

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.

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. Weekly chapel services, class devotions, shared prayer times, and teachers mentoring students are all a part of our continued goal to provide a climate 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 a wide array of extra-curricular activities for all secondary students, provides regular PE classes for K-12th grade students, and partner with local churches to offer additional youth sports programs.

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

The application process is as follows:

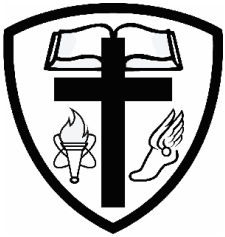
1. Submit a completed application with a **\$50** non-refundable application fee and a copy of your child's birth certificate.
2. An assessment test will be given to K5-12th grade students once all enrollment materials have been received.
3. An interview with the student and parents will be scheduled.
4. 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.)
5. 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 K5-8th 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 **K5-12**

Investing In Eternity One Student at a Time

APPLICANT INFORMATION:

Start Date: _____

Which grade level are you applying for? _____ **Kindergarten Only** Half Day Full Day

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

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	I	T	TR	FA
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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: Deceased
 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: Deceased
 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 health information (including 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: (List most recent school first)

Current School: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** () _____

Principal: _____ **Dates attended:** _____ **Reason for leaving:** _____

Previous School : _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** () _____

Principal : _____ **Dates attended:** _____ **Reason for leaving:** _____

Has the student ever repeated a grade? No Yes If yes, please give grade and reason: _____

Has the student participated in any special learning programs (gifted, resource, special education, IEP/ISP) Yes No

If yes, please specify: _____

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

Has your student ever been in trouble with the civil authorities? Yes No

If yes, please explain: _____

Why would you like your student to attend NCCS? _____

How did you hear about NCCS? website open house friend other _____

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

Name of 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 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 _____

STUDENT STATEMENT (For Students in Grades 7-12)

I desire to attend North County Christian School or am willing to be under the authority of my parents in submitting and deferring to their wishes concerning enrollment at North County Christian School.

I understand that Christian teachers are in partnership with my parents. I will strive to obey them as they seek to train me according to God's Word.

I have read the above student statement and will seek to live a Godly life in and out of school in order that Jesus Christ will be glorified.

Signature of Student _____ 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 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.

Scripture reference for each of these statements can be found in the 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: _____



NORTH COUNTY CHRISTIAN SCHOOL

Authorization for Release of Records

We must have records from the last school attended in order to evaluate your student. Please fill out the information below and **give this form to the school last attended.**

Student's Name: _____

I hereby authorize _____
Name of Student's School

to release to:
North County Christian School
845 Dunn Rd.
Florissant, MO 63031
314-972-6227
Fax: 314-972-6220

Academic Records (with grading scale, quarter & semester grades)
Standardized test scores
Discipline records (Please let us know if there are none on file)
Health Records/Immunizations
Special Education (including current IEP and most recent evaluation)
Additional information that would be helpful in placing student

Signed: _____
Parent or Guardian

Address: _____
Street Address City State Zip

We cannot proceed with an interview unless we have these records. Please forward the final transcript to NCCS when available.

*Records brought in by parents will not be accepted as official and will be viewed as temporary until official copies are received from the previous school.

North County Christian School reserves the right to deny admission to a student previously accepted if the final transcript:

- Is not received by August 1
- Reveals a marked discrepancy with the original application
- Behavioral or disciplinary records reveal a marked discrepancy from previously provided information.

Statement of Confidentiality

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 applicants family.



NORTH COUNTY CHRISTIAN SCHOOL

School Recommendation

TO BE FILLED OUT BY A PREVIOUS TEACHER OR ADMINISTRATOR

(To be completed by the applicant)

Applicant's Name: _____ Grade Applying For _____

The student named above, having applied for admission to North County Christian School, is required to have this form on file before admission can be considered.

How long have you known the applicant? _____ In what context? _____

Please evaluate the applicant by checking the most appropriate heading.

	Below Average	Average	Above Average	Excellent (top 15% this year)	Outstanding (top 5% this year)
Conduct					
Concern for Others					
Relationships with Peers					
Emotional Maturity					
Self-confidence					
Honesty					
Academic Motivation					
Ability to Work in a Group					
Ability to Work Independently					
Academic Creativity					
Academic Self-discipline					
Growth Potential					

Please comment on special strengths and weaknesses and level of maturity.

Please list any significant limitations (physical, social, mental) the applicant may have.

What special encouragement, guidance or supervision would you suggest?

I recommend this student for admission:

Academic Achievement Enthusiastically Confidently With reservation Do not recommend
Character & Personal Qualities Enthusiastically Confidently With reservation Do not recommend

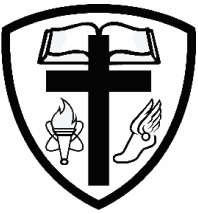
Signed: _____ Date: _____

Print name: _____ Position: _____

Phone Number: _____

Please return this form to:

North County Christian School 845 Dunn Road Florissant, MO 63031 Fax 314-972-6220



NORTH COUNTY CHRISTIAN SCHOOL

Pastoral Recommendation

North County Christian School is an extension of the Christian home and church. Although we do not require our school families to be church members, we do highly recommend it and encourage our families to be an active part of a local church.

With this thought in mind, please answer the following questions and complete the form as directed.

Do you have a church home? ___ Yes ___ No Where? _____

If YES, please complete the INSTRUCTION TO PARENT portion of this form and give it to your church with a stamped envelope addressed to:

North County Christian School
845 Dunn Road
Florissant, MO 63031

If NO, would you like to receive information on the Ferguson Church of the Nazarene?

___ Yes ___ No Please sign and return to NCCS

_____ Parent Signature

_____ Phone

INSTRUCTION TO PARENT: Please complete your name and address, list the children you plan to enroll in NCCS, and sign below.

FAMILY NAME _____ PHONE # _____

ADDRESS _____
Street City State Zip Code

APPLICANT NAME 1. _____ GRADE _____
2. _____
3. _____

I give permission for my pastor or other church authority to complete this form with utmost honesty and confidentiality.

_____ Date

_____ Parent Signature

INSTRUCTION TO PASTOR OR OTHER CHURCH AUTHORITY: Please complete this form carefully and prayerfully and mail it directly to the school. We will treat all information as strictly confidential. Thank you for your assistance.

1. How long have you known this family? _____

In what capacity? _____

2. How often does this family attend church? **W**-weekly **M**-monthly **S**-Seldom

Father _____ Mother _____ Applicant 1 _____ Applicant 2 _____ Applicant 3 _____

3. Would you recommend that we accept this family into our school? _____

4. Please give any information that would help us in making our decision to accept or decline enrollment to any of the applicants:

Pastor or other church authority information:

Name _____ Position _____

Church _____ Phone _____

Address _____

Street

City

State

Zip Code

Signature _____ Date _____

Thank you for taking the time to complete this form. It will be very beneficial to us in maintaining a quality Christian atmosphere at North County Christian School. Please mail or fax this form to NCCS 845 Dunn Rd. Florissant MO 63031 Fax: 314-972-6220

2017-2018 FINANCIAL COMMITMENT FORM (K5-12th)

Family Name: _____

Responsible Party: _____ Email Address: _____

A. Tuition, Fees, Discounts for 2017-2018

Half-Day Kindergarten \$3800/year
 K5 – 6th grade \$6570/year
 Middle School (7th-8th) \$7275/year
 High School (9th-12th) \$8000/year
 Senior Graduation Fee \$75

(For account information)

Grade	Student	Tuition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Multiple Child Discounts: 2-3 children 5% Discount (tuition only) 4+ children 10% Discount (tuition only)

Tuition & Fees less Discounts	Total \$ _____
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B. Before/After Care—K5-12th Grade

			# of Students		
K5 - 6 th grade only	6:00 - 8:00 AM	\$840/year x _____	=	_____	
K5 - Secondary	3:00 - 5:00 PM	\$840/year x _____	=	_____	
K5 – Secondary	3:00 - 6:00 PM	\$1260/year x _____	=	_____	

***C. Summer Camp/ASAP Summer (see summer camp applications)**

Before/After Care	Total \$ _____
--------------------------	-----------------------

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

			# of Students		
Summer Camp	\$ _____ x _____	=	_____	(3yrs.-2nd grade only)	(\$1248 for 10 full weeks)
Summer ASAP	\$ _____ x _____	=	_____	(3 rd -8th grade only)	(\$946.00 for 9 full weeks)

Summer Camp/ASAP Summer Cost	Total \$ _____
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Total Tuition & Fees	Total \$ _____
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Mandatory Family Fundraising Fee (charged separately)	\$400/year
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Payment Options for 2017-2018 Financial Obligation

Tuition Payment Plan - Please choose 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 (K5-12th)

Financial Commitment Terms

The faculty and staff of NCCS commit to provide the highest quality education possible for your child. We count on your timely fulfillment of your tuition obligation so that we can continue to offer an excellent education 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 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 if my child is not picked up by his/her scheduled dismissal time my child will be sent to after-care and I will pay the aftercare charge by the end of the billing month. I also agree that if the aftercare charge is not paid by the end of the billing month I will be charged a \$10.00 late fee. Any student dropped off before 8:00 a.m. is subject to a before care fee. (K-6th)
- _____ I understand that if my child participates in athletics, my child's athletic fee is due before tryouts/practices. I also understand that if my child is not selected for the team, my payment will be returned.
- _____ I understand that I have the option of automatic withdrawal for tuition payments which gives me the option to pay on the 1st, 10th or 15th of the month.
- _____ I understand that our account must be current before report cards, transcripts, diplomas, etc. will be released. I understand that I must pay by cash, check, money order or online. If paid by personal check, records will be held until payment has cleared.
- _____ 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 that there is a mandatory \$400 fundraising fee per family for the 2017-2018 school year.
- _____ I understand the early withdrawal/dismissal policy. If I withdraw my child/ren on or after July 1, up until the 1st day of class the financial party is responsible for 10% of the yearly tuition. If my child/ren is withdrawn or dismissed on or after the 1st day of the 1st semester, the financial party is responsible for 50% of the yearly tuition. If my child/ren is withdrawn or dismissed on or after the 1st day of the 2nd semester, the financial party is responsible for 100% of the yearly tuition. Mandatory Fundraising Fee will be prorated by Semester only for early withdrawal/dismissal.

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.

(Continued on reverse side)

NCCS 2017-2018 SCHEDULE OF TUITION, FEES, DISCOUNTS (K5-12th)

Half Day – K5	\$3800/year
Elementary – K5 – 6 th	\$6570/year
Middle School – 7 – 8 th	\$7275/year
High School – 9 – 12 th	\$8000/year
Mandatory Family Fundraising Fee	\$400/year
Senior Graduation Fee	\$75/year

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

<u>Multiple Child Discounts:</u>	2 – 3 children	5% Discount (Tuition only)
	4 or more children	10% Discount (Tuition only)
<u>Full Pay Discount (must be paid in full by July 1)</u>		2% Discount (Tuition only)

EDUCATIONAL EXTENSION OPTIONS:

A. Before/After Care – K5-12th

6:00 – 8:00 AM	- \$840/year	(\$6.30/daily rate)	K5 - 6 th grade only
3:00 – 5:00 PM	- \$840/year	(\$6.30/daily rate)	K5 - Secondary
3:00 – 6:00 PM	- \$1260/year	(\$9.45/daily rate)	K5 - Secondary

Yearly – included in payment plan for full-time users of extended care.

Monthly – Daily use will be billed monthly - payment due on the last day of the billing month.

Note: See 'Before Care, After Care, and ASAP Monthly Billing Information' for daily rates for days school is closed.

B. Summer

Summer Camp	\$1248.00/10 full wks	\$130.00/week (3yrs -2nd grade only)
Summer ASAP	\$946.00/9 full wks	\$110.00/week (3 rd -8 th grade only)

C. Athletics

Please refer to the athletic information sheet included in your packet.

Participation on sports teams requires additional financial commitments and an athletic physical. Obtain a physical form from the administration office or www.nccsedu.org.

Parents: Access your account anytime through www.teacherease.com.
New families will receive a welcome email upon acceptance that allows access to teacherease

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

NCCS 2017-2018 FINANCIAL INFORMATION (K5-12th)

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. Tuition payments paid by automatic withdrawal are due according to the option chosen.
- Before/After Care payments are due on the last day of the billing month and will be assessed a **\$10 late fee** on the 1st of the following month.
- Students whose parents/guardians have an outstanding obligation (tuition, fees, or fines) after the 30th day of the month that the payment is due, will not be permitted to attend NCCS or receive any school work until accounts are current.
- Accounts not paid by the 15th of the month are considered delinquent.
- All report cards, transcripts, and diplomas will not be released until accounts are paid in full. To release report cards, etc, delinquent payments must be made in cash, money order, cashier's check or online. If paid by personal check, records will be held until payment has cleared.
- A fee of \$25.00 will be assessed on accounts due to non sufficient funds. This fee will not be waived.

Early Withdrawal/Dismissal Policy

- Student withdrawal on or after **July 1, up until the 1st day of class**, the financial party is responsible for **10%** of the yearly tuition.
- Student withdrawal/dismissal on or after the **first day of the 1st semester**, the financial party is responsible for **50%** of the yearly tuition.
- Student withdrawal/dismissal on or after the **first day of the 2nd semester**, the financial party is responsible for **100%** of the yearly tuition.
- Mandatory Fundraising Fee will be prorated by semester only for early withdrawal/dismissal.

Financial Information

- A payment schedule of the tuition and any additional fees will be sent upon completed enrollment.
- Tuition includes all costs associated with educating your child at NCCS. Retreats, field trips, banquets, instrument rental, athletics, and other activities may require additional funds.
- Financial aid forms are available in the administration office or may be requested by email to m.hart@nccsmo.org.
- Extended Care and ASAP daily use will be billed on or before the 10th of the following month.

Automatic Bank Withdrawal:

- Fill out bank withdrawal form included in this packet and return with enrollment material.
- Monthly installments will be automatically withdrawn from this account on the day of the month you choose.

Personal Check, Cash, Money Order, Cashiers Check and Online Payments

- Regular monthly payments are due to the business office by the 1st day of each month.
- Access to online payments can be made through our website: www.nccsedu.org—Under Links

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 _____

EXTENDED CARE INFORMATION

2017-2018

Before Care:

AM 6:00 am – 8:00 am -\$6.30 (K5 – 6th grade) (Preschool-no charge)

Before Care is not provided for students (7th-12th) although; students may arrive as early as 7:30 am.

If a student K5-6th has a sibling in 7th-12th, student will not be charged for before care if arrival time is 7:45 or later.

After Care:

PM1 3:20 pm – 5:00 pm – \$6.30 (K5 – 5th grade) (Preschool-no charge)

PM2 3:20 pm – 6:00 pm - \$9.45 (K5 – 5th grade) (Preschool-no charge)

ASAP 3:20 pm – 5:00 pm - \$6.30 (6th – 12th grade)

3:20 pm – 6:00 pm - \$9.45 (6th – 12th grade)

- K-5th grade students not picked up by 3:15 will be sent to extended care, charges will be incurred after 3:20 pm.
- 6th-12th grade students not picked up by 3:15 will be sent to ASAP in ‘D’ building behind the cafeteria.
- Students participating in sports/extracurricular activities will be sent to ASAP if not picked up after practice/games/extracurricular activities end and will incur ASAP charges.
- Students picked up between 6:01 p.m. and 6:15 pm will be charged a late pick-up fee of \$15.00. An additional \$.50 per minute will be charged for students picked up after 6:15 pm.
- Half-Day Students (Preschool-K5) must be picked up by 12:30 pm. Late pick-up fees of \$5.00 for every 15 minute segment will be charged; not to exceed \$20.00.
- The preschool extended care is open 6:00 am until 6:00 pm; however, it is recommended that no child be in a daycare setting for more than 10 hours per day.

Extended Care Daily Rates: Available when School is Closed and Extended Care is open: (Preschool-no charge)

AM	6:00 am	–	8:00 am	\$6.30
Half-day AM	8:00 am	–	12:00 pm	\$12.60
Half-day PM	12:00 pm	–	3:00 pm	\$9.45
Full-day	8:00 am	–	3:00 pm	\$22.05
PM	3:00 pm	–	5:00 pm	\$6.30
PM	3:00 pm	–	6:00 pm	\$9.45

- Extended Care for days school is closed is not included in the Extended Care Yearly Rates.
- Extended Care is not available for students 7th-12th when school is closed.
- Sign up sheets for extended care will be available for days school is closed and extended care is open for students K5-6th.

Monthly Billings:

- Extended care charges will be billed no later than the 10th day of the month, following the month of usage.
- Families with students being billed for extended care charges will be sent an email message informing them that their accounts have been charged.
- Families can access their Teacherease account to view their current balances.
- All extended care balances are due on the last day of the billing month.
- A \$10.00 late fee will be applied on delinquent accounts on the 1st day of the following month.
- Questions regarding extended care charges must be addressed within 30 days of the billing date.
- It is necessary that payments be kept current to continue using the Extended Care or ASAP programs.

To View Teacherease Account:

- Under Fee’s, click the drop down bar and view, Extended Care and ASAP.
- Please view each account that affects your student.

Athletic Team Selection Criteria

- The first week of full team practice will be used for a try-out period and team members will be selected at the coaches' discretion.
- Athletic Fees must be paid on or before tryouts/practices. Payments will be held until final selection of team members. Payments for team members selected will be deposited within approximately one week of the final selection and all others will be returned. A paid receipt for the athletic fee must be presented to the coach or athletic director prior to the start of tryouts/practice.
- Athletes must have an athletic physical exams prior to try-outs and must be current (within a 12 month-period) through the entire sports period. Forms are available in our offices or on our website.

Official beginning practice dates/tryouts

- Fall sports – 2nd Monday of August
- Winter sports – 1st Monday of November (H.S.), 4th Monday of November (M.S.)
- Spring sports – 4th Monday of February



Athletic Fees

Fall Season

Girls Varsity Volleyball	\$100.00
Girls Junior Varsity Volleyball	\$85.00
Boys Varsity Soccer	\$100.00

Spring Season

Girls Varsity Soccer	\$100.00
Boys Varsity Baseball	\$100.00
Track & Field	\$95.00
J.H. Track & Field	\$65.00
Golf	\$95.00

Winter Season

Girls Varsity Basketball	\$125.00
Boys Varsity Basketball	\$125.00
Boys Junior Varsity Basketball	\$100.00
Girls Junior High Basketball	\$85.00
Boys Junior High Basketball	\$85.00
Cheerleading - Varsity	\$65.00
Junior Varsity	\$55.00
Junior High	\$55.00

Athletic Parent Volunteer Policy

Our parent volunteer program is a vital part of the success of our athletic program. Volunteers serve in concessions, run time clock, man ticket sales, and help with other miscellaneous activities related to our athletic program.

In order to engage all athlete's families in our volunteer program the following policies have been adopted.

- The family of each athlete will be advised of the expected volunteer units (hours) for their student-athlete at the pre-season meeting. It is the responsibility of each family to sign up for their volunteer units.
- If the required parent volunteer hours remain unfulfilled at the end of the season, the parent will be responsible for paying a \$75.00 fee to the athletic department, which covers the cost of paying someone to cover their required volunteer hours.
- The goal is not to require more money, but to ensure participation.
- A parent may volunteer for any athletic contest within the same season of the student's athletic participation.

*If payment for unfulfilled volunteer hours is not submitted by the end of the season, the athlete will not be allowed to begin a new season until payment is received. If this policy creates a hardship on an athlete's family, please contact the athletic director so arrangements can be made to assist in that need.

NORTH COUNTY CHRISTIAN SCHOOL

Missouri Department of Health
2017-18 IMMUNIZATION FORM

Name (LAST) (FIRST) (MI)			Age	Date of Birth	Grade		
Address (Street, City, State)				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Physician		Name of Parents or Legal Guardians		Phone Number			
Dose	DtaP/DTP Td/DT	Polio IPV/OPV	MMR/MR	Chicken Pox Varicella or Date/Disease	Hep. B	HIB	Other
Dose No. 1							Menactra
Dose No. 2							
Dose No. 3							
Dose No. 4				Hep A			
Dose No. 5							
Dose No. 6							
DATE	ADVERSE REACTIONS						

Physical Exam

North County Christian School requires all NEW students to have a physical before attending school.

Name _____ Date _____ Height _____

Weight _____ BP _____ Lab: Urinalysis (dipstick) Albumin _____ Sugar _____

Vision: Normal Glasses Contacts Hearing: Normal Abnormal

Check the box if normal and circle if abnormal:

- | | | | | |
|--|--|---|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Growth Development | <input type="checkbox"/> Ears, nose | <input type="checkbox"/> Eyes | <input type="checkbox"/> Skin, glands | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Thyroid, head, neck | <input type="checkbox"/> Lungs <input type="checkbox"/> Hernia | <input type="checkbox"/> Teeth, tonsils | <input type="checkbox"/> Genitalia | <input type="checkbox"/> Other |

Explain any abnormal findings: _____

Allergies: _____

Can student carry full program of school? Yes No Is special seating recommended? Yes No

If yes, specify: _____

Other recommendations and remarks: _____

Signature _____ M.D./D.O. Date _____ Name (print) _____

Phone _____ Address _____ City _____ State _____ Zip _____

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 25-29	payment due July 19
_____ June 26-30	payment due June 21	_____ July 31-Aug 4	payment due July 26

Please make payments in the 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 _____

North County Christian School ASAP Summer Camp 2017



3rd - 8th grade

We offer a separate program for 3yr olds – 2nd grade

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

Weekly Rate: \$110 (Lunch Included)(*Weeks of Memorial Day & 4th of July-prorated \$88.00)

- 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.

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** _____

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

Please make payments in the 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 ASAP Summer Camp Application 3rd-8th

Camper Information

(Entering 2017-2018 School Year)

Camper's Name _____ Please Circle Grade: 3rd 4th 5th 6th 7th 8th

Permanent 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. All NCCS Camp staff in charge of activities will exercise care to prevent accidents. It is understood that in giving permission, claims against North County Christian School/ASAP are waived.

My child may participate in swimming activities in locations with life guards on duty. Yes No

Signature of Father / Guardian _____ Date _____

Signature of Mother / Guardian _____ Date _____