



## Early Education 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.

Students entering K3 and K4 must be fully potty trained and independent in the restrooms.

We understand that all new students are accepted on a one semester (eighteen week) probationary period.

A morning snack and a morning drink will be provided for our child (K2 – K4). If we choose not to preorder a lunch from CCS, we must pack a lunch consisting of protein, bread, and two or more fruits, and/or vegetables, and an afternoon snack must be brought from home. Sugary foods or drinks are not allowed while in the care of the center except for special occasions; therefore, we will not send them for lunch or snack. If we send juice, we will make sure that it is at least 50% real fruit juice. If we send fruit snacks as a fruit choice, we will make sure they are 100% real fruit. All lunches from home must be brought with the student prior to 9:00 am, or an emergency lunch will be provided at an additional cost.

Our child will not be allowed to enter or leave the facility without an authorized escort. They will only be released to those individuals, 16 years or older, whose names are on file with the school.

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, including the additional cost of after school and calendar break weeks for K3 and K4. We also understand that in the event that 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 all tuition is due each month according to our payment plan (set with FACTS), regardless of our child's attendance.

We understand that we will be charged a withdrawal fee of \$150.00 per student should we withdraw our student for any reason before the end of the school year. 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 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 # \_\_\_\_/\_\_\_\_/\_\_\_\_



## 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):

\_\_\_\_\_

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 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.).

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.

Signed \_\_\_\_\_  
Parent/Legal Guardian

Date \_\_\_/\_\_\_/\_\_\_

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.