

Sunnyvale Christian School

*A ministry of Crosswalk Community Church
since 1979*

Elementary Registration Packet August 2019 through May 2020

Kindergarten Age requirement: Student must be 5 years old by September 1, 2019



Competence, Compassion, Creative, Collaboration

(408) 736-3286

www.sunnyvalechristianschool.com

Mission Statement: SCS is open to all families who are seeking a safe and joyful learning environment, where values and attitudes are shaped by Biblical standards. Our mission is to lead students and their families into relationship with Jesus Christ. SCS will assist students toward a balance of spiritual, emotional, physical and intellectual growth as we partner with parents, for the good of the children and to the glory of God.

“And all your children shall be disciples [taught by the Lord and obedient to His will], and great shall be the peace and undisturbed composure of your children.” Isaiah 54:13



Check Enrollment class request:

Early Kindergarten____ Kindergarten____ First____ Second____ Third____ Fourth____ Fifth____

Before School Extended Care____ After School Extended Care____

Student's Name_____

Age____ Birth Date_____ Last Middle First Sex_____ Place of Birth_____

Student's Address_____

Street City State Zip Home Phone

Student lives with_____

Father's Information_____

Name Address (if different than student) Home Phone Cell Phone

Father's Employer_____

Name & Address Occupation Business Phone

Father's Email_____

Mother's Information_____

Name Address (if different than student) Home Phone Cell Phone

Mother's Employer_____

Name & Address Occupation Business Phone

Mother's Email_____

Parent responsible for paying tuition_____

Additional persons who may be called in emergency

Name_____ Phone_____

Name_____ Phone_____

Out of State Contact: Name_____ Phone_____

Physician & Dentist to be called in emergency

Physician Address Medical Plan & Number Phone

Dentist Address Medical Plan & Number Phone

Names of persons authorized to take child from the facility

Name_____ Phone_____

Name_____ Phone_____

Signature of Parent or Guardian_____ Date_____

How did you hear about SCS?_____

Additional Information_____



As parent, agency representative or legal guardian, I hereby give consent to Sunnyvale Christian School to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) osteopath (D.O.) or dentist (D.D.S.) for:

(enter name of child)

This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Child has the following allergies:

Date

Parent /Guardian signature

Home Address

Home Phone *Work Phone*

Cell Phone



TUITION COSTS

| SCS | Registration Fee | Tuition | Monthly (11 months) |
|------------------------------|------------------|-------------|---------------------|
| Elementary Student EK-4th | \$500.00 | \$10,815.00 | \$983.18 |
| 5th Grade | \$500.00 | \$11,115.00 | \$1,010.45 |

ADD \$50 Administrative Fee if payment breakdown requested: \$200 February, \$200 March, \$150 April

TUITION DISCOUNTS AVAILABLE

| | | |
|---|---|---|
| **Sibling Discount 2nd child=15% 3rd child=20% | **Pay in Full DUE July 1, 2019 2% Discount | **CCC Membership 10% Discount <i>(include letter from church office)</i> |
| ** Choose ONE discount per family: <u>Sibling</u> or <u>Pay in Full</u> or <u>CCC Membership</u> | | |

AFTER SCHOOL CARE COSTS

| Extended Care 7a.m. - 6p.m. | Fee |
|--------------------------------|--------------------|
| Elementary Child | \$400.00 per month |
| Hourly Fee | \$17.00 per hour |

All tuition payments are made using FACTS Management Company.



| SCS | Annual Registration | 2019-20 Tuition | Monthly (11 months) |
|-------------------------|---------------------|-----------------|---------------------|
| Elementary EK-4th Grade | \$500.00 | \$10,815.00 | \$983.18 |
| 5th Grade | \$500.00 | \$11,115.00 | \$1,010.45 |

Sibling and CCC Membership Discount Details available in SCS office.

PARENTS AGREE TO THE FOLLOWING regarding Tuition and Payment:

1. To maintain an Active E-mail account for tuition reminder notification.
2. To Enrollment in the SCS on-line tuition payment plan, utilizing FACTS Management Company for field trips and other class costs.
3. To Payment of \$500.00 (non-refundable) annual registration fee.
4. Annual payment (rather than monthly) received by July 1, 2019, receives a 2% discount
5. \$25.00 late charge will be applied to any invoice not paid by due date.
6. If my child is not picked-up from school by 6:00PM, I understand the additional charge is \$1.00 a minute from 6 to 6:30PM, and \$5.00 for every minute after 6:30PM.

PARENTS AGREE TO ABIDE BY THE FOLLOWING COMMITMENTS:

1. To ensure that child's SCS lunches and snacks are NUT FREE. (For the safety of students with nut and legume allergies, this is STRICTLY ENFORCED.)
2. The school will have the authority to discipline our child when necessary and I agree to support such discipline and encourage my child to comply with all school rules.
3. To communicate grievances honestly and directly to those involved and to seek forgiveness quickly, in keeping with the principles set forth in Matthew 18 of maintaining a spirit of reconciliation.
4. To pay for damages caused by my child.
5. If my child persists in undesirable conduct and does not respond to school's attempts to modify such behavior my child will not be permitted to remain in the school.
6. Regarding student transportation, my child has permission to ride in chartered transportation, to accompany SCS parents or staff (with valid driver's licenses) in their private, insured vehicles, to walk with authorized adults, and/or to ride public transportation to school sponsored events. (Teacher is responsible to notify parents of the dates and destinations of such field trips.)
7. I give permission for my child to participate in all school activities.
8. I understand that Sunnyvale Christian School does not tolerate profanity or obscenity by work or action, disrespect to any personnel of the school or toward school parents, or acts of aggression or violence toward any person. I understand that there is zero tolerance policy regarding the possession, use, sharing, or sale of illegal drugs, alcohol, tobacco or weapons of any kind on school grounds. Any threats of violence toward other students or personnel will also be dealt with as a very serious offense. Harassment of any kind will not be tolerated.
9. My child will participate in the SCS fundraising events.
10. I agree to volunteer a minimum of 3 hours each trimester in my child's class, or be billed \$50.00 per trimester.
11. SCS has full discretion in the placement of my child.
12. My child will be in the designated uniform Monday through Thursday, with free dress day every Friday.
13. I will read the Parent-Student Handbook and agree to abide by all rules and procedures explained within.
14. I understand no child may bring a cell phone to school.
15. I will have my child to school by 8:15AM, Monday through Friday, unless he/she has an excused absence.
16. I understand that California State Attendance laws allow for 3 tardies ad 3 unexcused absences per academic year.
17. I understand that SCS adheres to the laws of the state regarding Compulsory Education, Tardies and Absences.
18. Your email may be accessed by other enrolled SCS families.

STUDENT NAME: _____

PARENTAL SIGNATURE: _____ DATE: _____



The California State of Education Code requires schools to determine the language(s) spoken at home by each student. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions.

Student's Name: _____

Birth date _____ / _____ / _____ _____ _____
 Month Day Year Grade Age

1. Which language did your son/daughter learn when he/she first began to speak? _____
2. What language does your son/daughter most frequently use at home? _____
3. What language do you most frequently speak to your son/daughter? _____
4. Name the language most often spoken by the adults at home. _____
5. Country of birth. _____
6. Date of first enrollment in a U.S. K-5 school. _____
7. Date first enrolled in a California K-5 school. _____

Does student speak _____ well? Yes No
 Home language

Does student read or write _____ well? Yes No
 Home language

Date Signature of Parent/Guardia

Answer these questions if any language other than English is listed above in Questions 1-4
PRIMARY HOME LANGUAGE QUESTIONNAIRE

- CIRCLE ALL THAT APPLY**
- American Indian or Alaska Native
 - Asian
 - Cambodian
 - Chinese
 - Mandarin
 - Cantonese
 - Taiwanese
 - Toishaqnese
 - Filipino
 - Hmong
 - Asian Indian
 - Japanese
 - Korean
 - Laotian
 - Vietnamese
 - Other Asian
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian or Other Pacific Islander
 - Hawaiian
 - Guamanian
 - Samoan
 - Tahitian
 - Other Pacific Islander
 - White



Name: _____ Sex: M _____ F _____ Date of Birth _____

Family Information:

| | | | |
|-----------------|----------------|------------|--------|
| | Living In Home | Employed | Health |
| Father: | _____ | _____ | _____ |
| Mother: | _____ | _____ | _____ |
| | How Many | Birth Date | Health |
| Sisters: | _____ | _____ | _____ |
| Brothers: | _____ | _____ | _____ |
| Others in Home: | Yes _____ | No _____ | |

Student Illnesses - Past or Present (Please check)

| | | |
|------------------------------------|---------------------------------|-----------------------|
| Allergies _____ | Ear Infections (frequent) _____ | Kidney Disease _____ |
| Asthma _____ | Eczema _____ | Meningitis _____ |
| Bee Sting Allergy _____ | Encephalitis _____ | Rheumatic Fever _____ |
| Colds/Sore Throat (frequent) _____ | Hearing Problems _____ | Speech Problems _____ |
| Convulsions _____ | Heart Disorder _____ | Tuberculosis _____ |
| Drug Reactions _____ | Infectious Hepatitis _____ | TB in family _____ |
| | | Vision Problems _____ |

Operations: _____

Accidents: _____

Hospitalizations: For: _____ When: _____

Limited Physical Activity: Yes _____ No _____ Reason: _____

Taking Medication: Yes _____ No _____ Medication: _____

Reason for Medication: _____

Other physical or emergency condition: Yes _____ No _____

If there are any health or emergency problems you would like to discuss, please contact the school.

Developmental History: (Grades K-5)

When Did Your Child:

| | | |
|----------------------------------|-----------------|-------------|
| Sit Alone _____ | Say Words _____ | Crawl _____ |
| Use 2 or 3 words sentences _____ | Walk _____ | |

Please check if applicable:

| | | |
|----------------------|----------------------|--------------------|
| Bite Nails _____ | Sucks thumb _____ | Wets bed _____ |
| Has nightmares _____ | Has facial tic _____ | Has tantrums _____ |
| Is shy _____ | Is clumsy _____ | |

Which hand does your child prefer: Right _____ Left _____

Does your child:

Have frequent complaints? _____ Appear restless or overactive? _____

Present any discipline problems? _____ Have a problem getting along with others? _____



Student Name: _____
 Previous School Attended: _____
 Year (s) Attended: _____ Grade (s): _____
 School Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

Previous School Attended: _____
 Year (s) Attended: _____ Grade (s): _____
 School Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

Previous School Attended: _____
 Year (s) Attended: _____ Grade (s): _____
 School Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

I hereby authorize the cumulative records (academic and medical history) for the above named student to be released to:

Sunnyvale Christian School
 445 S. Mary Ave.
 Sunnyvale, Ca. 94086
 Ph.: (408) 736-3286
 Fax: (408) 736-3549

 Signature of parent or legal guardian Date

If you have any questions, please contact Lorraine McLintock, Office Administrator at (408) 736-3286. lmclintock@sunnyvalechristianschool.com

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 | Middle | BIRTH DATE—Month/Day/Year |
| ADDRESS—Number, Street | City | SCHOOL |
| | ZIP code | |

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 | / / |
| Tuberculin Test (Mantoux/PPD) | / / |
| 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) | | | | | |
| DTPa/DTP/dTdT (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 | | | | | |
| 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 | Date |
| 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.