



CAPITAL  
CHRISTIAN  
SCHOOL

Preschool  
Enrollment for 2011-2012



Dear Parents,

Thank you for considering Capital Christian School's preschool program for your student's education.

Included in this packet you will find:

- Rates and Fees & Preschool Sessions
- Application
- Extra Care Registration
- Emergency & Health Information
- Medical History
- Financial Information & Commitment Form
- SMART Tuition Application

Return all of the above listed forms to the Capital Christian School office. Please also provide a copy of your student's birth certificate and immunization records.

A non refundable \$60 registration fee is collected to hold your student's spot for the fall. If you are a new student to the preschool program this fee is due at the time of the submission of your paperwork to the CCS Office. If your student is a returning student to the Capital Christian School's preschool, SMART Tuition will bill you for your registration fee.

I encourage you to submit your forms into the Capital Christian School office as soon as possible. This will begin the process to reserve your child's spot for the 2011-2012 school year. I look forward to partnering with you for the success of your child.

Sincerely,

Donald J. Libby  
CCS Administrator



## Rates and Fees Preschool Sessions

### Preschool Class Sessions

Exciting new classes will be offered in the fall for our preschool students.

Classes are offered in the morning or afternoon time slot.

*8:30am-11:30am or Noon-3pm*

#### **Monday, Wednesday, Friday**

Morning or Afternoon

4-5 year olds

\$1,500 yearly or \$150 of Ten Monthly Installments

#### **Monday-Friday**

Afternoon

4-5 year olds – Accelerated Pre-Kindergarten

\$2,250 yearly or \$225 of Ten Monthly Installments

#### **Tuesday & Thursday**

Morning

3-4 year olds

\$1,100 yearly or \$110 of ten Monthly Installments

### Registration Fee

A non refundable \$60 registration fee is collected to hold your student's spot for the fall. If you are a new student to the preschool program this fee is due at the time of the submission of your paperwork to the CCS Office. If your student is a returning student to the Capital Christian School's preschool SMART Tuition will bill you for your registration fee.

### Tuition Options

**Option One:** Payment in full by June 20, 2011 payable to the CCS Office. A \$50 discount is given, per family.

**Option Two:** 10 monthly installments beginning in August and ending in May. All fees will be collected through SMART Tuition.



# Capital Christian School

1600 Snyder Avenue, Carson City, NV 89701  
775/883.3009 Fax: 775/883.3012

## STUDENT ENROLLMENT APPLICATION

2011-2012 (Enrollment Preschool - 8<sup>th</sup> Grades)  
ONE FORM MUST BE FILLED OUT FOR EACH CHILD

STUDENT'S FULL LEGAL NAME: \_\_\_\_\_  
Last First Middle

Name Student uses if different than above: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip Code

The grade/preschool session you are applying: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ Birthplace: \_\_\_\_\_ Gender (M or F): \_\_\_\_\_  
City State or Country

Status of Parents: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Remarried \_\_\_ Widowed \_\_\_

Child resides with: \_\_\_\_\_

\*\*\*\*\*

Name of Father/Step/Guardian: \_\_\_\_\_ Same Household? Y N

(if different than above)Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip Code

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\*\*\*\*\*

Name of Mother/Step/Guardian: \_\_\_\_\_ Same Household? Y N

(if different than above)Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip Code

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

If student does not reside with both birth mother and father please explain the custody arrangement: (provide any legal documents that are necessary)

\_\_\_\_\_  
\_\_\_\_\_

Personal References: (someone who knows the whole family, i.e. Pastor, Sunday School Teacher):

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____

Name of Church family attends Pastor's Name Phone Number

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing you agree to the terms and conditions of CCS, its Handbook and SMART Tuition policies. Capital Christian School is operated as an exempt school under provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act. Capital Christian School does not discriminate on the basis of gender, race, national or ethnic origins, nor does the school discriminate in the provisions of its programs or services on the basis of gender, race, national or ethnic origins.

# Extra-Care Program Registration

Hours: 7am-8:15am & 3:15-5:30pm

For student ages 4 years old to 8<sup>th</sup> grade

Student Name \_\_\_\_\_ Grade/Session \_\_\_\_\_

Nickname \_\_\_\_\_ M F Birth date \_\_\_\_\_

Student Name \_\_\_\_\_ Grade/Session \_\_\_\_\_

Nickname \_\_\_\_\_ M F Birth date \_\_\_\_\_

Parent/Guardian Name  
\_\_\_\_\_

Mailing Address  
\_\_\_\_\_

Email Address  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Check the fee schedule which best meets your needs:

Monthly Extra-Care \$ 129.50 (10 payments paid to SMART)

Hourly Extra-Care \$ 3.50 per hour

I will pay my student's Extra Care fee in full of \$1,295.00 by June 20, 2011.

All Extra-Care monthly and hourly fees are billed through SMART Tuition; please note if tuition has been paid in full a \$43 annual set up fee will be assessed by SMART Tuition to set up an account for your Extra-Care payments.

Registration Fee: \$20.00 per student paid to SMART Tuition.

Office Use Only:

CCS received: \_\_\_\_\_ Accounting received: \_\_\_\_\_ SMART Registration: \_\_\_\_\_ SMART Tuition: \_\_\_\_\_

# EMERGENCY & HEATH INFORMATION

2011-2012

First Name Used		Last		Grade/Session	Teacher's Name	Extra Care	Yes
				Male	Female	Birth date	
Address: Street						City	
State						Zip Code	
Lives with:						Home Phone(s)	
Father						Employer & Work Hours	
Mother						Employer & Work Hours	
E-mail Addresses						Father	
						Mother	

## PICK-UP RELEASE (Please list parents and up to five other people)

Adults (18+ years of age) with permission to pick up my child after school, or in the case of illness or emergency. Please list in order of preferred contact.

Name	Daytime Phone Number(s) & Extentions	Cell or Pager #	Relationship

Other siblings attending CCS: Name(s)/Grade(s)

## HEALTH INFORMATION

HEALTH PROBLEMS:		Diabetes _____	Epilepsy _____	Heart Condition _____	ADD _____	ADHD _____
Asthma _____		What Triggers the asthma: _____				
Bee Sting Allergy _____		Reaction symptoms? _____				
ALLERGIES: (specify triggers and symptoms)						
Medications:(to be brought in to the CCS office by parents/guardian-along with Authorization to Dispense Medication Form)						
Type	Prescribed for	Current Dosage	Taken during school Hours:(give times)		Doctor's Name	Doctor's Phone Number
EYES:		Glasses _____	Contacts _____	EARS:		Hearing Loss _____
						Hearing Aid _____
PHYSICAL LIMITATIONS: (explain)						
MEDICAL INSURANCE INFORMATION						
Insurer			Group #		I.D.#	
Physician		Address			Phone	
Dentist		Address			Phone	
Hospital(s) Preferred						

> The parent/guardian is responsible for keeping the school informed of updates of changes to the student's emergency information. The school shall be notified, in writing, of telephone or address changes within three days (3) of the occurrence. If the school is unable to reach anyone on this card in an emergency or if a student is left unattended during non-school hours, the school may contact local law enforcement or Child Protective Services.

> I give my permission for my child to take part in all school activities including sports and school-sponsored trips away from the school premises. If it should become necessary for my child to receive medical treatment for any reason during any of these activities, I authorize school personnel to make arrangements for my child to receive medical care, including transportation. I understand that my medical insurance acts in a primary position and I agree to bear all costs incurred. I hereby release Capital Christian Center and it's staff from any liability related to personal damage or injury. Furthermore, I take full responsibility for my child's actions and will pay for any damages caused by my child.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**MEDICAL HISTORY**

*The top portion must be completed by your student's doctor.*

A health examination is required for each child admitted to Capital Christian School's Preschool program.

I have examined \_\_\_\_\_ (Child's Name) and find that he/she is free of infectious diseases.

Disabling conditions, physical or mental, affecting the child's participation in group activities:

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of physician / nurse

\_\_\_\_\_ Address

\_\_\_\_\_ Telephone

*The bottom portion must be completed by student's parent or guardian.*

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

In order to meet all legal requirements, I hereby authorize any representative of Capital Christian School, to give consent for any and all necessary emergency medical care for my child(ren) \_\_\_\_\_ while said child(ren) is (are) in the custody of this facility. I agree to assume responsibility of all medical costs incurred.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of parent or guardian

\_\_\_\_\_ Physician's Name

\_\_\_\_\_ Address

\_\_\_\_\_ Phone

**EMERGENCY CONTACT :**

\_\_\_\_\_ Name

\_\_\_\_\_ Relationship

\_\_\_\_\_ Phone

*This form is designed to meet legal requirements established in HB 1452, Acts of the 61<sup>st</sup> Legislature, Regular Sessions, which provides that any person who has custody of a minor may give consent to medical care if the person has an affidavit signed by one or both parents authorizing the person to give consent.*

**PERMISSION TO RELEASE INFORMATION**

I understand that the time my child, \_\_\_\_\_ is in the facility, that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personal, welfare or other government officials.

\_\_\_\_\_ Signature of Parent/Guardian

\_\_\_\_\_ Date

I do not give permission about my child as set forth in the aforementioned statement. I realize that the Bureau of Services for Child Care has access to my child's record as the licensing agent.

\_\_\_\_\_ Signature of Parent/Guardian

\_\_\_\_\_ Date

# FINANCIAL INFORMATION & COMMITMENT FORM 2011-2012

Student Name(s): \_\_\_\_\_

Family/Person(s) responsible for paying account:

1. Name \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address \_\_\_\_\_  
Street City St. Zip

SS# \_\_\_\_\_ Phone # \_\_\_\_\_ Wk # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
Street City St. Zip

2. Name \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address \_\_\_\_\_  
Street City St. Zip

SS# \_\_\_\_\_ Phone # \_\_\_\_\_ Wk # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
Street City St. Zip

## Policy and Procedures for Tuition Collection

1. Tuition may be paid in full prior to June 20th, if you do not wish to make monthly payments.
2. If you use the standard ten (10) month billing plan – Payments one through ten are due on the 20<sup>th</sup> of every month (August 20 – May 20) to Smart Tuition Services, (888) 868.8828 or [www.parents.smarttuition.com](http://www.parents.smarttuition.com).
3. Accounts will be considered past due if unpaid after the 20<sup>th</sup> of the month and are subject to late fees. All returned items to Capital Christian School will be subject to a \$25 fee. Please refer to Smart Tuition Enrollment form for the schedule of their late and return item fees.
4. Accounts past due on the 20<sup>th</sup> of each month will receive a notification from SMART Tuition asking for payment. Accounts still past due on the 30<sup>th</sup> of each month will receive a notification asking for payment, late fee assessment and warning of consequences. (Refer to the CCS Policy Manual.) Accounts 2 months past due will result in the student's dismissal from school. Accounts 3 months past due will be turned over to the Capital Christian Center Finance Committee for collections.

We have discussed and received acceptable answers to any questions regarding the financial policies of Capital Christian School. We understand and accept the financial responsibility incurred relative to this registration, and have committed ourselves to budget sufficient money to maintain a current account at all times. We the undersigned, understand and will fulfill our financial obligation to pay for the educational services that Capital Christian School is providing for our children in a timely manner.

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

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

\*All parties responsible for the account must sign.



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**PLEASE ENTER FAMILY INFORMATION**

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER	LAST NAME OF PARENT/GUARDIAN/BILL PAYER	2011-2012
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)	*LAST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)	
STREET ADDRESS OR P.O. BOX		APT #
CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER	
EMAIL ADDRESS (SMART EMAILS REMINDERS FOR UPCOMING PAYMENTS)		

**SELECT A PAYMENT METHOD**

I agree to make payments by mail, web or telephone. I agree to the following payment due date: **20** Your school allows the following due dates (choose one):

I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date: **20** Your school allows the following debit dates (choose one):

PLEASE DEBIT MY:  CHECKING (PLEASE ATTACH A VOIDED CHECK) OR  SAVINGS

9 DIGIT ROUTING NUMBER: BANK ACCOUNT NUMBER:

PLEASE CHARGE MY:  AMEX  DISCOVER  MASTERCARD

CREDIT CARD NUMBER: EXPIRATION DATE:

2.5% convenience fees apply to all credit card payments. Smart Tuition does not accept Visa

**SELECT A PAYMENT PLAN**

Plan M 10 Payments Aug-May

ENTER PLAN LETTER HERE

M

**ENTER STUDENT INFORMATION**

Choose from the following grades:  
PK,K,1-8,X/C,DS,DN,DP,MP,MA,MF,TA,TP,PM,PH,S,XM,XH

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT

\*OPTIONAL SCHOOL FAMILY ID: \*OPTIONAL TYPE CODE:

**FOR SCHOOL OFFICE USE ONLY**

THIS FAMILY IS ENROLLING LATE:  
 SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN  
 COLLECT BALANCE IN FIRST MONTH

\*OPTIONAL STUDENT IDS:

STUDENT 1 TUITION:	\$	
STUDENT 2 TUITION:	\$	
STUDENT 3 TUITION:	\$	
STUDENT 4 TUITION:	\$	
<b>FAMILY TUITION SUBTOTAL</b>	\$	

**PLEASE READ AND SIGN**

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may automatically re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the students above and realize that if I fail to make payment by the specified due date such inaction will result in a late fee established by my school. I understand that Smart Tuition may contact me via email and telephone when payments are late and charge a follow up fee of \$30.00. A \$25.00 fee will apply for failed auto-debit and failed checks.

PRIMARY BILL PAYER: DATE: / /

**FEEES & DISCOUNTS**

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

SMART ADMINISTRATIVE FEE + 43 00

ANNUAL TOTAL DUE \$

