



Parental Agreement

Community Christian School's educational mission involves working with the home in the overall Christian education of students. On occasion, this cooperation between the school and the home may be challenging. To avoid such situations, the school requests that both parents or legal guardians sign the following commitment to support and cooperate with the school.

We understand that all new students are accepted on a nine week probationary period. The school administration reserves the right to decrease or increase the probationary period as deemed necessary.

We will log on to Parents Web to create an account and will check our child(ren)'s progress and grades regularly.

We will keep our child's records current to reflect any significant changes as they occur (i.e., phone numbers, work numbers, work location, emergency contacts, child's physician, child's health status, allergies [Allergy Action Plan required], immunization records, medications taken at home, etc.) through Parents Web.

We have received a Tuition Information sheet and agree to, as well as understand fully, all of the financial policies and procedures listed. We also understand that in the event our school account does not get paid in full, it may be turned over to a collection agency. We agree to pay all costs associated with the collection of our debt, including the cost of the collection agency if that occurs.

We understand that we will be charged a withdrawal fee of \$500 per student should we withdraw our student for any reason before the end of the school year. A Withdrawal Form must be filled out and signed in the school office. First and second month's tuition will be billed and are non-refundable after May 1.

We agree to support the school with our prayers and with a positive attitude.

Complaints or negative comments will be shared only with the teacher, administration, or person involved (following the Matthew 18 principle) and not with our child or other people. In sharing questions or grievances with the teacher, we understand that we are not to intimidate him or her in any way, but find ways we can work out the problem together.

We understand that any time the school determines, in its sole discretion, that our actions do not support the ministry of the school or reflect a lack of cooperation and commitment to the home and school working together, the school has the right to request the withdrawal of our child(ren).

We agree to read the *CCS Parent/Student Handbook* provided online and also agree to abide by its policies and procedures.

Community Christian School has permission to use the name, student information, and/or video(s) or photograph(s) of our child(ren) for school publications, in local area newspapers or magazines, and on the CCS website or other school affiliated websites, in promotional materials, broadcasts, telecasts, and the press to recognize his/her achievements, accomplishments, awards and/or to promote the school.

We give permission for our family information (including our names, addresses, phone numbers, and email addresses) to be included in a Family Directory which will only be distributed to CCS students and families.

We are stating we have read and agree to abide by the above-mentioned Parental Agreement.

Signature of Parent/Guardian _____ Date ____/____/____

Parent's Social Security # _____/_____/_____

Signature of Parent/Guardian _____ Date ____/____/____

Parent's Social Security # _____/_____/_____

Community Christian School admits students of any race, color, national and ethnic origin to all 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, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and local programs, and athletic and other school-administered programs.



Emergency Medical Release Form

Student Information

Student's Name _____ Birth date ____/____/____ Approximate Weight _____

Child's physician or clinic name _____ Phone _____

List all medications currently being taken on a regular basis (including those taken at home):

List all allergies (including allergies to medications): *See note below regarding "Allergy Action Plan"*

List any medical conditions, surgeries, health concerns, or diagnosis (current or previous):

List any special accommodations that may be required to most effectively meet your student's medical needs while at CCS: _____

I (We) agree to keep the facility informed of changes in telephone numbers, etc., where I (we) can be reached.

Before any medication is given to my child, I understand I must fill out a "Parental Authorization for Medication" form (available in the office). This form must be updated every week as needed. Medicine will be in the original container with my child's name on it.

I will keep my child's records current to reflect any significant changes as they occur (i.e., phone numbers, work numbers, work location, emergency contacts, child's physician, child's health status, immunization records, etc.).

I understand that if my child has any known allergies, an "Allergy Action Plan" (AAP) form must be submitted to the school nurse's office. The AAP is available on ParentsWeb.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. The facility agrees to keep me informed of any incidents involving my child, including illnesses, injuries, adverse reactions to medication, and exposure to communicable diseases.

Should my child suffer an injury or illness while in the care of Community Christian School and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary.

Signature of Parent/Guardian _____ Date ____/____/____