

Current Grade:			
Kindergarten	---	Third	---
First	---	Fourth	---
Second	---	Fifth	---

2010 Summer Application

<p>Student First Name _____ Middle _____ Last _____ Preferred _____</p> <hr/> <p>Student Home Address _____ City _____ State _____ Zip Code _____</p> <hr/> <p>Home Telephone _____</p> <p>Birthdate _____ Age ____ Boy ___ Girl ___</p> <p>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 _____</p> <p>Parent/Guardian Signature Required _____</p> <p>Student lives with: _____ Other: _____ Mother ___ Stepfather ___ Father ___ Stepmother ___</p> <p>Parents Married ___ Single ___ Father Deceased ___ Parents Separated ___ Parents Divorced ___ Mother Deceased ___</p> <p>Advise of any custodial arrangements: _____ _____ _____</p> <p>School Last Attended: _____ _____</p> <p>Address _____</p> <p>Telephone _____ Principal or Last Teacher _____</p>	<p>Father's Name _____ Home Number _____ Cell _____</p> <hr/> <p>Home Address (if different than student) _____</p> <hr/> <p>Father's Employer _____ Father's Occupation _____</p> <hr/> <p>Business Phone _____ E-mail Address _____</p> <hr/> <p>Mother's Name _____ Home Number _____ Cell _____</p> <hr/> <p>Home Address (if different than student) _____</p> <hr/> <p>Mother's Employer _____ Mother's Occupation _____</p> <hr/> <p>Business Phone _____ E-mail Address _____</p> <p>List all siblings and ages. Note any siblings currently attending CCS: _____ _____</p> <p>Name of Church Attending: _____ _____</p> <p>Bill To: _____ Name _____ Address _____ City _____ State _____ Zip _____</p>
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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:

CAMPBELL CHRISTIAN SCHOOLS ~ EMERGENCY FORM

Student Name

Student Mailing Address

Birthdate_____ Home Phone_____

PRIMARY PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____

Business Name _____

Occupation _____

Business Phone _____

Cell _____

Guardian E-mail _____

Relationship to Student _____

Parent/Guardian Spouse _____

Business Name _____

Occupation _____

Business Phone _____

Cell _____

E-mail _____

Relationship to Student _____

Emergency Contact Y/N _____

SECONDARY PARENT/GUARDIAN INFORMATION

Parent/Guardian 2 Name _____

Business Name _____

Business Phone _____

Home Phone _____

Cell _____

Relationship to Student _____

Emergency Contact Y/N _____

If parent/guardian 2 and spouse is an emergency contact, provide the following information:

Spouse's Name _____

Business Name _____

Business Phone _____

Cell _____

Emergency Contact Y/N _____

MEDICAL INFORMATION

Doctor's First Name _____

Doctor's Last Name _____

Phone Number _____

Dentist's First Name _____

Dentist's Last Name _____

Phone Number _____

Medical Insurance _____

Medical Insurance ID _____

List any ongoing medication administered at home or school

List any allergies and allergic reactions

List any physical limitations

List any current health problems

EMERGENCY CONTACT INFORMATION

List two individuals, other than those listed above, who can immediately pick up your child in the event of illness or an emergency and who are able to authorize emergency care.

1. Name _____

Phone _____

Relationship to Student _____

2. Name _____

Phone _____

Relationship to Student _____

DISMISSAL AUTHORIZATION

List individuals the school is authorized to release child to other than parent, guardian and emergency contacts listed above.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

EMERGENCY DISMISSAL AND CARE PROCEDURES:

I understand that, in case of a major disaster during the school day, students will be kept at school or at an alternate site and will be released only to parents/legal guardians, or to an authorized adult. I understand that, if emergency medical or dental treatment is needed, 911 will be called. I realize that Campbell Christian Schools cannot assume responsibility for the payment of medical fees for expenses incurred. I understand that it is my responsibility to inform the school of any change regarding the information on this form. I have read and understand this form.

Parent/Guardian Signature Required:_____ Date:_____

2010 Summer Contract

Returning CCS students must provide:

___ Completed and signed application
 ___ \$100 Enrollment Fee (non-refundable) by March 31st
 ___ \$150 Enrollment Fee (non-refundable) after March 31st

Ten (10) days after enrollment process is completed an acceptance letter will be mailed.

Non-CCS students will be considered for admission upon receipt of the following:

___ Completed and signed application
 ___ \$150 Enrollment Fee (non-refundable)
 ___ Completed and signed Emergency Form
 ___ Immunization Record
 ___ Copy of Latest Report Card

Ten (10) days after enrollment process is completed an acceptance letter will be mailed.

Monday Field Trip T-Shirt Order:

Please check the size your child will require. NOTE: Consider ordering one size larger due to T-shirts running small and will shrink. This will allow enough room for your child to wear a sweatshirt under the shirt on cold days.

Youth Sizes: ___ S ___ M ___ L ___ XL
Adult Sizes: ___ AS ___ AM ___ AL ___ AXL

Name of Student _____
 In consideration of the acceptance of this contract by Campbell Christian School for the 2010 Summer Program (June 9-August 17) the undersigned agrees to pay the required tuition and fees as specified below

Option 1 ~ Student Attending Entire Summer Session ~ June through August

Check the number of days attending

___ 5 Day ___ 4 Day ___ 3 Day ___ 2 Day ___ 1 Day
 \$2,295 \$1,980 \$1,596 \$1,218 \$840

Check the day(s) of the week attending

M___ T___ W___ TH___ F___

Payments are due the 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.

Select Payment Plan

Prepayment 4% Discount
 Only if attending the entire summer session.

Three Equal Monthly Payments
 To calculate the equal monthly payments, divide the tuition fee by three.

Option 2 ~ Student Attending Partial Summer Session ~ Select Months Attending

My child will attend the month/s of June___ July___ August___ and the following day/s M___ T___ W___ TH___ F___

To calculate the monthly payment multiply the tuition fee
 for June .33 for July .42 for August .25

Tuition Fee: 5 Day \$2,295 4 Day \$1,980 3 Day \$1,596 2 Day \$1,218 1 Day \$840

Drop-In Rates must be pre-paid and are on a space available basis. Enrollment Fees are required. Discounts do not apply.

(Monday Field Trips \$105.00) (Daily Tuesday-Friday \$90.00) (Weekly Monday -Friday \$415.00)

Indicate Days/Weeks Attending: _____

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. **When a child is picked up after 6:00 pm, there will be a \$15.00 late fee for the first 10 minutes and \$1.00 fee will be assessed for every minute beyond that time.** I agree to carry adequate medical insurance. It is not the responsibility of the school to provide such coverage beyond state required minimums.

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 hereby authorize and give full consent, without limitations or reservations, to Campbell Christian Schools to publish any photographs in which the above student appears while enrolled in any program at Campbell Christian Schools. I agree that the use of photographs 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 arise from the enrollment of, or the application process of, this student, I/we agree that any claim or dispute shall be settled by the 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.

Signature of Father/Guardian _____ Date _____ Signature of Mother/Guardian _____ Date _____