Community Christian School

14045 Ponderosa Way
Pine Grove, CA 95665
(209) 296-7773

For Office Use Only: Date _____

_____ New or _____ Returning Student

Book Fee _____ _____
Amt. Pd Date

Application Fee Pd (Non Refundable) _____

Tuition Plan _____

Per Month Payment _____

2025-2026 Application for Enrollment

The following information is a part of the application process at CCS. Please review this information carefully before signing the agreement. **In order to hold a spot for your child, we need this completed form returned as soon as possible as well as a $50 non-refundable processing & application fee**. Priority enrollment is given to current students & siblings of families attending CCS, then open to the community.

We are very grateful for your interest in and support of our School Ministry.

Upon receipt of a completed school application, prospective families will be contacted to set up a meeting to discuss school beliefs, policies, & practices, as well as a review of the school handbook. Completion of a school application **DOES NOT** guarantee your child a spot at CCS. Please make & retain a copy of this application for your own records.

Student's Full Name: _____ **Grade Entering:** _____
(First) (Middle) (Last)

Mailing Address: _____
(Street / P.O. Box) (City) (State) (Zip)

2nd Mailing Address: _____
(if parents aren't residing together) (Street / P.O. Box) (City) (State) (Zip)

Physical Address: _____
(Street Address) (City) (State) (Zip)

2nd Physical Address: _____
(Street Address) (City) (State) (Zip)

Male / Female (Please circle) **Birth Date:** _____ **Age:** _____

Primary Contact Email Address: _____ **Home Phone:** (___) _____

Secondary Contact Email Address: _____ **2nd Home Phone:** (___) _____

Other Children Under 18 in the Home:

_____ _____
Name DOB

_____ _____
Name DOB

_____ _____
Name DOB

Church Family Attends:_____ **Pastor:** _____

Attends Regularly: _____ Yes _____ No Church Pastor: _____

Why would you like your child to attend CCS? Please be specific.

_____
_____
_____
_____
_____
_____
_____

Parents/Guardians: __Married __ Divorced __Separated __Single __Foster Parent __Legal Guardian (Please Check)

Father/Guardian: _____ **Employer**: _____

Occupation: _____ Work # _____ Cell # _____

Mother/Guardian: _____ **Employer**: _____

Occupation: _____ Work # _____ Cell # _____

Emergency Contacts: Person(s) authorized to care for the above stated child if parent or guardian cannot be reached:

Name: _____ **Relationship to Child**: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name: _____ **Relationship to Child**: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Medical Insurance & Medication

Insurance Carrier: _____ Policy #: _____

Physician: _____ Physician Phone # _____

Health Problems or Allergies: _____

_____

Permission is granted for _____(student name) to be given appropriate medical and/or dental care in case of an emergency. I will assume all responsibility for payment of said dentist, physician, ambulance, or hospital charges.

Parent/Guardian Signature: _____ Date: _____

Financial Agreement

Tuition

Current tuition is $4650 for 1 child, $8575 for 2 children, and each child after that is $1175 each for TK – 8th grade students in the same family. Invoices are handed out, or emailed on the first (1st) of the month & due by the 15th of the month.

Tuition is always due by the 15th with or without an invoice. A late fee of $25 will be charged to your account if payment is not received by the 15th. Tuition is an **annual contract** and is **NON-REFUNDABLE**. There are no holiday credits. Students enrolling after the beginning of the school year will have tuition prorated accordingly. CCS offers several different payment options.

Please indicate below which option you wish to utilize:

Annual _____100% Tuition Payment – **5% Discount if Payment is made by August 1st**

Semi-Annual _____Two (2) Equal Installments – Paid by **August 1st AND January 1st**

Monthly _____10 Monthly Installments **(August through May) (Tuition due by the 15th)**

_____12 Monthly Installments **(July through June) (Tuition due by the 15th)**

There is an additional curriculum fee of $280 for kindergarten students and $380 for 1st-8th students – due by 7/31.

Late Fee

All tuition is due by the 15th of each month and is considered late if not made by that date.

A **$25 late fee** will be applied when payments are not made by the due date. The school reserves the right to revoke a scholarship grant in the event of past due accounts. All accounts must be kept current in order for a student to remain enrolled in preschool. Continued late payments may result in dismissal from the CCS program.

Other Fees & Information

CCS goes on a variety of field trips throughout the school year. There is almost always a fee associated with field trips. In addition, our 5th-8th graders are able to participate in a variety of electives during our three trimesters. There may be a fee associated with electives to cover the cost of supplies.

Students will be asked to provide certain school supplies to help offset costs & provide for their needs in the classroom. A letter will be sent home at the beginning of the year outlining what specific items are required for the classroom.

Volunteer Commitment

All families who attend CCS are asked to complete a **minimum of 20 hours of volunteer service (per family)** at CCS each school year (fundraisers, workdays, classroom helper, lunchroom help, prep work for projects, etc.).

Fundraisers

In order to keep our tuition as low as possible, while continuing to provide a quality education, CCS needs & expects the support of both parents and students to meet our fundraising goals. Generally, our school requires participation during our two major fundraisers: our jogathon & anniversary dinner celebration. **We ask for participation from all of our families to help keep our costs low.** In addition, supplemental fundraising activities are occasionally initiated in order to meet a specific goal.

After School Care	CCS is able to offer after school care between the hours of 3:15-6 Mondays through Thursdays, and 12:15-6 on Fridays at a rate of $6 per hour. If after school care is utilized, this fee will be included on monthly tuition invoices for the month after it is used. If you choose to use this service, please sign up for it at the beginning of the year and specify what days of the week you will need it for.

Lunches	When possible, CCS participates in a school lunch program on Wednesdays. Students may purchase a hot pizza lunch ticket for $5.00 or they may bring their own lunch from home. Lunch on other days is packed at home & sent with students by parents.

Standards & Responsibilities

Our goal at Community Christian School is to provide a Christ-centered education based upon the truth of the Bible. We provide a well-rounded curriculum for our students that provides each student with a strong foundation spiritually, academically, & socially. Our classrooms are traditional in style, with a strong emphasis on fundamentals. All teachers are believers in Jesus Christ.

It is our belief that children respond well to firm policies regarding personal responsibility & self-discipline. Students are expected to be obedient & respectful of others, school property, school rules & property, teachers, volunteers, & staff. Profanity, violence, hitting or fighting, disrespectful language and/or gestures, will not be tolerated & will be dealt with immediately. The school reserves the right to dismiss any student who consistently chooses to disregard school standards & regulations.

I/We have read & understand the CCS Handbook. I agree to support the policies & standards of conduct as stated. The school has full authority to discipline my child in a manner consistent with age-appropriate requirements & restrictions identified in the personal rights statement provided by the state licensing agency. I further agree to work in partnership with the school regarding consistent discipline of my child in the home.

For the safety of our students, students are released only to those indicated on the student release form. Please ensure that it is updated & current at all times.

CCS admits students of any race, color, national or ethnic origin, to all the rights, privileges, programs & activities generally made available to the students of the school. The school reserves the right to refuse admission to anyone unwilling to comply with the school policies regarding conduct & discipline.

I have read & understand the financial obligations to CCS and hereby agree to pay all tuition & fees when due. In addition, I understand that our account must by kept current in order for my child(ren) to remain in school. I agree to participate in all fundraising requirements of the school, as well as fulfill our 20 hour volunteer commitment.

In signing this agreement, I fully understand the above information & affirm my support for all the policies of CCS.

Parent / Guardian Signature: _____ **Date:** _____

Parent / Guardian Signature: _____ **Date:** _____

Community Christian School
14045 Ponderosa Way
Pine Grove CA 95665
(209) 296-7773
communitychristianschoolamador.org

Teacher Reference Form

Applying for grade:_____

_____ is applying for admission to Community Christian School, in order for us to properly evaluate the applicant, please answer the following questions to the best of your knowledge. Information and comments will be held in strict confidence and will not be shared. **Do not give this completed form to the applicant.**

Please scan this form and email to: ccsprincipal@volcano.net **Or send it to the above address.**

I understand that I will not have access to the information pertaining to my student.

_____

Parent Signature Date

How long have you known the applicant?_____

How would you best describe the student's overall academic performance?

_____

If you used ability groups, would you place this student in low, middle or high for:
Reading:_____ Math: _____ Sciences: _____

What is the student's greatest academic strength? _____
What is the student's greatest academic weakness? _____

Please describe the student's social skills as he/she relates to his/her peers:_____

_____

Please describe the student's social skills as he/she relates to you and other adults:_____

_____

Has the student ever been sent to the office? Please indicate the reason and frequency of these visits:_____

_____

How is the student's attendance? _____

Describe the kind of parental support you have received from the student's parents?

_____

How much supervision do you think the applicant needs? _____

Please circle all that apply. Would you describe this child as:

Shy	Outgoing	Quick to obey	Quiet
Talkative	On task	Off task	Reluctant to obey
Respectful	Disrespectful	Kind to others	Leader
Follower	Focused	High energy	Easily distracted
Follows directions		Non focused	

Please circle all that apply. What are the applicant's primary interests?

Artistic	Intellectual	Religious	Athletic	Social
Literary	Scientific	Drama	Musical	

Are tuition/childcare accounts current at the end of every month? (This may not apply to your school. If you do not know please reroute this question to the person who would.)

Would you recommend this child for promotion to the next grade? _____

Please make any additional comments you consider of interest or importance.

_____
_____
_____
_____
_____
_____
_____
_____

Signature _____ Print Name _____ Title _____

School Name _____ Phone# _____ Date _____

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

COMMUNITY CHRISTIAN SCHOOLS TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____ . THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ _____
DATE PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE WORK PHONE

( ) ( )

LIC 627 (5/01) (CONFIDENTIAL)

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_____ _____
DATE PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE WORK PHONE

( ) ( )

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Community Christian School

Medication Administration Form For School

The parent/guardian of _____ asks that school staff give the following medication _____ during school hours according to the Health Care Provider's signed instructions on this form.

The school agrees to administer medication prescribed by a licensed health care provider. It is the parent's responsibility to furnish the medication on a regular basis. The parent agrees to pick up the expired or unused medication within one week of notification by school staff.

Prescription medications must come in a pharmacy-labeled container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

_____	_____	_____
Parent/ Guardian name	Parent/ Guardian signature	Date

_____	_____
Day phone #	Home phone #

Health Care Provider Authorization to Administer Medication in School

Child's Name: _____ Birthdate: _____

Medication (name, dosage, route): _____

To be given at the following time(s) during school: _____

Purpose of this medication: _____

Side effects to be reported: _____

Additional special instructions: _____

Starting Date: _____ Ending Date: _____

_____	_____
Signature of Health Care Provider with Prescriptive Authority	**License Number**
_____	_____
Phone Number	**Date**

Community Christian School Directory

Please complete this form and return to the school office. We ask all parents to complete this in the event we need to reach you for early school dismissal, school closure, etc. Please help us by supplying us with contact information for your student. A copy of this page will be provided to your child's teacher. Please sign the bottom and return the completed form to the office.

Thank you for your help!

CCS Staff

Contact Information:

Parents' Names (Mom): _____

(Dad): _____

Student(s) Name(s) & Grade: _____

_____

_____

_____

Home and/or Mailing Address: _____

_____

_____

Email Address(es): _____

_____

Cell Phone: _____ **Cell Phone:** _____

Home Phone: _____

Emergency Phone # (best # to call in case of emergency, power outages, snow days, evacuation, etc.): _____

Signature(s): _____ _____

Print Name: _____ _____

Community Christian School

Student Release Form

Child's Name_____

Address_____

Phone_____Grade_____

I authorize the names below to be the only persons who are to pick up my child/children from the premises. There are NO exceptions.

Make sure to list father, mother, grandparents, etc. (anyone who might be picking up your child/children). Please list their phone numbers, driver's license or identification numbers.

Name	Phone#	License#

Signature_____

Parent/Guardian

Website/Facebook/Yearbook Permission Slips

As the parent or guardian of the above students, I have read the terms & conditions for computer and/or Internet access privileges in the CCS handbook. I understand this access is for educational purposes & the CCS has taken available precautions in forewarning & educating all interested parties of the controversial material that is accessible on the Internet. No student will be allowed access to computers at CCS without supervision of one of the teachers. I also recognize that it is impossible for the school & its faculty to restrict access to all controversial materials. I will not hold CCS or its employees responsible for materials acquired by my son/daughter on the network in violation of the Internet/Computer Acceptable Use Policy in the CCS handbook. Furthermore, I accept full responsibility for supervision if and when my child's use of the Internet is not in the classroom setting. I give permission to CCS to issue Internet & computer access privileges to my son/daughter.

As the student named on this permission slip, I agree to abide by all rules that are listed in the CCS Computer & Internet Acceptable Use Policy. I agree to be responsible with my computer use. I realize that the primary purpose of the CCS Internet is educational. I realize that the use of the computer and/or Internet is a privilege, not a right. I accept that inappropriate behavior may lead to consequences, including revoking of Internet access, basic computer use, and/or disciplinary action. I agree not to participate in the transfer of inappropriate or illegal materials through the CCS Internet. I agree not to download any shareware or freeware programs from the Internet. I agree not to bring software from home to load it on one the school's computers.

Our school website and facebook pages will be updated periodically with new pictures and classroom information. Please note that on the web pages, names or other personal information will not be associated with the pictures. We photograph the students all year for yearbook purposes. By signing this, I, parent of _____, give permission for my child to be photographed for the yearbook, website, and/or facebook page and/or give permission to CCS to use my child's artwork in the yearbook or on the school website/facebook page.

Parent Signature _____

Parent Signature _____

Student Name _____ Grade _____ Year _____

Student Name _____ Grade _____ Year _____

Student Name _____ Grade _____ Year _____

Student Name _____ Grade _____ Year _____