

# 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 \_\_\_\_\_

## 2025-2026 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 1<sup>st</sup>, 2025. Priority enrollment is given to returning students. If you do not return this form by April 1<sup>st</sup> 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 \$4650 for one child, and \$8575 for 2 or more children from the same family. If you enrolled after 1/1/24, the 3<sup>rd</sup> and after child is \$1175.

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

Annual \_\_\_\_\_ 100% Tuition payment (5% discount if full payment is made by August 1<sup>st</sup>)

Semi-Annual \_\_\_\_\_ Two equal installments (The first payment by August 1<sup>st</sup> and the second by January 1<sup>st</sup>)

Monthly \_\_\_\_\_ 10 Monthly Installments – August through May (tuition due by the 15<sup>th</sup>)

\_\_\_\_\_ 12 Monthly Installments - July through June (tuition due by the 15<sup>th</sup>)

There is an additional curriculum fee of \$280 for TK and Kindergarten and \$380 for 1<sup>st</sup> – 8<sup>th</sup> 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:** \_\_\_\_\_

2<sup>nd</sup> Mailing Address: (if parents are not together) \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

2<sup>nd</sup> 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: \_\_\_\_\_