



CALVARY CHRISTIAN SCHOOL

Student Application & Enrollment Process

511 South Main St. • Deer Park, WA 99006 • 509.276.3141

Thank you for your desire to enroll your student(s) in Calvary Christian School.
The following is some vital information concerning the application process.

Please review the following Admission Guidelines:

The students who are considered for enrollment are students who:

- ☐ Have a satisfactory citizenship record in the school they are presently attending.
- ☐ Desire to attend Calvary Christian School and willingness to comply with the school's standards as printed in the *Parent & Student Handbook*.

Please review the following Admission Guidelines:

- ☐ Complete the *Student Application* and submit a copy of the official *Birth Certificate and Immunization Record* for each student you are applying for enrollment. In order to streamline the process, your application must be filled out in its entirety, prior to submittal.
- ☐ Submit the Teacher Recommendation to your student's teacher. They will return it directly to CCS.
- ☐ Submit your application and other documents to the school address on this form. Along with your completed application, you will be required to pay the non-refundable Registration Fee. **Please refer to the fee schedule.** Fees must be submitted by cash, check, or money order. The Application Fee is non-refundable and does not guarantee your student's acceptance into the school.

CCS admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to the school. It does not discriminate on the basis of race, color, national or ethnic or origin in administration of its education policies, admission policies, athletics, and other school-administered programs. CCS acknowledges that there is no preferential treatment with GOD as mentioned in Acts 10:34-35.

After initial review of your application you will be contacted by a school representative who will schedule your family interview with the school Administrator and Board Member.

Tuition & Fee Schedule

Registration Fee

Registration fees are due annually, payable at the time of submitting your application for enrollment, registration of your student(s), or re-enrollment. This Registration Fee is **NON-REFUNDABLE**.

Registration Fee: \$300.00 (Fee is **NON-REFUNDABLE**)

Note – A family registering more than one child, will only be required to pay a single Registration Fee of \$300.00.

Tuition

Tuition may be paid in full at the time of registration. Calvary Christian School is offering the convenience of submitting 10 equal payments for the cost of tuition. If tuition is to be paid using the convenience of 10 equal payments, the first payment is due on or before the first day of school. Subsequent payments will be due on or before the 10th of each month. The final tuition payment is due on or before the last day of the school year.

NOTE – If tuition is completely paid at the time of registration, Calvary Christian School will waive the Registration Fee.

	Annual Tuition	10 Equal Payments September - June
Kindergarten	\$2,500.00	\$250.00
First Student	\$5,500.00	\$550.00
Second and Third Student	\$4,600.00	\$460.00
Fourth or Additional Students	\$4,000.00	\$400.00

The first payment of tuition is due on or before the first day of school of the upcoming Academic year.

Textbooks, Workbooks and Materials

Textbooks for your students will be purchased by the school and available for your student to use during the school year.

Service Fees

Late Tuition Payment Fee (applied if payment is not received by the 20th of each month): \$25 per month

Returned Check Fee: \$25 per item

Student Transferring Out of Calvary Christian School Deer Park

Should a student transfer out of Calvary Christian School Deer Park during the academic year, the parent/guardian will be responsible for tuition based on the number of months and/or weeks the student has attended Calvary Christian School and the cost of their books which the school purchased for them at the beginning of the school year.

In the instance where tuition was paid in full at the time of registration, a refund will be provided based on the number of months and/or weeks remaining in the academic year. Calvary Christian School will accommodate tuition refunds on a reasonable time schedule to account for processing of the request.

Student Transferring Into Calvary Christian School Deer Park

Should a student transfer into Calvary Christian School during the academic year, the parent/guardian will be responsible for tuition based on the number of months and/or weeks remaining in the academic year.

Tuition may be paid in full at the time of registration, or monthly payments established at the time of registration with the last payment being received in June of the academic year. Please see above tuition payment schedule.

CALVARY CHRISTIAN SCHOOL STUDENT APPLICATION

Application Date: _____

STUDENT INFORMATION:

Grade entering in Fall:

Last Name:

First:

Middle:

Age:

Birthdate:

Sex:

Social Security Number:

Physical Address:

City:

State:

Zip Code:

Mailing Address: (if different than above)

City:

State:

Zip Code:

Home Phone:

()

Cell Phone:

()

1. Has your child to your knowledge been involved with alcohol, drugs, tobacco, cheating, stealing, or sexual immorality? () Yes () No If yes, please explain:

2. Are there any unusual factors in your child's life and/or home situation? () Yes () No
If yes, please explain:

3. Describe your child's strengths:

4. Describe your child's weaknesses:

If you would prefer to describe any of the above during a personal interview, please indicate below:

() Yes, I would prefer to meet concerning question number(s):

SCHOOL HISTORY:

Previous schools attended:

School Name	City/State	Phone	Grades Attended	Year

Please give full details to any "yes" answer below or on a separate sheet of paper, including the principal's name, date of the incident, the school, and the grade in which the incident occurred.

1. Has your child ever repeated a grade? () Yes () No If yes, what grade?
2. Has your child ever received a detention? () Yes () No

If yes, please explain:

3. Has your child ever been suspended or expelled from school? () Yes () No
If yes, please explain:
4. Has your child ever been enrolled or recommended for any of the following special classes?
() Gifted / Talented () Learning Disability () Speech () Discipline
5. Does your child currently have an IEP? () Yes () No
6. Has your child ever been evaluated for a learning disability or has your child ever had an IEP in the past?
() Yes () No
MEDICAL INFORMATION:
1. Does your child have any health conditions? () Yes () No
If yes, please explain:
2. Does your child have any physical handicaps or other conditions that might affect his or her schoolwork, including physical activities? () Yes () No
If yes, please explain:
3. Does your child have any evidence of hearing or vision difficulties? () Yes () No
If yes, please explain:
4. Does your child currently take prescription medications? () Yes () No
If yes, please explain:
5. If yes, will these be administered during school hours? () Yes () No
6. Has your child ever been diagnosed with any physical/physiological or medical "condition" (i.e., ADHD, Autism, PDD, etc.)? () Yes () No
If yes, please explain:

PARENT INFORMATION:

Parent / Guardian #1 Full Name:		Relationship:	
Physical Address:	City:	State:	Zip Code:
Mailing Address: (if different than above)	City:	State:	Zip Code:
Home Phone: ()	Cell Phone: ()		
Email Address:			
Occupation:		Employer:	
Work Address:			
Work Phone: ()			

Parent / Guardian #2 Full Name:**Relationship:**

Physical Address:	City:	State:	Zip Code:
Mailing Address: (if different than above)	City:	State:	Zip Code:
Home Phone: ()	Cell Phone: ()		
Email Address:			
Occupation:		Employer:	
Work Address:			
Work Phone: ()			

FAMILY INFORMATION:

Marital Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single If widowed or divorced, is either parent remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No
If parents are divorced or separated, who has legal custody of the child?
Please list parenting schedule:
Is either parent forbidden by court order from having equal access to the child or the school records? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach copies of legal documents stating such.

Please list all persons living in the home with the child and their relationship to the child:	
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Are you financially able to meet the monthly tuition requirement? () Yes () No	
Comments:	
What do you see as part of your child's education?	
How did you learn about our school?	
Why would you like your child to attend CCS?	
PARENT SIGNATURES:	
It is my intent to enroll my child in Calvary Christian School and in submitting this application, comply with the standards, policies, and procedures set forth in the Parent/Student Handbook. It is understood that this is an application only and does not guarantee enrollment into CCS.	
I certify that the information is complete and accurate. I understand that any information found to be inaccurate may be considered grounds for denial of admission or dismissal from this school.	
Signature of Parent / Guardian #1:	Date:
Signature of Parent / Guardian #2:	Date:

MEDICAL LIABILITY AND EMERGENCY CONTACT INFORMATION

STUDENT INFORMATION:			
Student's Full Name:		Birthdate:	Grade:
PARENT INFORMATION:			
Parent / Guardian #1 Full Name:		Relationship:	
Physical Address:	City:	State:	Zip Code:
Home Phone: ()	Cell Phone: ()		
Work Phone: ()			
Parent / Guardian #2 Full Name:		Relationship:	
Physical Address:	City:	State:	Zip Code:
Home Phone: ()	Cell Phone: ()		
Work Phone: ()			
MEDICAL INFORMATION:			
Physician:		Clinic or Hospital:	
Address:			
Phone: ()			
Medical Insurance Carrier:		Policy #:	
Address:			
Phone: ()			
HEALTH HISTORY:			
Please list any allergies or health conditions (include name of student if more than one child is registered at CCS):			
Name and dosage of any medication that must be taken (include name of student if more than one child is registered at CCS):			

EMERGENCY CONTACT / AUTHORIZED PICKUP PERSON(S):

Please list in order who CCS should contact in case of an emergency. We will always try to contact parents first.

#1 Full Name:		Relationship:
Physical Address:		
Home Phone: ()	Cell Phone: ()	
#2 Full Name:		Relationship:
Physical Address:		
Home Phone: ()	Cell Phone: ()	
#3 Full Name:		Relationship:
Physical Address:		
Home Phone: ()	Cell Phone: ()	
#4 Full Name:		Relationship:
Physical Address:		
Home Phone: ()	Cell Phone: ()	
#5 Full Name:		Relationship:
Physical Address:		
Home Phone: ()	Cell Phone: ()	
#6 Full Name:		Relationship:
Physical Address:		
Home Phone: ()	Cell Phone: ()	

AUTHORIZED PICKUP PERSON(S):		
#1 Full Name:		Relationship:
Home Phone: ()	Cell Phone: ()	
#2 Full Name:		Relationship:
Home Phone: ()	Cell Phone: ()	
#3 Full Name:		Relationship:
Home Phone: ()	Cell Phone: ()	
#4 Full Name:		Relationship:
Home Phone: ()	Cell Phone: ()	
#5 Full Name:		Relationship:
Home Phone: ()	Cell Phone: ()	
#6 Full Name:		Relationship:
Home Phone: ()	Cell Phone: ()	

I give authorization for the above listed to pick-up my child from school.

Signature of Parent / Guardian #1: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

MEDICAL AND LIABILITY RELEASE

I agree on behalf of myself, my heirs and successors and assign to hold harmless Calvary Christian School, its employees and officers, chaperones, leaders, organizers, sponsors and persons transporting my child to and from school activities, from any liability for illness, injury or death arising from or in connection with my child attending school events beginning the _____ day of _____, 202____ through _____ day of _____, 202____.

Every activity sponsored by Calvary Christian School is carefully planned and adequately staffed by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in activities sponsored by Calvary Christian School. The parent also agrees not to hold this organization or its employees or volunteers liable for damages, losses, or injuries to the person named above on this form. The parents or guardian understand that they are signing for the minor listed on this form and their signature is for both medical and liability release.

This health history is correct, so far as I know. In the event I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to Calvary Christian School to hospitalize, to secure proper treatment and/or to order injections, X-ray, laboratory, anesthesia, or surgery for my child as deemed necessary by the attending physician and/or paramedics and waive my right to informed consent of treatment. I realize that I will be contacted at the earliest possible moment in case of such an emergency.

I authorize the persons listed on this form to pick up my child(ren) from school. In case of an emergency, if I am unable to be contacted, please try to contact one of these people in the order in which they are listed.

I have read this release, understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency, if I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Signature of Parent / Guardian #1: _____ Date: _____

Signature of Parent / Guardian #2: _____ Date: _____

PHOTO RELEASE

I hereby authorize Calvary Christian School to photograph my student(s) and myself while at school and during school events. I further authorize Calvary Christian School in its sole discretion to use any photographs taken of my student(s) or myself for promotional purposes in any manner deemed appropriate by Calvary Christian School and hereby waive any and all claims related thereto, including, but not limited to intrusion upon seclusion, appropriation of name or likeness, public disclosure of private facts, false light, invasion of personal privacy, breach of confidence, and any claim for compensation.

I also understand that once images are posted on Calvary Christian School's website, they can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims related to the use of any image photographed, published, or used in any way by Calvary Christian School, its officers and directors, owners, agents, landowners, affiliated companies, and employees.

Student Name: _____

Signature of Parent / Guardian #1: _____ Date: _____

Parent / Guardian #1 Printed Name: _____

Signature of Parent / Guardian #2: _____ Date: _____

Parent / Guardian #2 Printed Name: _____



CALVARY CHRISTIAN SCHOOL

TEACHER RECOMMENDATION

To be completed by student's parent before giving to teacher:

Student's Name:		Current Grade:
I hereby authorize the designated representative of my child's current school to disclose freely information regarding my child in the context of admission into Calvary Christian School. I understand this information will be kept strictly confidential between both schools.		
Parent Signature:		Date:
Parent Printed Name:		

To be completed by student's current academic teacher and returned directly to:

Calvary Christian School

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The person named above is applying for enrollment at CCS. We exist to make disciples through a biblical school environment that prepares students to glorify God spiritually, academically and socially. We seek to create a healthy school setting in which students, parents, volunteers and teachers work together to accomplish this goal. Therefore, it is very important for us to properly evaluate each prospective student as part of our process. We trust that you will complete the form in a quick and timely manner.

I have taught this person for _____ years _____ months.

	1	2	3	4	5	Ratings
Academic Potential	Exceptionally promising student	Generally strong student	Average student, capable of satisfactory work	Below Average: __marginal ability __lacks motivation	Questionable candidate	
Personal Qualities	Outstanding: leads and participates	Generally strong	Average	Below average, immature	Very immature for age	
Emotional Stability	Exceptionally stable	Well balanced	Generally well balanced	__excitable __unresponsive __distractible	__hyper-emotional __apathetic	
Summary	Outstanding	Above Average	Average	Below Average	Poor	

TEACHER RECOMMENDATION (cont.)

Please comment on the applicant's attitude toward school. Use an additional sheet if necessary.	
Has the applicant ever been suspended or expelled? () Yes () No If yes, please explain:	
To your knowledge, has the applicant had any history of conduct or behavior problems? () Yes () No If yes, please explain:	
Does the candidate have any history of learning disability, or has he/she required any special help to meet academic requirements? () Yes () No If yes, please explain:	
Is there anything special about this applicant that you would like to share with us?	
Is there any additional information you can share to help us better know this applicant?	
Signature:	Position:
Print Name:	Phone #
School:	Phone #
Date Completed:	

Thank you for your valuable time in completing this form. All information will be kept confidential and will not be shared with any other school, church, group or other organization.

"All your children shall be taught by the LORD, And great shall be the peace of your children."

Isaiah 54:13