North County Christian School

"Educating for Eternity"

NCCS

6225 Atascadero Mall (PO Box 6017) Atascadero, CA 93422(3)
(805)466-4457 www.EducatingForEternity.org FAX 466-7948

PRESCHOOL RETURNING STUDENT REGISTRATION

ACADEMIC YEAR 20___ - 20___

Parent/Guardian		Date
Name of Student (last)	(first)	Birthday

Pleases circle the program you would like to reserve:	Please circle the days you wish your child to attend:
Half day (8am-12pm) ¾ day (7am – 3pm) Full day (7am-5:30pm)	M T W TH F

FAMILY INFORMATION

Current Address	Phone Number Cell
Church Attending:	
Email Address: (please print clearly)	

FINANCIAL INFORMATION

☐ **REGISTRATION $**_____ ($80.00 yearly)
Registration fee is due at the time of registration. This fee is NON-REFUNDABLE
☐ **Materials Fee $45.00**

TUITION: Please check the schedule you desire and circle the costs that apply.

		Half Day 8 am-12 pm	**3/4 Day** 7 am-3 pm	**Full Day** 7 am-5:30 pm
_____	5 Days per week:	$415 mo.	$593 mo.	$688 mo.
_____	4 Days per week:	$373 mo.	$541 mo.	$625 mo.
_____	3 Days per week:	$305 mo.	$452 mo.	$520 mo.
_____	2 Days per week:	$236 mo.	$368 mo.	$415 mo.

PAYMENT: Tuition is due on the 1st of the month and will be late on the 10th of the month.
The NCCS Business Office will assess late fee(s) in the amount of $55.00 on late tuition payments.

AGREEMENT

I hereby agree to accept all the rules and regulations of the school and authorize the school to administer such disciplinary measures, as may be deemed necessary and proper by the Administration. I agree to Christian mediation chosen by NCCS to resolve conflict or debt resolution. I agree to pay tuition and such fees as are chargeable according to the current Schedule of Tuition and fees. I have read and accept the financial policy for tuition, fees, and refunds as stated in the Tuition Schedule.

_____ _____
Parent/Legal Guardian Signature Parent/Legal Guardian Signature

OFFICE USE ONLY

☐ Application Form Complete ☐ Registration Fee Paid (Amount: $ _____ Date: _____ paid for #____ Students
☐ Materials Fee

North County Christian School

Tenets of Faith

1. We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (II Timothy 3:15, II Peter 1:21).

2. We believe there is one God, eternally existent in three persons – Father, Son and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30).

3. We believe in the full deity of Christ (John 10:33) and the full humanity of Christ (John 1:14),
   His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35),
   His sinless life (Hebrews 4:15, Hebrews 7:26),
   His miracles (John 2:11),
   His vicarious and atoning death (I Corinthians 15:3, Ephesians 1:7, Hebrews 2:9),
   His resurrection (John 11:25, I Corinthians 15:4),
   His ascension to the right hand of the Father (Mark 16:19),
   His personal return in power and glory (Acts 1:11, Revelation 19:11).

4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified and sanctified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone we are saved (John 3:16-19, John 5:24, Romans 3:23, Romans 5:8-9, Ephesians 2:8-10, Titus 3:5, Galatians 2:19-3:9).

5. We believe in the resurrection of both the saved and the lost; they that are saved into the resurrection of life, and they that are lost into the resurrection of damnation (John 5:28-29).

6. We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9, I Corinthians 12:12-13, Galatians 3:26-28).

7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (Romans 8:13-14, I Corinthians 3:16, I Corinthians 6:19-20, Ephesians 4:30, Ephesians 5:18).

I am in agreement with the above Tenets of Faith of the school.

Parent/Legal Guardian Signature _____

Student's Name _____

NCCS Parental Agreement

Student _____ **Grade** _____

In this agreement between North County Christian School and _____
we commit to the following: *Parents/Legal Guardian Names*

1. We will faithfully support the school through our prayers and positive attitude, and share any complaints, questionable or negative comments with only the people involved (administration or faculty), and not around our child(ren).
2. We understand the general philosophy of education as stated in the Parent & Student Handbook, and are in agreement with the purpose and intent of North County Christian School.
3. We agree with the standards of conduct and discipline as outlined in the Parent & Student Handbook, and grant authority to the Administration to discipline our child(ren) when necessary. We further agree that we will cooperate and discipline our child(ren) in the home when needed.
4. We understand that the standards of North County Christian School do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and Word of God, disrespect to the personnel of the school, or disobedience to the established policies of the school which are outlined in the Bible.
5. We choose to honor those whom God has placed in authority at NCCS. In doing this we understand that we are honoring our Lord Jesus Christ while protecting our own integrity as a family.
6. We understand that while our student(s) are enrolled at NCCS, as parents we accept the responsibility for our child(ren). This includes but is not limited to the following: cooperating fully with dress and grooming standards, seeing that students refrain from the use of tobacco, alcoholic beverages and illegal drugs and clearly communicating to our senior high school student(s) that pre-marital sexual relations are inappropriate and a violation of God's Law.
7. We understand that our failure to report psychiatric counseling and prescribed program of medication, involvement with law or juvenile authorities, pregnancy and marriage, may be cause for immediate dismissal.
8. We will uphold the spiritual emphasis of North County Christian School by regularly attending church services and encouraging our child(ren) to actively attend church services.
9. We agree to uphold and support the high academic standards of the school by providing a place at home for our child(ren) to study and to give our child(ren) encouragement in the completion of homework and assignments.
10. We understand that assessments will be made to cover damages to the school, including breakage of windows and abuse of other personal property if my student damages property.
11. We will support the school by involvement in Back to School Night, Open House, school programs and other school sponsored meetings and activities.
12. We give permission for our child(ren) to attend all activities of the school including field trips, sporting events, the speech meet and other contests.
13. We understand that the school deals directly with the parents (or legal guardians) in all legal and financial matters and that the student(s) must be under the jurisdiction of his/her parents or legal guardians as a condition of enrollment and graduations, regardless of age.
14. Grades Preschool-12th: We understand and agree to the following financial policy:
    - Payment in full by July 1 (SAVE $100), OR
    - 60% payment by July 1 and balance by November 1 (SAVE $50), OR
    - Monthly payments paid in the NCCS Business Office by check, credit card or cash. The number of payments is determined by yearly tuition divided by number of months between start of payments and May. All tuition payments must be completed by May 30. Payments are due on the 1st of the month and will be late on the 10th of the month. The NCCS Business Office will assess late fee(s) in the amount of $55.00 on late tuition payments.
15. Any family, who feels they need financial assistance must file a tuition assistance application. Applications are available in the Office or online at www.cfslogin.com. (School's registration number is 64457) **Tuition Assistance applications must be applied for at the time of registration** and not later than August 1 as late applications may lead to reduced financial assistance since these funds are limited.
16. All parents and students agree to follow Matthew 18 principles as described in the Parent Handbook. This process shall be the sole remedy for any controversy or claim. We expressly waive our right to file a lawsuit against one another or the school.

We have read the above statements and are in agreement.

_____ _____
Father/Legal Guardian's Signature Dated

_____ _____
Mother/Legal Guardian's Signature Dated

NONDISCRIMINATORY STUDENT POLICY

NCCS admits students of any race, color, sex, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, national or ethnic origin in administration of its educational policies, scholarship loan programs, and athletic and other school administered programs. NCCS is a Christian based organization and holds the Bible as the basis for determining appropriate and acceptable life styles.

PRESCHOOL AGREEMENT

Application Status: It is understood that this is an application only and that space will not be reserved for my child until the enrollment process is completed and the registration is paid.

School Rules: Upon acceptance of the student described above, I hereby agree to accept all the rules and regulations of the school and authorize the school to administer such disciplinary measures, as may be deemed necessary and proper by the Administration. I agree to Christian mediation as chosen by NCCS to resolve conflict or debt resolution.

Registration Fee: North County Christian School has received at the time of registration, a non-refundable fee to hold our child's place in the classroom.

Withdrawal: A thirty (30) day written withdrawal or schedule change request is required. We understand that all changes must be immediately reported and will use the "Request for Change Form" for: additions/changes in those authorized to pick-up, withdrawal, or any change in: schedule, phone numbers, and address, place of employment, medical insurance, doctor, or dentist. We acknowledge this information is required by law to be maintained by the school office.

Finances: I have read and accept the financial policy for tuition, fees, and refunds. I agree to pay tuition and such fees as are chargeable according to the current Schedule of Tuition and Fees. Tuition and any other monthly charges are due by the 1st of each month and a $55 late fee is applied on all balances due not paid by the 10th of the month. Late fee is applied on the 10th and payment in full is expected immediately. Returned Check Charges: $55.00. If we are withdrawing our child, any outstanding balance will be paid in full the student's last day of attendance. If tuition payments are more than one month past due the student may be dropped from enrollment by the school. Payment is immediately due in full and if necessary, late charges will continue to apply at the above named rate. One statement per family will emailed to the address we provided. Tuition is billed monthly.

Late Pickup: A fee of $1.00 per minute for late pick-up.

Required Child Abuse Reporting: The California Penal Code mandates that directors, teachers, daycare providers, and foster parents must report suspected child abuse. If it is suspected that your child may have been or is being abused, North County Christian School is required and will report to the Child Abuse Registry.

Restraining Orders: North County Christian Preschool cannot legally prevent a parent from taking their child from the facility. Restraining orders apply to the person being restrained, not the school. However, if you provide a copy of the legal restraining order or custodial papers, NCCS will do everything reasonably possible to prevent a non-custodial parent to have access to the child including calling the custodial parent and police if necessary.

Children & Injury: The facility is licensed for well care only. We understand that our child may not attend if showing signs of illness or exhaustion. (See Parent Handbook for a detailed listing.) In case of injury, parents or guardians will assume full responsibility for any related expense. The school carries secondary student accident insurance that will reimburse residual costs from your insurance carrier.

DSS Access: The State Department of Social Services has the following rights as found in Section 101200: (b) "The Department has the authority to interview children or staff, and to inspect and audit child or child care center records; without prior consent. (1) The licensee shall make provisions for private interviews with any child(ren) or staff member; and for examination of all records relating to the operation of the child care center. (c) The Department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect or inappropriate placement."

Signatures: By our signatures below we verify that we have received and read our copy of the "North County Christian Preschool Handbook," and we understand and agree to comply completely to the school's policies and procedures outlined there and in this Agreement. We fully agree to the above Financial Policy and Parental Responsibilities as outlined in this form and in the Parent Handbook. (Both signatures required if child resides' with either parent/guardian at any time.)

Print Father's (or Guardian) Name: _____

Father's Signature: _____ Date _____

Print Mother's (or Guardian) Name: _____

Mother's Signature: _____ Date _____

PARENTS' GUIDE TO IMMUNIZATIONS
REQUIRED FOR CHILD CARE OR PRESCHOOL

Requirements by Age at Entry and Later (Follow-up is required at every age checkpoint after entry.)

Vaccine	2–3 Months	4–5 Months	6–14 Months	15–17 Months	18 Months–5 Years
Polio (OPV or IPV)	**1 dose**	**2 doses**	**2 doses**	**3 doses**	**3 doses**
Diphtheria, Tetanus, and Pertussis (DTaP or DTP)	**1 dose**	**2 doses**	**3 doses**	**3 doses**	**4 doses**
Measles, Mumps, and Rubella (MMR)				**1 dose** on or after the 1st birthday	**1 dose** on or after the 1st birthday
Hib	**1 dose**	**2 doses**	**2 doses**	**1 dose** on or after the 1st birthday	**1 dose** on or after the 1st birthday (only required for children less than 4 years, 6 months.)
Hepatitis B (Hep B or HBV)	**1 dose**	**2 doses**	**2 doses**	**2 doses**	**3 doses**
Varicella (chickenpox, VAR or VZV)					**1 dose**

WHY YOUR CHILD NEEDS SHOTS:

The California School Immunization Law requires that children be up-to-date on their immunizations (shots) to attend a child care, day nursery, nursery school, family day care home, or development center.

Diseases like measles spread quickly, so children need to be protected before they enter. Staff will check your child's Immunization Records before they start and later, at ages listed above.

THE LAW:

Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

WHAT YOU WILL NEED FOR ADMISSION:

To attend a child-care facility, your child's Immunization Record must show the date for each required shot above. If you do not have an Immunization Record, or your child has not received all required shots, call your doctor now for an appointment.

If a licensed physician determines a vaccine should not be given to your child because of medical reasons, submit a written statement from the physician for a **medical exemption** for the missing shot(s), including the duration of the medical exemption.

A personal beliefs exemption is no longer an option for entry into child care; however a valid personal beliefs exemption filed with a child-care facility before January 1, 2016 is valid until entry into the next grade span (transitional kindergarten through 6th grade) and may be transferred between child-care facilities in California. For complete details, visit ShotsforSchool.org.

You must also submit an immunization record for all required shots not exempted.

Questions? Visit ShotsForSchool.org or contact your local health department (bit.do/immunization).

North County Christian School -2020-2021

STUDENT EMERGENCY INFORMATION & PERMISSIONS

STUDENT

Last Name | First | Middle | Legal (if different) | Grade Entering

☐ Male ☐ Female (Gender) | Birth Date ___/___/___ | Age Today | Birth City & State | Student E-mail address | Student Cell Phone

Circle Ethnic Group: African/African-American American-Indian/Alaskan Asian Hispanic Pacific Islander White (not Hispanic) Other (Specify):

HOME ADDRESS

Home Street Address | City | ZIP | Home Phone

Mailing Address if different from above | City | ZIP | **Parent E-Mail Address (Required for Facts access & NCCS notices)**

FAMILY

Complete all information below, especially phone contacts during the day. If no employer, list daytime phone contacts.

Father/Guardian

Last Name | First | ☐ Father ☐ Stepfather ☐ Guardian (Relationship) | ☐ Yes ☐ No (Living in home?)

Father's Employer | Company | Work Address | Work City | Work Phone | Cell Phone

Mother/Guardian

Last Name | First | ☐ Mother ☐ Stepmother ☐ Guardian (Relationship) | ☐ Yes ☐ No (Living in home?)

Mother's Employer | Company | Work Address | Work City | Work Phone | Cell Phone

Brothers/Sisters - School/Grade

Brothers/Sisters - School/Grade

EMERGENCY CONTACTS:

People to whom we may release your student. You must list at least two people with phones available during school and your doctor.

Last Name	First	Phone	Grandparent	Neighbor	Childcare	Other (Specify)
			☐	☐	☐	
			☐	☐	☐	

Doctor

Last Name | First | Phone | Address

RESTRICTED ACCESS: *List anyone to whom the student is **NOT** to be released.*

OVER

PARENTAL PERMISSIONS & ACKNOWLEDGEMENTS

	CHECK ONE
MEDICAL ALERTS: *Check all that apply to your child. Explain.* __ A.D.D. or A.D.H.D. __ Allergies __ Asthma __ Bee Sting Severe Reaction __ Severe Dental __ Diabetes __ Food Allergy __ Hearing Problem __ Eye Problem __ Fainting Spells __ Epilepsy or Seizures __ Heart Condition __ Orthopedic Problem __ Condition Limiting Participation in Class or PE (Specify): _____	*Explanation*:
MEDICATION ADMINISTRATION: *Medication may not be at school without permission.* If medication is required to be administered at school, you must complete the Medication Administration Form (from office) and bring it with the medication as described on the form to the school office. **TYLENOL ADMINISTRATION (Grades K-12):** By checking YES, I give permission for the school to administer Tylenol for pain or fever upon request of my child. When Tylenol is administered to an elementary student, the school will give the student an "Ouch Report" note to take home to parent.	Tylenol Administration Grades K-12 ☐ YES ☐ NO
PERMISSION FOR MEDICAL TREATMENT: In the event of a medical emergency, I authorize the school and its authorized personnel to administer first aid and/or to obtain medical care from a local hospital whose personnel are hereby authorized to render whatever medical care is necessary and prudent. Medical Insurance Company: _____ Insurance ID Number: _____ **If you do NOT grant this permission, what do you want us to do?** _____	☐ YES ☐ NO
PERMISSION FOR LOCAL PS-12 FIELD TRIPS: I give permission for my child to go on local class field trip(s) near the school (15 miles or less) with general parent notice such as via a class or school newsletter and/or calendar.	☐ YES ☐ NO
CONSENTS TO RELEASE PUPIL INFORMATION AND USE OF PHOTOGRAPHS I give the school permission to release pertinent student/family information (name, phone, address, grade, photo) for use in the **school directory**	☐ YES ☐ NO
I give the school permission to release student information (name, grade, photo) to the **yearbook** and similar publications with distribution only within the school and school families.	☐ YES ☐ NO
I give the school permission to release student information (name, grade, photo) to groups assisting the school such as fund raising event sponsors, **newspaper articles** about an event at the school, etc.	☐ YES ☐ NO
I authorize and give full consent to NCCS to publish and copyright all photographs and videos in which my child(ren) appears in any and all programs of the school. The school may use these photographs in **school website**, **Facebook page**, brochures, newsletters, internet advertising, videotapes, and similar publications, literature, or materials without limitations or reservations.	☐ YES ☐ NO

PARENT & STUDENT HANDBOOK AGREEMENT:
My family has read and is aware of the contents of the **Parent & Student Handbook and/or the Preschool Handbook**. We support the Christian principles for which North County Christian School stands and agree to accept the responsibility of obeying the rules and regulations by which the school is operated as described in the handbook(s).

PARENT SIGNATURE REGARDING ALL OF THE ABOVE: ***DATE:***

R: 11/29/2016