# **Community Christian School**

14045 Ponderosa Way Pine Grove, CA 95665 (209) 296-7773

For Office Use Only:			
New or	Returnii	ng Student	
Book Fee	Amt. Pd	Date	
Application Fee Pd (Non Refundable)			
Tuition Plan			
Per Month Payme	nt		

## 2025-2026 Application for Enrollment

The following information is a part of the application process at CCS. Please review this information carefully before signing the agreement. In order to hold a spot for your child, we need this completed form returned as soon as possible as well as a \$50 non-refundable processing & application fee. Priority enrollment is given to current students & siblings of families attending CCS, then open to the community.

We are very grateful for your interest in and support of our School Ministry.

Upon receipt of a completed school application, prospective families will be contacted to set up a meeting to discuss school beliefs, policies, & practices, as well as a review of the school handbook. Completion of a school application <a href="DOES NOT">DOES NOT</a> guarantee your child a spot at CCS. Please make & retain a copy of this application for your own records.

Student's Full Name:		Grade Entering:			:
	(First)	(Middle)	(Last)		
Mailing Address:					
	(Street / P.O. Box)		(City)	(State)	(Zip)
2 <sup>nd</sup> Mailing Address: (if parents aren't					
(if parents aren't residing together)	(Street / P.O. Box)		(City)	(State)	(Zip)
Physical Address:			(2)	(2)	
	(Street Address)		(City)	(State)	(Zip)
2 <sup>nd</sup> Physical Address:	(Street Address)		(City)	(State)	(Zip)
	(Sileet Address)		(City)	(State)	(ΖΙΡ)
Male / Female (Please	circle)	Birth Date:		Age:	
Primary Contact Emai	Address:		Hor	me Phone: ()	
Secondary Contact En	nail Address: _		2 <sup>nd</sup> H	ome Phone: <u>( )</u>	
Other Children Under 18 in th	e Home:		Name		DOB
Name		DOB	Name		DOB

Attends Regularly: Yes No Church Pastor:	Church Family Attends:			Pastor:		
Parents/Guardians:Married DivorcedSeparatedSingleFoster ParentLegal Guardian (Please Check)  Father/Guardian: Employer: Cell #  Occupation: Work # Cell #  Mother/Guardian: Employer: Cell #  Occupation: Work # Cell #  Emergency Contacts: Person(s) authorized to care for the above stated child if parent or guardian cannot be reached:  Name: Relationship to Child:  Home Phone Work Phone Cell Phone  Married DivorcedSeparatedSingleFoster ParentLegal Guardian (Please Check)  ### Cell #  Cell #  Cell #  Cell #  ### Cell #  Cell Phone  Medical Insurance & Medication  Insurance Carrier: Policy #:  Physician: Physician Phone #	Attends Regularly:	Yes	_ No	Church Pastor:		
Parents/Guardians:Married DivorcedSeparatedSingleFoster ParentLegal Guardian (Please Check)  Father/Guardian: Employer: Cell # Cell Phone Relationship to Child: Cell Phone Cell Phone Cell Phone Cell Phone Cell Phone Relationship to Child: Physician Insurance & Medication Insurance & Medication Phone # Policy #: Physician: Physician Phone # Physician Pho						
Father/Guardian: Employer: Occupation: Work # Cell #  Mother/Guardian: Employer: Occupation: Work # Cell #  Emergency Contacts: Person(s) authorized to care for the above stated child if parent or guardian cannot be reached:  Name: Relationship to Child:  Home Phone Work Phone Cell Phone  Name: Relationship to Child:  Home Phone Work Phone Cell Phone  Medical Insurance & Medication  Insurance Carrier: Policy #:  Physician: Physician Phone #	Why would you like your ch	nild to attend CCS	S? Please be sp	pecific.		
Father/Guardian: Employer: Occupation: Work # Cell #  Mother/Guardian: Employer: Occupation: Work # Cell #  Emergency Contacts: Person(s) authorized to care for the above stated child if parent or guardian cannot be reached:  Name: Relationship to Child:  Home Phone Work Phone Cell Phone  Name: Relationship to Child:  Home Phone Work Phone Cell Phone  Medical Insurance & Medication  Insurance Carrier: Policy #:  Physician: Physician Phone #						
Father/Guardian: Employer: Occupation: Work # Cell #  Mother/Guardian: Employer: Occupation: Work # Cell #  Emergency Contacts: Person(s) authorized to care for the above stated child if parent or guardian cannot be reached:  Name: Relationship to Child:  Home Phone Work Phone Cell Phone  Name: Relationship to Child:  Home Phone Work Phone Cell Phone  Medical Insurance & Medication  Insurance Carrier: Policy #:  Physician: Physician Phone #						
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Occupation:         Work #	<del></del>					
Mother/Guardian: Employer: Cell #  Occupation: Work # Cell #  Emergency Contacts: Person(s) authorized to care for the above stated child if parent or guardian cannot be reached:  Name: Relationship to Child:  Home Phone Work Phone Cell Phone  Name: Relationship to Child:  Home Phone Work Phone Cell Phone  Medical Insurance & Medication  Insurance Carrier: Policy #:  Physician: Physician Phone #						
Occupation: Work # Cell #  Emergency Contacts: Person(s) authorized to care for the above stated child if parent or guardian cannot be reached:  Name: Relationship to Child:  Home Phone Work Phone Cell Phone  Name: Relationship to Child:  Home Phone Work Phone Cell Phone  Medical Insurance & Medication  Insurance Carrier: Policy #:  Physician: Physician Phone #						
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Name: Relationship to Child:  Home Phone Work Phone Cell Phone  Medical Insurance & Medication  Insurance Carrier: Policy #:  Physician: Physician Phone #						
Home Phone Work Phone Cell Phone           Medical Insurance & Medication           Insurance Carrier: Policy #:           Physician: Physician Phone #						
Medical Insurance & Medication  Insurance Carrier: Policy #:  Physician: Physician Phone #						
Insurance Carrier:         Policy #:           Physician:         Physician Phone #	Home Phone	Work Phor	ne	Cell Phone		
Insurance Carrier:         Policy #:           Physician:         Physician Phone #	Medical Insurance & Medication	on				
Physician: Physician Phone #			Pol	licy #:		
Health Problems or Allergies:	Health Problems or Allergies:					
	-					
Permission is granted for(student name) to be given appropriate medical and/or dental care in case of an emergency. I will assume all responsibility for payment of said dentist, physician, ambulance, or hospital	Permission is granted for and/or dental care in case of an	emergency. I will as:	sume all responsil	(student name) to be given appropriate medical bility for payment of said dentist, physician, ambulance, or hospital		
charges.	charges.			D 4		

### **Financial Agreement**

#### Tuition

Current tuition is \$4650 for 1 child, \$8575 for 2 children, and each child after that is \$1175 each for TK – 8<sup>th</sup> grade students in the same family. Invoices are handed out, or emailed on the first (1<sup>st</sup>) of the month & due by the 15<sup>th</sup> of the month.

Tuition is always due by the 15<sup>th</sup> with or without an invoice. A late fee of \$25 will be charged to your account if payment is not received by the 15th. Tuition is an **annual contract** and is **NON- REFUNDABLE**. There are no holiday credits. Students enrolling after the beginning of the school year will have tuition prorated accordingly. CCS offers several different payment options.

#### Please indicate below which option you wish to utilize:

Annual	100% Tuition Payment – <b>5% Discount if Payment is made by August 1</b> st
Semi-Annual	Two (2) Equal Installments – Paid by <b>August 1</b> st <b>AND January 1</b> st
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 \$280 for TK-kindergarten students & \$380 for 1st-8th students – due by 7/31.

#### Late Fee

All tuition is due by the 15th of each month and is considered late if not made by that date.

A <u>\$25 late fee</u> will be applied when payments are not made by the due date. The school reserves the right to revoke a scholarship grant in the event of past due accounts. All accounts must be kept current in order for a student to remain enrolled in preschool. Continued late payments may result in dismissal from the CCS program.

# Other Fees & Information

CCS goes on a variety of field trips throughout the school year. There is almost always a fee associated with field trips. In addition, our 5<sup>th</sup>-8<sup>th</sup> graders are able to participate in a variety of electives during our three trimesters. There may be a fee associated with electives to cover the cost of supplies.

Students will be asked to provide certain school supplies to help offset costs & provide for their needs in the classroom. A letter will be sent home at the beginning of the year outlining what specific items are required for the classroom.

### Volunteer Commitment

All families who attend CCS are asked to complete a **minimum of 20 hours of volunteer service (per family)** at CCS each school year (fundraisers, workdays, classroom helper, lunchroom help, prep work for projects, etc.).

## **Fundraisers**

In order to keep our tuition as low as possible, while continuing to provide a quality education, CCS needs & expects the support of both parents and students to meet our fundraising goals. Generally, our school requires participation during our two major fundraisers: our jogathon & anniversary dinner celebration. We ask for participation from all of our families to help keep our costs low. In addition, supplemental fundraising activities are occasionally initiated in order to meet a specific goal.

After School Care	CCS is able to offer after school care between the hours of 3:15-6 Mondays through Thursdays, and 12:15-6 on Fridays at a rate of <u>\$6 per hour</u> . If after school care is utilized, this fee will be included on monthly tuition invoices for the month after it is used. If you choose to use this service, please sign up for it at the beginning of the year and specify what days of the week you will need it for.
Lunches	When possible, CCS participates in a school lunch program on Wednesdays. Students may purchase a hot pizza lunch ticket for \$5.00 or they may bring their own lunch from home. Lunch on other days is packed at home & sent with students by parents.
Standards & Respons	<u>sibilities</u>
We provide a well-rou spiritually, academica	ty Christian School is to provide a Christ-centered education based upon the truth of the Bible. Inded curriculum for our students that provides each student with a strong foundation ally, & socially. Our classrooms are traditional in style, with a strong emphasis on chers are believers in Jesus Christ.
Students are expecte volunteers, & staff. Pr tolerated & will be dead	ildren respond well to firm policies regarding personal responsibility & self-discipline. d to be obedient & respectful of others, school property, school rules & property, teachers, rofanity, violence, hitting or fighting, disrespectful language and/or gestures, will not be alt with immediately. The school reserves the right to dismiss any student who consistently school standards & regulations.
The school has full at restrictions identified	erstand the CCS Handbook. I agree to support the policies & standards of conduct as stated. uthority to discipline my child in a manner consistent with age-appropriate requirements & in the personal rights statement provided by the state licensing agency. I further agree to work e school regarding consistent discipline of my child in the home.
	students, students are released only to those indicated on the student release form. Please ted & current at all times.
generally made availa	of any race, color, national or ethnic origin, to all the rights, privileges, programs & activities able to the students of the school. The school reserves the right to refuse admission to anyone with the school policies regarding conduct & discipline.
	and the financial obligations to CCS and hereby agree to pay all tuition & fees when due. In distinct that our account must be kept current in order for my child(ren) to remain in school. I agree to

In signing this agreement, I fully understand the above information & affirm my support for all the policies of CCS.

participate in all fundraising requirements of the school, as well as fulfill our 20 hour volunteer commitment.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_

Community Christian School 14045 Ponderosa Way Pine Grove CA 95665 (209) 296-7773 communitychristianschoolamador.org

# **Teacher Reference Form**

Applying for grade:				
is applying for admission to Community Christian School, ir order for us to properly evaluate the applicant, please answer the following questions to the best of your knowledge. Information and comments will be held in strict confidence and will not be shared. Do not give this completed form to the applicant.  Please scan this form and email to: <a href="mailto:ccsprincipal@volcano.net">ccsprincipal@volcano.net</a> Or send it to the above address.				
I understand that I will not have accommod	cess to the information pertaining to my student.			
Parent Signature	Date			
How long have you known the app	licant?			
How would you best describe the s	student's overall academic performance?			
If you used ability groups, would you Reading: Math:	ou place this student in low, middle or high for: Sciences:			
What is the student's greatest acad	demic strength?			
What is the student's greatest acad	demic weakness?			
Please describe the student's socia	al skills as he/she relates to his/her peers:			
Please describe the student's socia	al skills as he/she relates to you and other adults:			
Has the student ever been sent to t	the office? Please indicate the reason and frequency of these			
	The second is set at			
How is the student's attendance? _				
Describe the kind of parental support	ort you have received from the student's parents?			
How much supervision do you think	the applicant needs?			

Please circle	e all that apply. Wo	ould you describe this o	hild as:	
Shy	Outgoing	Quick to obey	Quiet	
Talkative	On task	Off task	Reluctant to obey	
Respectful	Disrespectful	Kind to others	Leader	
Follower	Focused	High energy	Easily distracted	
Follows direct	ctions	Non focused		
Please circl	e all that apply. Wh	nat are the applicant's p	orimary interests?	
Artistic	Intellectual	Religious	Athletic	Social
Literary	Scientific	Drama	Musical	
			ext grade?interest or importance.	el see Uttera we
	s arry additional con	interes you consider or	Microst of Importance.	valide hear nov panas
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	saleod yerlegi	os peisten eristant as e	ibe lelace cheeks to be	t primero antal
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Signature	upari bas noserred	Print Name	imani oj inga naed 16V	Title
School Nam	•	Phone#	Г	ate