

<b>Applying for grade:</b>			
Kindergarten	___	Third	___
First	___	Fourth	___
Second	___	Fifth	___

**2010-2011 Student Application**

Student First Name	Middle	Last	Preferred
<hr/>			
Student Home Address	City	State	Zip Code
<hr/>			
Home Telephone _____			
Birthdate _____ Age _____ Boy _____ Girl _____			
Ethnicity: Check one (Note: An ethnic designation is required by the Federal Government.)			
Hispanic ___	Asian ___	Native American ___	Pacific Islander ___
White ___ (Not of Hispanic Background)	Black ___	Indian ___	Filipino ___
Other _____			
Parent/Guardian Signature Required _____			
Student lives with:			
Mother ___	Stepfather ___	Other: _____	
Father ___	Stepmother ___	_____	
Parents Married ___	Single ___	Father Deceased ___	_____
Parents Separated ___	Parents Divorced ___	Mother Deceased ___	_____
Advise of any custodial arrangements: _____ _____ _____			
School Last Attended: _____ _____			
Address _____ _____			
Telephone	Principal or Last Teacher		

Father's Name	Home Number	Cell
<hr/>		
Home Address (if different than student) _____		
<hr/>		
Father's Employer	Father's Occupation	
<hr/>		
Business Phone	E-mail Address	
<hr/>		
Mother's Name	Home Number	Cell
<hr/>		
Home Address (if different than student) _____		
<hr/>		
Mother's Employer	Mother's Occupation	
<hr/>		
Business Phone	E-mail Address	
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List all siblings and ages. Note any siblings currently attending CCS: _____ _____ _____		
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Name of Church Attending: _____ _____		
<hr/>		
Bill To:		
<hr/>		
Name	Address	
<hr/>		
City	State	Zip

Has student ever had psychological testing or been screened for academic difficulties or learning disabilities? Yes \_\_\_ No \_\_\_

If yes, would the results be available to CCS? Yes \_\_\_ No \_\_\_

Has student ever been enrolled in a special education program? Yes \_\_\_ No \_\_\_

Is child taking any medication? Yes \_\_\_ No \_\_\_ If yes, list medication:  
\_\_\_\_\_  
\_\_\_\_\_

List language(s) spoken at home:  
\_\_\_\_\_  
\_\_\_\_\_

How were you referred to Campbell Christian Schools?

\_\_\_\_\_  
\_\_\_\_\_

Briefly state your reason for applying to Campbell Christian Schools:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2010-2011 ENROLLMENT CONTRACT

<b>Student First &amp; Last Name:</b> _____	<b>Applying for grade:</b> Full Day Kindergarten___ First___ Second___ Third___ Fourth___ Fifth___
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<input type="checkbox"/> <b>NEW STUDENT</b> Applicant will be considered for admission upon receipt of the following: ___ Completed and Signed Application ___ \$75.00 Entrance Exam (non-refundable) if applicable ___ \$300 Enrollment Fee (non-refundable) ___ Copy of latest report card and SAT (if applicable) ___ Parent Interview ___ Copy of Birth Certificate (required before school entry) ___ Immunization Record (required before school entry)	<b>TUITION FEES</b> Kindergarten \$7803___ Grades 1-3 \$7803___ Grades 4-5 \$8091___	<b>FAMILY SERVICE PROGRAM (FSP)</b> ___ I will provide 20 service hours for the 2010-2011 school year. ___ Buy Out - Bill me \$300 for the 2010-2011 school year.
<input type="checkbox"/> <b>CURRENT PRESCHOOL STUDENT</b> Applicant will be considered for admission upon receipt of the following: ___ Completed and Signed Application ___ \$200 Enrollment Fee (non-refundable) ___ \$300 Enrollment Fee (non-refundable) After January 29, 2010 ___ Entrance Exam Required ___ Parent Interview ___ Copy of Birth Certificate (required before school entry) ___ Immunization Record (required before school entry)	<b>SELECT PAYMENT OPTION</b> If a Payment Plan is not selected, default is the twelve month option. ___ Pre-Payment 4% (September 1) ___ Bi-Annual 2% (September 1 / January 1) ___ Nine Month (September - May) ___ Twelve Month (June - May)	<b>DIRECTORY RELEASE</b> Student's name, home address and phone number <b>will be listed in the CCS class directory unless you check the box below.</b> Partial information will not be published. <input type="checkbox"/> Do NOT list student's address and phone number in the class directory.

I understand my obligation to pay the tuition and fees according to the arrangement selected above and to conclude all required payments on or before the last day of school. I understand monthly tuition payments are due on the 1st of each month and considered late after the 10th. Any payments received after the 10th will be assessed a late charge of \$25.00. A fee of \$25.00 will be assessed for checks returned for non-sufficient funds. Failure to make tuition payments may result in dismissal of the above student. I agree to carry adequate medical insurance. It is not the responsibility of the school to provide such coverage beyond state required minimums and the school will not reimburse any medical premiums, deductibles, or co-payments for any reason.

I further understand that my child must have a physical examination and immunization shots in accordance with state requirements. I understand that assessments will be added to cover damage to school property, including abuse of books caused by my child. I understand there may be other incidental expenses related to school supplies and field trips which may be incurred by the above student. I understand in signing this Enrollment Contract for the coming academic year, I am agreeing to accept the rules and regulations of Campbell Christian Schools as stated in the current Parent-Student Handbook and announcements and as referred to above.

Furthermore, I agree to the school policy that my student will not be permitted to take final examinations, and will not receive grades, unless my account has been paid in full. It is further agreed that enrollment, as specified within this Enrollment Contract, may be canceled with the understanding that tuition for any given month must be paid in full if the student attends all or part of that month. Any further prepaid tuition will be refunded upon receipt of all school provided materials according to the rules and regulations of Campbell Christian Schools as stated in the current Parent-Student Handbook. Under no circumstances are Enrollment Fees refundable. I understand that I am paying an annual tuition for assumed program days stated in our yearly program calendar. However, under no circumstances will tuition be prorated for closures outside of the school's control, including holidays, unexpected closures or school in-service days and days school is not in session per the annual school calendar.

I hereby authorize and give full consent, without limitations or reservations, to Campbell Christian Schools to publish any photographs or videos in which the above student appears while enrolled in any program at Campbell Christian Schools. I agree that the use of photographs and videos does not constitute a waiver of Campbell Christian Schools' policies nor does continued use constitute an agreement to continue the student's enrollment. It is and shall be the policy and practice of Campbell Christian Schools, in the admission of students, not to discriminate on the basis of the applicant's race, color, sex, nationality or ethnic origin. For continued enrollment I agree to adhere to and support the rules, values, and goals of Campbell Christian Schools while on campus or while attending school functions, even though I may hold different personal views. I understand and agree to the terms of this contract.

**Binding Arbitration Agreement:** If any dispute arises from the enrollment of, or the application process of, this student, I/we agree that any claim or dispute shall be settled by biblically-based mediation in Santa Clara County, California. The matter shall be submitted to a panel of three independent and objective arbitrators for binding arbitration. Each party to the agreement shall have the right to select one arbitrator and together the two arbitrators will select the third. If an impasse occurs, The Institute for Christian Conciliation division of Peacemakers Ministries of Billings, Montana, will be asked to provide the name of a qualified person to serve in that capacity. The arbitration shall be conducted in accordance with the "Rules for Christian Conciliation" contained in the Peacemaker Ministries booklet, Guidelines for Christian Conciliation. The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and waive their right to file a lawsuit against one another in civil court for such disputes, except to enforce a legally binding arbitration decision. Each party, regardless of outcome, agrees to bear the cost of his/her/its own arbitrator and one-half of the fees and cost of the neutral arbitrator, including expenses.

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Signature of Father/Guardian _____	Date _____
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Signature of Mother/Guardian _____	Date _____
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# *Campbell Christian School*

## *2010-2011 Extended Care Rates*

The extended care program has been designed to provide a service for parents whose children need supervision before or after school. The primary objective of this program is to provide a safe and wholesome environment for children. Physical activities, homework time, and arts & crafts are major components of the program.

No contract is needed to participate in extended care on a "drop-in" basis. The "drop-in" rate is \$7.00/hour. For those families who utilize extended care on a regular basis, more cost effective plans are available. See the chart below. These plans do require a contract. Contracts will be mailed mid August.

For those utilizing an extended care plan, the fees below are the monthly fees for each plan. The extended care plan covers each day school is in session. This includes minimum-days, with the exception of the day before Thanksgiving and the last day of school. Please note there are days that the school is not in session and Extended Care by Appointment will be available at an additional cost.

No credit or make-up days will be given for any reason. Charges for any plan remain the same whether or not your child attends. Any changes to your current plan, including withdrawing from extended care, must be made in writing in the elementary school office on or before the last day of the month in order to be effective for the following month.

Picking up your child later than the time indicated on your plan will result in an additional \$7.00 per hour or any part of an hour. If your child is picked up after 6:00 p.m. there will be a \$15.00 late fee for the first ten minutes and a \$1.00 fee will be assessed for every minute beyond that time.

Extended care payments are due in the school office on the 1st of each month and will be considered late after the 10th. Late payments will be assessed a late charge of \$25.00. A fee of \$25.00 will be assessed for checks returned for non-sufficient funds. Failure to make tuition and/or extended care payments may result in dismissal.

The chart reflects the cost of Extended Care Plans for five days a week. You can choose one of the following plans: The Morning Plan, One Afternoon Plan, or The Morning Plan and an Afternoon Plan. If you choose the Morning Plan and an Afternoon Plan, add the two monthly fees for your monthly charge.

<u>Morning Plan Option</u>	Monthly Fee
Plan 1 Morning (7:00-7:45)	\$65.00
 <u>Afternoon Plan Options</u>	
Plan 2 Afternoon (3:00-4:00)	\$140.00
Plan 3 Afternoon (3:00-5:00)	\$227.00
Plan 4 Afternoon (3:00-6:00)	\$321.00

#### Part-Time Plans

1. Part-Time Options are available for one, two, three, or four days.
2. When choosing a part-time plan, days of the week will need to be specified.
3. Part-Time plans cover minimum days only when a student's plan includes that day of the week.

To determine your monthly part-time cost multiply the monthly fee by:  
(.85 - 4 Days) (.67 - 3 Days) (.49 - 2 Days) (.31 - 1 Day)