

Community Christian School

14045 Ponderosa Way

Pine Grove, Ca 95665

(209) 296-7773

For Office Use Only:

Date returned: _____

Application fee Pd. _____

Tuition Plan _____

Per Month Payment _____

2024-2025 Intent to Enroll

To hold your spot for your child (children), we need this completed and returned to the office with a \$50 non-refundable processing and application fee (one per family) by April 2nd, 2024. Priority enrollment is given to returning students. If you do not return this form by April 2nd your child's (children's) spot(s) may be given to a new student.

Names of returning children:

_____	Grade Entering _____
_____	Grade Entering _____
_____	Grade Entering _____
_____	Grade Entering _____

Financial Agreement:

Tuition this year will be \$4550 for one child, \$8400 for 2 or more children from the same family.

Please indicate which tuition option you wish to utilize this year:

Annual _____ 100% Tuition payment (5% discount if full payment is made by August 1st)

Semi-Annual _____ Two equal installments (The first payment by August 1st and the second by January 1st)

Monthly _____ 10 Monthly Installments – August through May (tuition due by the 15th)

_____ 12 Monthly Installments - July through June (tuition due by the 15th)

There is an additional curriculum fee of \$275 for TK and Kindergarten and \$375 for 1st – 8th grade students due by 7/31.

Late fees can be applied if payments are not made by the due date. All accounts must be kept current for a student to remain enrolled at CCS. Continued late payments may result in dismissal from the CCS program.

Volunteer and Fundraiser Commitment:

All families who attend CCS are asked to complete a minimum of 20 hours of volunteer service (per family) each school year and to participate in the two major fundraisers we have each year: our jogathon and anniversary dinner celebration.

I have read and understand the financial obligations to CCS and hereby agree to pay all tuition & fees when due. In addition, I understand that our account must be kept current for my child(ren) to remain in school. I agree to participate in the fundraising requirements of the school as well as fulfill our 20-hour volunteer commitment.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Fill out ONLY

If your marital status, primary or secondary contact, medical/insurance, or email information has changed since last year.

Contact and Medical Information

Parents/Guardians: ___ Married ___ Divorced ___ Separated ___ Foster Parent ___ Legal Guardian

Father/Guardian: _____ Employer: _____

Occupation: _____ Work # _____ Cell # _____

Mother/Guardian: _____ Employer: _____

Occupation: _____ Work # _____ Cell # _____

Mailing Address: _____

2nd Mailing Address: (if parents are not together) _____

Physical Address: _____

2nd Physical Address: _____

Primary Contact information (who we will call or contact first)

Email Address: _____ Phone Number: _____

Secondary contact Information

Email Address: _____ Phone Number: _____

If something happens and we can not contact the primary or secondary contact, who should we contact.

Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Medical Insurance & Medication

Insurance Carrier: _____ Policy # _____

Physician: _____ Physician Phone: _____

Health Problems or Allergies: _____