

Central Christian School

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



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Registration (for all new and returning homeschool 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 and Release of Information.

The \$75 Registration and Student Activity Fee (refundable) must be paid before the registration process can be completed. This fee covers athletic events and the yearbook.

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
- Release of Information
- Payment of \$75 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;
- 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 ____/____/____

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

Tuition for home school associate classes is based on the course(s) taken.

Class fees for 2012-2013 School Year

	High School based on 6.5 credits per year	Middle School based on 7 classes per day	Elementary based on 7 classes per day
Class meeting 5 times per week	\$1076/credit	\$410/semester	\$380/semester
Class meeting 3 times per week	\$538/.5 credit	\$245/semester	\$230/semester
Class meeting 2 times per week	\$269/.25 credit	\$165/semester	\$150/semester

Please reference the curriculum guide for course credit guidelines.

STANDARD COSTS for all Homeschool Associates

Application Fee (new student fee)	\$ 50
Registration Fee (all new and returning students)	\$ 75
High School athletic participation fee for one sport	\$400
Each additional sport	\$200
Middle School athletic participation fee for one sport	\$100
Each additional sport	\$ 50
Varsity Singers participation	\$250
High School drama participation	\$150
Terra Nova Achievement testing available	\$ 35
grades K-4, grade 6 and grade 8	

Homeschool Associates will complete an Application form and be admitted on the same conditions as full time students.

The Registration fee of \$75 covers entrance into all athletic events, and the yearbook.

Participation in instrumental and vocal offerings is on an "open chair" basis.

Homeschool Associates may participate in Mini-term offerings. Mini-term course offerings and costs will vary yearly.

Chapels are available to Homeschool families.

Athletic eligibility is determined by the OHSAA guidelines and Central Christian School athletic policy. Generally, a Homeschool Associate may participate in athletics in grades 7-12 if he/she is enrolled in at least one clas at CCS.

Athletic physicals are required for all students before beginning a sport.

FINANCIAL PLAN

Student _____ Parent/Guardian _____

Address _____ Phone (____) _____

Congregation _____

Grade _____

TUITION LEVEL

See Tuition Schedule for definitions

- | | | | |
|--|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> ELEMENTARY | <input type="checkbox"/> 2 day \$150 | <input type="checkbox"/> 3 day \$230 | <input type="checkbox"/> 5 day \$380 |
| <input type="checkbox"/> MIDDLE SCHOOL | <input type="checkbox"/> 2 day \$165 | <input type="checkbox"/> 3 day \$245 | <input type="checkbox"/> 5 day \$410 |
| <input type="checkbox"/> HIGH SCHOOL | <input type="checkbox"/> 2 day \$269 | <input type="checkbox"/> 3 day \$538 | <input type="checkbox"/> 5 day \$1076 |

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*

- Equal monthly payments due on the 15th of each month student is enrolled in class
- 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 \$75
(includes entrance into athletic events and yearbook)

Parent/Guardian signature _____ Date _____

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 _____