

Thank you for considering North County Christian School as the education institution of your choice. It is an honor to partner together with Christian families desiring a Christ-centered education for their child, as we work together to prepare your child spiritually, academically, emotionally, and physically for their future. We believe each pillar provides the strength and stability our students need to build a successful present and future.

Spiritually...NCCS infuses each class with opportunities to learn about God's presence, power, and impact on the subject matter studied, as well as in each student's individual life. Daily Bible lessons and teachers mentoring students are all a part of our continued goal for your child to learn and grow spiritually.

Academically...NCCS offers rigorous academics at all age levels, believing that students learn best through active engagement in learning.

Emotionally...NCCS fosters positive relationships that reinforce respect and appreciation for the many personality and cultural differences among our student population through a broad spectrum of activities and learning opportunities.

Physically...NCCS offers daily recess and some classroom activities.

We believe you belong here! I hope to see you soon.

The application process is as follows:

1. Submit a completed application with a **\$50** non-refundable application fee and a copy of your child's birth certificate.
2. An interview with the parents will be scheduled.
3. You will be notified of acceptance within 10 business days of your interview. (A non-refundable registration fee per student must be paid within 5 days of acceptance.)
4. Upon receipt of non-refundable registration fee, a schedule of tuition and fees will be sent to you.

In His Service,



Greg Clark
Superintendent

Summer Camp - An Open House for Summer Camp attendees is scheduled for May 11, 2017 at 6:30 p.m. in the school library. Please save the date and plan to attend if you would like your children to attend a great summer camp program.



North County Christian School

New Student Application for Admission **Preschool**

Investing In Eternity One Student at a Time

APPLICANT INFORMATION:

Which age level are you applying for? Threes Fours Start Date: _____

Schedule Options: Full-time Part-time: M T W Th F Half Day : M T W Th F

Name: _____

Last

First

Middle

Male Female

Birth date: _____ Age: _____ Country of Citizenship: _____

Mailing Address: _____

Street

City

State

Zip

Telephone: () _____

- Check here if you have previously applied to North County Christian School.
- Check here if you give permission for your contact information to be published in the school directory.

Please check all that apply (optional, for statistical purposes only)

Ethnic Background: African-American Asian Caucasian Hispanic Native American Other

Why would you like your student to attend NCCS? _____

What public school district do you reside in and if not enrolled at NCCS what public school would your child attend?

Sibling: _____ Age: _____ School currently attending: _____

Sibling: _____ Age: _____ School currently attending: _____

Sibling: _____ Age: _____ School currently attending: _____

For Office Use Only										
AP	DR	CK#	REG	DR	CK#	PA	MC	ER	TE	2C

FAMILY INFORMATION:

Student resides with (check all that apply): Father Mother Stepfather Stepmother
 Other _____ (please specify)

Correspondence should be sent to: Both Parents Father Mother Other _____ (please specify)

Name of parent or guardian:

Mr. Mrs. Ms. Other _____

First Last

Relationship to applicant: _____

Home Address: _____

City State Zip

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____

Position: _____

Employer: _____

Address: _____

City State Zip

Work Phone: (_____) _____

Name of parent or guardian:

Mr. Mrs. Ms. Other _____

First Last

Relationship to applicant: _____

Home Address: _____

City State Zip

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____

Position: _____

Employer: _____

Address: _____

City State Zip

Work Phone: (_____) _____

If applicable, name of step parent:

Mr. Mrs. Ms. Other _____

First Last

Relationship to applicant: _____

Home Address: _____

City State Zip

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____

Position: _____

Employer: _____

Address: _____

City State Zip

Work Phone: (_____) _____

If applicable, name of step parent:

Mr. Mrs. Ms. Other _____

First Last

Relationship to applicant: _____

Home Address: _____

City State Zip

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____

Position: _____

Employer: _____

Address: _____

City State Zip

Work Phone: (_____) _____

EMERGENCY NUMBERS AND PICKUP INFORMATION:

It is imperative that we have current emergency numbers to locate parents.

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

PERSONS NOT AUTHORIZED TO PICK UP STUDENT:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

GRANDPARENTS INFORMATION:

Name: Dr. Mr. Mrs. Ms. Other _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name: Dr. Mr. Mrs. Ms. Other _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name: Dr. Mr. Mrs. Ms. Other _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name: Dr. Mr. Mrs. Ms. Other _____

Street Address: _____ City: _____ State: _____ Zip: _____

STUDENT MEDICAL INFORMATION: Please complete all information in this section and submit any **UPDATED** health information (including new immunizations) received from your doctor's office.

Allergies: _____ Drug Allergies: _____

Routine Medication: _____ How Often: _____

Name of Doctor: _____ Phone Number: _____

Insurance Company: _____ Group Number: _____

If Asthmatic: Please provide an inhaler or breathing apparatus that can be administered to your child in case of emergency or as needed on a daily basis along with an **Asthma Action Plan**.

School Policy: All medications administered to students require a **Written Parental Consent**. This includes over the counter medication such as: Advil, cough drops, and nasal spray. All medication must be provided by the parent.

STUDENT BACKGROUND INFORMATION:

Has child had a previous preschool experience? Yes No If yes, complete the information below:

Preschool: _____ Address: _____ City: _____

State: _____ Zip: _____ Phone () _____ Dates attended: _____

Reason for leaving: _____

Has the student ever received a disciplinary action? No Yes Explain _____

Any additional information, such as discipline used, child's communication skills, how to comfort, etc.?

CHURCH INFORMATION: If you attend a church, please provide the following information:

Name of Family's Congregation: _____ Denomination: _____

Pastor's Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Our mission at NCCS is to work together with the home and church to aid in the academic and spiritual development of your child. Please share your personal testimony in the space provided.

EMERGENCY CARE / FIELD TRIPS / PUBLICITY

North County Christian School will treat all information regarding a candidates application with complete confidentiality. Only authorized school personnel and agents have access to this information unless otherwise required by law. Information recorded within the scope of this policy is not disclosed to the applicant or the applicant's family.

_____ I give North County Christian School permission to take my child to the nearest hospital for emergency
(Initials) treatment if I cannot be reached in case of medical emergency.

_____ I give permission for my child to participate in North County Christian School sponsored field trips.
(Initials) All teachers and other school representatives in charge of these trips will exercise care to prevent accidents. It is understood that in giving permission, claims against North County Christian School and staff are waived.

_____ I give permission for my child's photograph to be used for promotional school purposes, including but not
(Initials) limited to print or media advertising.

_____ I hereby verify that the information on this application is true and correct to the best of my ability.
(Initials)

Signature of Father / Guardian _____ Date _____

Signature of Mother / Guardian _____ Date _____

STATEMENT OF BELIEFS

North County Christian School subscribes to the following Biblical teaching:

- God is one eternally existent, infinite Triune God and has revealed Himself as Father, Son, and Holy Spirit.
- Jesus is divine and was fully God and fully man at the same time.
- The Holy Spirit is active today, convincing the world of sin, giving new life to those who repent and believe, sanctifying believers, and guiding into all truth.
- The Bible was inherently inspired by God and reveals the will of God in all matters of faith and salvation.
- Original sin, the corruption of man by Satan, continues to exist in a Christian's life until cleansed by the Holy Spirit.
- Salvation started in God's loving heart, and is grounded in Jesus' sufferings, shedding of blood, death on the cross, and resurrection.
- Man is morally responsible for his use of free will and God never takes his freedom of choice from him.
- Repentance involves a sense of personal guilt and a voluntary turning away from sin.
- In salvation God sees a person as if he had never sinned, is given a new life beginning, and is adopted into God's family.
- God gives a pure heart to those who are brought into complete devotion to God and that this work of God's grace is complete sanctification.
- Jesus will come to earth again and those who are in His will go to live with Him eternally and those that do not belong to Him will spend eternity in Hell.
- Christian baptism shows acceptance of Jesus.
- Communion is a sacrament that declares Jesus' sacrificial death.
- God can and does heal body, mind, and emotions, and allows providential agencies and persons to aid in the healing process.
- A person receives the fruit of the Spirit when he becomes a believer, the gifts of the Spirit are given by God's will alone, no gift is superior to any other and no gift is universally given to all believers.

The scriptural reference for each of the belief statements can be found in the Parent / Student Handbook.

PHILOSOPHY OF EDUCATION

- Our philosophy of education is a theology of education, because it is built on Biblical principles. Pertinent passages of scripture are Deuteronomy 6:5-7, Ephesians 4:11-16 and Romans 12:1-2.
- According to Deuteronomy 6:5-7, all education, and especially Christian education, begins in the home. Parents are the primary developers of a child's education. This responsibility cannot be taken from them, nor can they give it away.
- Ephesians 4:11-16 teaches that God has given some the gift of teaching. Their responsibility is to "equip the students for works of service." They do not take the parents place, but become "para-parent" for the students.
- Our ultimate goal in Christian education is found in Romans 12:1-2: to help the students be transformed by the renewing of their minds, so they will be able to test and approve what God's will is for them. This renewing is always based on a student's submission to the Lordship of Jesus.
- The academic requirements at North County Christian School are secondary to the fact that we are first Christians. This does not mean that academics are of little importance. We have a higher academic standard than many schools because Christians should exemplify only the highest standards.

MISSION STATEMENT

The mission of North County Christian School is to work in partnership with the family and church to provide excellent education rooted in Biblical truth and to nurture students as they... **Embrace** a personal relationship with Jesus Christ, **Discover** their God-given gifts, **Seek** His plan for their life, and **Serve** Him with their mind, body and spirit.

Have you read the statement of beliefs, philosophy of education and the mission statement, and do you desire this education for your child? Yes No If no, please explain: _____

2017-2018 FINANCIAL COMMITMENT FORM (Preschool)

Family Name: _____

Student Name _____ Start Date _____ #Days/wk _____

Student Name _____ Start Date _____ #Days/wk _____

Student Name _____ Start Date _____ #Days/wk _____

Responsible Party: _____ Email Address: _____

A. Tuition/Discounts

Preschool - Tuition for the School Year—August 14, 2017—May 23, 2018

\$6,265.00—5 days per week

\$5,015.00—4 days per week

\$3,760.00—3 days per week

\$2,510.00—2 days per week

\$3,625.00—5 (1/2) days per week

\$2,900.00—4 (1/2) days per week

\$2,175.00—3 (1/2) days per week

\$1,450.00—2 (1/2) days per week

*Preschool tuition includes lunch. Full days include before and after care. Half days include before care only. It is recommended that no child be in a daycare/day camp setting for more than 10 hours a day.

Multiple Child Discounts: 2 – 3 children 5% Discount (tuition only) 4 or more children 10% Discount (tuition only)

Total Tuition/Discounts	Total \$ _____
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***B. Summer Camp**

of Students

Summer Camp \$ _____ year x _____ = \$ _____ (3yrs.-2nd grade) (\$1248.00 for 10 full weeks)

*(Summer Camp costs may be added to the 12 month payment plan (May 1—April 1) if summer camp application and fee is turned in with the enrollment forms at registration.)

Summer Camp/ASAP Summer Cost	Total \$ _____
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Total Financial Obligation	Total \$ _____
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Payment Options for 2017-2018 Financial Obligation

Tuition Payment Plan - Please select one of the following.

_____ **Single Payment** 2% discount, tuition must be paid by **July 1, 2017**.

_____ **Semester Payment** Due **July 1, 2017** and **December 1, 2017**.

_____ **Monthly Payment** Due on the 1st of each month

Please choose one:

_____ 12 months (begins May 1, 2017– April 1, 2018)

_____ 11 months (begins June 1, 2017– April 1, 2018)

_____ 10 months (begins July 1, 2017 – April 1, 2018)

Payment Management

_____ **Automatic Payment Withdrawal** - Please complete the automatic payment withdrawal form, attach a voided check and return to the business office one month prior to the 1st payment due date.

_____ **Cash, check or money order** payment to the Business Office or **Online Payments**.

NCCS 2017-2018 PARENT CONTRACT (Preschool)

Financial Commitment Terms

The faculty and staff of NCCS commit to provide the highest quality education and care possible for your child. We count on your timely fulfillment of your tuition/daycare obligation so that we can continue to offer excellent education/daycare at NCCS. Upon acceptance of your student for enrollment for NCCS and by signing this contract you acknowledge and agree to the following payment terms. Please read and initial each item.

- _____ I understand that payments are due on the 1st day of each month.
- _____ I understand that if payment for the month is made after the 15th of the month my account will be charged a late fee of \$35.00. I also understand that if the 15th day of the month falls on a weekend, I must make my payment by 5:00 pm on the Friday before. Online payments for the month made by the 15th of the month are not subject to the late fee.
- _____ I understand that if my payment is not paid in full by the 30th of the month, my child will not be able to attend school until the account is current.
- _____ I understand that I have the option of automatic withdrawal for tuition payments which gives me the option to have my payment automatically withdrawn on the 1st, 10th or 15th of each month.
- _____ I understand that a fee of \$25.00 will be assessed on accounts due to non sufficient funds. This fee will not be waived.
- _____ I understand the Early Withdrawal/Dismissal Policy for Preschool. If I withdraw my child/ren I must give a two-week notice to the business office and I will be responsible for tuition up and through the end of the two week notice.

Parent Financial Commitment

We look forward to partnering with North County Christian School to provide an excellent education consistent with Biblical truth. We shall endeavor to support and uphold the principles, practices, and educational policies of NCCS to the best of our ability. We agree that when problems arise, we will address these problems in a spirit of cooperation, according to the principles laid out in Matthew 18:15-17, with the staff, teachers, and administration to the best of our ability. Realizing that NCCS is a not-for-profit organization that relies solely on tuition for its operating and instructional costs:

We agree to pay tuition and fees on time.

We agree to the above 2017-18 **financial commitment terms**.

Signature of father/guardian _____ Date _____

Signature of mother/guardian _____ Date _____

Signature of NCCS representative _____ Date _____

* This agreement regarding payment terms is in addition to, and does not supersede, any other agreements or understandings between you and NCCS related to the enrollment of your student at NCCS.

2017-2018 FINANCIAL INFORMATION (Preschool)

Tuition

Tuition for the School Year

August 14, 2017—May 23, 2018

\$6,265.00—5 days per week
\$5,015.00—4 days per week
\$3,760.00—3 days per week
\$2,510.00—2 days per week
\$3,625.00—5 (1/2) days per week
\$2,900.00—4 (1/2) days per week
\$2,175.00—3 (1/2) days per week
\$1,450.00—2 (1/2) days per week

Non-refundable new student application fee \$50

Non- Refundable Registration Fee:

If application is received by March 31, 2017	\$150
If application is received on April 1, 2017 or later	\$200

Full Day: 6:00 a.m.—6:00 p.m.

Half Day: 6:00 a.m.—12:30 p.m.

*Preschool tuition includes lunch. Full days include before and after care. Half days include before care only. It is not recommended to leave a student in a daycare setting for more than 10 hours a day.

<u>Multiple Child Discounts:</u>	2 – 3 children	5% Discount (Tuition only)
	4 or more children	10% Discount (Tuition only)

Payments

- Tuition payments are due on the 1st of the month and will be assessed a **\$35 late fee** after the 15th of the month. If the 15th of the month falls on a weekend, payment must be made by 5:00 p.m. the Friday before. Tuition payments paid by automatic withdrawal are due according to the option chosen.
- Students who have an outstanding obligation (tuition, fees, or fines) after the 30th of the month will not be permitted to attend NCCS until accounts are current.
- Accounts not paid by the 1st of the month are considered delinquent.
- A fee of \$25.00 will be assessed on accounts due to non sufficient funds. This fee will not be waived.
- A payment schedule of the tuition will be sent upon acceptance and enrollment.

Early Withdrawal/Dismissal Policy for Preschool

- If I withdraw my child/ren I must give a two-week notice to the business office and I will be responsible for tuition up and through the end of the two week notice.

Please direct financial questions/concerns to Mary Hart at m.hart@nccsmo.org or Tammy Harman, at t.harman@nccsmo.org.

Parents: Access your account anytime through www.teacherease.com.

Important Dates

First Day of School	August 14th	*Spring Break (School Closed)	March 26th-29th
Labor Day (School Closed)	September 4th	Good Friday/Easter Break (School Closed)	March 30-Apr 2
*Thanksgiving Break (School Closed)	November 22-24th	Last Day of School Preschool	May 23rd
*Christmas Break (School Closed)	December 22nd– January 3rd	Last Day of School Elementary	May 23rd
Return to School	January 4th	Last Day of School Secondary	May 24th
Martin Luther King Day (School Closed)	January 15th	High School Graduation	May 26th
President's Day (School Closed)	February 19th		

AUTOMATIC PAYMENT WITHDRAWAL 2017-2018

North County Christian School is pleased to offer Automatic Payment Withdrawal as a convenient way to make your monthly tuition payments. This is an optional service for all monthly payment plans. Please read the authorization agreement below and follow the instructions listed below the agreement.

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

I (we) authorize North County Christian School (NCCS) to initiate debit entries to the bank account listed below in order to pay my (our) monthly tuition payments. I (we) understand that this account will be debited for the amount currently due on my (our) payment due date or, if the due date falls on a weekend or holiday, on the first banking day after the due date. I (we) understand that, given "30-day notice," this agreement can be terminated by written notification to the financial institution and North County Christian School. I (we) also understand if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. I (we) have the right to dispute entries made in error up to 45 days after the date of transaction and have the right to stop payment of a debit entry by notifying my financial institution and North County Christian School before the account is charged.

YOU WILL RECEIVE CONFIRMATION OF THE DATE OF YOUR FIRST DEDUCTION. UNTIL THEN, PLEASE PLAN TO MAKE YOUR PAYMENTS BY CHECK.

INSTRUCTIONS

If you choose to have your monthly payments automatically deducted from your checking or savings account on your plan's due date, please follow these easy steps:

1. Complete the form below. Be sure to include your Student ID number, signature and date.
2. **IMPORTANT:** If you choose to have your payments deducted from your checking account, you must attach a **VOIDED CHECK, NOT A DEPOSIT SLIP**, for the checking account you wish to debit. It is used to verify bank account and Electronic Funds Transfer number only. If you choose to have your payments deducted from your savings account, please verify the account and ABA/Routing number with your bank. **PLEASE NOTE THAT PASS-BOOK SAVINGS ACCOUNTS ARE NOT ELIGIBLE FOR THIS SERVICE.**
3. If the selected account is in a name other than yours, or is a joint account, you must include the name of the other party and his/her signature.
4. If you have any questions, please contact Beth Hardin at b.hardin@nccsmo.org or (314) 972-6227, ext.104.

NORTH COUNTY CHRISTIAN SCHOOL ACCOUNT INFORMATION

Student ID Number _____
New students-Business Office will complete

Student Name(s) _____

BANKING INFORMATION (MUST BE AN ACH PARTICIPANT)

Checking Account Savings Account

Withdrawal dates (**Choose one**) 1st 10th 15th

Name of Financial Institution _____

City _____

ABA Routing Number _____ Account Number _____

Account Holder Name – Please Print _____

Signature _____ E-Mail Address _____ Date _____

For Joint Accounts:

Account Holder Names – Please Print _____

Signature _____ E-Mail Address _____ Date _____

North County Christian School Summer Camp 2017



3yrs. - 2nd grade

We offer a separate program for 3rd - 8th grade

Registration Form/\$75 Activity Fee due at time of registration

Weekly Rate: \$130 - lunch included (*Weeks of Memorial Day and 4th of July-prorated \$104)

- Payments must be received by **Wednesday** of the **prior** week to be eligible to attend the next weeks' camp. **No Exceptions.**
- No refunds or credits will be given for days missed for non-attendance, vacation or illness.
- No transfer of weekly payments from one week to another. No exceptions.
- Weeks attending must be checked to be guaranteed participation in scheduled field trips.

Summer camp is for children age three (must be potty trained) through students entering 2nd grade.

Please place an **X** next to the weeks your child will be attending.

Activities are from 8:00 a.m. to 3:30 p.m. Extended hours are available from 7:00 a.m. to 6:00 p.m. at no additional charge. It is recommended that no child be in attendance for more than ten hours per day.

Camper's Name _____ **Grade 2017-18** _____

_____ *May 30-June 2	payment due May 24	_____ *July 3-7	payment due June 28
_____ June 5-9	payment due May 31	_____ July 10-14	payment due July 5
_____ June 12-16	payment due June 7	_____ July 17-21	payment due July 12
_____ June 19-23	payment due June 14	_____ July 24-28	payment due July 19
_____ June 26-30	payment due June 21	_____ July 31-Aug 4	payment due July 26

Please make payments at the Business Administration Office or by mail:
845 Dunn Road, Florissant, MO 63031, Summer office hours: 7:30 a.m.-4:00 p.m.
Online payments can be made through our website—www.nccsedu.org—under Links.

For Office Use Only:

Date registration form & \$75 fee received _____

Parent Copy _____ Office Copy _____ Director Copy _____

2017 Summer Camp Application 3yrs. - 2nd grade

Camper Information

(Entering 2017-2018 School Year)

Camper's Name _____ Please circle grade: P3 P4 K5 1st 2nd

Address _____ Birth Date _____

_____ ()
City State Zip Telephone

Parent Information

Father's Name _____ Telephone () _____

Email _____ Cell #() _____

Address _____
Street City State Zip

Mother's Name _____ Telephone () _____

Email _____ Cell #() _____

Address _____
Street City State Zip

Emergency Contact and Authorized Pick-up Information

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

Individuals picking up children will need to provide a picture ID.

Camper's Medical Information

Allergies: _____ Medications: _____

Allergies: _____ Medications: _____

Routine Medication: _____ How Often? _____

Name of Doctor/Telephone _____ () _____

Insurance Company: _____ I.D. # _____

I give permission for my child to participate in off campus field trips. I realize that my child will be transported to and from field trips on a school bus which is not required to have seat belts. I understand that the NCCS staff takes every precaution while riding on the bus by not allowing young children to sit in the front or rear seats. It is understood that in giving permission, claims against North County Christian School are waived.

Signature of Father / Guardian _____ Date _____

Signature of Mother / Guardian _____ Date _____