



CITY CHRISTIAN SCHOOL

A PLACE TO LEARN, GROW AND BELONG

OFFICE USE ONLY	
Date Received	_____
Reg:	_____
Books:	_____
Act. Fee:	_____

STUDENT APPLICATION FOR 2017 - 2018

A registration fee of \$200 is required for continuing students and is due at time of registration. *This annual registration fee is non-refundable and non-transferable.* Please fill out this application. All information given is confidential.

<input type="checkbox"/> 1 st Grade Physical
<input type="checkbox"/> 7 th Grade Shot
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Immunization Card

Section 1: STUDENT INFORMATION

Last Name		First Name		Middle Name	
Primary Address Parents, Father, Mother, Guardian- <i>Circle one</i>			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	
City	State	Zip			
Secondary Address <i>(if different from above)</i> Father, Mother, Guardian- <i>Circle one</i>			Grade	Child lives with: Father/Mother/ Stepfather/Stepmother/G uardian	
City	State	Zip			

Section 2: PARENT/GUARDIAN 1 INFORMATION

Last Name		First Name		Relationship	
Home Phone	Cell Phone	Work Phone	Wireless Phone Carrier		
Marital Status		Employer/Occupation		Email	

PARENT/GUARDIAN 2 INFORMATION

Last Name		First Name		Relationship	
Home Phone	Cell Phone	Work Phone	Wireless Phone Carrier		
Marital Status		Employer/Occupation		Email	

Section 3: CHURCH INFORMATION

Church Name		City		Pastor's Name	
Are you a member?	How often do you attend? <input type="checkbox"/> Regular <input type="checkbox"/> Often <input type="checkbox"/> Seldom	Briefly state your religious beliefs:			

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS
City Christian School (the "School") admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. The School does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, financial aid programs, and athletic and other school-administered programs.

In completing this application

I understand that City Christian School is a ministry of The City Church Ventura, and that CCS teaches all subjects from a Biblical Christian perspective. I understand that enrollment at City Christian is dependent upon an assessment test and the review of student records. If my student is accepted to CCS I agree to abide by the school policies outlined in the school handbook, and also agree to support the philosophy and ministry of the school. I verify that the information in this application is accurate and complete.

Signature: _____ Date: _____
Father or Legal Guardian

Print Name: _____
Father or Legal Guardian

Signature: _____ Date: _____
Mother or Legal Guardian

Print Name: _____
Mother or Legal Guardian



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AUTHORIZATION FOR ACTIVITIES OFF SCHOOL GROUNDS

Student's Name _____ Age: YEARS _____ MONTHS _____

Home Address _____ City _____ State _____ Zip Code _____

I hereby consent to have my child participate in field trips that are from school ground to nearby points of interest and to be supervised by the teaching staff. _____ (Initial)

I hereby authorize City Christian School to call an emergency ambulance in case of accident or acute illness, and arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician called by City Christian School may treat and do whatever is necessary for the health and well-being of my child. _____ (Initial)

It is understood that a conscientious effort must be made to notify me (parents) before such action will be taken. _____ (Initial)

I also agree to accept responsibility for the cost of above medical services and I am aware that CCS Student Insurance is secondary coverage. _____ (Initial)

I authorize City Christian School to administer the following over-the-counter non-prescription medication: Children's Tylenol, topical ointments, and antacids. _____ (Initial)

Should my child be required to take prescription medication, I agree to bring a written note giving authorization and either the original prescription bottle or a copy of the prescription. _____ (Initial)

Please list your students known medical problems, allergies, physical conditions, and/or need for specialized care:

Signatures:

Mother _____ Date _____

Father _____ Date _____

Legal Guardian _____ Date _____

If your child is in the custody of one parent, please indicate. Otherwise this form must have two signatures.



2017 - 2018

HEALTH CARE AUTHORIZATION

Date of last Tetanus: _____

Physician's Name _____ Physician's Phone _____

Address _____ City _____ State _____ Zip Code _____

Insurance Carrier _____ Policy Number _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Father's Name _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Friend/Relative _____ Phone _____

Signatures:

Mother _____ Date _____

Father _____ Date _____

Legal Guardian _____ Date _____

If your child is in the custody of one parent, please indicate. Otherwise this form must have two signatures.



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Parent Authorization for Student Pick-Up and Emergency Contacts

Student Name: _____ Grade: _____

The health and safety of your child is very important to us. If anyone other than a parent/guardian will be picking up you child please list him or her below. Please also use this form to list your emergency contacts for you child.

Name	Relationship	Phone Number	Emergency Contact Yes/No	Authorized Pick-Up Person Yes/No
	Father	Home Cell Work		
	Mother	Home Cell Work		
		Home Cell Work		
		Home Cell Work		
		Home Cell Work		

I authorize the following people to pick up my student from school and/or be contacted in case of an emergency. I am aware that in the event of an emergency every attempt will be made to contact the parent first and then the school will begin contacting those listed as emergency contacts on this form.

Parent/Guardian Signature: _____ Date: _____



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FINANCIAL AGREEMENT

The budget for City Christian School is determined by our enrollment and includes the timely payments made by our parents and guardians; therefore, reliable payment of tuition is a condition of enrollment. The school board has put the following tuition policy into place, which will be strictly adhered to.

All families are placed on a 10-month payment plan, with the first payment due on July 19th, except for late registrants, and will continue through May, with the exception of February. This will be a "Non-Tuition" month, except for late registrants, due to registration beginning for the following school year.

An account will be considered delinquent if payment is not received at Smart Tuition by the 15th. If payment is not received by the 19th, a \$40 late fee will be assessed. Payments can be made to Smart Tuition by phone, web, or automatic debit. If paying through your online banking, it typically takes 5-7 days to process and be delivered. If the account reaches 45 days delinquent, the parents will be contacted by the principal, and the child will not be allowed to return to school until the account is brought current; unless an arrangement with the principal and School Board has been established.

If an account is closed, re-enrollment of your child(ren) and reinstatement of your account will be contingent upon (1) The account being brought current for all tuition, daycare, and late fees. (2) The child(ren)'s place in class not having been filled by an incoming student.

Smart Tuition will assess a \$30 fee for any failed electronic transaction or returned check. A \$30 fee will be assessed for a returned check to CCS.

All other fees such as testing, registration, books, activities/billing, hot lunch, and daycare are payable to CCS.

Daycare payments must be made in advance at the school. Daycare may be denied if an account is delinquent more than \$100. If daycare is denied, your student will be sent to the office where a phone call will be made first to the parent, and then the next authorized adult(s) as needed, asking for your student to be picked up. Daycare will not be available for that student until the account balance is brought current and a new daycare card is purchased from the office.

CCS reserves the right to withhold student records and/or grades until all monies due to the school have been paid in full.

In cases of financial hardship, please contact the office. Available alternatives to your current financial agreement can only be made through the principal's office, and is subject to the approval of the school board.

I/We agree to the financial policy described in this agreement as well as all other school policies as described in the Student Handbook. I/We understand that continued enrollment depends not only upon timely payments as set forth in this agreement, but also upon compliance with all other school policies.

Signed: _____ Date: _____
Father or Legal Guardian

Signed: _____ Date: _____
Mother or Legal Guardian

Print Name: _____

Print Name: _____



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PARENT CONTRACT

PLACEMENT:

We understand that after testing, evaluation, and acceptance, our child(ren) shall be recommended for the classroom and level deemed proper by the school. After a 30-day period, if our child(ren) has not adjusted in the school and classroom environment, a conference shall be held with us to determine the best course of action for our child(ren).

SUPPORT:

1. We have read and understand the purpose and goals of City Christian School and its statement of faith as stated in the School Handbook. We desire that our child(ren) receive an education in harmony with those beliefs and purposes.
2. We hereby agree to support all regulations of the school in the areas of academics, uniform code, and discipline procedures and to share any complaints, questionable or negative comments with only those people involved (administration or faculty) and not around our child(ren).
3. It is further agreed between the parties that any and all disputes and/or claims arising out of or related to this agreement shall be resolved by binding arbitration and each party hereby waives its rights to resolve such disputes and/or claims in any other forum. A mutually agreeable Christian arbitrator operating under the auspices of a Christian arbitrator forum shall conduct the arbitration. Fees, costs and expenses shall be awarded to the prevailing party. If any suit is brought in any other forum by any party to this agreement, the other party shall be and is hereby authorized to utilize the above to request the court to dismiss the action and order it to arbitration consistent with the above terms.
4. We agree to uphold and support the high academic standards of the school by providing a place and time at home for our child(ren) to study and to give our child(ren) encouragement in the completion of homework assignments.
5. I give my permission for my child to use all of the play equipment and to participate in all school sponsored field trips, outings and activities during the course of the school year.
6. I understand that occasionally CCS uses photographs and/or videos of students and school activities for promotional or public relations purposes; therefore I will notify the School Office if I do not wish to comply with this policy.

DISCIPLINE:

1. We understand that the standards of CCS do not tolerate profanity, obscenity in word or action, dishonor to God and the Word of God, disrespect to personnel of the school or the established policies of the school.
2. We understand the school discipline policy and agree with the standards of conduct and discipline and grant authority to the teacher and administration to prayerfully discipline our child(ren) when necessary.
3. We further agree that we will cooperate and discipline our child(ren) in the home as needed.

Child(ren)'s Name (Please print) _____

Signed: _____ Date: _____
Father or Legal Guardian

Signed: _____ Date: _____
Mother or Legal Guardian

Print Name: _____

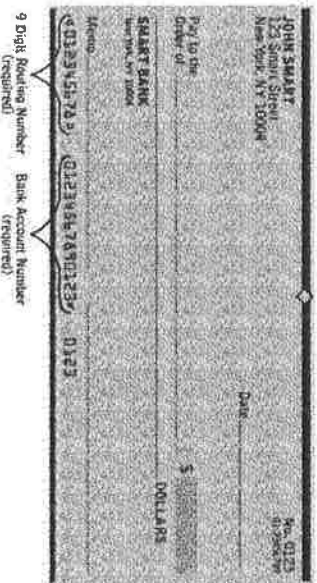
Print Name: _____

PARENT INSTRUCTIONS

Please use capital letters and print clearly.

1. **ENTER FAMILY INFORMATION:** Provide us with all of the requested contact information. If desired, use the "Additional Authorized Party" field to allow another person to access your tuition account information and make payments on the account. Be sure to include your email address, as we may contact you regarding important account information.

2. **SELECT A PAYMENT METHOD:** If you choose to pay by mail you will receive a bill that will be due on the date selected. Please mail your payment at least seven days prior to the due date. If you select Auto-Debit, Smart Tuition will debit your bank or credit card account on the debit date selected. If you choose to pay from your checking account, please include a voided check to ensure the accuracy of your information. On the bottom of every check, there is a 9 digit routing number that represents your bank (example below). It is typically located on the left side of the bottom of the check. Smart Tuition cannot process automatic payments if the routing number is missing.



Please choose one of the due dates from the available dates provided. If you choose a due date not approved by your school, your account will default to the latest due date available.

3. **SELECT A PAYMENT PLAN:** Please choose one of the plans offered by your school by putting the letter of the plan in the box. Payment plans are made available by your school and cannot be changed by Smart Tuition without school permission.

4. **ENTER STUDENT INFORMATION:** Please write the name and grade of the children who will attend this school.

5. **PLEASE READ AND SIGN:** Please review the terms and conditions. The Primary Bill Payer must sign the form.

parent.smarttuition.com

TERMS AND CONDITIONS

Smart Tuition receives, processes and deposits your payments into your school's bank account. Our secure website and 24/7 parent help center are available to families that have questions about their tuition payment plans.

Late Enrollment: If Smart Tuition does not receive your enrollment form on time, your first payment date will be moved forward. Your school may require you to catch up any missed payments on your first due date or may establish a plan with a smaller number of larger payments.

Refunds: Smart Tuition does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments. All reimbursements or refunds must be arranged with your school.

Late Fees: Any payment that is not received by Smart Tuition by your due date is considered late and may receive a late fee. In the event that your account becomes delinquent, Smart Tuition may provide your school a follow-up service which will contact you via mail, telephone, or e-mail. Your account may be charged \$20.00 as a result of this service. This fee is in addition to any late fees charged by your school.

Dishonored Payments: A fee of \$30.00 will be applied to your account for any failed auto-debit and failed check payments. Your bank may impose additional fees.

Auto-debit Terms (Applies to auto-debit enrollees only): By signing this enrollment form you agree to authorize Smart Tuition to debit your account on the scheduled dates as described on the reverse side. If your auto-debit due date falls on a weekend or holiday, your account will be debited on the following business day. You agree that if any such debit is dishonored, for any reason, Smart Tuition shall have no liability for any fees charged to you by your financial institution. Smart Tuition will automatically reattempt any failed debits approximately 10 days after their failure. This authority will remain in effect until Smart Tuition receives your written instruction to cancel auto-debit service. To cancel or stop a scheduled auto-debit payment, you must contact Smart Tuition no later than 3 business days prior to the scheduled payment at (888) 868-8828.

Amendments

By signing this enrollment form you acknowledge and agree that such terms and conditions may be amended from time to time by Smart Tuition and such amendments will be reflected on Smart Tuition's website.

Smart Tuition Privacy Policy

We do not disclose any personal information about our families to anyone, except as permitted by law. Smart Tuition has adopted numerous procedures to protect the confidentiality of school and family information. We adhere to the Payment Card Industries Standard for storing family information.



SMART TUITION
Financial Solutions for Schools and Parents

**&
Your School
Have Formed
A Partnership**



**That Benefits
Your School,
Your Child,
And You.**

**Please return completed form
to your school immediately.**

If you have any questions regarding
this form, contact Smart Tuition at:
1-888-868-8828

2017 - 2018 CCS Referral Program

When you refer a new family to CCS you receive \$400 in tuition credit!

Here's how it works:

- Write your name on the Referral Coupon.
- Give Referral Coupon to any family who may be considering enrolling in CCS.
- When a new family enrolls, you will receive a \$400 credit the following school year.
- If multiple referrals are made, additional tuition discounts will be applied to the next year's tuition.
- The new family needs to be a full tuition paying family and be enrolled for the entire school year for the discount to be applied.

Additional referral coupons are available in the school office.

New Student Referral Program

Parents who refer a new family to CCS are rewarded with a \$400 tuition credit!

Who referred you to CCS? _____

New Student's Name _____