

2011-2012 Registration Check-Off List

Student's Name: _____ Grade in September: _____

Registration is not processed until:

- All required information and signed documents are received.
- Registration, book and material fees are paid.

I. Parent-Student Handbook

II. Application Forms (To Be Returned)

- 1. Enrollment Application
- 2. Background Information
- 3. Emergency Information
- 4. Financial Information & Commitment
- 5. Parent-Student Handbook & Code of Conduct Agreement
- 6. Day Care Enrollment Application
- 7. Transfer of School Records

III. Various Documents

- 8. Student Supplies Shopping List
- 9. Physician's Written Statement (To have on hand for future need)
- 10. Earthquake Survival Kit
- 11. Volunteer Form
- 12. School Calendar

Immunizations

- | | | |
|--|---|--|
| <u>Kindergarten Entry</u> | <u>First Grade Entry</u> | <u>All Grades</u> |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Completed Physical | <input type="checkbox"/> Current Immunizations |
| <input type="checkbox"/> TB Skin Test | | |

Fees

- Registration fee paid (due at time of registration)
- Book & Material fee paid (due at time of registration)

Student Evaluation

- Evaluation scheduled after registration is processed.

Meeting

- Parent and student meeting with Administrator (scheduled after evaluation results)

Tuition

- Tuition is due by August 1st

Enrollment Application

Date: _____ School Year: _____ Grade Level in September: _____

Student's Legal Name: _____ Sex: M F DOB: __/__/__
(First, Middle, Last)

Student's Address: _____
Street City Zip Home Phone

Mother/Legal Guardian Lives In Home Place of Employment Day Time Phone
E-Mail Address: _____ Cell Phone: _____

Father/Legal Guardian Lives In Home Place of Employment Day Time Phone
E-Mail Address: _____ Cell Phone: _____

Names and ages of brothers and sisters:

• Name _____	Age _____	• Name _____	Age _____
• Name _____	Age _____	• Name _____	Age _____

Individuals Authorized To Take Child From School

Check those that are authorized: Mother Father Step-parent Legal Guardian

Others (Please print):

_____	_____	_____
Name	Relationship	Day Time Phone
_____	_____	_____
Name	Relationship	Day Time Phone

Parent/Legal Guardian _____ Date _____

Background Information

Student's Legal Name: _____ Date: _____

Educational

Please list all schools your child has previously attended.

<u>School Name</u>	<u>City/State</u>	<u>Grade(s)</u>	<u>Date(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever experienced formal disciplinary action at previous schools (suspension, expulsion)?

No Yes

If yes, please explain: _____

Has your child ever been diagnosed as having any medical conditions or learning disabilities which would affect his/her ability to participate successfully in a regular classroom setting or in physical education? No Yes

If yes, please explain: _____

Spiritual

Is your family currently attending religious services?

Regularly Occasionally No

Name and location: _____

Please state any involvement you or your family has in your place of worship:

Personal

Is your child bilingual? No Yes

If yes, indicate which language(s): _____

Is there any other pertinent information you feel we should be made aware of?

No Yes If yes, please explain: _____

Emergency Information

Student's Legal Name: _____ Sex: M F DOB: ___/___/___
(First, Middle, Last)

Student's Address: _____
Street City Zip Home Phone

Mother/Legal Guardian Lives In Home _____ Place of Employment _____ Day Time Phone _____
Cell: _____

Father/Legal Guardian Lives In Home _____ Place of Employment _____ Day Time Phone _____
Home Cell: _____

Name of Doctor	Office Phone	Health Insurance Name & Policy #
Name of Dentist	Office Phone	Dental Insurance Name & Policy #

Does this student have any health problems? No Yes If yes, please specify: _____

Does this student have any allergies or sensitivities? No Yes If yes, please specify: _____

Does this student take any daily medications? No Yes If yes, give name and dosage: _____

List two people (in local area) to contact in case parent/guardian is unavailable in an emergency.

Name Relationship to Student Day Time Phone

Name Relationship to Student Day Time Phone

Authorization for Treatment Of A Minor

I/We, the parents or legal guardians of _____, do hereby authorize New Life Christian School of So. CA. as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis treatment, or hospital care being required, but is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all such diagnosis treatment or hospital care which the aforesaid physician in the exercise of his best judgement may deem advisable. Authorization is hereby given to New Life Christian School personnel to administer First-Aid Treatment during activities or to call the Paramedics or Rescue Squad, as deemed necessary pursuant to the provisions of section 25.8 of the Civil Code of the State of California.

Mother/Legal Guardian's Signature Date Father/Legal Guardian's Signature Date

/06/2010

Financial Information & Commitment

Year*	Month (Aug. - May)	Grade	Hours**
\$3,700	\$370.00	Kindergarten Half-Day	8:45 - 12:30
\$3,870	\$387.00	Kindergarten Full Day	8:45 - 3:15
\$3,870	\$387.00	1 st - 5 th Grades	8:45 - 3:15
\$4,370	\$437.00	6 th - 8 th Grades	8:45 - 3:15

***5% Discount for annual tuition paid in full by August 1st.**

Family Discount

Your first child's tuition would be our regular low tuition price; your other children's annual tuition would be as follows:

For your	2 nd Child	15% Discount
	3 rd Child	20% Discount
	4 th + Child	\$2,800 per year

Registration Fee - Due at time of registration

\$125 per student K-8 Grade (non-refundable)
 \$75 per returning student (discount)

New Student Assessment Fee – Due at time of assessment test

\$25 per student K – 8 Grade (non-refundable)

Fund Raising Opportunities

Parents agree to participate in three out of four fund-raising opportunities each year. Parents have the choice to “buy-out” (\$50.00 per child or \$75.00 per family per fund-raising) if desired.

Physical Education

NLCS offers a unique P.E. program in which we hire professional sport teachers to teach different skills both on and off campus. The cost (minimal) for this program is the responsibility of the parents.

Field Trips

Each class will go on 3-4 field trips a year. The parent is responsible for the cost of these outings. Grades 4 and above have the choice to go on an educational Mega trip (recommended but not mandatory).

* The tuition is payable in advance. The ten-month payment plan is a courtesy which allows the annual fee to be paid in ten equal installments without any service charge. **The first payment is due by August 1, and thereafter a payment is due on the first of each month through May 1. Payments are overdue on the 5th of the month and will be charged a \$25 late fee on that date. If tuition is not paid by the 20th of the month, the student will not be allowed to return to school until the account is brought current.** Post-dated checks will not be accepted and a \$35.00 charge will be applied to accounts when checks are returned due to insufficient funds. A second returned check will require all future payments to be made in cash, money order or cashier's check.

Our tuition and fees are established to provide the student with the finest Christian education at the lowest possible cost.

** Late Student Pick-Up: All students who are not picked up by their parent/guardian by 3:30 PM will be taken to Day Care. Parents are responsible for Day Care fees incurred.

Book & Material Fee - Due at time of registration

\$197.00 per student K
 \$290.00 per student 1st Grade
 \$290.00 per student 2nd Grade
 \$290.00 per student 3rd Grade
 \$290.00 per student 4th Grade
 \$290.00 per student 5th Grade
 \$295.00 per student 6th Grade
 \$297.00 per student 7th Grade
 \$305.00 per student 8th Grade

Stanford Achievement Testing

Each spring we provide an opportunity for students in grades 1-8 to take the Stanford Achievement Testing. The cost for this testing is \$30.00 per student. This testing is highly recommended, but parents may choose to keep their students home during this week if desired.

Person Responsible for Payment of Tuition & Fees

Responsible Person's Name: _____ Phone: _____

Address: _____

Responsible Person's Soc. _____

Employer & Address: _____ Sec. # _____

Student's Name: _____ Grade: _____

Relationship to Student: _____ Do you qualify for Family Discount? No Yes

If yes, please list other student(s): _____

I have read the above information and agree to the conditions and amounts regarding all costs involved with tuition fees, books, registration, testing, S.A.T., field trips, P.E. and fund-raising.

Signature of Responsible Person _____

Date _____

New Life Christian School of So. CA.

ABC: Attitude, Behavior & Christ-like Development

Above information is kept in strict confidentiality. It is only used to establish credit worthiness. This form must be completed for student to be enrolled in classes.

Parent-Student Handbook & Code of Conduct Agreement

We, the parents/legal guardians of _____ ,
have the read the Parent-Student Handbook, understand its contents, rules and regulations.
Furthermore, we have discussed these rules with our child. We will cooperate with the policy and
purpose of New Life Christian School of So. CA.

We have also been made aware of the financial commitments and responsibilities that come with
attending a private school and agree to all of the conditions that have been set within the Handbook
and Registration forms.

We understand that photographs of our child may be taken over the course of the school year during
school activities, and that these photographs may be used for class pictures, published in the school
yearbook, the New Life Christian School So. CA. website, or for advertizing purposes, unless a signed
document by parent or guardian states otherwise.

“Above all, love each other deeply, because love covers over a multitude of sins. Offer
hospitality to one another without grumbling. Each one should use whatever gift he has
received to serve others, faithfully administering God’s grace in its various forms. If anyone
speaks, he should do it as one speaking the very words of God. If anyone serves, he should
do it with the strength God provides, so that in all things God may be praised through Jesus
Christ...”

- I Peter 4:8-11

**And as we expect the staff of New Life Christian School to conduct themselves in an ethical
manner based on the above scripture, we as parents agree to also conduct ourselves in a like
manner towards the teachers, staff, students and parents of New Life Christian School of So. CA.**

Father/Legal Guardian’s Signature

Date

Mother/Legal Guardian’s Signature

Date

Student Day Care Application

Day Care is available before and after school.
 6:30 - 8:45 AM & 3:15 - 6:00 PM

Per Child (AM or PM only)	\$5.50 Daily Rate	Per Child Annualized Pre-Paid Plan (AM or PM) 10% Discount	\$81.75 per month
Family Rate (Am or PM)	\$9.50 Daily Rate	Family Rate Annualized Pre-Paid Plan (AM or PM) 15% Discount	\$133.25 per month
Per Child (AM & PM)	\$10.50 Daily Rate	Child Annualized Pre-Paid Plan (AM & PM) 10% Discount	\$156.00 per month
Family Rate (AM & PM)	\$18.50 Daily Rate	Family Rate Annualized Pre-Paid Plan (AM & PM) Up to 3 children included 4+ students add \$50.00 per mo 15% Discount	\$259.50 per month

Extended Care NOT included in above cost..... Extended Care is days when the school is closed but care is provided for those who need it. Extended Care costs are as follows: First child in family \$17.00 per day (any hours during care time), Second child in family \$15.00 per day, Third child \$13.00 per day, fourth child and more \$10.00 per day during Extended Care days (see year calendar).

Snacks Not Included... Children may bring a morning and/or afternoon snack from home. We do provide a refrigerator and a microwave oven.

Sign In & Out... The parent/legal guardian is required to sign his/her child in and out of Day Care. Sign *in* for the morning session and sign *out* for the afternoon session.

Late Pick-Up Charge... There is a \$25 fee for the first fifteen minutes that a student is left at the school after 6:00 PM and \$1 per minute thereafter. Excessive late pick-ups will result in the cancellation of your child(ren)'s participation in the Day Care Program. Late Pick-Up Charges are used to discourage repeatedly late pick-ups.

Payments & Fees... Regular Billing/Not Per-Paid Plan: You will be billed each month for the previous month's day care charges. **Payments are due ten days after the billing date. There will be a 10% charge separate from tuition charges if payments are received after the due date.** If day care charges are not paid by the end of the month, the student will not be allowed to return to school until the account is brought current. Post-dated checks will not be accepted and a \$25 charge will be applied to accounts when checks are returned due to insufficient funds. A second returned check will require all future payments to be made in cash.

Annualized Pre-Paid Plan: Your monthly billing (determining which plan chosen) is pre-determined as listed above. Please pay in full by the 10th of the each month. Monies not received by the 10th will include a 5% penalty. All fees must be paid in full by the 20th of each month

I would like New Life to provide day care for the following children:

Name: _____	Grade: _____
Print: First, Middle Initial, Last	
Name: _____	Grade: _____
Print: First, Middle Initial, Last	
Name: _____	Grade: _____
Print: First, Middle Initial, Last	

Person Responsible for Payment of Day Care Charges

Responsible Person's Name: _____ Phone: _____

Address: _____

Responsible Person's Employer & Address: _____

Soc. Sec. No.: _____

Relationship to Student(s): _____

I have read the day care information on the previous page and agree to the conditions and amounts regarding all Day Care and Extended Care fees. Below I have marked the billing arrangements which I prefer. I understand that there are additional fees for Extended Care (days when the school is closed).

 Signature of Responsible Person

 Date

The above information is kept in strict confidentiality. It is only used to establish credit worthiness. This form must be completed for student to be enrolled in classes.

Regular billing. No Pre-Paid Discount in the below boxes:	Annualized Pre-Paid Plan: 10% Discount for 1 student and 15% Discount Family Rate:
<input type="checkbox"/> AM or PM Regular Billing/No Discount 1 student	<input type="checkbox"/> Annualized Pre-Paid Plan AM or PM 1 student 10% Discount
<input type="checkbox"/> AM & PM Regular Billing/No Discount 1 student	<input type="checkbox"/> Annualized Per-Paid Plan Am or PM Family Rate 15% Discount
<input type="checkbox"/> AM or PM Family Rate Regular Billing/No Discount	<input type="checkbox"/> Annualized Pre-Paid Plan AM & PM 1 student 10% Discount <input type="checkbox"/> Annualized Per-Paid Plan AM & PM Family Rate 15% Discount

Authorization for Transfer of School Records

I _____
Name of previous school (Please print) _____ Dates of attendance _____

School's Address: Street City State Zip

1. _____
Student's Name (First, Middle Initial, Last) _____ Date of Birth _____

2. _____
Student's Name (First, Middle Initial, last) _____ Date of Birth _____

3. _____
Student's Name (First, Middle Initial, Last) _____ Date of Birth _____

Authorization is hereby given for transfer of school records for the above students to:

New Life Christian School of So. CA.
P.O. Box 6166
Norco, California 92860

Parent or Legal Guardian's Name _____ Day Time Phone # _____

Parent's Address: Street City State Zip

Parent's Signature _____ Date _____

Physician's Written Statement

Dear Doctor:

If you feel it is actually necessary for (Child's Name) _____
(DOB) _____, to have medication during school hours, please give us the following information:

Diagnosis or indication for medication: _____

Name of medication: _____

Dosage: _____

Time(s): _____

Date medication is to be started: _____

Date medication is to be stopped: _____

Does medication need to be:

- refrigerated
- stored at room temp.

Special instructions: _____

Doctor: Please note medication will be administered by non-medical personnel.

Print Name of Physician

Telephone Number

Signature of Physician

Date

Parent/Guardian's Authorization

As the parent/legal guardian of _____,
I do hereby ask the staff of New Life Christian School of So. CA. to assist me in providing
the above medication for my child.

Signature of Parent/Legal Guardian

Date

Student Supply List

Please have your child bring the following supplies on the first day of school. It may be helpful to print your child's first name and last initial on his supplies to eliminate confusion.

Grade	Supplies	Quantity
Kindergarten	Please provide 2 large boxes of Kleenex tissue and a nap blanket.	
1 st Grade	Kleenex tissues Crayons, Markers, Color Pencils NIV Bible Glue sticks No 2 pencils Pencil Top Erasers Big Pink Erasers Spiral notebooks Pee-chee type folders w/ inside pockets Grade appropriate lined paper Pencil Box White Copy and Drawing Paper Hand Sanitizer Baby wipes clipboard Ruler with inches and centimeters White glue Scissor	2 large boxes 1 box each 1 each 4 each 24 each 24 each 2 each 2 each 1each 2 each 2 each 1 each 1each 1 each 1 package 1 each 1 each 1 each 1 each

Student Supply List		
<p>2nd, 3rd, & 4th Grades will need all of these items PLUS the ones listed next to their grade.</p>	<ul style="list-style-type: none"> * Kleenex tissues * zipper pouch for a 3 ring binder * Wide rule paper * No 2 Pencils and Sharpener * Ruler (12") * Big pink eraser * Red pen * Small pencil box for supplies * Hand Sanitizer * Clorox Wipes * Colored pencils * Bible (New international version) * Clip board * Small whiteboard w/markers (teacher store has better quality) * Glue sticks 	<ul style="list-style-type: none"> 2 large boxes 1 each 3 each 24 each 1 each 2each 2 each 1 each 1-2 each 1-2 each 1 box 1 each 1 each 1 each 1 each 2 large sticks
<p>2nd Grade</p>	<p>2" Binder with clear pocket cover Yellow highlighters</p>	<p>1 each 4 each</p>
<p>3rd Grade</p>	<p>8 divider tabs 1" ring vinyl binder w/inside pocket on cover</p>	<p>2 packs 1 each</p>
<p>4th Grade</p>	<p>1/2" and 2" 3 ring binder Scissors 8 divider tabs Blue or black pens</p>	<p>1 each size 1 pair 2 packets 4-6 each</p>

Student Supply List		
<p>*= 5th – 8th Grades need all of these items PLUS the ones listed next to their grade.</p>	<ul style="list-style-type: none"> * Kleenex tissue * Hand Sanitizer * Clorox Wipes * Glue sticks * Colored pencils/markers * Ruler (12") * Graph paper * Red ball point pens * Blue ball point pens * Black ball point pens * 3x5 note cards * <u>Bible (New International Version)</u> * Clip board * Mechanical pencils with lead refills * Homework planner * Small whiteboard/ w.b.markers (teacher store has better quality) * Scissors 	<ul style="list-style-type: none"> 2 large boxes 1-2 containers 1-2 containers 2 each 1 box 1 each 700 – 800 sheets 1 dozen box 1 dozen box 2 dozen box 2 packs <u>1 each</u> 1 each 2 one dozen box 1 each 1 each 1 each
<p>5th Grade</p>	<ul style="list-style-type: none"> No. 2 Pencils Scissors White Elmer's Glue Colored pencils Mead composite book 5 subject notebook set of oil pastels (art supply store) Pencil box 	<ul style="list-style-type: none"> 24 each 1 pair 1 each 1 box 2 each 1 each 1 each 1each
<p>6th Grade</p>	<ul style="list-style-type: none"> Writing paper – college ruled White copier paper Compass w/ locking device (high quality) Protractor (high quality) Whiteout pencil Medium point sharpie- black or blue 	<ul style="list-style-type: none"> 700 – 800 sheets 500 sheets 1 each 1 each 1 each 1 each
<p>7/8th Grade</p>	<ul style="list-style-type: none"> Writing tablet (college ruled) 3 Ring binder 8 subject dividers Yellow highlighters Compass w/locking device (high quality) Protractor (high quality) Calculator 	<ul style="list-style-type: none"> 2 each 1 each 2 packs 2 each 1 each 1 each 1 each

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Earthquake Survival Kit

The survival kit is designed to contain enough food and supplies to sustain one person for three days on the event of an emergency. The kit is mandatory. Please send it with your child on the first day of school. The kit should contain the following items:

- 3 6 oz. cans of meat (tuna, chicken, or child's preference)
- 3 cans of juice (cans last longer than paper cartons, but make sure that they have the pull-top)
- 3 fruit cups (with pull-top)
- 3 cracker with cheese or peanut butter (snack packs)
- 6 towelettes (moist, individually wrapped)
- 1 emergency blanket (handy pocket size)
- 1 plastic spoon
- 1 small pocket pack of tissue

Place and seal these items in a one-gallon zip lock bag. Write your child's and teacher's name on the kit with a permanent marker.

Students with special health needs should also have a 3-day supply of medication in their kit (except those medications which require refrigeration.) If you have any questions, please contact the office.

Volunteer Information Form

New Life Christian School of So. CA. welcomes parent volunteers to help organize classroom parties, supervise class outings and field trips, and assist the teachers with classroom projects or grading homework.

If you are able to volunteer your time, please complete this form and return to the Office.

First Name

Last Name

Address

City, State & Zip

Home Phone Number

Cell Phone and/or Work Number

Your child's name

Relationship to child

Child's teacher

Child's grade

I can help with the following: Classroom Parties
 Class outings or field trips
 Assist with classroom projects
 Grading homework
 Other _____

I am available to help: Daily Weekly Occasionally

On the following days: Monday Tuesday Wednesday Thursday Friday

During these hours: All day Morning Afternoon Other _____

Please return this form to the Office.

/06/2010