



CHRIST CHURCH SCHOOL
 4614 BROWNSBORO ROAD
 LOUISVILLE, KENTUCKY 40207
 Phone: 897-3657
 www.ccum.net/school

Please enroll my child in Christ Church School for the 2019/20 School Year:

CHILD'S FULL NAME _____
 NAME CHILD GOES BY: _____
 BIRTHDATE _____ BOY _____ GIRL _____
 ADDRESS _____ ZIP _____
 CHILD LIVES WITH _____
 FATHER'S NAME _____
 ADDRESS (if different than child's) _____
 CELL PHONE _____ WORK PHONE _____
 EMAIL: _____
 MOTHER'S NAME _____
 ADDRESS (if different than child's) _____
 CELL PHONE _____ WORK PHONE _____
 EMAIL: _____

CIRCLE CORE CLASS CHOICE:

- Infants (6 wks-12 months): 2 days M/T or TH/F --- 3 day M-W or W-F --- 5 days
- Explorers (age 1 by Aug 1st): 2 days M/T or TH/F --- 3 day M-W or W-F --- 5 days
- Twos (age 2 by Aug 1st): 2 days M/T or TH/F --- 3 day M-W or W-F --- 5 days
- Threes (age 3 by Aug 1st): 3 days M-W or W-F --- 5 days
- Pre-Kindergarten: 4 day M-TH 9am-12pm --- 5 days 9am-12pm
- Pre-Kindergarten Plus: 5 days 9am-2pm
- Junior K/Kindergarten: 5 days 9am - 2pm

Please Enroll my Child for the Full School Year in:

Weekly Schedule	7:30-9am Early	8:10-9am Early	CORE CLASS	12-2pm Lunch Bunch*	12-5pm Extend Learn	2-5pm Extend Learn	5-5:30pm After Care
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

**12-2 Not available for Infants/Explorers*

The NON-REFUNDABLE registration fee is \$200 and is due with these forms.

REGISTRATION FEE: \$ _____ DATE: _____ CHECK # _____

 Signature of parent or guardian

 Date Signed

MEMBER OF CHRIST CHURCH UNITED METHODIST: NO _____ YES _____

CCUM Members have registration fee waived.



**Authorizations & Medical Information
2019-20 School Year**

Child's Full Name _____

School Activities

I hereby grant permission for my child to use all the play equipment and participate in all the activities of the school. I hereby release and hold harmless Christ Church United Methodist and Christ Church School, its personnel, leaders and volunteers from any and all liability for any injuries, loss, or other claims arising out of my child's participation in school sponsored events and activities.

Photo Release

Christ Church School may include photos of students/children participating in school activities on its website, social media, newsletters and/or promotional material. It is our policy never to use first or last names, addresses, or telephone numbers.

I agree to this release _____ Yes _____ No (please initial next to your choice)

Animal Release

From time to time classrooms may have a classroom pet as part of their learning environment. We also have live animal shows periodically (Silly Safari). We need your permission for your child to participate in these activities while in the care of our school.

I agree to this release _____ Yes _____ No (please initial next to your choice)

Medical Information

Health Concerns or Medical History: _____

Allergies: Yes _____ No _____ Explain: _____

Child's Physician _____ Phone # _____

Hospital Preference (be specific) _____

Emergency Medical Care

I hereby grant permission to the Head of School or Assistant Head of School to take whatever steps may be necessary to obtain emergency medical care. I, also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary. I, also authorize the hospital/medical personnel to undertake examination and emergency treatment if warranted. These steps may include, but are not limited to, the following:

1. Calling 9-1-1 as needed
2. Attempt to contact a parent or guardian, the child's physician, or the person listed as the emergency contact.
3. Have the child taken to an emergency room in the company of a staff member.
4. Any expense incurred from medical treatment will be borne by the child's family.
5. The Parents /Guardians must clearly list all health conditions and allergies on this form to help ensure appropriate medical treatment.

Contact

Person to call first in case of Emergency _____ Phone # _____

Emergency Contact (not Parent) _____ Phone # _____

Signature required to authorize above information

Signed _____ Date _____
Parent or Legal Guardian

Signed _____ Date _____
Parent or Legal Guardian



4614 Brownsboro Road ♦ Louisville KY 40207 ♦ 502-897-3657 ♦ www.ccum.net/school

ADMISSIONS AGREEMENT 2019-2020

A. BASIC SERVICES

The School shall provide the following basic services:

1. School programs including: Early Bird, Core Program, Lunch Bunch, Extended Learning, and After Five.
2. The child will be provided a nutritious (nut free) midmorning snack.
3. The child will be placed in a group of peers based on age and/or special needs as determined by the staff.
4. The child shall be involved in a program of play, learning and group activities, which are geared toward the emotional, social, physical, spiritual, intellectual, and individual growth of young children.
5. The School shall give appropriate First Aid to a hurt child. A parent or guardian shall be contacted if it is the determination of the School staff that immediate medical attention is necessary. If it is further determined by the School staff that the injury is of an emergency nature, 911 will be called to the school and a parent or guardian will be contacted.
6. Children that are not feeling well will be brought to the office and parent(s) or guardian(s) will be contacted. The sick child policy will be followed as outlined in the Parent Handbook.
7. The School shall notify the child's parent(s) or guardian(s) of a suspected exposure to communicable disease.
8. The School shall make every effort to safeguard the personal belongings brought to school by the child, but shall not be responsible for lost or broken items.
9. The Head of School or any other staff member shall report to child protective services or the police department (or other specified agency) as required by the state penal code, any suspicion of child abuse.

B. PAYMENT POLICY

In accordance with the current tuition policy:

1. The School registration fee is to be paid at the time of registration and is non-refundable.
2. Tuition is due on the 15th of each month as outlined in the preferred payment option of either 4 or 8 payments. Tuition is non-refundable unless one of the criteria outlined in Section D is met.
3. No credit will be given for days missed or that the School is officially closed.
4. Late registration: Children enrolled after school begins must pay the registration fee when their enrollment forms are accepted. The tuition amount will be based on the remaining number of weeks in the school year.

C. OBLIGATIONS OF PARENT(S) OR GUARDIANS(S)

1. Furnish all required health certificates at the time of orientation or no later than the first week of school.
 - a. Immunization certificate for every child at the start of school and following each update.
 - b. Physical examination and an eye exam from an Ophthalmologist for Kindergarten children.
2. Notify the School in writing when someone other than a parent or legal guardian will be picking up your child.

3. Provide the child with a nutritious, nut free, lunch, if the child is to be at school after 12:00 pm. By state regulations, lunch must include (1) milk, (1) protein, (1) bread/grain and (2) vegetables or (2) fruits or (1) vegetable and (1) fruit.
4. See that your child is dressed appropriately when brought to school, following the guidelines in the Parent Handbook. Tennis shoes must be worn on gym days.
5. Notify the School if your child has been exposed to or contracted a communicable disease.
6. Notify the School when the child will be absent.
7. Abide by the parking and carpool rules of the school.
8. Notify the School when your child will not be picked up at the time so specified.
9. Refrain from reprimanding children of other families while at School.
10. Come to school for conferences when asked to do so by a member of the School's staff. Contact the School when an appointment must be rescheduled.
11. Notify the School by July 1st if your child is enrolled in a 3-year old class or older and is not independently toilet trained. Placement in another class, temporary withdrawal, or additional cost to the parents for an extra assistant teacher may be necessary.

D. TERMINATION OF AGREEMENT WITH REFUND OF PRE-PAID TUITION

This agreement shall be terminated if one or more of the following occur:

1. Serious illness of the child preventing school attendance.
2. The Head of School determines that the School is unable to meet the needs of the child.
3. The Head of School determines that it is not in the best interest of the School or other children enrolled at the School to have the child in attendance.
4. Family moving 50 miles or more from the School area.

E. TERMINATION OF AGREEMENT WITH NO REFUND OF PRE-PAID TUITION

1. The parent(s) or guardian(s) of the child allow their account to become delinquent by 30 days or more.
2. Failure of the parent(s) or guardian(s) to honor the obligations listed in the Agreement or in any rules, regulations, or manuals provided by the School.
3. The parent(s) or guardian(s) withdraw their child voluntarily.

To dissolve this Admissions Agreement after June 1, a percentage of the balance of annual tuition will also be due. This sliding scale is set by the Advisory Board based on the written termination notification date to the Head of School.

F. PROCEDURES

In exercising its discretion under numbers D2, D3 and E2 above, the School may require the child and/or the child's parent(s) or guardian(s) to attend conferences with the Head of School regarding matters that potentially warrant termination of this Agreement. The child's parent(s) or guardian(s) may request a conference with the Head of School regarding matters that potentially warrant termination, but the school shall have no obligation to grant such a request. An appeal of the Head of School's termination decision may be directed to the School Advisory Board. The Board's decision in any matter is final.

G. NOTIFICATION CLAUSE

This Agreement may be modified whenever any circumstances covered by this Agreement change. Such modification may only be made in writing, and must be signed and dated by the parties involved in order to be binding and effective. Oral modifications are not binding under this Agreement and shall not be enforceable under any condition.

Notification of class assignment will be sent to each parent or guardian no later than February 28. To secure your child's placement, confirmation must be received by March 29, 2019 along with the tuition deposit and selection of payment method.



ADMISSIONS AGREEMENT
Signature Page
2019-2020 School Year

_____ (Name of child being enrolled)

_____ (Birth date)

_____ (Name of person enrolling child)

_____ (Relationship)

Class Choice: _____

For the Class Choice requested above in accordance with the terms of this admission agreement, I agree to pay Christ Church School the sum of:

Registration Fee \$200 School Year Tuition _____

Scholarship Fund:

I would like to make a monthly tax deductible donation (September-May) for tuition assistance for the following amount (through a separate bank draft on the 25th of each month):

_____ \$10 _____ \$25 _____ \$50 _____ (other amount)

I would like to give a one-time gift of \$_____

This agreement is binding upon receipt of Tuition Deposit

Class placement is only guaranteed if the tuition deposit is received by **April 15, 2019**.

If the agreement needs to be dissolved for any reason beyond the 4 exceptions listed in part D, the tuition deposit is non-refundable. If the agreement needs to be dissolved after June 1, a percentage of the balance of annual tuition will also be due. This sliding scale is set by the Advisory Board based on the written termination notification date to the Head of School.

My signature below indicates that I have read the terms of this agreement and that I have read the rules, regulations, and manuals provided by the school.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____