



Enrollment and Tuition Contract - Summer Only Applicant

Circle Child's Last Grade Completed:

Preschool Early Kindergarten Kindergarten First Second Third Fourth Fifth

Student's Name: \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Student's Address \_\_\_\_\_

Father's Information \_\_\_\_\_

Father's Employer _____	Name	Address (if different than student)	Cell Phone
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_____	Name & Address	Occupation	Business Phone
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Father's Email \_\_\_\_\_

Mother's Information \_\_\_\_\_

Mother's Employer _____	Name	Address (if different than student)	Cell Phone
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_____	Name & Address	Occupation	Business Phone
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Mother's Email \_\_\_\_\_

Parent Responsible for paying tuition \_\_\_\_\_

Additional persons who may be called in emergency

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of persons authorized to take child from facility

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

If you have custody papers, please summarize your custody agreement here (attach). If a parent is not allowed to visit a child or take a child from the center, you must provide a certified copy of the court order and a request in writing. (Section 10128.1)

**Health History**

Summarize previous illnesses and/or health problems:

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Food/Medical/Environmental Allergies:

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**Consent for Medical Treatment**

As the parent/guardian, I hereby give consent to Sunnyvale Christian School to provide all emergency dental or medical care prescribed by a licensed physician (M.D.), or dentist (D.D.S.) for \_\_\_\_\_.

*Student's name*

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

**Medicines**

Prescription medicines must be recorded in the medicine book, in the office and stored in the staff lounge refrigerator. School personnel **may not** administer non-prescription medication to any students.

I \_\_\_\_\_ understand and consent to medical treatment, as well as medicine and allergy policies.

\_\_\_\_\_  
*(Parental signature required)*

*\*Copy of Immunization record required*

**Field Trips**

I give permission for my child to ride in chartered transportation, with school parents (with valid driver's licenses) in their private insured vehicles, and/or to walk with authorized adults.

I \_\_\_\_\_ understand and agree to above policy, payment and permission request .

\_\_\_\_\_  
*(Parental signature required)*

**Late Pick-Up Policy**

Students must be picked up no later than 6:00 p.m. A late charge of \$1.00 per minute will be assessed up until 6:30 p.m. After 6:30p.m. and \$2.00 per minute fee will be assessed; it must be paid at the time of pick up. If a parent is more than one hour late we may be required to call Child Protective Services. Repeated lateness may result in the dismissal of a student.



Sunnyvale Christian School  
 Summer 2019  
Enrollment and Tuition Contract

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Place a  on the week(s) your child will attend.

Dates	<input type="radio"/>	Tuition	Enrollment	Total
Tuition – <b>June 10-14</b>		\$300	+ \$10.00	\$310
Tuition – <b>June 17-21</b>		\$300	\$10	\$310
Tuition – <b>June 24-28</b>		\$300	\$10	\$310
Tuition – <b>July 1-3</b>		\$300	\$10	\$310
Closed July 4 & 5				
Tuition – <b>July 8-12</b>		\$300	\$10	\$310
Tuition – <b>July 15-19</b>		\$300	\$10	\$310
Tuition – <b>July 22-26</b>		\$300	\$10	\$310
Tuition – <b>July 29- Aug 2</b>		\$300	\$10	\$310
<b>Total Weeks</b>				
<b>Discounts</b>				
<b>Total Due</b>				

*PLEASE FILL IN THE # OF WEEKS AND TOTAL DUE + ENROLLMENT FEE*

One week of tuition due at time of enrollment.

SCS SUMMER Tuition is due by the 1st of each month for all week(s) student will attend that month.

*(Example: week of July 15-19 must be paid by July 1st)*

Discounts Available:

Enrollment:

*\$30.00 discount if enrolling for all 8 weeks.*

*Must be paid by June 1, 2019*

*Tuition: (Choose you 1 discount)*

*2% discount if paid in full by June 1, 2019*

*5% discount for student siblings*

*10% discount for Crosswalk members (Membership forms are available in the office.)*

## 2019 Summer Enrollment and Tuition Contract

### **Parents agree to the following regarding Tuition and Payment**

1. Tuition will be paid by the first of the month for the attendance during that month.
2. \$25.00 late charge will be applied to any invoice not paid by due date.
3. \$25.00 service charge will be applied for any returned checks.
4. If my child is not picked-up from school by 6PM, I understand the additional charge of \$1.00 a minute from 6 to 6:30PM and then \$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. SCS has full discretion in the placement of my child.
10. I will read the Parent-Student Handbook and agree to abide by all rules and procedures explained within.
11. I understand no child may bring a cell phone to school.
12. Your email may be accessed by other enrolled SCS families.

Student Name \_\_\_\_\_

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_