

Current Grade:	
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Third
<input type="checkbox"/> First	<input type="checkbox"/> Fourth
<input type="checkbox"/> Second	<input type="checkbox"/> Fifth

2011 Summer Student Application

Student First Name	Last	Preferred
Student Home Address		
City	State	Zip Code
Home Telephone		
Birthdate	Age	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Ethnicity: Check One (Note: An ethnic designation is required by the Federal Government)		
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Native American
<input type="checkbox"/> Black	<input type="checkbox"/> Indian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other: _____	<input type="checkbox"/> White (Not of Hispanic Background)
Parent/Guardian Signature Required:		
Student lives with: Check all that apply:		
<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather
<input type="checkbox"/> Parents Married	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Single
<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Stepmother
Advise of any custodial arrangements:		
Name and Address of School Last Attended:		
Telephone		Home School District:
Principal or Last Teacher		
Has student ever had psychological testing or been screened for academic difficulties or learning disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, would the results be available to CCS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has student ever been enrolled in a special education program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is child taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> 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:		
Father's Name		
Home Address (if different than student)	Home Number	Cell Number
Father's Employer	Father's Occupation	
Business Phone	Email Address	
Mother's Name		
Home Address (if different than student)	Home Number	Cell Number
Mother's Employer	Mother's Occupation	
Business Phone	Email Address	
List all siblings and ages. Note any siblings currently attending CCS:		
Name of Church Attending:		
Bill TO: (if address different than above)		
Name	Address	City/State/Zip Code

2011 Summer Contract – June 8th – August 16th

Name of Student _____ In consideration of the acceptance of this contract by Campbell Christian School for the 2011 Summer Program (June 8th – August 16th) the undersigned agrees to pay the required tuition and fees as specified below.

- Non-CCS Students will be considered for admissions upon receipt of the following:**
- | | | |
|--|---|--|
| <input type="checkbox"/> Completed Application and signed contract | <input type="checkbox"/> \$150.00 Enrollment Fee | <input type="checkbox"/> Completed and signed Emergency Form |
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Copy of latest Report Card | |

Enrollment Fees are non-refundable. 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: Small Medium Large Adult Sizes: Small Medium Large X Large

- Option 1 – Student Attending Entire Summer**
- Prepayment 4% (Before June 1st)
- Equal Monthly Payments:** The three-equal monthly payment plan is for parents sending their children to attend the entire summer program June - August. To calculate divide the tuition fee by three.

CHECK THE NUMBER OF DAYS ATTENDING

CHECK THE DAY/S ATTENDING

5 Days \$2,376 4 Days \$2,049 3 Days \$1,650

2 Days \$1,260 1 Day \$870

Monday Tuesday Wednesday

Thursday Friday

- Option 2 – Student Attending Partial Summer**
- This payment option is for parents wishing to send their children for a portion of the summer. To calculate the monthly payment, multiply the tuition by .35 for June, .40 for July, and .25 for August. **TUITION FEES: (5 DAYS \$2,376) (4 DAYS \$2,049) (3 DAYS \$1,650) (2 DAYS \$1,260) (1 DAY \$870)**

MY CHILD WILL BE ATTENDING THE FOLLOWING MONTH/S AND DAY/S

June M T W Th F **July** M T W Th F **August** M T W Th F

- Drop-In Rates must be pre-paid and are on a space available basis. Enrollment Fees are required.**
- (Monday Field Trips \$125.00) (Daily Tuesday-Friday \$100.00) (Weekly Monday-Friday \$460.00)

Indicate Day(s)/Weeks Attending:

June _____

July _____

August _____

June	July	August																																																																																										
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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 _____

Student Name _____

Mailing Address _____ Birthdate ____/____/____

PRIMARY PARENT/GUARDIAN INFORMATION

Parent/Guardian Name	Home Phone	Cell Phone
Business Name	Occupation	Business Phone
Relationship to Student	E-mail	
<hr/>		
Parent/Guardian Name	Home Phone	Cell Phone
Business Name	Occupation	Business Phone
Relationship to Student	E-mail	
<hr/>		

SECONDARY PARENT/GUARDIAN INFORMATION

Parent/Guardian Name	Home Phone	Cell Phone
Business Name	Occupation	Business Phone
Relationship to Student	E-mail	Emergency Contact __Yes __No
<hr/>		
Spouse's Name	Home Phone	Cell Phone
Business Name	Occupation	Business Phone
Relationship to Student		Emergency Contact __Yes __No

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).

Name	Phone	Relationship
Name	Phone	Relationship

DISMISSAL AUTHORIZATION (list individuals the school is authorize to release child to other than parent, guardian, and emergency contact).

1.	2.	3.
4.	5.	6.
7.	8.	9.

MEDICAL INFORMATION

Doctor's Name	Phone
Dentist's Name	Phone
Medical Insurance	Medical Insurance ID
List any ongoing medication administered:	
List any allergies and allergic reactions:	
List any physical limitations:	
List any health conditions:	

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. 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 changes regarding the information on this form. I have read and understand this form.

PARENT/GUARDIAN SIGNATURE REQUIRED: _____ DATE _____