

Central Christian School

3970 Kidron Road
PO Box 9
Kidron, Ohio 44636
330.857.7311
330.857.7331 (fax)
www.ccscomets.org



Est. 1961

Registration (for all new and returning students)

Registration materials are included in this packet. Please complete all applicable forms and return to the enrollment office. Forms include Student Commitment, Parent/Guardian Commitment, Health Emergency Parental Consent Form, Financial Plan, Release of Information and Transportation Commitment.

The \$300 Registration and Student Activity Fee (refundable) must be paid before the registration process can be completed.

Applications for Financial Aid will be processed after the registration materials and fee are received.

The Sports Physical Examination (for participation in interscholastic sports) and Immunization Records are required by the State of Ohio. Request sports form from the athletic office.

The State of Ohio requires a copy of the student's birth certificate and Social Security card for identification purposes.

If you have questions, contact the Director of Enrollment at 330.857.7311.

Registration Checklist

- Student Commitment
- Parent/Guardian Commitment
- Health Emergency Parental Consent Form
- Financial Plan
- Transportation Commitment
- Release of Information
- Payment of \$300 Registration and Student Activity Fee (refundable)
- Sports Physical Examination Form (for participation in interscholastic sports)

For new students

- Immunization Records
- Copy of student's Birth Certificate
- Copy of student's Social Security Card

Central Christian School welcomes all students and does not discriminate on the basis of race, sex, creed or ethnic background.

Student Commitment Form

As a student, I commit to

- planning and nurturing my faith development;
- being respectful to God, others, self and property;
- refrain from any profane language, substance abuse or other inappropriate behavior;
- consistently strive to improve and strengthen my spiritual, physical and emotional health;
- conduct myself in a safe and responsible manner;
- abide by the behavioral expectations established at Central Christian School;
- abide by expectations and guidelines established by classroom teachers;
- seek changes in an orderly and respectful manner;
- understand and support the school's *Student Handbook* (www.ccscomets.org).

Student signature

Date

Print name

Parent/Guardian Commitment Form

As a parent/guardian, I commit to

- planning and nurturing the faith development of my student;
- assist my student in becoming spiritually, physically and emotionally healthy;
- consistently strive to have my student in daily attendance at Central Christian School and promptly report any absences or tardiness to the school's office by 9:00 am;
- provide my student with the resources needed to complete class work, including an appropriate environment for homework;
- bring to the attention of Central Christian School any problem or condition which could affect my student or other students;
- discuss progress reports and work assignments with my student;
- maintain current contact information at the school, including home, work and emergency telephone numbers;
- volunteer at least 10 hours of service to Central Christian School;
- seek changes in an orderly and respectful manner;
- understand and support the school's standards, policies and behavioral expectations as stated in the *Student Handbook* (www.ccscomets.org).

I recognize that my child's success in school is directly affected by my interest and involvement in his/her education. As a parent/guardian, I commit to collaborating with Central Christian School in the education of my student.

Parent/Guardian signature

Parent/Guardian signature

Print name

Print name

Date

Date

EMERGENCY MEDICAL INFORMATION

CENTRAL CHRISTIAN SCHOOL

Parents/Guardians are responsible for keeping this information current during the school year.

Student _____ Grade _____ Class of 20 _____
Birth date ____/____/____ Family e-mail address _____

Mother's name _____
Home phone (____) _____ Cell phone (____) _____
Address _____
Employer _____ Phone (____) _____

Father's name _____
Home phone (____) _____ Cell phone (____) _____
Address _____
Employer _____ Phone (____) _____

Family doctor _____ Phone (____) _____
Address _____

Family dentist _____ Phone (____) _____
Address _____

Explain any medical conditions that school personnel and/or doctors should be aware of or that may affect the student's ability to participate in physical activities (include allergies, asthma, diabetes, heart conditions, etc.).

In case of emergency, please list two contacts (other than parents):

Name _____
Phone (____) _____
Relationship _____

Name _____
Phone (____) _____
Relationship _____

I give permission for my child to participate in field trips, a necessary part of the educational experience at Central.

Parent signature _____
Date ____/____/____

EMERGENCY MEDICAL AUTHORIZATION

Central Christian School
PO Box 9, 3970 Kidron Road, Kidron Ohio 44636
330.857.7311

Student name _____ Home phone (____) _____

Address _____

The purpose of this form is to authorize emergency medical treatment for students who become ill or injured while under school authority when parents/guardians cannot be reached.

Please complete Part I OR Part II
DO NOT COMPLETE BOTH

Part I – CONSENT

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____, (preferred dentist), or in the event that the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments that a physician should know:

Parent/Guardian signature _____ Date ____/____/____

Part II – REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment for my child. In the event of illness or injury requiring medical treatment, I would like the following action to be taken:

Parent/Guardian signature _____ Date ____/____/____

EARLY DISMISSAL / EMERGENCY CLOSING PLAN

CENTRAL CHRISTIAN SCHOOL

Parents/Guardians are responsible for keeping this information current during the school year.

PLEASE BE VERY SPECIFIC WHEN FILLING OUT THIS IMPORTANT INFORMATION
The school will follow your instructions below for taking care of your child unless instructed otherwise.

Student _____ Grade _____

The school will attempt to contact you directly via the most reachable parent number provided below and will leave a message. If we are unable to make personal contact with a parent using the number that you provided, we will call the reliable contacts in the order given below.

Most reachable number for contacting a parent
(____) _____ home cell work (circle one)

Two additional phone numbers of reliable contacts in case parent cannot be reached:

Phone contact #1 name _____
(____) _____ home cell work (circle one)

Phone contact #2 name _____
(____) _____ home cell work (circle one)

Parent signature _____ Date ____/____/____

The following information is the location where my child should go when there is an early dismissal due to weather, emergency, etc., and how they will get there. If you pick up your child after school, remember that school will close at the announced dismissal time. School faculty and staff leave shortly after that time.

In the event of an emergency, the following person(s) have permission to pick my child up from school.

Name _____
Phone (____) _____

Name _____
Phone (____) _____

ADMINISTRATION OF MEDICATION by Central Christian School personnel

Parents/Guardians are responsible for keeping this information current during the school year.

All medications, including Ibuprofen, Acetaminophen, and any form of vitamins or over-the-counter remedies such as antacids or allergy medications, require a completed Student Medication Request Form signed by both a physician and parent/guardian for medication to be administered to a student. Students in grades PreK-12 who require an inhaler at school must also have a completed Student Medication Request Form on file. All medications must be in their original container.

I hereby request and give my permission to the principal or his/her designee (e.g., school nurse or other responsible person) to administer the following medication to my child. Medication must be in the original container.

Student name _____ Grade _____

TUITION SCHEDULE for 2012-2013

In recent years, the tuition at Central Christian School has represented approximately 70% of the cost of educating a student. The remaining 30% has been funded through Central's committed community and church support.

Central's desire is to partner in the vision of Christian education with area churches and to clarify what can be expected from working together toward this goal. The following options represent how Central Christian will partner with area churches while being fiscally responsible with the God-given resources extended to us. Options 2 and 3 below represent a percentage of the total cost of education the student will be expected to pay.

1. INTERNATIONAL – Please contact the enrollment office for more information on tuition costs and opportunities at Central Christian School.

2. ASSOCIATE CHURCH – 70% of the cost of education will be paid by students from an Associate Church. An Associate Church is a church with at least one person or family who advocates for the school.

High school tuition for Associate Church students will be \$6,999. In addition to this 30% tuition discount from the cost of education, families will be eligible to apply for need-based tuition assistance.

3. PARTNERSHIP CHURCH – 65% of the cost of education will be charged to students attending Partnership Churches. A Partnership Church supports Central students by paying all or part of a student's tuition costs.

High school tuition for Partnership Church students will be \$6,499. In addition to the 35% tuition discount from the cost of education, if the church chooses to pay less than 100% of tuition, families may apply for need-based tuition assistance for the portion not covered.

Additionally, all churches are encouraged to request a CCS musical group to perform during worship or other church events, a CCS administrator or faculty member to deliver a morning message or meditation and a Community Service Day student work group.

Tuition Schedule for 2012-2013 School Year

	Associate 70%	Partnership 65%
High School	\$6,999	\$6,499
Middle School	\$5,699	\$5,299
Elementary School	\$5,299	\$4,999

FINANCIAL AID

Qualification Guidelines

Central Christian School is committed to working with families to make Christian education affordable. Assistance in the form of Financial Aid is available to students who qualify. In order to protect confidentiality, all financial information is submitted to a third-party company, Financial Aid for Student Tuition (FAST), which will evaluate each situation and provide Central with an objective analysis.

- Assistance is based on financial need.
- Only tuition is covered by tuition assistance. The registration fee and all other fees are the family's obligation.
- Student registration should be completed prior to receiving assistance.
- FAST applications should be completed and submitted to FAST by May 10.
- Central Christian School's Financial Aid Committee will review FAST's recommendation and any additional information submitted by the family. Notification from CCS's business manager of your financial aid status will be given in writing no later than July 1.
- Past due accounts are expected to be paid in full. Applications will be considered for assistance *after all balances are paid in full*. Requests for exception will be handled by the business manager.

INSTRUCTIONS

1. Complete the **STATEMENT OF INTENT** below and return it to the enrollment office. *We are unable to process your request without this form.*
2. Complete the FAST application online. The FAST link is found on the Central Christian School website. Click on *Admissions, Tuition and Financial Aid, For FAST application, click here.*
 - Financial Aid for Student Tuition (FAST) is an organization that will keep your financial information confidential and will provide Central Christian School with an objective analysis of the financial aid amount for which your family qualifies.
 - FAST will send a report directly to Central Christian School.

Cut along the dotted line and return to the enrollment office, or return with the completed booklet.



STATEMENT OF INTENT

Name of student(s)	Grade entering in fall	Name of student(s)	Grade entering in fall
_____	_____	_____	_____
_____	_____	_____	_____

I/We are able to make 12 payments of \$_____ beginning on August 10, 2012.

Parent(s) signature_____

If you have additional information for the committee to consider, please attach.

FINANCIAL PLAN

Student _____ Parent/Guardian _____

Address _____ Phone (____) _____

Congregation _____

Grade _____ Student plans to attend vocational school (grades 11 and 12)

TUITION LEVEL

See Tuition Schedule for definitions

- | | | | |
|---|---|-----------------------|---------------------------|
| <input type="checkbox"/> INTERNATIONAL | Please contact the enrollment office for information on tuition costs | | |
| <input type="checkbox"/> ASSOCIATE | \$ 6,999 high school | \$5,699 middle school | \$5,299 elementary school |
| <input type="checkbox"/> SCHOOL PARTNERSHIP | \$ 6,499 high school | \$5,299 middle school | \$4,999 elementary school |

PAYMENT PLAN

*A late fee of 1½ % per month will be applied to payments 30 days or more past due
Minimum charge per month is \$5*

- Ten (10) equal monthly payments due on August 15 through May 15
- Twelve (12) equal monthly payments due on August 15 through July 15
- Semester in advance due August 15 and January 15
- Year in advance due August 15 (2% tuition discount applies if paid in full by August 15)

- Credit card (Visa/Mastercard) payments (please fill out Credit Card Authorization form)
- Electronic withdrawal from bank account (please fill out Electronic Fund Withdrawal form)

REGISTRATION FEE

- Registration/Student Activity fee \$150 if paid before March 15
- Registration/Student Activity fee \$300 if paid March 15 to April 15
- Registration/Student Activity fee \$395 if paid after April 15

Parent/Guardian signature _____ Date _____

If interested in using CCS transportation, please complete the Transportation Commitment Sheet.

OFFICE USE ONLY Registrar _____

Date _____ Tuition \$ _____ year Amount paid \$ _____

Registration is complete incomplete

CREDIT CARD AUTHORIZATION

Complete only if you selected the credit card payment option.

Amounts can be filled in by the Business Office staff.

Registration fee \$ _____
Tuition payment \$ _____ Full year \$ _____ Semester \$ _____ Monthly
Transportation \$ _____ Full year \$ _____ Semester \$ _____ Monthly
Other _____ \$ _____

Please charge \$ _____ to my MasterCard Visa for Student(s)

Monthly payments will be charged on the 15th day of each month.

Name (please print as it appears on card) Account number Expiration date

Signature

Address

City

State

Zip

ELECTRONIC FUND WITHDRAWAL AUTHORIZATION

Complete only if you selected the electronic withdrawal payment option.

Amounts can be filled in by the Business Office staff.

Registration fee \$ _____
Tuition payment \$ _____ Full year \$ _____ Semester \$ _____ Monthly
Transportation \$ _____ Full year \$ _____ Semester \$ _____ Monthly
Other _____ \$ _____

Student(s) _____

Monthly payments will be withdrawn on the 15th day of each month.

I authorize Central Christian School to withdraw \$ _____ from my bank account on _____ (date) or
beginning _____ (month/year) and ending _____ (month/year).

Bank name Address City State Zip

Banking account # Savings (check one) Checking 9-digit bank routing # (include all zeros)

Signature Address City State Zip

RELEASE OF INFORMATION

Photo/video

I do do not grant Central Christian School permission to use the likeness of my student in photograph(s) or video(s) in its publications, web sites, brochures, promotions, etc., and in any other media. I will make no monetary or other claim against Central Christian School for the use of photograph(s) and/or video(s).

Family Directory

I do do not give permission to include our family's name, address, telephone and e-mail in the school's student family directory.

Specific family information and/or requests

Church attending _____

Pastor's name _____

Parent/Guardian signature _____ Date _____

TRANSPORTATION COMMITMENT

In order to allow ample time for planning of bus routes, it is helpful to have your family's commitment to using Central Christian School transportation as early as possible. Please fill out the following form and return it by August 1.

Transportation Prices

Due to rising costs of busing, most families will be asked to meet the bus at a designated location near their home. We anticipate two daily transportation routes. Pick-up sites will be determined in early August. Select the best option for your family below. If your needs change during the school year, please contact the transportation director to adjust the bus routes, and the cashier will adjust your cost.

<u>Round Trip</u>	<u>Full year</u>	<u>Per Month</u>
Single rider	\$600	\$60
Family (2 or more)	\$900	\$90

<u>One Way</u>	<u>Full year</u>	<u>Per Month</u>
Single rider	\$400	\$40
Family (2 or more)	\$600	\$60

Parent/Guardian _____

Address _____ Phone _____

Please list all students in your family who will be using Central Christian School transportation and indicate whether each student will ride in the morning, afternoon, or both.

_____ (circle one) A.M. P. M. both
_____ (circle one) A.M. P. M. both
_____ (circle one) A.M. P. M. both
_____ (circle one) A.M. P. M. both
_____ (circle one) A.M. P. M. both

Payment Plan

_____ Year paid in advance
_____ 10 monthly payments
_____ 12 monthly payments

CURRICULUM

Heart of Central

Christ-centered character development is the purpose of the Heart of Central curriculum initiated during the 2010-2011 school year. With the caring guidance of faculty, students in all grades are being intentionally challenged to develop this Christ-like character and demonstrate qualities of a Godly leader.

Grades Pre-K to 8

- Students are encouraged to practice Sean Covey's Seven Habits of Highly Effective Teens.
- Students learn responsibility by developing effective organizational and problem solving skills.
- Students are given opportunities to learn about their strengths and weaknesses, learning styles and personal care.
- Students are encouraged to nurture their faith in God as they live and work in the school community.

Grades 9 to 12

- Students are invited to consider the personal call to follow Jesus Christ.
- Students meet twenty minutes a day to learn about and discuss Christian principles of leadership.
- Students complete various assessments, write personal mission statements, develop goals, both short term and long term and learn how to evaluate their progress.
- Students are invited to participate in leadership roles in the family, school and church.

Dual Enrollment

Central Christian School began a partnership with Bluffton University to provide dual enrollment credits during the 2011-2012 school year. Dual enrollment classes allow a student to earn both high school and college credit during their high school years. The addition of up to 30 credit hours through Bluffton University will allow Central graduates to complete one year of college credit while attending Central.

- Bluffton University is an accredited university.
- Most colleges and universities accept credits from other accredited institutions, following standard requirements.
- The list of dual enrollment courses will be provided to students before they enroll in 2012-2013 classes.
- The cost per credit hour is \$75.00.

Curriculum Guides

Our core subject curriculum prepares students at every level of development - elementary, middle school and high school. Students receive Christ-centered instruction that includes Ohio educational standards. Graduates have all required courses necessary to attend college.

Curriculum guides for Pre-K - 8 and 9 - 12 are available on our web site and *Edline*. You may also request a copy of these guides by contacting Doris Risser, DorisR@CentralChristianSchool.org.

Central Christian School, PO Box 9, Kidron, OH 44636
330.857.7311 – fax 330.857.7331 – www.ccscomets.org