

Applying for Admission to North County Christian School



North County Christian School welcomes your application for admission and looks forward to assisting you. This packet contains instructions and materials necessary for making application. Please complete the application process according to the steps listed below.

Application Procedure

Step 1: Complete and sign the following documents and submit them with a copy of the student's birth certificate and nonrefundable \$50 application fee.

Student Application
Release of Records (K-12)
School Recommendation

Step 2: Complete the parent section of the *Pastoral Recommendation* and give it to your pastor to complete and return to the school. If you do not have a church home, please complete the top portion and submit with your application.

Step 3: (K-12) Student assessment test will be scheduled by the Admission's Office.

Step 4: (K-12) The parent/student interview with the principal will be scheduled when all school records have been received. The interview **may** be waived if the family already has a student in the school.

Step 5: Schedule a meeting with the Business Manager, Mrs. Hart, to set up your payment plan.

Acceptance/Denial Procedure

You will be notified of acceptance or denial in writing within 10 days after the interview.

The nonrefundable registration fee is due within five days of notification of acceptance.

Payments

Tuition can be paid in full, by semester or 10, 11 or 12 monthly payments. All tuition payments are due in full by April 1st of each school year.

Monthly payments are due on the 1st of each month and considered late after the 15th. The due date remains the same even when the 1st or 15th of the month falls on a week-end or holiday.

Payment Options

- Cash payment in office
- Personal check made payable to NCCS
- Automatic bank withdrawal (complete Automatic Payment Withdrawal Form)
- On-line credit card payment on our website at www.nccsedu.org make a payment.

Need-based Financial Aid (K-12)

NOTE: All financial aid and scholarships are based on family need and not offered to anyone without completing the FACTS Financial Assistance application available in the Administration Office.

1. Complete and submit the FACTS application online with all required documents. Applications submitted by March 23 will receive first priority
2. Complete the NCCS page of the FACTS application and submit to the school office once you have completed the online portion of the application

Admission Contacts:

Wayne Moss, Admissions Administrator
314-972-6227 x 110 w.moss@nccsmo.org

Kendra Smith, Administrative Assistant
314-927-6227 x 100 k.smith@nccsmo.org

Mary Hart, Business Administrator
314-972-6227 x 108 m.hart@nccsmo.org

Investing in Eternity One Student at a Time

Start children off on the way they should go, and even when they are old they will not turn from it. Proverbs 22:6 NIV



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: _____

North County Christian School Summer Camp 2018



3yrs. - 2nd grade

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

- Registration Form/\$75 Activity Fee due at time of registration** *Non-refundable
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 2018-19** _____

<input type="checkbox"/> *May 29-June 1	payment due May 23	<input type="checkbox"/> *July 2-6	payment due June 27
<input type="checkbox"/> June 4-8	payment due May 30	<input type="checkbox"/> July 9-13	payment due July 3
<input type="checkbox"/> June 11-15	payment due June 6	<input type="checkbox"/> July 16-20	payment due July 11
<input type="checkbox"/> June 18-22	payment due June 13	<input type="checkbox"/> July 23-27	payment due July 18
<input type="checkbox"/> June 25-29	payment due June 20		

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 _____

2018 Summer Camp Application 3yrs. - 2nd grade

Camper Information

(Entering 2018-2019 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 _____