



***Faith,
Family,
Community***

**2026/27
HARBOR CHRISTIAN
SCHOOLS**

Parents can be confident that at Harbor Christian Schools we uphold the vision to raise children as disciples Christ, and that Christ is at the center of everything we do –
*the faith we model,
the partnership we share with families,
and the community we serve.*

harborchristianschools.net



HARBOR CHRISTIAN SCHOOLS OFFERS MORE CHOICES IN EDUCATION.

Parents should have the power and freedom to choose the education that best meets their child's needs, both academically and spiritually. Helping students develop a Christian worldview is of the highest importance and at Harbor Christian Schools, you can expect a high-quality teacher who not only loves children and education but also loves the Lord and is committed to Christian values and seeking Christ first.

As parents consider public or private school for their child's education, what many hope to find is a place where their vision for their child and the school's vision for learning overlap. Areas such as athletics, formational practices, theater, choir, dance, science labs, and community service projects, might all be part of their vision for their child's education.

Christ in Everything

But if all these programs are stripped away – at the core of both visions will be this – Jesus Christ. That is why all programs at HCS are distinct because all areas and teachings begin with a Christ-first and biblical foundation.

How we “Do” Christian Education

We are a true partner with parents to help children understand their calling and place as disciples of Christ.

We ensure that experiences both in and out of the classroom will help students better understand how to make an impact as Christ's ambassadors.

We strive for low-profit margins to welcome as many students as possible and open doors where others may find them closed.

Church partnerships across Southern California speak to the heart of ministry and quality of education provided to the community for over 40 years.

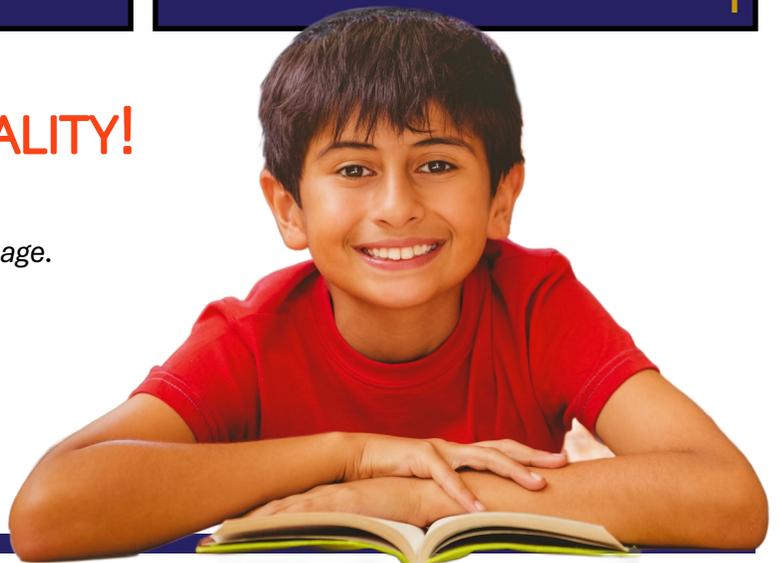
WE CAN HELP YOU MAKE CHRISTIAN EDUCATION A REALITY!

Needs-based tuition assistance, tuition discounts, and the Parent Ambassador (Referral) Program. See the “Invest in your child's future...” information page.

harborchristianschools.net

1530 N. Wilmington Blvd.
Wilmington, CA 90744 | 310.835.5665

Serving the students and families
of our community for more than 40 years.



HARBOR CHRISTIAN SCHOOLS

INVEST IN YOUR CHILD'S FUTURE...

and we can help!



PARENT AMBASSADOR PROGRAM

At HCS, partnership with parents is one of our core values. The biblical mandate for training up children is given by God to parents, and we recognize that children learn best when the adults in their lives team up. We make every effort to meet and exceed the expectations of our current families. As we are successful, it is our hope that parents will serve as ambassadors (advocates, representatives, promoters, champions and supporters) for Christian education and HCS in their communities. **Tell your friends about our schools!**

As a thank you, current HCS families that refer a new student that enrolls will receive a \$500 credit!*

**The referring family must be identified on the application by the NEW family at time of registration. For every new student, the referring family will receive a \$500 credit to be applied to the UPCOMING school year. No limit on the number of student credits available; refer four new students that all enroll and you will receive a \$2,000 credit. The credit is non-transferrable and has no cash/pay out value. Does not apply to new students from HCS families. Does not apply to current HCS employees. Tuition credit will be posted 30 days after the new students' start date. Offer expires August 31, 2026. Other restrictions may apply.*

TUITION DISCOUNTS

*(One discount type per family)**

- 3%** If Paid in Full (PIF) at the time of registration.
- 5%** YMCA Members (provide proof of current members)
- 5%** Pastor's Discount (must provide document)
- 10%** Military, Fire or Police Dept. Discount (provide proof of employment)
- 15%** Harbor Christian Center Active Members (verification required)

**Highest single discount will apply.*

TUITION ASSISTANCE

Tuition Assistance is available for families in financial distress. Assistance is awarded based on need and available funding. Tuition assistance information is available in the School Office.



harborchristianschools.net

1530 N. Wilmington Blvd.

Wilmington, CA 90744 | 310-835-5665

HARBOR CHRISTIAN SCHOOLS

TUITION AND FEE SCHEDULE 2026-2027

K-8TH GRADE | 1530 N. Wilmington Blvd, Wilmington, CA 90744 | 310-835-5665

FIRST DAY OF SCHOOL: TUESDAY, AUGUST 25, 2026

REGISTRATION

“NEW STUDENT” is any student not currently enrolled at our preschool or K-8 school.

K-8 th	Registration Fee: \$400
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“RETURNING STUDENT” is any student currently enrolled at our preschool or K-8 school.

K-8 th	Re-registration Fee by March 27, 2026: \$300*
K-8 th	Re-registration Fee <u>after</u> March 27, 2026: \$400



*An additional non-refundable \$50 testing fee is due at the time of testing for HCS Preschoolers entering Kindergarten.

TUITION • FEES • DAYCARE

	PER STUDENT PER SCHOOL YEAR	MONTHLY AMOUNT AUG-MAY (10 MONTH PLAN)
K-8 TH GRADE	\$9,500.00	\$950.00

- **Multichild Discount:** To calculate the cost for more than one child, take the ANNUAL COST of the FIRST CHILD and subtract \$600 for each additional child.
- **Book Materials Fee:** \$225 per student covers textbooks, standardized testing, class supplies and equipment. **Due by September 1, 2026.**

Tuition Discounts (one discount type per family)*

- 3% discount if Paid in Full (PIF) at the time of registration
- 5% YMCA members (provide proof of current membership)
- 10% Military, Fire or Police Dept. Discount (provide proof of employment)
- 15% Harbor Christian Center Active Member (verification required)
- 20% Pastor Discount (must provide documentation)

*highest single discount will apply

EXTENDED DAYCARE - MARINER CLUB (K-8TH)

TIME	MONTHLY RATE PER CHILD
PLAN A: 6:30AM-7:45AM	\$99.00
PLAN B: 3:15PM-4:30PM	\$99.00
PLAN C: 3:15PM-6:00PM	\$129.00
PLAN D: 6:30AM-4:30PM	\$129.00
PLAN E: 6:30AM-6:00PM	\$159.00

HOURLY RATE: \$6.00 (PER HOUR PER CHILD)

DAYCARE PROMOTION! Extended Daycare offered FREE to current Harbor Preschool Families (who have been enrolled with HCS for a minimum of 9 months) when moving from PK to Kindergarten. This discount continues to apply as long as the family maintains continuous enrollment with HCS.

TERMS AND POLICIES

- ◆ Tuition payments are due each month on the 1st.
- ◆ Payments are to be made in the school office or over the phone.
- ◆ Checks/money orders are to be made to: HARBOR CHRISTIAN SCHOOLS
- ◆ A \$40 fee will be charged for returned checks.
- ◆ A Late Fee of \$75 will be charged if your account is not paid in full by the 10th of each month.
- ◆ Payments are applied to the oldest outstanding charges.
- ◆ If full payment is not received by the 25th of the month, your child(ren) will be excluded from school until full balance of account is received.
- ◆ Tuition Assistance (TAP) is limited and will be determined through a third-party FACTS. Offered for K-8 students and full-time, 5-day preschool programs only. Families that qualify for state subsidies are excluded. Other restrictions may apply. Please see the school office for more information.
- ◆ Monthly and hourly daycare is to be included with tuition payment each month.
- ◆ Uniforms will be worn by all K-8 students. For additional details, the link is: harborchristianschools.net/uniforms



HARBOR CHRISTIAN SCHOOLS DOES NOT RACIALLY DISCRIMINATE IN THE ACCEPTANCE OF OUR STUDENTS, FACULTY, OR STAFF. TO DO SO WOULD BE IN VIOLATION OF CHRISTIAN PRINCIPLES AS SET FORTH IN GOD'S WORD.

HARBOR CHRISTIAN SCHOOLS

NEW STUDENT ENROLLMENT PACKET

K-8 PROGRAM

Dear Parent,

Welcome to the enrollment process for Harbor Christian Schools! We are blessed to partner with you and look forward to all the Lord has in store for us in the upcoming school year.

FORMS IN THIS PACKET

Please fill out and return the following forms to the school office:

- ✓ New Student Registration Form
- ✓ Emergency Card
- ✓ Accreditation Survey
- ✓ Parent-Student Partnership Agreement
- ✓ Teacher Recommendation Form (*K-8th only*)
- ✓ Request for Student Records (*1st-8th only*)
- ✓ Report of Health Examination (*obtain from previous school or complete new form*)
- ✓ TB Risk Assessment

SUPPLEMENTAL DOCUMENTS

Please submit the following documents to the office as soon as possible. These documents are due before your child starts their first day:

- ✓ Birth Certificate
- ✓ Immunization Record
- ✓ Report of Health Examination (*obtain from previous school or complete new form*)
- ✓ TB Risk Assessment

ADDITIONAL INFORMATION

Please also review the following documents, provided to help you best prepare for school:

- ✓ Dress Code
- ✓ School Calendar
- ✓ Disaster Kit Information
- ✓ School Supplies Needed
- ✓ Healthy Schools Notice
- ✓ Official Harassment Policy

PLACEMENT TESTING & INTERVIEW

We will contact you to schedule your child for placement testing. After testing, we will also schedule a family interview, which helps us serve you better! Please bring all the above forms to your interview if you have not already turned them into our school office.

FIRST DAY OF SCHOOL: TUESDAY, AUGUST 25, 2026

Enrollment Fees are due at the time of registration.

Enrollment is not secure until all forms and fees are received, placement testing has been conducted, and final approval has been given by administration.

We are here to help! Please contact us if you need any assistance!

OFFICE USE ONLY

Start Date:

Date Payment Rec:

Amount:\$

Ck#

Cash

Credit

NEW STUDENT REGISTRATION | 2026-2027**FIRST DAY OF SCHOOL: TUESDAY, AUGUST 25, 2026****STUDENT INFORMATION**

Name: Last	First	Middle	Birth Date
Address, city, state, zip			
Home telephone: ()		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Grade in Sept:
Student is U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, citizen of what country?	
Father and Mother are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widow/er			
Family's regular place of worship:			
Please list any siblings enrolled at our school:			
How did you hear about us?			
If your child was to attend public school, what school and district :			
School last attended (or currently attending):			
School address, city, state, zip:			
School Telephone ()		Last Teacher:	Principal/Director
Reason for leaving:			
Has your child had any special assessment, been through the Individualized Education Plan (IEP) process or been a part of a student study team?			

PARENT/GUARDIAN INFORMATION

1 Father Full Name:	Home Phone:
_____	() _____
Home Address, city, state, zip	

Home Email: _____	Cell Phone: () _____
Work Email: _____	Work Phone: () _____
Job Title: _____	Employer Name: _____
Employer Address, city, state, zip: _____	
<input type="checkbox"/> Custody Rights <input type="checkbox"/> Financial Responsibility <input type="checkbox"/> Receive Correspondence/Report Cards	
2 Mother Full Name:	Home Phone:
_____	() _____
Home Address, city, state, zip	

Home Email: _____	Cell Phone: () _____
Work Email: _____	Work Phone: () _____
Job Title: _____	Employer Name: _____
Employer Address, city, state, zip: _____	
<input type="checkbox"/> Custody Rights <input type="checkbox"/> Financial Responsibility <input type="checkbox"/> Receive Correspondence/Report Cards	
3 Legal Guardian Full Name:	Home Phone:
_____	() _____
Home Address, city, state, zip	

Home Email: _____	Cell Phone: () _____
Work Email: _____	Work Phone: () _____
Job Title: _____	Employer Name: _____
Employer Address, city, state, zip: _____	
<input type="checkbox"/> Custody Rights <input type="checkbox"/> Financial Responsibility <input type="checkbox"/> Receive Correspondence/Report Cards	

MORE ON REVERSE SIDE

TUITION PLAN AND DAY CARE SELECTION

PLEASE SELECT YOUR TUITION AND/OR DAY CARE PLAN BELOW:

Tuition Payment Plan: 1 Payment 10 Payments

Day Care Type: Plan A Plan B Plan C Plan D Plan E No Day Care Needed

Day Care Payment Plan: 1 Payment for the Year Billed Monthly, September - May N/A

PAYMENT POLICIES

- Payments are to be made in the school office or over the phone on the 1st of each month.
- Checks/money orders are to be made to: HARBOR CHRISTIAN SCHOOLS
- A \$40 fee will be charged for returned checks.
- A Late Fee of \$75 will be charge if your account is not paid in full by the 10th of each month.
- Payments are applied to the oldest outstanding charges.
- If full payment is not received by the 25th of the month, your child(ren) will be excluded from school until full balance of account is received.
- Tuition Assistance (TAP) is limited and will be determined through a third-party FACTS. Please inquire in the school office for more information.

GENERAL INFORMATION

- Registration Fee is an annual fee, due at time of registration and re-registration.
- Enrollment is not secure until all forms have been turned in, placement testing has been complete, and final approval by administration.
- Enrollment is on a first come first-serve basis. If there is a waiting list, being first on the waiting list does not guarantee next placement.
- Uniforms will be worn by all K8 students. For additional details, the link is: harborchristianschools.net/uniforms

BEHAVIOR

- Both the student and parent agree to accept the responsibility of obeying the rules and regulations of the school, and to support the Christian principles by which it operates.
- Both the student and parent understand that violation of school standards may in some cases constitute grounds for dismissal from our school. Violations include but are not limited to disciplinary issues, reckless or dangerous behavior, non-cooperation with staff, verbal or physical abuse of staff or students, harassment of school staff by a parent/guardian, philosophical differences with the values of Harbor Christian Schools.

*I am the person financially responsible for the student. I **understand** and **agree** with the above conditions.*

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

NOTIFICATION TO PARENTS OF STUDENT RECORD RIGHTS

According to the California Education Code and federal legislation, parents are authorized to view their child's student records. Our student records include enrollment paperwork, immunization records, attendance records, grades, progress reports, standardized test results, graduation dates, parental notes, and discipline reports.

Any authorized parent may inspect and question their child's records. If it is agreed upon by the Administration, the questioned material will be removed. If it is not agreed upon, the parent may place a rebuttal with the material in question. The release of information from student records is restricted by law to only specified individuals and agencies.

Please sign to indicate that you have been notified of your rights:

X _____
Signature

Date

NON-DISCRIMINATION POLICY: Harbor Christian Schools does not racially discriminate in the acceptance of our students, faculty, or staff. To do so would be in violation of Christian principles as set forth in God's Word.

HARBOR CHRISTIAN SCHOOLS

EMERGENCY CARD 2026-2027

1530 Wilmington Blvd, Wilmington, CA 90744
310-835-5665 | HarborChristianSchools.net

Student's Name: Last		First	Middle	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	Grade:
During the school year, student lives primarily with (check all that apply): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian						
Name of Father/Guardian			Name of Mother/Guardian			
Father's Home Address (street, city, zip)			Mother's Home Address (street, city, zip)			
Father's Home Phone ()	Father's Work Phone () ext.		Mother's Home Phone ()		Mother's Work Phone () ext.	
Father's Cell Phone ()	Father's Home Email		Mother's Cell Phone ()		Mother's Home Email	
Job Title	Father's Work Email		Job Title		Mother's Work Email	
Father's Employer			Mother's Employer			
Employer Address, city, state, zip			Employer Address, city, state, zip			
Persons (18 years or older) authorized to pick up your child or to be contacted if unable to reach parents:						
1.Name	Address, city, state, zip			Phone ()	Relationship	
2.Name	Address, city, state, zip			Phone ()	Relationship	
3.Name	Address, city, state, zip			Phone ()	Relationship	
4.Name	Address, city, state, zip			Phone ()	Relationship	
5.Name of person outside California	Address, city, state, zip			Phone ()	Relationship	
Name of your child's physician:				Phone ()		
In case of illness or accident, I hereby authorize school officials to call any local physician if none of the above persons can be reached.						

AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT

I (we) the undersigned parent(s) or legal guardian of _____ a minor, do hereby authorize and consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medicine practice act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

List any physical restrictions	
Allergies to drugs or foods	Allergic to bee stings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any special medications or pertinent information	
Last Tetanus Toxide Booster	Financial Responsibility
Insurance Company	Policy Number
Date	Signature of Parent or Legal Guardian
Date	Signature of Parent or Legal Guardian

MORE ON REVERSE SIDE

CONFIDENTIAL MEDICAL INFORMATION

Describe any significant **accidents** or **surgeries** that would limit the student's activities on campus:

Describe any known **disabilities** in vision, hearing or speech:

Describe any known **disabilities** emotionally, psychologically, or physically:

Prescription medications needed during school hours on an ON-GOING BASIS (including inhalers):

PRESCRIPTION MEDICATIONS

Medication Name	Amount/Frequency	Reason for Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Non-prescription medications needed during school hours on an ON-GOING BASIS:

NON-PRESCRIPTION MEDICATIONS

Medication Name	Amount/Frequency	Reason for Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: All prescription and non-prescription medication must be in its **original** container with printed directions on the label, and the student's name clearly written on the container.

California Education Code Section, 49423 allows designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school, to maintain, or improve his/her potential for education and learning. However, this is a service or accommodation that the school is not legally required to perform. This is to be recognized by all parties signing this form, and in so signing, they agree to hold the school or its personnel free from any or all suits that might arise out of these arrangements.

I, _____, the parent/guardian of _____, request that the staff at **Harbor Christian Schools** administer the medication(s) as described above to my child in accordance with my written instructions above. I will notify the school immediately if there are any changes in medication or physicians.

Parent/Guardian Name: _____ Signature: _____

HARBOR CHRISTIAN SCHOOLS

ACCREDITATION SURVEY 2026-2027

The following information will be used to complete statistical data required for accreditation.
Please be sure to answer each section as completely as possible.

CIRCLE YOUR CHILD'S GRADE(S):

First child	PS TK K 1 2 3 4 5 6 7 8	Child's Sex: M F
Second child	PS TK K 1 2 3 4 5 6 7 8	Child's Sex: M F
Third child	PS TK K 1 2 3 4 5 6 7 8	Child's Sex: M F
Fourth child	PS TK K 1 2 3 4 5 6 7 8	Child's Sex: M F

I. PARENT OCCUPATION:

FATHER MOTHER

- | | | |
|----------|-------|--------------------------|
| 1. _____ | _____ | Living in the home |
| _____ | _____ | Not living in the home |
| 2. _____ | _____ | Employed Full-time |
| _____ | _____ | Employed Part-time |
| _____ | _____ | Unemployed |
| _____ | _____ | Retired |
| 3. _____ | _____ | Christian Service |
| _____ | _____ | Homemaker |
| _____ | _____ | Professional |
| _____ | _____ | Managerial, Executive |
| _____ | _____ | Administrative, Clerical |
| _____ | _____ | Engineering, Technical |
| _____ | _____ | Marketing, Sales |
| _____ | _____ | Skilled Craft or Trade |
| _____ | _____ | Military |
| _____ | _____ | Student |
| _____ | _____ | Self-Employed |
| _____ | _____ | Unknown |
| _____ | _____ | Other: _____ |

II. HOUSEHOLD INCOME RANGE:

- _____ Below \$20,000
- _____ \$20,001 - \$40,000
- _____ \$40,001 - \$60,000
- _____ \$60,001 - \$80,000
- _____ \$80,001 - \$100,000
- _____ \$100,001 - \$150,000
- _____ \$150,001 - \$200,000
- _____ \$200,001 - and up

...Please see reverse side to complete survey...

III. EDUCATION: Please indicate highest level of education completed:

FATHER	MOTHER	
_____	_____	High School diploma
_____	_____	AA
_____	_____	BA/BS
_____	_____	MA/MS
_____	_____	PhD
_____	_____	Other: _____

IV. HOW DO YOU DESCRIBE YOUR CHILD? (Mark only one)

- _____ American Indian or Alaska Native
- _____ Asian
- _____ African American, not of Hispanic Origin
- _____ Filipino
- _____ Hispanic or Latino
- _____ Pacific Islander
- _____ White, not of Hispanic Origin
- _____ Other: _____

V. PLEASE INDICATE YOUR CHURCH AFFILIATION: (e.g. Baptist, Presbyterian, etc.)

VI. CHECK THE TOP 3 FACTORS FOR YOUR CHOICE OF HARBOR CHRISTIAN SCHOOLS FOR YOUR CHILD(REN):

- _____ Academic Curriculum
- _____ Teacher Quality
- _____ School Philosophy
- _____ School Reputation
- _____ Technology
- _____ Nurturing Environment
- _____ Christian Education
- _____ Hours of Operation
- _____ Christian Staff
- _____ Extracurricular Activities
- _____ Class Size
- _____ Extended Day Care
- _____ Administrative Leadership

VII. WHAT ONE IMPROVEMENT DO YOU THINK WOULD ENHANCE THE QUALITY OF YOUR CHILD'S EDUCATIONAL EXPERIENCE AT HARBOR CHRISTIAN SCHOOLS THE MOST?

Thank you for participating in our school survey!

HARBOR CHRISTIAN SCHOOLS

STUDENT FAMILY PROFILE 2026-2027

TODAY'S DATE: ____ / ____ / ____

Student Name: _____ Date of Birth: ____ / ____ / ____ Age: _____ Grade Entering: _____

Parent(s) Name: _____ Marital Status: _____ Language Spoken at Home: _____

If the parents do not live together, who does the child live primarily with? _____

Name and City of Last School Attended: _____ Name of Last Teacher: _____

Reason for Leaving: _____

TO BETTER SERVE YOUR FAMILY, PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Has your child ever had difficulty in any of the following areas? (check all that apply)

Social Skills Academics Health Discipline Response to Authority Other

If yes to any, please briefly explain: _____

2. Does your child regularly take medication? Yes No

If yes, medication type and purpose: _____

3. Are there any unusual factors in your child's life? (Absence of father or mother, grandparents or in-laws living in the home, serious accidents, or illness, etc.): _____

4. Does your child make friends easily? Yes No: _____

5. What are some of your child's strengths? _____

6. What are some of your child's weaknesses? _____

7. What motivates your child to learn? _____

8. What form of discipline have you found effective with your child? _____

9. Is there anything else about your child you would like us to be aware of? _____

10. Is your family affiliated with a local church? Yes No

11. If yes, church name: _____ City: _____

12. Are both parents supportive of our standards and Christian Philosophy? Yes No

13. If no, please explain: _____

Parent Signature

Date

Parent Signature

Date

HARBOR CHRISTIAN SCHOOLS

PARENT-STUDENT PARTNERSHIP AGREEMENT

Student's Name: _____ Age/Grade: _____

Campus: HCS Preschool Program HCS K-8 Program

School/Parent Relationship

Thank you for choosing Harbor Christian Schools (HCS) to partner with your family in the education of your child. It is our honor to come alongside you in this endeavor. We are centered on Christ, focused on all students, and rooted in partnership with parents. Our goal is to provide a learning environment in which all students will know Christ personally, excel academically, think Biblically and positively impact their communities for Christ.

We believe that for our schools to be effective, it is essential that a spirit of cooperation, trust and support exist between the school and the parents. For this reason, parents are asked to become familiar with the mission, vision, philosophy, policies, and procedures developed and enforced by HCS.

It is an express condition of enrollment that the students and parents/guardians shall conform themselves to standards of conduct that are consistent with the Christian principles of the school, as determined by the school in its discretion. These principles include, but are not limited to, the following:

- Parents/guardians are expected to work courteously and cooperatively with the school to assist the student in meeting the academic, moral, and behavioral expectations of the school.
- Students and parents/guardians may respectfully express their concerns about school operation and its personnel. However, they may not do so in a manner that is discourteous, scandalous, rumor driven, disruptive, threatening, hostile, or divisive.
- These expectations for students and parents/guardians include, but are not limited to, all school-sponsored programs and events (extended day care, athletics, field trips, etc.).

Enrollment at HCS is a privilege, not a right, and suspension or termination of enrollment is at the sole discretion of the administration. If a family becomes non-supportive of the school, its representatives and/or mission, HCS may deem that the necessary relationship between school and parents no longer exists, and the family will be required to withdraw their child from HCS. The school reserves the right to determine, in its discretion, when conduct is of such a severe nature as to warrant immediate action without warning and/or without an intermediate step short of withdrawal.

Parent Statement

I/we will comply with the HCS policy and procedures and actively support the school faculty, staff, and administration. I/we understand that we may contact the Administration with specific questions, clarification, or if we need further assistance, but understand and agree to accept all final decisions of the administration as final.

Parent/Guardian Name: _____ Phone: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Has this student ever been suspended or expelled from your school? Yes No

Explain: _____

Have you found the family to be supportive of your school/program? Yes No

Explain: _____

Do you recommend this student for attendance at our school?

Yes, I recommend No, I do not recommend I recommend with reservations

Explanation required, especially if a teacher selects "No" or "With Reservations": _____

Teacher Name: _____

School Name: _____ School Phone: _____

School Address: _____

Teacher Signature: _____ Date: _____

THANK YOU FOR YOUR TIME! PLEASE RETURN THIS FORM IN A SEALED ENVELOPE TO:

HARBOR CHRISTIAN SCHOOLS

1530 WILMINGTON BLVD, WILMINGTON, CA 90744

P: 310.835.5665 | HARBORCHRISTIANSCHOOLS.ORG

HARBOR CHRISTIAN SCHOOLS

REQUEST FOR STUDENT RECORDS

The following student has been accepted for enrollment at our school. Please send a transcript of the student's grades and complete cumulative folder. Thank you!

Student Name: _____

Last

First

Middle

Birth Date: ____/____/____ Grade Entering: _____ Today's Date: ____/____/____

Former School (Name & Address): _____

Parent Signature

Date

Parents: You have the legal right to inspect, review, and challenge the content of your child's records.

HCS Records Clerk Signature

Date

PLEASE SEND RECORDS TO:

HARBOR CHRISTIAN SCHOOLS

1530 WILMINGTON BLVD, WILMINGTON, CA 90744

P: 310.835.5665 | HARBORCHRISTIANSCHOOLS.ORG

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	___/___/___
Physical Examination	___/___/___
Dental Assessment	___/___/___
Nutritional Assessment	___/___/___
Developmental Assessment	___/___/___
Vision Screening	___/___/___
Audiometric (hearing) Screening	___/___/___
TB Risk Assessment and Test, if indicated	___/___/___
Blood Test (for anemia)	___/___/___
Urine Test	___/___/___
Blood Lead Test	___/___/___
Other	___/___/___

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian _____
Date

Name, address, and telephone number of health examiner

Signature of health examiner _____
Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregue a la escuela—este informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido	Primer Nombre	Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año
DOMICILIO—Número y Calle	Ciudad	Zona Postal	Escuela

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD

EXAMEN DE SALUD

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Evaluación de Riesgo y prueba Tuberculosis*	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.

Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Quarto	Quinto
POLIO (OPV o IPV)					
DTaP/DTP/DT/Td (difteria, tétano y [acelular] pertusis [tos ferina]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELLA (Viruelas locas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (optional)

RESULTADOS Y RECOMENDACIONES

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

*de ser indicado

y PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián

Fecha

Firma del examinador de salud

Fecha

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).

CHDP website: www.dhcs.ca.gov/services/chdp



California Pediatric Tuberculosis Risk Assessment



- Use this tool to identify asymptomatic **children** for latent TB infection (LTBI) testing.
- **Do not repeat testing** unless there are **new risk factors** since the last test.
If initial negative screening test occurred prior to 6 months of age, repeat testing should occur at age 6 months or older
- Do not treat for LTBI until active TB disease has been excluded:
For children with TB symptoms or abnormal chest x-ray consistent with active TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

LTBI testing is recommended if any of the boxes below are checked.

- Birth, travel, or residence** in a country with an elevated TB rate for at least 1 month
 - Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
 - If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see the California Adult Tuberculosis Risk Assessment User Guide for this list).
 - Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for non-U.S.-born persons ≥ 2 years old
- Immunosuppression**, current or planned
HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 2 mg/kg/day, or ≥ 15 mg/day for ≥ 2 weeks) or other immunosuppressive medication
- Close contact** to someone with infectious TB disease during lifetime

Treat for LTBI if LTBI test result is positive and active TB disease is ruled out.

- None**; no TB testing is indicated at this time.

Provider Name: _____

Assessment Date: _____

Patient Name: _____

Date of Birth: _____

See the California Pediatric TB Risk Assessment User Guide for more information about using this tool. To ensure you have the most current version, go to the [TB RISK ASSESSMENT page](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx) (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx)





California TB Pediatric Risk Assessment User Guide



Avoid testing persons at low risk

Routine testing of persons without risk factors is not recommended and may result in unnecessary evaluations and treatment because of falsely positive test results.

Local recommendations, mandated testing and other risk factors

Several risk factors for TB that have been used to select children for TB screening historically or in mandated programs are not included among the 3 components of this risk assessment. This is purposeful in order to focus testing on children at highest risk. However, certain populations may be mandated for testing by statute, regulation, or policy. This risk assessment does not supersede any mandated testing. Testing can also be considered in children with frequent exposure to adults at high risk of TB infection, such as those with extensive foreign travel in areas with high TB rates. Local recommendations should also be considered in testing decisions. Local TB control programs and clinics can customize this risk assessment according to local recommendations. **Providers should check with local TB control programs for local recommendations.** A directory of TB Control Programs is available on the [CTCA website](https://www.ctca.org/locations.html). (<https://www.ctca.org/locations.html>)

Most patients with LTBI should be treated

Persons with risk factors who test positive for LTBI should generally be treated once active TB disease has been ruled out with a physical exam, chest radiograph and, if indicated, sputum smears, cultures, and nucleic acid amplification testing (NAAT). However, clinicians should not feel compelled to treat persons who have no risk factors but have a positive test for LTBI.

When to repeat a risk assessment and testing

Risk assessments should be completed for new patients, patients thought to have new potential exposures to TB since last assessment, and during routine pediatric well-child visits. Repeat risk assessments should be based on the activities and risk factors specific to the child. Children who volunteer or work in health care settings might require annual testing and should be considered separately. Re-testing should only be done in persons who previously tested negative and have new risk factors since the last

assessment (unless they were <6 months of age at the time of testing). In general, new risk factors would include new close contact with an infectious TB case or new immunosuppression, but could also include foreign travel.

Immunosuppression

The exact level of immunosuppression that predisposes to increased risk for TB progression is unknown. The threshold of steroid dose and duration used in the Pediatric TB Risk Assessment are based on data in adults and in accordance with ACIP recommendations for live vaccines in children receiving immunosuppression.

Foreign travel or residence

Travel or residence in countries with an elevated TB rate may be a risk for TB exposure in certain circumstances (e.g., extended duration, likely contact with persons with infectious TB, high prevalence of TB in travel location, non-tourist travel). The duration of at least 1 consecutive month to trigger testing is intended to identify travel most likely to involve TB exposure. TB screening tests can be falsely negative within the 8 weeks after exposure, so are best obtained 8 weeks after a child's return.

IGRA preference in non-U.S.-born children ≥ 2 years old

Because IGRA has increased specificity for TB infection in children vaccinated with BCG, IGRA is preferred over the tuberculin skin test for non-U.S.-born children ≥ 2 years of age. IGRAs can be used in children <2 years of age, however, there is an overall lack of data in this age group, which complicates interpretation of test results. In BCG vaccinated immunocompetent children with a positive TST, it may be appropriate to confirm a positive TST with an IGRA. If IGRA is not done the TST result should be considered the definitive result.

Negative test for LTBI does not rule out active TB

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. A negative TST or IGRA in a patient with active TB disease can be a sign of extensive disease. Any suspicion for active TB disease or extensive exposure to TB should prompt an evaluation for active TB disease, including physical exam, symptom review, and 2-view chest x-ray.



Emphasis on short course for treatment of LTBI

Shorter regimens for treating latent TB infection have been shown to be as effective as 9 months of isoniazid, and are more likely to be completed. Use of these shorter regimens is preferred in most patients, although the 12 week regimen is not recommended for children <2 years of age or children on antiretroviral medications. It is under study in pregnancy. Drug- drug interactions and contact to drug resistant TB are other contra-indications for shorter regimens.

Shorter duration LTBI treatment regimens

Medication	Frequency	Duration
Rifampin	Daily	4 months
Isoniazid + rifapentine	Weekly	12 weeks*

* 11-12 doses in 16 weeks required for completion.

Refusal of recommended LTBI treatment

Refusal should be documented. Recommendations for treatment should be made at future encounters with medical services. If treatment is later accepted, TB disease should be excluded and chest x-ray repeated if it has been more than 6 months from the initial evaluation for children 5 years or older and 3 months for children less than 5 years of age.

Symptoms that should trigger evaluation for active TB

Patients with any of the following symptoms that are otherwise unexplained should be evaluated for active TB disease: cough for more than 2-3 weeks, fevers, night sweats, weight loss, lymphadenopathy, hemoptysis or excessive fatigue.

Resources

Fact Sheets for LTBI Regimens, Isoniazid+Rifapentine, Rifampin, and Isoniazid are available on the [TBCB LTBI Treatment page](http://www.cdph.ca.gov/LTBITreatment). (www.cdph.ca.gov/LTBITreatment)

American Academy of Pediatrics, Red Book Online, Tuberculosis is available on the [Red Book Online website](https://redbook.solutions.aap.org/chapter.aspx?sectionid=189640207&bookid=2205). (https://redbook.solutions.aap.org/chapter.aspx?sectionid=189640207&bookid=2205)

Abbreviations

AFB= acid-fast bacilli BCG= Bacillus Calmette-Guérin
CXR= chest x-ray DOT= directly observed therapy
IGRA=interferon gamma release assay LTBI= latent TB infection
MDR =multiple drug resistant NAAT= nucleic acid amplification testing
SAT= self-administered therapy TST= tuberculin skin test



HARBOR CHRISTIAN SCHOOLS

DRESS CODE 2026-2027

The overall goal of the Harbor Christian Schools (HCS) dress code is neatness and modesty. HCS students are required to wear their school uniforms daily. On certain days, some grades will have PR tops and bottoms. For details and to purchase uniforms, please visit harborchristianschools.net/uniforms. The following guidelines apply to free dress days as well as other clothing or accessories that are worn along with uniforms. HCS students are to dress in a way that represents our Lord in a positive manner. We greatly appreciate the assistance of parents to ensure their child is in dress code before they are brought to school. Thank you!

ALL STUDENTS

TYPES OF CLOTHING

Boys must dress as boys; Girls must dress as girls. Clothing must not be oversized, baggy, or too tight. Clothing must fit modestly and be clean without being frayed or ragged. Pants must be worn at waist height at all times. Clothing that represents a violent lifestyle (such as "heavy metal") is not acceptable. No gang-affiliated attire of any kind may be worn to school. No skeleton or skull pictures are allowed. Clothing must not have any offensive pictures, cartoon characters or advertising endorsements of any kind on them. The key word is offensive.

SHORTS

Shorts must be uniform style. Uniform-style means thick and sturdy fabric. Cotton, cotton-blend, or denim is appropriate. Shorts must be mid-thigh in length (or longer) and must be worn at the waist. Shorts must fit properly and not be overly baggy or too tight. Shorts should be neat and clean without being frayed or ragged. No spandex, athletic, or sweat shorts are allowed.

PANTS

Jeans, slacks, Dockers-type pants, and cords are acceptable types of pants. Girls may wear capris. Pants cannot be oversized, baggy, or too tight. They must be worn at waist height at all times. Pants cannot have any holes or tears in them, either unintentional or by design. Pants should be neat and clean without being frayed or ragged. Sweatpants, warmups, or jogging outfits are unacceptable except as permitted for physical education.

SHIRTS

Plain white undershirts should not be worn as a shirt. While shirts do not have to be tucked in, all shirts must be long enough that they could be tucked in. Bare midriffs should not be visible at any time.

SHOES

Sturdy shoes or sandals with a heel strap must be worn at all times. The heel of a shoe should not exceed one inch. Shoes are to be tied or fastened properly and must not be loose or floppy. Tennis shoes must be worn on days the student has physical education.

HAIR

Hair is to be clean, neat, and well-groomed. Hair color is to be the natural color of the individual student and should not be tinted beyond what looks natural. If hair color is deemed inappropriate by the administration, the student will be asked to have it fixed. Haircuts should be conventional. Hair should not have drastic differences in length and should not hang in the eyes.

TATTOOS

Tattoos of short or long duration are not permitted. Students are also not to draw on any part of their bodies or clothing.

BOYS SPECIFICALLY

PIERCINGS & JEWELRY

Boys are not permitted to have body piercings of any kind. Boys are not permitted to wear earrings to school.

HATS, CAPS & SUNGLASSES

Hats, caps, and sunglasses may be worn outside during recess/breaks only. If wearing a baseball cap, the bill of a cap must be worn facing forward. Hats and caps must not have any offensive pictures, cartoon characters or advertising endorsements of any kind on them. The key word is offensive. Sweatshirt/jacket hoods should be kept off of the head in the classroom. Hats, caps and sunglasses must be removed and stored away during classroom hours.

GIRLS SPECIFICALLY

MAKE-UP & JEWELRY

Grades K-6th girls are not permitted to wear make-up at school. Grades 7th-8th are not permitted to wear excessive make-up. False nails and expensive jewelry should be left at home. Earrings should be limited to one earring per ear. Long, dangling earrings are not permitted.

TOP STRAPS

A girl's bra straps should never be visible. Strapless tops are never permitted. Spaghetti straps are not permitted. Tank tops and tank top style dresses are permitted only if covered by a sweater or jacket worn the entire day. Undergarments should be worn at all times and shirts should never be see-through.

SKIRTS, DRESSES & LEGGINGS

The length of all skirts, dresses and skorts must be no shorter than 4 inches above the knee at the shortest spot, including the slit. Leggings or tight-fitting stretch pants may only be worn under a dress, skirt or long shirt that is mid-thigh in length or longer. Fishnet stockings are not allowed.

DRESS CODE ENFORCEMENT

The HCS dress code policy will be enforced as consistently as possible. Students who arrive at school out of dress code will be given a warning from their teacher, and a note will be sent home with the student to notify the parent of the dress code violation. The student might be asked to wear their P.E. clothes or office clothing as a replacement for that which is inappropriate.

The decision of the administration is the final say in all dress code matters. Students are encouraged to check with the school office when in doubt about a particular piece of clothing. We greatly desire and appreciate the assistance of our parents in minimizing dress code violations.

Your child's safety and well-being is our top priority!

**PLEASE READ:
IMPORTANT
MESSAGE**

Disaster Kit for **EVERY** HCS Student!

(PRESCHOOL - 8TH GRADE)

For the well-being of the children in our care, we are asking every HCS student to bring a disaster kit of emergency food and water. This will be stored at the school for their use should there be a situation that requires them to stay on campus until their family comes for them.

Please bring the disaster kit with you to meet the teacher or the first day of school. And please note...

**★ YOUR STUDENT MUST HAVE THIS
FOR THE FIRST DAY OF SCHOOL!**



*If you have any
questions, contact
your School Office.*

DISASTER KIT REQUIREMENTS:

- Must be in a gallon-sized Zip-lock bag (no other size)
- On the front of the bag, write your child's:
Name, Grade, Teacher/Homeroom/Preschool Program
- Include: (1) 16.9 bottle of water, age-appropriate packaged snacks-ex. chips, crackers, cup of prepackaged fruits (no perishables), etc.

HARBOR CHRISTIAN SCHOOLS

HEALTHY SCHOOLS NOTICE

Dear Parent or Guardian,

As per the guidelines of the Healthy Schools Act, parents or guardians of students are provided with an annual written notification of expected pesticide use on school sites. The notification will identify the active ingredient(s) in each pesticide product and will include the Internet address (<http://www.cdpr.ca.gov>) for further information on pesticides and their alternatives.

Parents or guardians may request prior notification of individual pesticide applications at the school site. If you are listed on this registry, you will be notified at least 72 hours before pesticides are applied. If you would like to be notified every time we apply a pesticide, please submit a written request to:

Harbor Christian Schools
1530 Wilmington Blvd.
Wilmington, CA 90744

Please include your name, address, phone number or e-mail address and site your child is attending so you can be contacted.

If you have any questions, please contact your campus Principal or Director.

HARBOR CHRISTIAN SCHOOLS

PESTICIDE/HERBICIDE EXPECTED USE LIST

2026-2027

Per the annual written notification requirement of the Healthy Schools Act of 2000, below are listed for parents or guardians of students expected pesticide use on school sites. This notification identifies the active ingredient or ingredients in each pesticide product. The Internet address for further information on pesticides and their alternatives is <http://www.cdpr.ca.gov>.

Per the Healthy Schools Act of 2000

Proposed materials that may be applied on school sites.

Product	Active Ingredient	Manufacturer	Usage
Advion Fire Ant Bait	Indoxacarb	DuPont	Fire Ants
Advion Insect Granule	Indoxacarb	DuPont	Insects
Advion Roach Gel Bait	Indoxacarb	DuPont	Roaches
Alpine Roach Bait	Dinotefuran	BASF	Roaches
Contra Blox	Bromadiolone	Bell Labs	Rodents
D-Fense SC	Deltamethrin	Control Solutions	Insects
Demension Ultra	Dithiopyr	DOW	Weeds
Dragnet	Pyrethrins	FMC	Insects
Drione Dust	Pyrethrins	Bayer	Insects
Envoy Plus	Clethodim	Valent	Selective Grasses
First Strike Soft Bait	Difethialone	Liphatech	Rodents
Fumitoxin	Aluminum Phosphide	D&D Holdings	Burrowing Rodents
InVict Gold	Imidacloprid	Rockwell Labs Ltd	Insects
Maxforce FC Magnum Roach	Fipronil	Bayer	Insects
Master line	Bifenthrin	FMC	Insects
Nibor D	Disodium Octaborate	Nisus	insects
Nyguard IGR	Pyriproxyfen	MGK	Insect IGR
Precor IGR	(S)-Methoprene	Zoecon	Insects
Pyronyl	Pyrethrins	Prentiss	Insects
Ramik Oats	Diphacinone	Hacco Inc.	Burrowing Rodents
Rodeo Herbicide	Glyphosate	Dow Agro	Weeds
Siesta Fire Ant Bait	Metaflumizone	BASF	Fire Ants
Speedzone Southern	2,4-D, 2-Ethylhexyl Ester	Gordon	Weeds
Tempo SC Ultra	Cyfluthrin	Bayer	Insects
Temprid SC	Imidacloprid	Bayer	Insects
Terad 3 Bait Blox	Cholecalciferol	Bell Labs	Rodents
Termidor SC	Fipronil	BASF	Insects
Transport GHP Insecticide	Acetamiprid/Bifenthrin	FMC	Insects
Vanquish Herbicide	Diglycolamine salt	Syngenta	Weeds
ZP AG Oats	Zinc Phosphide	Hacco	Rodents

HARBOR CHRISTIAN SCHOOLS

OFFICIAL HARASSMENT POLICY

1530 Wilmington Blvd, Wilmington, CA 90744 | 310-835-5665

Dear Parents,

Our school has adopted an official harassment policy per California State requirements. Please share the contents of the following letter with your child.

Dear Students,

In our school, everyone is to be treated with respect. Teachers are to respect children and children are to respect teachers. Children are also to respect each other.

God has made each one of us different. Some of us He made girls. Some of us He made boys. Some of us have blonde hair. Some of us have brown hair. Some of us have blue eyes. Some of us have brown eyes. Some of us have dark skin. Some of us have light skin. The things that make us different are very special gifts from God.

Sometimes people make fun of people who are different from them. When we make fun of people who are different from us, we are not respecting them. We call this being disrespectful.

When we are disrespectful to each other, we hurt each other's feelings. We do not want our school to be a place where our students do not feel respected by all of those around them. The children whose feelings have been hurt do not do as well in our school as other children, and sometimes, they do not even want to come to school.

We want to be sure that everyone who is a part of our school is happy to be here and has the chance to do their very best. So, if someone, whether it is a teacher or another child, says something which is hurtful or disrespectful to you, we want you to tell the principal or another member of our staff immediately. We will find out what happened and make sure that it does not happen again.

Please never be afraid to talk to someone when something disrespectful happens. It will not get you in trouble. If you tell the principal or a staff member when something disrespectful happens, we can make sure our school remains a great place where everyone respects each other's differences and God is honored.