

Applying for Admission to North County Christian School



K-12

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 by completing 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
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: Student assessment test will be scheduled by the Admission's Office.

Step 4: 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: Meet with our Business Manager, Mrs. Hart, to set up your payment plan and complete the enrollment process.

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 31 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

Heather Brown, Administrative Assistant
314-927-6227 x 100 h.brown@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 K-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

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 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

Release of Records

We must have records from the last school attended in order to evaluate your student.
Please complete and submit with the child's application

Student's Name: _____

I hereby authorize _____
Name of Student's School Fax Number

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:

- 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

Parent: Please complete this box only and submit with the child's application

Applicant's Name: _____ Grade Applying For _____

Parent's Signature _____

Below this line is to be completed by the applicant's classroom teacher, counselor, or principal.

The applicant 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 applicant for admission:

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

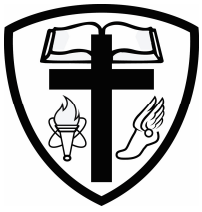
Signed: _____ Date: _____

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. 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

SCHEDULE OF TUITION, FEES, DISCOUNTS (K-12th)

2019-2020

Tuition:

Half Day K	\$4335/year
Elementary K – 6 th	\$7470/year
Middle School – 7 – 8 th	\$8190/year
High School – 9 – 12 th	\$8935/year
Senior Graduation Fee	\$75/year
Summer Camp Activity Fee	\$75.00 (due with Summer Camp application)
Tuition Late Fee	\$35.00 (If payment is received after the 15th of the month)
Extended Care Late Fee	\$10.00 (If payment is received after the last day of the billing month)
Return Check Fee	\$25.00

<u>NEW</u> student non-refundable application fee	\$50
Non- Refundable Registration Fee:	
Registration Fee through February 28	\$75
Registration Fee March 1 and thereafter	\$150

Multiple Child Discounts:

2 – 3 children	5% Discount (Tuition only)
4 or more children	10% Discount (Tuition only)

Full Pay Discount (must be paid in full by July 1) 2% Discount (Tuition only)

Educational Extension Options:

Before/After Care – K5-12th

6:00 – 8:00 AM	- \$860/year	(\$6.40/daily rate)	K5 - 6 th grade only
3:00 – 5:00 PM	- \$860/year	(\$6.40/daily rate)	K5 - Secondary
3:00 – 6:00 PM	- \$1290/year	(\$9.60/daily rate)	K5 - Secondary

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

Monthly – **Daily use will be billed on the 10th of the following month.**

Payment due on the last day of the billing month.

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

Summer

Summer Camp \$1118.00/9 full wks \$130.00/wks (3yrs - 2nd grade only)

Summer ASAP \$ 897.00/8 full wks \$115.00/wks (3rd - 8th grade only)

Summer Camp costs may be added to the 12 month payment plan (May 1—April 1) if Summer Camp/ASAP Application and Activity Fee are turned in with the enrollment forms at registration.

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.

Important Dates

First Day of School	Aug 13
Last Day of School– Preschool	May 20
Last Day of School– Elementary	May 20
Last Day of School– Secondary	May 21

Please Note:

Payment can be made by Cash, Personal Check, Money Order, Cashiers Check, Automatic Withdrawal or Online.: To access Online Payments, go to our website: www.nccsedu.org—Under Links—Make a Payment. Monthly tuition fee payments are due by the 1st of each month.

FINANCIAL INFORMATION (K-12th)

2019-2020

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 and records, 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 prior to the first day of school, parents/guardians are responsible for 10% of the annual tuition.
- Student withdrawal/dismissal on or after any semester starts, the parents/guardians are responsible for the total semester's tuition.

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-Make A Payment

Important Dates

First Day of School	August 13	Spring Break (School Closed)	March 23-27
Labor Day (School Closed)	September 2	Good Friday/Easter Break (School Closed)	April 10-13
Thanksgiving Break (School Closed)	November 27-29	Last Day of School-Preschool	May 20
Christmas Break (School Closed)	Dec 23—Jan 3	Last Day of School-Elementary	May 20
Return to School	January 6	Last Day of School-Secondary	May 21
Martin Luther King Day (School Closed)	January 20		
President's Day (School Closed)	February 17		

EXTENDED CARE INFORMATION (K-12)

2019-2020

Before Care:

AM 6:00 am – 8:00 am -\$6.40 (K – 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 K-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 – \$6.40 (K – 5th grade) (Preschool-no charge)

PM2 3:20 pm – 6:00 pm - \$9.60 (K– 5th grade) (Preschool-no charge)

ASAP 3:20 pm – 5:00 pm - \$6.40 (6th – 12th grade)

3:20 pm – 6:00 pm - \$9.60 (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-K) 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	\$6.40
Half-day AM	8:00 am	–	12:00 pm	\$12.80
Half-day PM	12:00 pm	–	3:00 pm	\$9.60
Full-day	8:00 am	–	3:00 pm	\$22.40
PM	3:00 pm	–	5:00 pm	\$6.40
PM	3:00 pm	–	6:00 pm	\$9.60

- 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 K-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 billing 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 INFORMATION (7-12)

2019-2020

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

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.

AUTOMATIC PAYMENT WITHDRAWAL (Optional)

2019-2020

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 _____