



Calvary Christian School

(formerly Calvary Lutheran School)

17200 Via Magdalena, San Lorenzo, CA 94580

(510) 278-2598 ~ (510) 278-2557-Fax

Website: calvaryslz.org

Welcome to Calvary Christian School!

We are excited that you have contacted our school office and have shown an interest in your child attending Calvary Christian School! Calvary Christian School (CCS) has been in existence for over 66 years and is fully accredited by both the Western Association of Schools and Colleges as well as the National Lutheran Schools Association. We also have small classrooms, highly professional and certified instructors and a wonderful staff which desires to help each individual child to fulfill their God-given talent and abilities.

So, now you are saying to yourself, "this just might be what you have been looking for..." Calvary Christian School is an academic institution which cares about the whole child: mind, body, and spirit.

We welcome you and your child(ren) to come and visit and take a tour of our school. You can see our teachers and students in action. If you would like to take a tour, or have your child shadow one of our older students, please contact my administrative assistant, Mrs. Nancy Schibler at (510) 278-2598 and she will be more than willing to assist you.

In His Service,

Dr. Michael H. Chivalette
Superintendent

MHC:nls



Application for Admissions

**Calvary
Christian School
San Lorenzo, CA**

Student's LAST NAME (Please Print) _____ First _____ Middle _____ School Year _____

Street Address _____ City _____ State _____ Zip _____

Home Telephone (_____) _____ E-mail Address _____

Date of Birth _____ Age _____ Place of Birth: _____ Male Female

Current Grade today: _____ Student's Race or Ethnic Origin (optional): _____

What Grade will your child be entering next year:

Preschool: M-F or M-W-F
Until 11:30 am <input type="checkbox"/> or Until 3:00 pm <input type="checkbox"/>

K 1st 2nd 3rd 4th

5th 6th 7th 8th

Will you need before and/or after school care? Yes No (Preschool: 7:30 a.m. – 5:30 p.m.) (K-8th: 7:00 a.m. – 6:00 p.m.)

Name of school your child previously attended: _____

Church Home _____ Denomination _____

Names and ages of any siblings _____

Are siblings applying to Calvary Christian School? Yes No If not, where do they attend? _____

Are there any health conditions or physical limitations of the applicant that may impact his/her education experience at Calvary?

No Yes If yes, please explain. _____

Has the applicant ever

- had any psychological/educational testing and/or counseling? No Yes (If yes, please explain the nature of the testing and/or counseling on a separate sheet of paper and provide any official documentation.)
- been "double promoted" No Yes If so, what grade? _____
- been dismissed or suspended from any school for any reason? No Yes If so please explain, including name of school principal. _____
- had any clinically diagnosed learning disabilities? No Yes If so, please explain. _____
- taken part in any sports, music, arts, or other special interests? No Yes If so, please explain. _____

Please check all that apply.

- Parents live together with applicant Father is deceased. Mother is deceased.
- Parents live separately: Father has custody on this schedule: _____
 Mother has custody on this schedule: _____
- Applicant lives with another person in the home: _____

Full Name of Father/Guardian _____
Street Address _____ City _____ State _____ Zip _____
Home Telephone (____) _____ Father's E-mail _____
Occupation _____ Company Name _____
Business Telephone (____) _____ Cell Phone (____) _____

Full Name of Mother/Guardian _____
Street Address _____ City _____ State _____ Zip _____
Home Telephone (____) _____ Mother's Email _____
Occupation _____ Company Name _____
Business Telephone & Fax _____ Cell Phone (____) _____

How did you learn about Calvary? _____

Please write any other pertinent information about the applicant or family situation. Attach a separate sheet of paper if necessary.

Consent to Photograph: The undersigned hereby authorizes Calvary Christian Preschool, Calvary Christian School, Calvary Club, and Calvary Lutheran Church to photograph and to permit other persons to photograph my child at school (name on front page), during recess, lunch, and/or field trips. In addition, agrees that the negative or prints prepared from such photographs may be used for such purposes as may be deemed necessary, except for the following: We use the photographs in the school yearbook, website and in advertising the school. Pictures will not be posted in social media (i.e. Facebook, Instagram, etc.). *Please initial as a sign of agreement:* _____

Permission to go on Walks: There will be times when we will be going for walks around the neighborhood. I give permission for my daughter/son (name listed on top of front page), to go on school walks with a teacher at Calvary Christian School. *Please initial as a sign of agreement:* _____

By signing the back of this form, we hereby state that we have read and understand the CCS Student Handbook pertaining to this student, have examined the school's curriculum, statement of faith, facilities, disciplinary procedures, and refund policy. We understand, that if at any time we are interested in reviewing a copy of Calvary's Philosophy Statement, the Admissions Procedure & Policy, the CCS Fee Agreement, the Covenant Relationship Statement, and/or the CCS Student Handbook, we may request a copy at any time from the school secretary.

I understand that withholding or misrepresenting information requested on this application may jeopardize admission or enrollment at Calvary Christian School. My signature below indicates that all the information contained in this application file is correct, complete and honestly represented.

Statement of Intent

We, as parents, desire a quality, Christ-centered education for our child and believe that Calvary Christian School will provide this type of education. We understand that this education involves a partnership between the parents and the school. We will commit to timely payment of tuition/fees, include the school in our prayers, seek to keep open lines of communication with the school and abide according to the structure outlined in the "Covenant Relationship Statement".

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

***Please enclose the application/registration fee of \$250 with this application.
This fee will only be refunded if your child is NOT accepted or is placed on a waiting list.***

Calvary Christian School admits qualified students without regard to race, sex religion, national or ethnic origin, or physical disability.

CALVARY CHRISTIAN SCHOOL

EMERGENCY FORM

STUDENT _____ / _____ / _____
Last First Middle Birth date Grade (2017-18)

Address _____
Street Address City State Zip Code Home Phone#: (____) _____

FATHER'S NAME: _____
Cell
Phone#: (____) _____

Father's E-mail: _____

Father's Employer _____ Ph#: _____

MOTHER'S NAME: _____
Cell
Phone#: (____) _____

Mother's E-mail: _____

Mother's Employer _____ Ph#: _____

LOCAL PERSON TO CALL IF PARENT/GUARDIAN LISTED ABOVE CANNOT BE REACHED:

Name _____ Ph#: (____) _____ Relationship _____

Name _____ Ph#: (____) _____ Relationship _____

Besides/in addition to the individuals listed above, the following persons are also authorized to pick up my child:

	NAME	ADDRESS	PHONE NUMBER (Including Area Code)
1			
2			
3			
4			

Please describe any physical, medical or other conditions, including allergies to food or medication that should be considered for your child in an emergency situation. _____

Family Physician _____ Phone#: (____) _____

Address _____

Choice of Hospital _____ Phone#: (____) _____

Insurance Carrier _____ I.D. # _____

Family Dentist _____ Phone#: (____) _____

Address _____

Insurance Carrier _____ I.D. # _____

It is understood that Calvary Christian School or Calvary Lutheran Church will not be held responsible for hospital, Doctor, or Dental fees.

*PARENT/GUARDIAN SIGNATURE _____ DATE: ____/____/____

(PLEASE TURN OVER →)

CALVARY CHRISTIAN SCHOOL

17200 Via Magdalena
San Lorenzo, CA 94580
(510) 278-2598

Because of provisions of the California Civil Code, it is necessary that we have this form which authorizes Calvary Christian School (CCS) or its agent to act as your agent in the case of an emergency medical treatment for your child. We will ALWAYS make every effort to contact you the parent in an emergency, and will need this form ONLY if we are unable to contact you. The pertinent section of the Civil Code is available at the Church office if you wish to see it.

Student's Name _____ Grade _____

The undersigned do hereby authorized the Calvary Christian School of Calvary Lutheran Church, or such substitutes as they may designate as agents for the undersigned to consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or specific supervision of any physician or surgeon, licensed under the Provision of Medicine Practice Act or any Dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital or elsewhere.

This authorization will remain in effect while the above minor is enroute to or from or involved in or participating in any program or activity of the Calvary Christian School of Calvary Lutheran Church throughout the school year, unless revoked in writing by the undersigned, and delivered to the afore said agent.

Father/Guardian: _____ Date: ___/___/___ Phone#: _____
(Signature)

Mother/Guardian: _____ Date: ___/___/___ Phone#: _____
(Signature)

(Please turn over)

Covenant Relationship Statement

Calvary
Christian School
San Lorenzo, CA

Calvary Christian School is a sacred community administered according to the Christian understanding of the Bible. Our purpose and mission, is stated as follows:

Calvary Christian School's mission is to prepare the whole child by presenting Jesus Christ as Savior and Lord. We teach Christian values and morals, academics, respect and self-discipline in a loving environment. We promote family involvement, endeavor to prepare the child for further education and encourage each child to develop a closer relationship with Jesus Christ.

This mission statement is foundational to our ministry at Calvary. It is also the basis for an intentional relationship with each student, his/her family and the staff as professed in our covenant statement:

We, the Calvary Christian School community, are created, redeemed, called and given power to love, enrich and serve one another in God's world.

Based on this mission statement and celebrating the Gospel, we believe and teach that:

- We are created by God.
- We are redeemed from sin, death and Satan's power through the death and resurrection of Jesus Christ. (John 3:16)
- God reaches out to each of us in love every day.
- Because God loves us, we must share God's saving grace and offer of salvation with others. (Eph. 2:8-9)
- God's Holy word is without error.

Because of what we believe and teach, we expect the following to be a part of our learning environment:

- Daily encounters with others must be enriching, positive and encouraging.
- It is our responsibility to serve any person in need.
- Personal faith must be apparent in how we behave toward others.
- Personal faith empowers us to joyfully use the spiritual/intellectual/physical gifts with which God has blessed us.
- Respect for ourselves, peers, teachers, and staff, the learning environment, and our facilities is demonstrated.
- Learning is a part of the faith experience.

For this reason we make the following covenant (commitment):

- To support the Mission Statement of Calvary Christian School as written above.
- To assist the community in fulfilling its fundamental goals, with the help of God.

Family Name: _____

Children's Name(s): _____

Parent/Guardian: _____

Date: ____/____/____

Each family will be asked to respond to the covenant yearly during registration.

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: _____ First: _____ Middle: _____ BIRTH DATE—Month/Day/Year: _____

ADDRESS—Number, Street: _____ City: _____ ZIP code: _____ SCHOOL: _____

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	/ /
TB Risk Assessment and Test, if indicated	/ /
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)					
DtaP/DTP/DT/td (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 (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

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)

COPY OF IMMUNIZATION RECORDS FROM YOUR PHYSICIAN IS NEEDED!

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

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 _____

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.

SMART TUITION GENERAL ENROLLMENT INSTRUCTIONS

Your School has partnered with Smart Tuition to service your child's 2017-2018 tuition account. To enroll online, please follow the instructions below:

1. ONLINE ENROLLMENT

Visit: www.enrollwithsmart.com

2. FIND YOUR SCHOOL

Enter your school's name in the search box. Make your selection by clicking the green circle.

3. SECTION 1 – WHO WILL PAY?

Enter the parent, guardian, or bill payer's contact information. Please provide your telephone number and email address as Smart Tuition regularly communicates important information about your account via telephone and email.

4. SECTION 2 – WHO WILL ATTEND?

Enter the names and grades of the children who will attend the school.

5. SECTION 3 – HOW & WHEN TO PAY?

Review the payment plans offered by your school and choose one. The payment plans listed are selected by your school and cannot be changed by Smart Tuition. Select your preferred payment method and due date from the options offered by your school.

6. SECTION 4 – SUBMIT

Review Smart Tuition's terms and conditions. Click **SUBMIT ENROLLMENT** to complete your online enrollment.

ACCOUNT ACTIVATION

Once your school has reviewed and activated your account, you will receive an email with login instructions.

To view your balance, make payments, update your personal information, or chat with a live representative, access your Smart Tuition account at www.parent.smarttuition.com.

The Smart Tuition program manages tuition payments and follows the policies established at the school. Decisions regarding tuition amounts, tuition aid, scholarships, and all other tuition related items are made by your school.

We look forward to working with you and your family this year! Our Parent Help Center is always available to assist you. We're open 24 hours a day, 365 days a year. Call us at (888) 868-8828.



SMART TUITION
Financial Solutions for Schools and Parents™