

# Applying for Admission to North County Christian School



## PS-PK

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, immunization record and nonrefundable \$50 application fee.

*Student Application*  
*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:** The parent/student interview with the principal will be scheduled when all records have been received. The interview **may** be waived if the family already has a student in the school.

**Step 4:** 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](http://www.nccsedu.org)/make a payment.

## Need-based Financial Aid (K-12 Only)

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](mailto:w.moss@nccsmo.org)

Heather Brown, Administrative Assistant  
314-927-6227 x 100      [h.brown@nccsmo.org](mailto:h.brown@nccsmo.org)

Mary Hart, Business Administrator  
314-972-6227 x 108      [m.hart@nccsmo.org](mailto: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: \_\_\_\_\_

**SCHEDULE OF TUITION, FEES, DISCOUNTS (PS - PK) 2019-2020**

**Tuition**

Tuition for the School Year—

August 13, 2019—May 20, 2020

\$6,830.00—5 days per week

\$5,465.00—4 days per week

\$4,100.00—3 days per week

\$2,735.00—2 days per week

\$3,960.00—5 (1/2) days per week

\$3,170.00—4 (1/2) days per week

\$2,380.00—3 (1/2) days per week

\$1,590.00—2 (1/2) days per week

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

Tuition Late Fee - \$35.00 (payments received after the 15th of the month)

Return Check Fee \$25.00

**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)

**Summer Camp**

Summer Camp (3yrs.-2nd grade) \$1118.00/9 full weeks \$130.00/weekly rate (3yrs-2nd grade)

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

Please direct financial questions/concerns to:

**Mary Hart at [m.hart@nccsmo.org](mailto:m.hart@nccsmo.org)**

or

**Tammy Harman at [t.harman@nccsmo.org](mailto:t.harman@nccsmo.org)**

**Important Dates**

First Day of School	August 13
Last Day of School— Preschool	May 20
Last Day of School— Elementary	May 20
Last Day of School— Secondary	May 21
High School Graduation	May 23

## **FINANCIAL INFORMATION (PS - PK)**

**2019-2020**

The faculty and staff of NCCS commit to providing the highest quality education and care possible for your child. We count on your timely fulfillment of your tuition/daycare obligation so that we can continue to offer excellent education/daycare at NCCS.

### **Payments**

- Tuition payments are due on the 1<sup>st</sup> of the month and will be assessed a **\$35 late fee** after the 15<sup>th</sup> of the month. Tuition payments paid by automatic withdrawal are due according to the option chosen.
- Payments 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](http://www.nccsedu.org-Under Links-Make a Payment).
- Students who have an outstanding obligation after the 30th of the month will not be permitted to attend NCCS until accounts are current.
- A Return check fee of \$25.00 will be assessed on accounts due to non sufficient funds. This fee will not be waived.
- Optional: Automatic Bank Withdrawal—Fill out Automatic Bank Withdrawal Form included in this packet and return with the re-enrollment forms. Payments can be scheduled to be withdrawn on the 1st, 10th or 15th of the month. Monthly installments will be automatically withdrawn from the account, provided by the parent, on the day of the month chosen. A form must be completed on an annual basis.

### **Early Withdrawal/Dismissal Policy**

- Student withdrawal on or after the 1st day of school, a minimum of 2 weeks written notice to the Business Office is required. Parents/Guardians are responsible for tuition up and through the end of the 2 week notice or through the last day of attendance, whichever is later.

### **Additional Information**

- Preschool tuition includes lunch. Full days include before and after care. Half days include before care only.
- It is not recommended to leave a student in a daycare setting for more than 10 hours a day.
- 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 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.
- Families with students being billed for additional charges will be sent an email message informing them that their accounts have been charged.
- Questions regarding charges must be addressed within 30 days of the billing date.
- A payment schedule of the tuition will be sent upon acceptance and enrollment.

**Access your account anytime through [www.teacherease.com](http://www.teacherease.com).**

### **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)	December 23– January 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	12th Grade Graduation	May 23
President’s Day (School Closed)	February 17		



## **AUTOMATIC PAYMENT WITHDRAWAL**

**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 PASSBOOK 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](mailto:b.hardin@nccsmo.org) or (314) 972-6227, ext.104.

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### **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**)  1<sup>st</sup>  10<sup>th</sup>  15<sup>th</sup>

Name of Financial Institution \_\_\_\_\_

City \_\_\_\_\_

ABA Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Holder Name – Please Print \_\_\_\_\_

Signature \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Date \_\_\_\_\_

### **For Joint Accounts:**

Account Holder Names – Please Print \_\_\_\_\_

Signature \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Date \_\_\_\_\_

# NORTH COUNTY CHRISTIAN SCHOOL

Missouri Department of Health

## IMMUNIZATION FORM

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

## Physical Exam

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

Name \_\_\_\_\_ Date \_\_\_\_\_ Height \_\_\_\_\_

Weight \_\_\_\_\_ BP \_\_\_\_\_ Lab: Urinalysis (dipstick) Albumin \_\_\_\_\_ Sugar \_\_\_\_\_

Vision:  Normal  Glasses  Contacts      Hearing:  Normal  Abnormal

Check the box if normal and circle if abnormal:

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

Explain any abnormal findings: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

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

If yes, specify: \_\_\_\_\_

Other recommendations and remarks: \_\_\_\_\_

Signature \_\_\_\_\_ M.D./D.O. Date \_\_\_\_\_ Name (print) \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# North County Christian School Summer Camp 2019



## 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 2019-20** \_\_\_\_\_

_____ *May 28-May31	payment due May 22	_____ *July 1-5	payment due June 26
_____ June 3-7	payment due May 29	_____ July 8-12	payment due July 3
_____ June 10-14	payment due June 5	_____ July 15-19	payment due July 10
_____ June 17-21	payment due June 12	_____ July 22-26	payment due July 17
_____ June 24-28	payment due June 19		

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](http://www.nccsedu.org)—under Links.

**For Office Use Only:**  
 Date registration form & \$75 fee received \_\_\_\_\_  
 Parent Copy \_\_\_\_\_ Office Copy \_\_\_\_\_ Director Copy \_\_\_\_\_

# 2019 Summer Camp Application 3yrs. - 2nd grade

## Camper Information

(Entering 2019-2020 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 \_\_\_\_\_