees or agents against any claim arising out of the self-administration of medication.

Signature of parent or guardian: _____ Date: _____

Prescription medications must be in the original labeled container from the pharmacy. Over-the-counter medications must be in the original container. Any changes to this medication will require a new medication form completed by both parent and healthcare provider. In case of necessity, the school district may discontinue administration of the medication with proper advance notice.