

Student Enrollment Packet

“Train up a child...”

2020-21

**Coeur d’Alene
Christian
School**

6439 N. 4th Street, Dalton Gardens, ID 83815
(208) 772-7118 www.cdachristian.org

Religious Information

Church attending _____

Father attends? _____ Mother attends? _____ Children attend? _____

*All grades participate in Chapel, bible classes, and memory verses on a daily basis.

Medical Information

Family Physician _____ Phone _____

Does student have any physical or medical needs we should know about? _____

Explain: _____

Does student have allergies? _____

Does student have anaphylactic reaction to the allergen? _____

If yes, describe symptoms _____

Does student require medication for these allergies? _____

If so what medication _____

If student requires medication for reaction, please make sure protocol is on file in school office. Teacher will also receive a copy.

Is student taking any daily medications? _____

Will daily dose be required during school? _____

Explain: _____

Please provide a copy of birth certificate and immunizations.

Scholastic Information

Please indicate academic level of student's previous work:

Excellent _____ Good _____ Average _____ Poor _____

Has student ever been diagnosed with any learning disabilities? _____

Explain: _____

Has student ever failed a grade or subject in school? _____

Explain: _____

Has student ever been expelled, dismissed, suspended or refused admission to another school? _____ Explain: _____

Has student ever had disciplinary difficulties? _____

Explain: _____

Has student ever been in trouble with the law, arrested, etc.? _____

Explain: _____

Has student ever used tobacco or drugs of any kind? _____

Explain: _____

Parent Participation Policy (PPP)

Parent participation is an important part of any school as it helps maintain lines of communication and also supports the activities that go on during the year.

The following is the: Coeur d' Alene Christian School Parent Participation Policy (PPP), and Agreement Form.

The key points are as follows:

1. Parents are required to participate in a minimum of 10 hours of school service per family for each school year.
2. These participation hours may be served within the following areas:
 - a. Parent Teacher Organization Meetings: 4 hours of the 10 **MUST** be served at PTO meetings. This will help keep parents informed of CCS activities.
 - b. Classroom assistant
 - c. Hot lunch organizer / helper
 - d. Auction: donation organizer, set up helper, cleanup crew, etc.
 - e. Other: There are a variety of other ways to use your hours by contacting your child's teacher, the principal, or school secretary.
3. For any parent participation hours that are not fulfilled, that family will be charged at a rate of \$25.00 per unfulfilled hour.
 - a. To be billed half at mid – year and half at the end of the school year.

I agree to Coeur d' Alene Christian School Parent Participation Program (PPP).

Signed _____ Print Name _____ Date _____
Parent / Guardian

Signed _____ Print Name _____ Date _____
Parent / Guardian

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

CCS Fundraising Opportunities

Dear CCS Family Members:

WE NEED YOUR HELP! While we realize the added financial commitment that you have taken on to receive a Christian education for your child(ren), we ask that you also realize that tuition only covers a fraction of the cost required for us to provide this service to you. To help bridge the gap of keeping our tuition one of the lowest in the area while fulfilling our budgeted needs, we have narrowed it down to three major fundraisers. Your participation is key to the success of these events. You will always have the option to either participate actively or financially. Please choose and initial where indicated for each fundraiser as required by our school board.

I, _____, agree to the following commitment as part of enrollment with Coeur d' Alene Christian School.

1. Fall Fundraiser – CANDY BAR SALE: Initial: _____
Options (check one):
_____ Sell at least one box of candy bars per student; or
_____ Donate the equivalent amount of money per student (\$60.00)

2. Late Winter/Early Spring Fundraiser – AUCTION: Initial: _____
Options (check one):
_____ Purchase dinner tickets to the auction and attend; and / or
_____ Donate items to the auction and participate by serving on a committee.

3. Late Spring Fundraiser – JOG–A–THON: Initial: _____
Options (check one):
_____ Ensure that your child participates in the jog-a-thon by attending and
Provide names and addresses of at least 10 potential sponsors per family; or
_____ Donate \$50.00 per child to the jog-a-thon fundraiser.

If you have chosen to financially participate in the fundraising, you will find each fundraiser listed on the tuition agreement. Please add the cost to your registration fees.

SIGNATURE: _____ DATE: _____

Throughout the year, the PTO will also be sponsoring various voluntary fundraisers to help provide for “extras”. We are grateful to you for your dedication to the Christian education of your child and choosing us to be able to minister to your family.

CCS FIELD TRIP PERMISSION FORM

I give my permission for my son / daughter, _____,
to attend school sponsored field trips, and absolve Coeur d' Alene
Christian School for liability to me or my child because of any injury to
my child during any school field trip.

Please Check All That Apply:

- My Child Has Allergies To _____
- Medication Must Accompany My Child
- No Known Allergies

Signed _____ / _____
Parent / Guardian Date

Consent Form for Treatment of a Minor

I (We), the undersigned parent(s) / guardian(s) of the minor(s) listed below, do hereby authorize

Coeur d' Alene Christian School

(Adult into whose care minor(s) is entrusted)

Or _____
(Family doctor or pediatrician)

or Emergency room physician in charge at Kootenai Medical Center

To act in my (our) place for all necessary and appropriate x-ray and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision or surgeon licensed to practice medicine under the laws of the state of Idaho. It is understood that this authorization, which is valid for 12 months from the date below unless sooner terminated, is given in advance of any specific diagnosis, treatment or hospital care, but is given to provide authority and power on the part of my (our) aforesaid(s) to give specific consent to any physician in the exercise of their best medical judgment is deemed advisable, and is within sound medical practice in the community and is in the best interest of the children. I (we) assume all financial responsibility for the delivery of such care.

<u>Child (ren) Name (s)</u>	<u>Birth Date</u>	<u>Blood Type</u>	<u>Allergies</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____/_____
Parent / Guardian Signature / Date

_____/_____
Parent / Guardian Signature / Date

CCS ACTIVITY FEE

We are always striving to make things easier for the parents and staff of CCS for all of our school activities.

Instead of being concerned about paying various fees for activities throughout the year, parents will now pay these fees as one payment at the beginning of the school year.

This allows to office staff to plan ahead for activities for our students without the constant reminders to our parents.

This annual fee of \$50.00 will pay for the following:

1. Annual Fall field trip to a pumpkin farm
2. Classroom auction basket materials
3. The Skate Plaza fun day
4. Our Spring field trip to a play or movie
5. Art project supplies

I UNDERSTAND THE ACTIVITY FEE MUST BE PAID PRIOR TO THE FIRST DAY OF SCHOOL.

_____/_____
Signature Date

Permission Form

Regarding photo's to become public.

Child's Name: _____ Grade: _____

Please initial choice:

____ I give my permission for Coeur d'Alene Christian School to post my child's pictures from school events/activities to Facebook, other social media, newspapers yearbook, and /or the CCS website.

Or

____ I DO NOT GIVE PERMISSION to post my child's picture to any of the above mentioned sites.

Signature: _____ Date: _____

Printed name: _____

Parent Agreement

This information form must be signed for both new and returning students before enrollment can be processed. An interview with the parents and the child may be required of new students before final acceptance; placement testing may also be required. Upon acceptance, the Registration fees listed on your tuition agreement must accompany your student registration packet. Registration fees are non-refundable.

For your convenience in meeting your financial obligations, tuition is divided into ten installments. The first payment is due on or before the first day of school; the tenth payment is due on or before June 1st. Final report cards and student files cannot be released until all tuition and fees are paid.

You must provide 30 days notice in writing if planning on leaving the school prior to the end of the school year. You will be responsible for the entire tuition amount otherwise.

****I am aware that I can receive a 5% tuition discount by:**

- A. Paying registration fees and tuition in full by AUGUST 31ST;
- B. Recruiting a new student (must be room in that grade; not from your family; and like any new student, must be one we can accept).

Note: only one discount per family.

****I agree to pay my financial obligations to the school on the due date.**

Late fees will be charged on all past due accounts.

Tuition must be received no later than the 10th of each month to avoid a late fee.

****I understand that if proper arrangements are not made on past due accounts, my child will not be allowed to continue in school.**

****I give permission for my child to participate in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.**

Homework

*****I agree to support the high academic standard of the school by providing a place at home for my child to study, and giving my child encouragement in the completion of any homework assignments.***

**I have read the Parent/Student Handbook and appreciate the standards of the school. I will not tolerate profanity, obscenity in word or action, dishonor to God or his Word, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the student's behalf and authorize this school to discipline, as it deems wise and expedient for the training of my child.

**I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations or whose financial obligations remain unpaid.

**I understand the terms stated on this parent agreement and agree thereto.

Signature of Father
(Or legal guardian)

Signature of mother
(Or legal guardian)

Date _____

Coeur d' Alene Christian School

Tuition and Fees

Registration Fees:	Before June 15 th : K3, K4, K5 \$140
	Grades 1 – 8 \$225
	After June 15 th : K3, K4, K5 \$175
	Grades 1 – 8 \$260

K3, K4, & K5 Yearly Tuition	5 half days \$2,200
	2 half days & 3 full days\$2,700
	5 full days\$2,950

Grades 1 – 6 Yearly Tuition	1 st child \$2,950
	2 nd child \$2,650
	Additional children \$2,550

Grades 7 – 8 Yearly Tuition	Registered before June 15 th\$2,950
	Registered after June 15 th\$3,050

- Discounts:
1. Those making full year cash payment of tuition by Aug. 31 will receive a 5% discount.

 2. Those who recruit a new student who enrolls in CCS will receive a 5% discount on their current year's tuition for 1st child.

Hours:

K half days, Monday – Friday 8:25 – 12:00
K – 8 th full days, Monday – Thursday 8:25 – 3:00; Friday 8:25 – 2:00