

# APPLICATION PROCEDURES 2010-2011

## Kindergarten – Grade 8

(Only complete applications will be accepted)

### 1. FILL OUT AND RETURN THE FOLLOWING FORMS:

- Student Profile – pg 2
- Enrollment Information – pg 3
- Family Information – pgs 4 & 5
- Parent Commitment Form – pg 8
- Doctrinal Statement – pg 9
- Financial Commitment Form – pg 10
- Immunization Requirements & Health Form – pgs 12 & 13
- Transfer of Records (from previous school) – pg 14
- Authorization Agreement for Direct Payments – pg 16

### 2. ATTACH:

- Birth Certificate copy
- Proof of Immunizations
- Transcripts – Gr. 1-8 (if available) – Placement Testing may be required if transcripts are not provided by parent and/or previous school and a non-refundable fee of \$25.00 is required prior to testing. (See Kindergarten Placement Testing Information, #4 below).
- Registration Fee

### 3. INTERVIEW PROCESS – Applications are reviewed and a mandatory parent interview with the administration will be scheduled based on class size availability. Allow 45 minutes for the interview. (Students in grades K-5 do not need to attend with you. However, students in grades 6, 7, and 8 are required to attend.)

- a. Acceptance of your child is determined by the administration for grade placement or position on the waiting list. If you request to have your application removed from the waiting list, it must be in writing. Once accepted, the registration fee is non-refundable.
- b. Criteria used to consider acceptance are the following:
  - Staff children
  - Siblings of current students
  - Alumni (Graduates of GCCS enrolling their child)
  - Grace Community Church members (through March only)
  - Applications remaining
  - Interview with parents

### 4. KINDERGARTEN (ONLY) PLACEMENT TESTING - Kindergarteners must meet requirements established by administration.

- a. Current Grace Community Christian Pre-School students will be tested for kindergarten readiness during school hours at no charge. However, if your child needs to be retested, a \$25.00 non-refundable testing fee will be required.
- b. New Applicants will be contacted to schedule testing pending acceptance. Prior to testing, a non-refundable \$25.00 testing fee is required.

### 5. FEES

- a. **Withdrawal Notice** - Written notification of withdrawal must be submitted before July 1<sup>st</sup> in order to avoid being charged 10% of annual tuition as stated on the financial commitment form.
- b. **Billing Statements** - are mailed the first week of the month (July-May). Your first tuition payment is due by July 1. A \$30.00 late fee will be charged for payments received after the 15<sup>th</sup> of the month.

Grace Community Christian Schools admits students of any race, color, national, and 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, national or ethnic origin in the administration of its educational policies, admission policies, scholarship loan programs, and athletic and other school administered programs.

# STUDENT PROFILE

## Kindergarten – Grade 8 2010-2011

Office Use Only  
ID# \_\_\_\_\_  
Teacher \_\_\_\_\_  
Grade Level \_\_\_\_\_  
Homeroom \_\_\_\_\_  
Start Date \_\_\_\_\_

STUDENT: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Goes By \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Church Attending \_\_\_\_\_

GRADE IN FALL (Circle One): Kindergarten–Half Day Kindergarten–Full Day Grade: 1 2 3 4 5 6 7 8

### PRIMARY RESIDENCE

**Parent / Guardian** Responsible for bill

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Marital Status: \_\_\_Married \_\_\_Divorced \_\_\_Single \_\_\_Widowed \_\_\_Separated

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

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

Occupation \_\_\_\_\_ Work# \_\_\_\_\_

Employer \_\_\_\_\_

GCCS Alumni \_\_\_Yes \_\_\_No

**Parent / Guardian** Responsible for bill

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Marital Status: \_\_\_Married \_\_\_Divorced \_\_\_Single \_\_\_Widowed \_\_\_Separated

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

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

Occupation \_\_\_\_\_ Work# \_\_\_\_\_

Employer \_\_\_\_\_

GCCS Alumni \_\_\_Yes \_\_\_No

If another party is responsible for billing, please inform the school office.

### Additional Residence - Parent / Guardian Information

(Other than student's primary residence)

**Parent/Guardian** Responsible for bill

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relation \_\_\_\_\_ GCCS Alumni \_\_\_\_\_

Marital Status: \_\_\_Married \_\_\_Divorced \_\_\_Single \_\_\_Widowed \_\_\_Separated

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

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

Occupation \_\_\_\_\_ Work# \_\_\_\_\_

Employer \_\_\_\_\_

**Parent/Guardian** Responsible for bill

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relation \_\_\_\_\_ GCCS Alumni \_\_\_\_\_

Marital Status: \_\_\_Married \_\_\_Divorced \_\_\_Single \_\_\_Widowed \_\_\_Separated

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

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

Occupation \_\_\_\_\_ Work# \_\_\_\_\_

Employer \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (other than parents)

#### Contact #1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relation \_\_\_\_\_ Home \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_

#### Contact #2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relation \_\_\_\_\_ Home \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_

### MEDICAL INFORMATION

Tylenol: Yes \_\_\_ No \_\_\_ Call \_\_\_ Advil: Yes \_\_\_ No \_\_\_ Call \_\_\_ Allergies: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency, and you are unable to contact me, you have my permission to seek medical care as deemed necessary.

Also, I hereby give permission for my child to participate in field trips off campus under supervision of the school staff.

Parent's Printed Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Documents Received: Date \_\_\_\_\_ Time \_\_\_\_\_ Office Use Only:

Student Profile	Financial Commitment Form	Registration Payment	Cash/Check # _____ Amount _____ Date _____	Initials _____
Enrollment Information	Immunizations & Health Form	Interview Appointment	Date _____ Time _____ am/pm	With _____
Family Information	Transfer of Records	Application Status	Accepted _____ Waiting List _____ Declined _____	Initials _____
Parent Commitment Form	Authorize Direct Payment	Testing Appointment	Date _____ Time _____ am/pm	Test Score _____
Doctrinal Statement	Birth Certificate	Comments	_____	

# ENROLLMENT INFORMATION

## Kindergarten – Grade 8 2010-2011

STUDENT: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

GRADE IN FALL (Circle One): Kindergarten-AM Kindergarten-Full Day Grade 1 2 3 4 5 6 7 8

Name of school where above student is currently enrolled \_\_\_\_\_ Current Grade level \_\_\_\_\_

Number of children living in the home \_\_\_\_\_ Number of children enrolling at GCCS \_\_\_\_\_

NAMES OF OTHER CHILDREN	Sex M/F	Age	Grade	Date of Birth	School Attending
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

What are the strengths of your Son/Daughter? \_\_\_\_\_  
 \_\_\_\_\_

Share your child's academic level of achievement (include testing, if applicable). \_\_\_\_\_  
 \_\_\_\_\_

Have you been satisfied with the education your child has had until now? Yes \_\_\_ NO \_\_\_ If not, in what areas do you desire improvement?  
 \_\_\_\_\_

Has he/she taken Spanish? Yes \_\_\_ No \_\_\_ How many years? \_\_\_\_\_ Proficiency \_\_\_\_\_

Does your child play an instrument? Yes \_\_\_ No \_\_\_ If yes, which instrument? \_\_\_\_\_

Has student been tested or diagnosed with a learning disorder? Yes \_\_\_ No \_\_\_ If so, what type? \_\_\_\_\_  
 \_\_\_\_\_

Has he/she ever needed tutoring? Yes \_\_\_ No \_\_\_ If so, list subject(s), how long and with whom? \_\_\_\_\_  
 \_\_\_\_\_

List any physical disabilities, unusual factors, accidents or illnesses in the child's life? \_\_\_\_\_  
 \_\_\_\_\_

Has student ever had any disciplinary difficulty in school? Yes \_\_\_ No \_\_\_ If so, state briefly \_\_\_\_\_  
 \_\_\_\_\_

Has student ever been suspended from school or in trouble with the law or police? Yes \_\_\_ No \_\_\_ If so, in what capacity? \_\_\_\_\_  
 \_\_\_\_\_

If parents are divorced, describe the relationship of the non-custodial parent and/or step-parent \_\_\_\_\_  
 \_\_\_\_\_

# FAMILY INFORMATION

(This side to be filled out by FATHER/GUARDIAN)

## Kindergarten – Grade 8 2010-2011

FAMILY MEMBER (filling out this form): Last Name \_\_\_\_\_ First Name \_\_\_\_\_

List all Enrolling Children: (First & Last Name) 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

### GCCS MISSION STATEMENT

Our mission statement is: "GCCS, as a ministry of Grace Community Church, is committed to the development of a student's spiritual life in Jesus Christ while pursuing academic excellence in a manner which honors and glorifies God based on the only infallible Word, the Bible."

How does your home and church life support us in our mission?

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

Do you regularly attend church? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_ How Long? \_\_\_\_\_

What does Jesus Christ mean to you? \_\_\_\_\_

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

What daily practices provide you with spiritual strength? \_\_\_\_\_

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

What do you think are the characteristics of a Christian family? \_\_\_\_\_

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

What church activities are you or your family involved in besides Sunday worship? \_\_\_\_\_

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

Why have you chosen Grace Community Christian School for the education of your child and how did you hear about GCCS? \_\_\_\_\_

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

What are your ideas of a Christian School? \_\_\_\_\_

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

What expectations spiritually do you have for your child? \_\_\_\_\_

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

What expectations educationally do you have for your child? \_\_\_\_\_

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

What do you see as the three most basic priorities regarding the total education of your child?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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

(Mother/Guardian Information to be filled out on reverse side)

**FAMILY INFORMATION**  
(This side to be filled out by MOTHER/GUARDIAN)  
Kindergarten – Grade 8 2010-2011

FAMILY MEMBER (filling out this form): Last Name \_\_\_\_\_ First Name \_\_\_\_\_

List all Enrolling Children: (First & Last Name) 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

**GCCS MISSION STATEMENT**

Our mission statement is: "GCCS, as a ministry of Grace Community Church, is committed to the development of a student's spiritual life in Jesus Christ while pursuing academic excellence in a manner which honors and glorifies God based on the only infallible Word, the Bible."

How does your home and church life support us in our mission?

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

Do you regularly attend church? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_ How Long? \_\_\_\_\_

What does Jesus Christ mean to you? \_\_\_\_\_

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

What daily practices provide you with spiritual strength? \_\_\_\_\_

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

What do you think are the characteristics of a Christian family? \_\_\_\_\_

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

What church activities are you or your family involved in besides Sunday worship? \_\_\_\_\_

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

Why have you chosen Grace Community Christian School for the education of your child and how did you hear about GCCS? \_\_\_\_\_

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

What are your ideas of a Christian School? \_\_\_\_\_

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

What expectations spiritually do you have for your child? \_\_\_\_\_

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

What expectations educationally do you have for your child? \_\_\_\_\_

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

What do you see as the three most basic priorities regarding the total education of your child?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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

(Father/Guardian Information to be filled out on reverse side)

## GCCS PARKING LOT POLICY AND PROCEDURE



To ensure a more **safe, secure, and efficient** school campus, the following procedures are required

### TRAFFIC DIRECTION AND TIMES – See map

- All traffic will flow from **east to west** from 7:45 – 8:45am and from 2:45 – 3:45pm
- **Drop-off** time is **8:10am for grades K-8**
- K-8 students arriving before 8:10am are to be at Before-School Care or participating in a school program (music, sports, etc.)
- No parking behind E-Building on K-8 school **half-days from 11:00am – 12:30pm**

### ENTRANCE

- **ALL TRAFFIC FLOW IS EAST TO WEST!!** Enter campus from Dorsey Lane.
- **Form two lanes as you enter the parking lot** – left lane for Zone A; right lane for Zone B and Zone C.

### DROPOFF / PICKUP ZONES

All students in grades 1-8 will be dropped off and picked up in one of the two loading zones: (1) By the Information Center or (2) Behind the E-Buildings. Kindergarten – see Zone C below for pickup.

Students may enter / exit vehicles in the following zones:

- **ZONE A:** After turning at the Info Center, the right lane is used for unloading/loading, which is located adjacent to the sidewalk at the Worship Center and going all the way to the stop sign. Pull forward as spaces open up (never crossing into handicapped spaces.)

Students can only load into a vehicle from a loading zone – no crossing through parking.

Once students are unloaded / loaded, pull out into continuously moving lane to your left. There will be **NO drop-off or loading from this moving lane.** Proceed to stop sign and alternate turns.

Zone A has three exit options: (1) Turn right at crosswalk and proceed to Southern Avenue, (2) Turn right past basketball court and proceed to Southern Avenue, (3) Proceed to Dorsey Lane.

- **ZONE B:** The left lane behind the E-building is used for unloading/loading. The zone starts at the lockers. In the morning, be prepared to unload immediately to facilitate a smooth continuous traffic flow. Pull forward toward the stop sign as spaces open up. (Please, no multiple stops within a zone to unload different grade level students.)

Once students are unloaded/loaded, pull out into continuously moving lane to your right. There will be **NO unloading/loading from this moving lane.** Proceed to stop sign and alternate turns. Zone B exits onto Terrace Road.

- **ZONE C - KINDERGARTEN PICKUP:** Kindergarten students will be picked up in the secure, gated, shady area next to the Terrace Center. Only Kindergarten drivers are allowed in this drive area.
  - 1) Enter at Dorsey Lane (even at midday pickup).
  - 2) Continue behind the E-buildings (Zone B) and turn left to proceed toward the Terrace Center.
  - 3) Your child will be walked to you by a staff member and loaded into your vehicle.
  - 4) Students in grades 1-8 with a sibling in Kindergarten Full-Day may be picked up with the Kindergarten students in Zone C.
  - 5) Exit at the Terrace Center driveway.

### PRESCHOOL PARKING

All Preschool parents will bypass Zone A by the Worship Center to access the designated Preschool spaces east of the Worship Center. Students are encouraged to hold their parent's hand in the crosswalk.

Choose one of two exit options: (1) Turn right past basketball court and proceed to Southern Avenue, or (2) Proceed to Dorsey Lane.

Preschool can park behind E-Building to pick up at 11:30am or 1:00pm except on K-8 half day dismissals.

**HANDICAP PARKING**

There will be **no parking in any handicapped spots** between the Information Center and the crosswalk behind the Worship Center directly south of the median (without official insignia permit) for the following reasons:

- 1) It is against the law to park in a handicap spot. By ignoring the law, we are giving a very negative message to our children and to campus visitors.
- 2) We share our campus with the church. During the week and at unscheduled times these parking spaces are needed for handicapped visitors.

**TEACHER PARKING**

The spaces north of loading Zone B and the gym are designated teacher/staff parking **only**.

**PARKING NOTES**

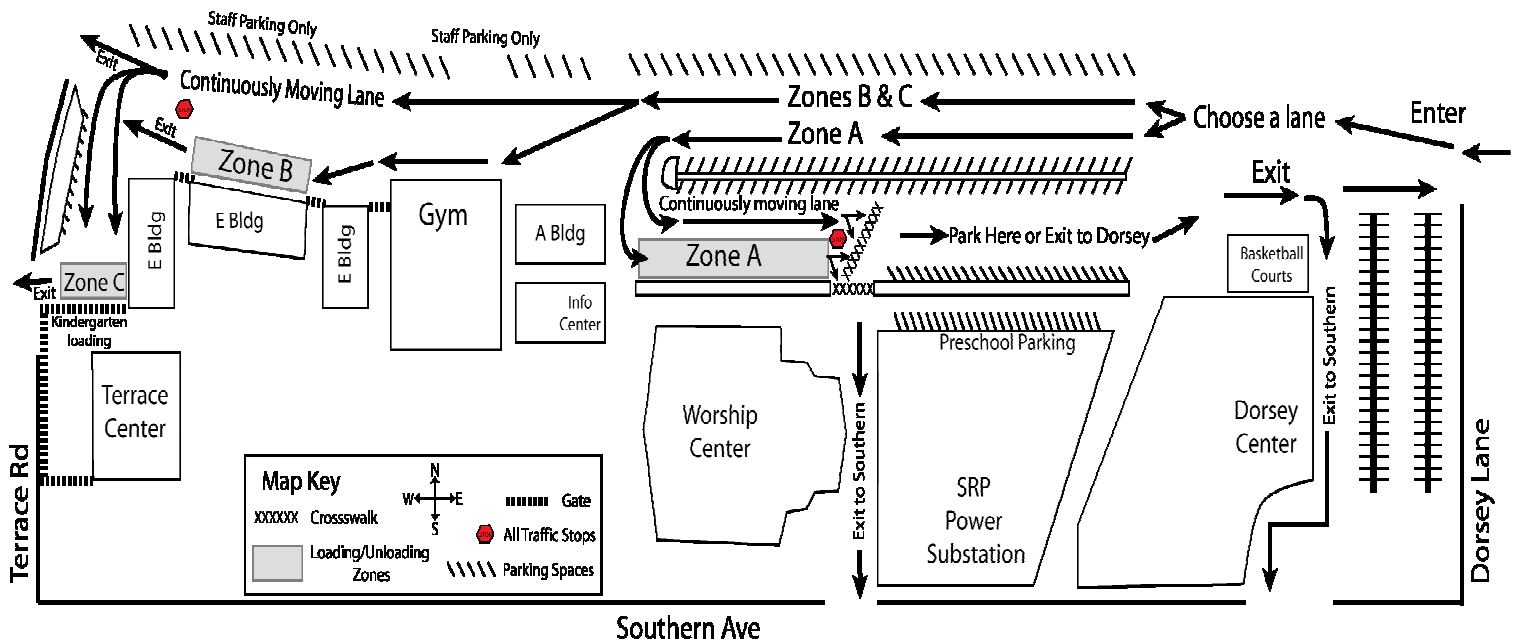
- In loading zones, stopped cars must always be placed in Park. Driver must always remain behind the wheel.
- No parking in Zone B behind E-Buildings during unloading/loading times (7:45-8:45am & 2:45-3:45pm).
- No parking in the spaces reserved for teachers/staff.
- No parking in the designated Preschool parking spaces east of the Worship Center unless you are a Preschool driver.
- No backing in. Parked cars should always pull forward into spaces.
- Never leave cars **unattended** in loading zones.

**IMPORTANT**

- To ensure the safety of all students and the efficiency of the loading process, the school desires that all students wait in a designated loading zone when being picked up after school. This will decrease foot traffic through the parking lot and in the crosswalks.
- If the driver needs to assist student(s) in/out of car, please park instead of using loading zones.
- It is understood that some students walk to and from school. These students will walk in appropriate crosswalks when leaving the campus.
- When the need arises for parents to park and come onto the campus, please use appropriate crosswalks.
- When school is dismissed, students should go directly to the loading zone that their parents have determined to insure an efficient pick-up time (Zone A or Zone B). Kindergarten students (and their siblings) go directly to Zone C.
- When school is dismissed, students who participate in After-School Care should go directly to After-School Care.
- All athletes going to Jason Field after school are required to use the crosswalks and sidewalks.
- Students on campus after 3:45pm must go to After-School Care unless they are participating in a school activity. Students may NOT wait at Dorsey Center to be picked up at the end of the school day.

**IF YOU NEED TO PARK, PLEASE PARK**

- Anywhere beyond the crosswalk; a crossing guard will assist students in the afternoons.
- To the north of the median by the Info Center. If you park here, you **MUST** use crosswalks.





# DOCTRINAL STATEMENTS

## THE APOSTLES CREED

"I believe in God the Father Almighty, maker of heaven and earth. I believe in Jesus Christ, His only begotten Son, our Lord, who was conceived by the Holy Spirit, born of the Virgin Mary, suffered under Pontius Pilate, was crucified, dead and buried. He descended into hell. The third day He rose again from the dead. He ascended into heaven, and sitteth on the right hand of God, the Father Almighty. From thence He shall come to judge the quick and the dead.

I believe in the Holy Spirit, the holy Christian Church, the communion of saints, the forgiveness of sins, the resurrection of the body, and life everlasting. Amen."

## DOCTRINAL STATEMENT

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God. (2 Timothy 3:15-17; 1 Peter 1:23-25; Hebrews 4:12; John 20:31)
2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Ghost. (Matthew 28:19; 3:16, 17; Luke 1:35; 1 John 5:7; 2 Corinthians 13:14)
3. We believe:
  - in the Deity of our Lord Jesus Christ (John 1:1,2; 10:30; 14:9)
  - in His virgin birth (Matthew 1:23)
  - in His sinless life (Hebrews 4:15)
  - in His miracles (John 2:11; Luke 1:1-4)
  - in His atoning death through His shed blood (Romans 3:23-26; 1 Corinthians 15:3; Colossians 1:14; John 1:7; Hebrews 10)
  - in His bodily resurrection (Matthew 28:6; Romans 1:4; 1 Corinthians 15:4)
  - in His ascension to the right hand of the Father (Luke 24:50, 51; Acts 1:9-11; Ephesians 1:20; Colossians 3:1; Hebrews 4:14; 8:1)
  - and in His future personal return in power and glory. (Acts 1:11; Titus 2:13)
4. We believe that through the personal acceptance of Jesus Christ by faith, a person becomes a Christian (John 1:12; Revelation 3:20) and his relationship with God is restored. The acceptance of Christ assures us that:
  - Christ comes into the life (Revelation 3:20)
  - Sins are forgiven (Colossians 1:14)
  - We become a child of God (John 1:12)
  - A new life with Christ begins (2 Corinthians 5:17; John 10:10b)
  - We are assured of heaven (John 11:25, 26; 17:3)
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a life pleasing to God. (1 Corinthians 6:19; Galatians 5:22-23; Ephesians 5:18)
6. We believe in the resurrection of both the Christian and the non-Christian; the Christian to everlasting life, the non-Christian to everlasting loss. (John 5:24-29; 1 Corinthians 15:20-28; Revelation 20:11-15)
7. We believe in the spiritual unity of believers in the Lord Jesus Christ. (Ephesians 4:4)

I have read and agree with the above Apostles Creed and Doctrinal Statement.

Father/Mother/Guardian \_\_\_\_\_  
(Printed Name)

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

# FINANCIAL COMMITMENT FORM

## Kindergarten – 8<sup>th</sup> 2010-2011

1. I/we agree to pay tuition according to the following method (please check one):

*Annual:* Our family will pre-pay entire tuition on or before June 18<sup>th</sup>

**Early Payment Discount:**

- \$100 discount if total annual tuition is paid by June 18<sup>th</sup>, 2010
- \$50 discount if total annual tuition is paid by July 16<sup>th</sup>, 2010

*Monthly:* Our family will pay tuition on a monthly basis for 11 months due on or before the 1<sup>st</sup> of each month starting July 1<sup>st</sup> and ending May 1<sup>st</sup>. All payments are considered **past due after the 15<sup>th</sup>** of each month and late fees will be assessed. Autopay will be processed on the 15<sup>th</sup> of each month.

2. I/we agree to pay any extended care, lunch, athletic fees and other incidental charges that may be incurred. Late fees may apply.

3. I/we understand that a **\$30 per month late fee** will be charged if payment is not received **by the 15<sup>th</sup> of the month**.

4. I/we understand there will be a \$30 minimum charge for any check or Autopay returned to the school by the bank.

5. I/we understand that grades and transcripts will not be processed for students with delinquent accounts. Report cards will be mailed after June 7<sup>th</sup> if all accounts are paid in full.

6. I/we understand that eighth grade students must have their account paid in full by May 7<sup>th</sup>. Any payments received after May 7<sup>th</sup> must be in the form of cash, a cashier's check, or money order. An unpaid account will result in my/our student not being able to take final exams, attend the California trip, or participate in graduation ceremonies.

7. I/we understand that if my/our account is 60 days (or 2 payments) delinquent it may result in the withdrawal of the student from GCCS until the account is current.

8. I/we understand that if I/we withdraw my/our student, I/we will be charged on the following basis:

<u>Withdrawal During</u>	<u>Amount Due</u>
After July 1 and Prior to 1 <sup>st</sup> day of school	10% of Annual Tuition
First 2 weeks	25% of Annual Tuition
First Quarter	25% of Annual Tuition
Second Quarter	50% of Annual Tuition
Third Quarter	75% of Annual Tuition
Fourth Quarter	100% of Annual Tuition

The signing of this agreement constitutes a contract to abide by the rules and regulations of the school as established by the school board, the administration, the faculty and the student body of Grace Community Christian School.

I/we, the parents of \_\_\_\_\_, do hereby pledge our support of this agreement.  
Student Name(s)

Father/Guardian \_\_\_\_\_  
Printed Name Signature Date

Mother/Guardian \_\_\_\_\_  
Printed Name Signature Date

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# IMMUNIZATION REQUIREMENTS

## Kindergarten – Grade 8 2010-2011

**Proof of immunization is required by the AZ Health Department for enrollment.**

**If your child is entering GCCS in August of 2010, the following immunizations must be completed and on file in our Health Coordinator's Office BEFORE they will be admitted to school:**

All Students are Required to have the following Vaccinations:

- 5 DTP's / 4 OPV's / IPV / 2 MMR's / 3Hep B's (4DPT's and 3 OPV / IPV's are accepted if dose given on or after 4<sup>th</sup> birthday.)
- Varicella vaccine or proof of having chicken pox.
- Children 11 years of age and older and whose previous DPT was more than 5 years ago, are required to have a Tdap.
- Children 11 years of age and older who are in the 6<sup>th</sup> & 7<sup>th</sup> grades are required to have a Menactra (meningococcal) vaccine.

**Turn in a copy of your child's official records to the GCCS Health Coordinator before school begins.**

If your child started the Hep A series,  
please provide a copy of the 1<sup>st</sup> and 2<sup>nd</sup> immunization.

Thank you,  
Janie Mehlhorn & Cheryl Fleger  
GCCS Health Coordinators

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## DOCUMENTATION

House Bill #2295 went into effect on January 1, 1992 requiring all NEW school entrants to show VERIFIABLE DOCUMENTATION BEFORE the child can be admitted to school. The law pertains to ALL Arizona schools, both public AND private.

Parental recall of dates and types of immunizations received is not acceptable. Acceptable or "documented" proof of immunization includes:

- an immunization record book from any state, county or country stamped by Dr.
- a copy of an immunization record from a health agency, clinic
- Dr.'s record with a signature or clinic stamp, or
- on a paper with the clinic's or Dr.'s letterhead.

This documentation must show the date and type of dose administered. Copies of the above documented proofs of immunization are also acceptable. Exemption forms can be obtained from the Health Coordinator's office.

If you do not have documentation of your child's immunizations, you may need to obtain laboratory evidence of immunity.

Again, it is mandatory that documented proof of immunizations is received before school begins. Failure to comply with this mandate will place the school in the position of being unable to allow your child to begin classes until we receive the required immunization record.

If you have any questions, call GCCS at 480-966-5022 and ask for the health coordinator at extension 249.

We will be glad to assist you by making copies of any of your child's immunization records.

# HEALTH FORM

## Kindergarten – Grade 8 2010-2011

Office Use Only
ID# _____
Teacher _____
Grade Level _____
Homeroom _____
Start Date _____

**STUDENT:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Sex: **M** **F** \_\_\_\_\_

**Birthdate:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**GRADE IN FALL (Circle One):** Kindergarten – AM    Kindergarten – Full Day    Grade: 1   2   3   4   5   6   7   8

**Medical Information:** Check appropriate box below. If answered yes, list details and date of occurrence on the lines provided.

Yes	No	Condition	Details	Dates
<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Skin Allergy	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wears glasses	_____	Date of last eye exam _____
<input type="checkbox"/>	<input type="checkbox"/>	Hearing/Ear Problems	_____	Date of last hearing exam _____
<input type="checkbox"/>	<input type="checkbox"/>	Exposure to Tuberculosis	_____	Dates _____
<input type="checkbox"/>	<input type="checkbox"/>	Tested positive for HIV?	_____	Dates _____
<input type="checkbox"/>	<input type="checkbox"/>	Accident	_____	Dates _____
<input type="checkbox"/>	<input type="checkbox"/>	Accident	_____	Dates _____
<input type="checkbox"/>	<input type="checkbox"/>	Operation	_____	Dates _____
<input type="checkbox"/>	<input type="checkbox"/>	Operation	_____	Dates _____
<input type="checkbox"/>	<input type="checkbox"/>	Subject to Headaches? Explain	_____	

List any medications your child takes regularly and the condition for which they are taken. Is there any other health information we need to know?

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian Printed Name) have read and understand the immunization requirements, have filled

out the health form to the best of my knowledge, and  have turned in proof of required immunizations  
 will turn in proof of the required immunizations before the first day of school.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

## TRANSFER OF RECORDS

I hereby give my consent for \_\_\_\_\_  
(Last school attended)

Last School's Address: \_\_\_\_\_  
(Give complete street address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

to release all school records regarding my child,  
including academic, health and psychological records.

Student's Full Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Date of Birth: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_

Forward information to: Student Records Department  
Grace Community Christian School  
1200 E Southern Ave  
Tempe AZ 85282

Father/Mother/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
(Printed Name)

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

1200 E. Southern Avenue  
Tempe, AZ 85282-5606  
P 480 966 5022  
F 480 968 4166  
www.gccsaz.org

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# AUTHORIZATION AGREEMENT for DIRECT PAYMENTS (ACH Debits)

I (we) hereby authorize Grace Community Christian School, hereinafter called GCCS, to initiate debit entries on the 15<sup>th</sup> of the month to my (our) Checking Account (Debit Account) indicated below at the depository financial institution named below, hereinafter called Bank, and to debit the same to such account.

Bank Name/Branch	City	State
Bank Routing Number	Account Number	

This authorization is to remain in full force and effect until GCCS has received written notification from me (or either of us) of its termination by the first of the month in which such termination is to take effect.

Parent/Guardian/Other _____	Relationship _____
(Printed Name)	
Signature _____	Date _____
Parent/Guardian/Other _____	Relationship _____
(Printed Name)	
Signature _____	Date _____

**NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.**

Please attach a voided check here.

The bookkeeper will review your school account each month and take out the balance due on your statement. Statements are mailed before the first of the month so you will be aware of the amount taken out on the 15<sup>th</sup>.

YEAR:	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
2010												
2011												
2012												

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**GRACE COMMUNITY CHRISTIAN SCHOOL**  
2010-2011 TUITION / FEE SCHEDULE (Proposed)  
**PRESCHOOL**

**PRESCHOOL**

**REGISTRATION FEE - \$100** (includes activities & T-shirt)

**MONTHLY  
TUITION**

**ANNUAL  
TUITION**

**THREE YEAR OLDS**

Two Half Days	T/TH	8:30am - 11:30am	\$145	\$1450
Two Full Days	T/TH	8:30am - 3:00pm	\$225	\$2250
Three Half Days	MWF	8:30am - 11:30am	\$205	\$2050
Three Full Days	MWF	8:30am - 3:00pm	\$280	\$2800

**FOUR YEAR OLDS**

Two Half Days	T/TH	8:30am - 11:30am	\$145	\$1450
Two Full Days	T/TH	8:30am - 3:00pm	\$225	\$2250
Three Half Days	MWF	8:30am - 11:30am	\$205	\$2050
Three Full Days	MWF	8:30am - 3:00pm	\$280	\$2800
Five Half Days	M-F	8:30am - 11:30am	\$305	\$3050
Five Full Days	M-F	8:30am - 3:00pm	\$380	\$3800

**FIVE YEAR OLDS**

Five Half Days	M-F	8:30am - 11:30am	\$305	\$3050
Five Full Days	M-F	8:30am - 3:00pm	\$380	\$3800

**LUNCH BUNCH**

M-F

11:30am - 1:00pm

\$6 per day on as needed basis

Available for all **half day** preschool classes listed above

**EXTENDED CARE**

M-F

3:00pm - 4:30pm

\$6 per day on as needed basis

Available for all **full day** preschool classes listed above

**FAMILY DISCOUNTS (Preschool - 8<sup>th</sup> grade)**

1 <sup>st</sup> Child	Regular Price
2 <sup>nd</sup> Child	5% discount
3 <sup>rd</sup> Child	10% discount
4 <sup>th</sup> Child and additional children	15% discount

The oldest child pays full tuition then discounts are determined by the descending ages of the children.

**PAYMENT INFORMATION**

- **Preschool Monthly Tuition is payable for 10 months from August – May.**
- All registration fees are due at registration and are non-refundable.
- All payments are due on or before the 1<sup>st</sup> of the month.
- A \$30 late fee is assessed on the 16<sup>th</sup> of the month to any account not paid in full.
- A \$30 fee is charged for any check or Autopay returned by the bank.
- **EARLY PAYMENT DISCOUNT:**
  - \$50 discount when total tuition is paid by June 18, 2010.
  - \$25 discount when total tuition is paid by July 16, 2010.

**GRACE COMMUNITY CHRISTIAN SCHOOL**  
2010-2011 TUITION / FEE SCHEDULE (Proposed)  
**KINDERGARTEN – 8<sup>TH</sup> Grade**

KINDERGARTEN			TUITION			
			ANNUAL	PREPAYMENT	BALANCE	MONTHLY (payable July-May)
<b>KINDERGARTEN</b>						
<b>Half Day</b>	M-F	8:30am - 11:30am	\$3425	\$125	\$3300	\$300
		Lunch Bunch (based on need)				\$6 per day
<b>Full Day</b>	M-F	8:30am - 3:15pm	\$5450	\$225	\$5225	\$475

Prepayment tuition is due at time of enrollment and eligible to be paid by ACSTO or other STO's. Monthly tuition is payable for 11 months from July – May.

ELEMENTARY & MIDDLE SCHOOL (Grades 1-8)			TUITION			
			ANNUAL	PREPAYMENT	BALANCE	MONTHLY (payable July-May)
<b>GRADES 1-5</b>	M-F	8:30am - 3:15pm	\$5560	\$225	\$5335	\$485
<b>GRADES 6-8</b>	M-F	8:30am - 3:15pm	\$5945	\$225	\$5720	\$520

Prepayment tuition is due at time of enrollment and eligible to be paid by ACSTO or other STO's. Monthly tuition is payable for 11 months from July – May.

FAMILY DISCOUNTS (Preschool-8 <sup>th</sup> grade)	
1 <sup>st</sup> Child	Regular Price
2 <sup>nd</sup> Child	5% discount
3 <sup>rd</sup> Child	10% discount
4 <sup>th</sup> Child and additional children	15% discount

The oldest child pays full tuition then discounts are determined by the descending ages of the children based on the tuition balance amount.

MISCELLANEOUS FEES (Kindergarten-8 <sup>th</sup> grade)	
Before School Care (7:00-8:15am)	\$4 per day
After School Care (3:30-4:30pm)	\$5 per day
After School Care (3:30-6:00pm)	\$8 per day
(Late pick-up fees apply after 6:00pm)	
Lunch Fee	\$4 per lunch
Jr. High Sports	\$55
Testing Fee	\$25

PAYMENT INFORMATION
<ul style="list-style-type: none"> <li>• <b>Grade School Monthly Tuition is payable for 11 months from July – May.</b></li> <li>• All tuition costs and PREPAYMENT TUITION costs are eligible to be paid by ACSTO or other STO's.</li> <li>• Tuition prepayment is due at time of enrollment and is non-refundable if the student is accepted.</li> <li>• All payments are due on or before the 1<sup>st</sup> of the month.</li> <li>• Students enrolled after August 1<sup>st</sup> may have a different monthly payment amount.</li> <li>• A \$30 late fee is assessed on the 16<sup>th</sup> of the month to any account not paid in full.</li> <li>• A \$30 fee is charged for any check or Autopay returned by the bank.</li> <li>• EARLY PAYMENT DISCOUNT: <ul style="list-style-type: none"> <li>\$100 discount when total tuition is paid by June 18, 2010</li> <li>\$50 discount when total tuition is paid by July 16, 2010</li> </ul> </li> </ul>