

**2010-2011 FEES AND FINANCIAL POLICIES**



**CENTURY CHRISTIAN SCHOOL**  
 550 West Century Blvd. Lodi, CA 95240  
 Phone: (209) 334-3230 Fax: (209) 334-6656  
 Web: centuryeagles.com Email: ccsinfo@centuryeagles.com



**Registration**

Re-enrollment begins February 1, 2010. New student enrollment begins March 1, 2010. Returning students are considered enrolled when the school has received completed enrollment forms and \$175.00 registration fee. New students must pay the full registration fee at the time of enrollment. Interview and testing appointments are set up by the office, once completed forms are received. **Accounts must be current to re-enroll and maintain enrollment status.**

**Registration Fees (Non-refundable)**

Returning Student	\$175.00
New Student Testing	\$35.00
New Student	\$200.00

**Book Fees (Non-refundable) Due July 1, 2010**

Kindergarten	\$130.00
1 <sup>st</sup> -5 <sup>th</sup> Grade	\$190.00
6 <sup>th</sup> -8 <sup>th</sup> Grade	\$220.00

**Other Fees**

Lunch	\$3.25
Daycare	\$5.00

**Other Fees**

Unless otherwise noted, all fees (including field trips, sports and other activities) are due in advance. Students will not be allowed to receive goods or services until the appropriate fees are paid.

**Tuition**

Tuition is an annual charge, payable in ten monthly payments. The billing process begins in August, with the last payment due in May. Each payment is due on the first of the month. Accounts that are not current, after the fifth of each month, will be subject to a \$25.00 late fee. Students with accounts that are over thirty days past due, will not be allowed to attend class until payment is received or written payment arrangements are made with the school administration. A \$25.00 service charge will be assessed on all returned checks. A three percent tuition discount is given if tuition and fees are paid in full by August 6<sup>th</sup>.

	Annual	Monthly (10 Months)
1 <sup>st</sup> Grade through Eighth Grade		
First Child (Oldest)	\$3800	\$380
Second Child	\$3600	\$360
Third Child	\$3300	\$330
Kindergarten(by 6/30)	\$3300	\$330
Kindergarten (after 7/1)	\$3500	\$350

**Early Withdrawal**

In case of early withdrawal, please notify the school office as soon as possible. A minimum of two weeks notice is required. A withdrawal form must be completed, before a student is considered withdrawn from school. If the student attends less than one half of the school days in the month withdrawn, only one half of the month's tuition will be charged. If the student attends at least one half of the school days in the month withdrawn, the full month's tuition is due. Refunds will be mailed out within thirty days if applicable.

\_\_\_\_\_  
*Signature of Father/Guardian* *Date*

\_\_\_\_\_  
*Signature of Mother/Guardian* *Date*

**All responsible parties must sign**

**2010-2011 ENROLLMENT APPLICATION (one per student)**

Testing Fee _____	Check # _____	Date _____	Testing Date/Time _____
Interview Date/Time _____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted	<input type="checkbox"/> Letter Sent Date _____
Reg Fee _____	Check # _____	Date _____	Student Records Requested _____ Received _____

**Student** (Legal Name) \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender  Male  Female Age \_\_\_\_\_ Grade Entering \_\_\_\_\_

Birthplace \_\_\_\_\_ SSN # \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Preferred Phone # for automated Messaging \_\_\_\_\_

Home Phone \_\_\_\_\_ Family E-mail \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Marital Status of Parents**  Single  Married  Divorced  Separated

**Siblings**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Home Church** \_\_\_\_\_ Phone \_\_\_\_\_

Pastor \_\_\_\_\_

Frequency of Church Attendance  Weekly  Monthly  Occasionally

*(Continued on next page)*

I give permission to include the following in the *school directory*. Name Address Phone

I give permission to use images of my child in school publications and on the website. Yes No

I give permission for my son/daughter to participate in the free eye screening provided by Century Christian School through the Elks Program. (Kindergarten Only) Yes No

Is this child covered under a medical insurance policy? Yes No Insurance Company \_\_\_\_\_

### ENROLLMENT CONTRACT

Century Christian School admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs and 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's spiritual, academic, conduct, and discipline policies or does not achieve the school's academic standards.

I agree to the following upon enrollment in Century Christian School.

- I understand that I am personally responsible for all financial obligations incurred relative to this enrollment and agree to the fees and policies stated on the financial contract.
- I will pay for any property damage caused by my child and acknowledge that Century Christian School is not responsible for students' lost, stolen, or damaged personal property.
- I have read the Parent/Student Handbook and support the school's statement of faith, Christian values, and school policies. I will cooperate with the school to ensure compliance with school rules and policies.
- I support the school's standard of conduct and discipline policies as stated in the Parent/Student Handbook. The school has full authority to discipline my child in a reasonable manner when necessary.
- I support the school uniform dress code and will work with the school to insure my child's compliance with the dress code at school and all school related activities.
- I understand that the school reserves the right to dismiss any student who does not comply with the spiritual, behavioral or academic standards of Century Christian School, *as stated in the Parent/Student Handbook*.

\_\_\_\_\_  
*Signature of Father/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Mother/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Student (5<sup>th</sup>-8<sup>th</sup> grade)*

\_\_\_\_\_  
*Date*

### EMERGENCY & MEDICAL INFORMATION

Student (Legal Name) \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender  Male  Female Age \_\_\_\_\_ Grade Entering \_\_\_\_\_

#### Medical Information: This student has the following health condition(s)

Vision Difficulty  Heart Condition  Convulsions  Allergies \_\_\_\_\_

Hearing Difficulty  Asthma  Epilepsy  Serious Illness \_\_\_\_\_

Bleeder  Tuberculosis  Diabetes  Serious Injury \_\_\_\_\_

Other \_\_\_\_\_

Date of Last Physical Exam \_\_\_\_\_ TB Test Date \_\_\_\_\_

#### ACKNOWLEDGEMENT AND RELEASE

I, the undersigned, being the parent or legal guardian of the child named above, do hereby authorize Century Christian School to provide emergency medical services that in Century's agents estimation are required under the circumstances. In the event I cannot be reached, authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the school's agent(s) to give consent to any and all such diagnoses, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing. I understand that Century Christian School, its officers, and its employees assume no liability in relation to the transportation of the above named child. The school provides insurance for medical emergencies, accidents at school, or school related activities. (The school insurance is secondary to any existing medical insurance coverage.) I further understand that all costs, beyond those covered by the school insurance, for paramedic transportation, hospitalization, examination, x-ray, or treatment provided in relation to this authorization, shall be borne by the undersigned.

**The individuals listed on the Emergency Information Card are authorized to pick up my child from school, daycare and be contacted in the event of an emergency.**

#### Continuing Medication Regimen for Nonepisodic Condition: Required Notice to School Employees

The parent or legal guardian of any student, on a continuing medication regimen, for a nonepisodic condition, shall inform the office of the medication being taken, the current dosage, and the name of the supervising physician. With the consent of the parent or legal guardian of the pupil, the office personnel may communicate with the physician and may receive counsel regarding the possible effects of the drug on the child's physical, intellectual, and social behavior, as well as, possible behavioral signs and symptoms of adverse side effects, omission, or overdose.

#### IF YOUR CHILD IS TAKING MEDICATION REGULARLY FILL OUT THIS SECTION

Student \_\_\_\_\_ Age \_\_\_\_\_ Medication \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
*Signature of Father/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Mother/Guardian*

\_\_\_\_\_  
*Date*