



# Calvary Christian School

*(formerly Calvary Lutheran School)*  
17200 Via Magdalena, San Lorenzo, CA 94580  
(510) 278-2598 ~ (510) 278-2557-Fax  
Website: calvaryslz.org

January 9, 2017

Dear Calvary Christian School Families,

I trust each and every family had a blessed Christmas and a wonderful New Year. It is great seeing all the students return today, ready to finish our second half of the school year. Attached with this letter, you will find the re-enrollment form for the 2017-2018 school year. Deadline for submission to the school secretary is Friday, February 10, 2017.


It is very important that each family recognize the tremendous support CCS receives from our sponsoring church, Calvary Evangelical Lutheran Church. Both the church leadership and its congregational members have supported the school financially for sixty-seven years. However, with an aging congregation the school must now step forward and handle more of the financial burden than previously. Most private schools are dependent upon tuition and fees to cover 85-90% of their general budget. At present, CCS tuition and fees fall well below these numbers.

Three years ago, the senior pastor and superintendent with the support of the Board of Governance offered a unique program which allowed families to "lock in" their tuition rates. Due to the need for increased tuition, we will no longer be able to honor that program. We will take each family at the level they were locked into and adjust the following changes for the 2017-2018 year:

- There will be an increase of \$500 in tuition for all full-time students in PS-8 grade for families with one child attending.
- An additional \$300 will be added for a second child and \$200 for a third child.
- Financial aid will be limited to 25% of the total tuition per family.
- The church and school can no longer carry a deficit through a school year without making the necessary financial decisions to correct our present needs for the 2017-2018 year.

It is our hope that each family that has called Calvary its home would recognize and support it by committing to the changes stated.

In His Grace,



Dr. Michael H. Chivalette  
Superintendent

# Re-Enrollment Application

Calvary  
Christian School  
San Lorenzo, CA

Student's LAST Name (Please Print) \_\_\_\_\_, First Name \_\_\_\_\_ Middle \_\_\_\_\_ School Year \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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 am - 5:30 pm) (K-8th: 7:00 am - 6:00 pm)

Church Home \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_

Names and ages of any siblings \_\_\_\_\_

Are there any health conditions, physical limitations or changes in the student that may impact his/her education experience at Calvary?

No  Yes  If yes, please explain. \_\_\_\_\_

Please use the space below for any other pertinent information about the applicant or family situation. (Optional) Attach a separate sheet of paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

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

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Full Name of Mother/Guardian \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone (\_\_\_\_) \_\_\_\_\_ Mother's E-mail \_\_\_\_\_  
Mother's Occupation \_\_\_\_\_ Company Name \_\_\_\_\_  
Business Telephone & Fax \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

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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: \_\_\_\_\_

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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

(formerly Calvary Lutheran School)

## EMERGENCY FORM

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

Address \_\_\_\_\_ Home Phone#: (\_\_\_\_) \_\_\_\_\_  
Street Address City State Zip Code

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)*