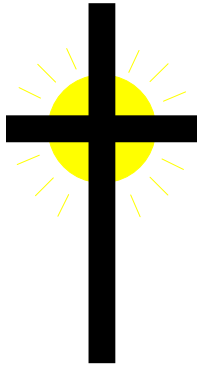


# Sunnyvale Christian School

New Student

Registration Packet

September 2009 to June 2010



445 S. Mary Ave.  
Sunnyvale, Ca. 94086

(408) 736-3286  
Fax (408) 736-3549

[www.sunnyvalechristianschool.com](http://www.sunnyvalechristianschool.com)  
[lchristie@sunnyvalechristianschool.com](mailto:lchristie@sunnyvalechristianschool.com)  
[lmclintock@sunnyvalechristianschool.com](mailto:lmclintock@sunnyvalechristianschool.com)

**Mission Statement:** Our mission is to lead students and their families to Jesus Christ by providing quality Christian education. SCS will assist students toward a balance of personal commitment to Jesus Christ, intellectual competence and a health personal development.

“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

In which of our programs do you wish to enroll your student?

Early Kindergarten\_\_\_ Kindergarten\_\_\_ First\_\_\_ Second\_\_\_ Third\_\_\_ Fourth\_\_\_ Fifth\_\_\_  
Before School Extended Care\_\_\_ After School Extended Care\_\_\_

Please enclose copies of your child's school records or Request of Records authorization form for First grade and above.

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

Age\_\_\_ Birth Date\_\_\_\_\_ Place of Birth\_\_\_\_\_ Sex\_\_\_  
Last Middle First

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\_\_\_\_\_

Additional persons who may be called in emergency

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

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

How did you hear about SCS\_\_\_\_\_

Additional Information\_\_\_\_\_



## Registration-Tuition-Extended Care

Sunnyvale Christian School	Registration	Tuition	Monthly (10.5 Months)	Pay in Full (5% discount) By July 1, 2009
First Child	\$350 each	\$7035	\$670 Aug-May + \$335 June	\$6683.25
Additional Children	\$350 each	\$6683	\$637 Aug-May + \$303 June	\$6350.00

Extended Care	Monthly Fee 7am-6pm
First Child	\$300
Additional Children	\$285
Hourly Fee	\$10 per hour

## Discounts:

10% discount for Crosswalk Community Church Members  
(Must submit a letter from church office.)

This tuition schedule is for elementary students only.

Student: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENTS AGREE TO THE FOLLOWING:**

1. We agree to pay all registration fees.
2. We agree to pay for any additional fees that may be required for fieldtrips or other class events.
3. We agree to pay tuition Monthly/Yearly (circle one).
4. We agree that if we choose “monthly” payments, the payment will be made by the 1<sup>st</sup> of each month.
5. We agree that if we choose “yearly” payment that it must be made in full no later than July 1, 2009.
6. We agree to pay \$25.00 on any returned check.
7. We understand that a late charge of \$25.00 will be applied to any balance still owed after the fifth day of each month.
8. We understand that if payment is not received by the 20<sup>th</sup> our child may not return to school until payment is made in full.
9. If my child is left after 6:00pm, we agree to pay \$1.00 a minute up till 6:30pm, than \$2.00 a minute after 6:30pm.
10. We agree to sign up for escrip or community partners (this is no cost to you).

PARENTAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENTAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENTS NAME: \_\_\_\_\_

PARENTS AGREE THAT THEY WILL ABIDE BY THE FOLLOWING COMMITMENTS:

1. The school will have the authority to discipline our child when necessary and will encourage our child to comply with all school rules. We further agree that we will cooperate and discipline our child in the home as needed.
2. We will communicate our grievances honestly and directly to those involved and to forget them quickly, in keeping with the principles set forth in Matthew 18 of maintaining a spirit of reconciliation.
3. We will pay for damage caused by our child.
4. We understand that a child who persists in undesirable conduct and does not respond to our attempts to modify the behavior will not be permitted to remain in the school.
5. We give permission for our child to ride in chartered transportation, with school parents (with valid driver’s licenses) in their private insured vehicles, to walk with authorized adults, or to ride public transportation to any school sponsored events which may be scheduled during the school year. \*It is the teacher’s responsibility to notify me of the dates and destinations of such field trips.
6. We give permission for our child to participate in all school activities.
7. We 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. We also 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.
8. We agree that our child will participate in the SCS fundraising events.
9. We agree to attend at least one field trip.
10. We agree that the school has full discretion in the placement of our child into the appropriate grade or classroom.
11. We agree to have our child in the designated uniform Monday through Friday, and free dress day the first Friday of each month. (There is no free dress in September.)
12. We have read the Parent–Student Handbook and agree to abide by all rules and procedures explained within.
13. We understand that the scrip program is mandatory at SCS and is no extra cost. We also understand that if we have not participated in the scrip program that we will be billed \$100.00 by the end of the first semester.

PARENTAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENTAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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](mailto:lmclintock@sunnyvalechristianschool.com)

Sunnyvale Christian School is committed to protecting the privacy and safety of all students. There are times when teachers or administrators feel it is appropriate to recognize students and their work in a public forum. Examples of such recognition include publishing students' names (first names only), photographs and/or displaying their work on school web pages and. If such an occasion arises with regard to your student, we need your permission to publish it on the school web page.

I authorize Sunnyvale Christian School to publish the following information on the World Wide Web:

Publish student's First Name as shown: \_\_\_\_\_

Do not publish student's name.

Publish student's Photo

Do not publish student's Photo.

Publish student's School Work

Do not publish student's school work.

Print Student's Full Name: \_\_\_\_\_

I understand that this information will be available to anyone on the World Wide Web.

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

In accordance with the Child Internet Protection Act, Sunnyvale Christian School provides content filtering on computer workstations within the school.

**Internet Acceptable Use Policy – Summary**

- In order for a student to use the Sunnyvale Christian School Internet connection, which is provided for educational purposes only, he/she must read these guidelines or have them read and explained to them by a parent/guardian.
- All internet use at the elementary level is under the supervision of a teacher or responsible adult.
- Unless the statement below is signed and returned, it is assumed that the student does not have permission to use the internet in school.

**Acceptable Use By Student**

- I will use the computer as instructed by my teachers.
- I may use the internet and world wide web only when a teacher or other adult is present and I have permission to do so.
- I will not download any files or software without the permission of a teacher or other adult.

**Safe Use**

- I will never give out personal information about others or myself over the internet.
- I will not use my name, only my first initial, if I am doing project work over the internet.
- I will inform my teacher immediately if I find materials or sites that make me feel uncomfortable.
- I understand that I must learn to evaluate the information that I find on the internet or world wide web.
- Internet Etiquette (netiquette)
- I will be polite. I will only use language that is acceptable in my school.
- I will use the computer in ways that will not harm the computer system or other people’s work.

**Consequences**

I understand that I must follow the rules and guidelines of the school and my teachers. If I do not follow the rules, I will have my computer privileges taken away and I will also have to meet with my school principal and classroom teacher to review my behavior. My parents will also be notified.

We have reviewed the rules and wish to participate in internet use at school.

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check if your child does not have permission to use the internet at SCS.

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

Student lives with \_\_\_\_\_

Mother's Name

\_\_\_\_\_

Father's Name

\_\_\_\_\_

Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home Address:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Special Medication: \_\_\_\_\_

Instruction, dosage, and times to be administered: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Med. # \_\_\_\_\_

Mother's place of employment:

\_\_\_\_\_

Name of company

\_\_\_\_\_

Address

\_\_\_\_\_

City

Father's place of employment:

\_\_\_\_\_

Name of company

\_\_\_\_\_

Address

\_\_\_\_\_

City

Please list the names and phone numbers of people other than yourselves who are authorized to pick-up your child in the event of an earthquake.

Names:

\_\_\_\_\_

\_\_\_\_\_

Phone Number

\_\_\_\_\_

\_\_\_\_\_

**Out of State Contact**

Name:

\_\_\_\_\_

Phone Number

\_\_\_\_\_

## 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 \_\_\_\_\_ SSN (THRU) DATE—Month/Day/Year \_\_\_\_\_

ADDRESS—Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ 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 TEST/EVALUATIONS	DATE
Health History	
Physical Examination	
Dental Examination	
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 266).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DTaP/DTaP/DTaP (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)

TB SKIN TESTS	Type* <input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	Date given	Date read	mm Indur	Impression <input type="checkbox"/> Pos <input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	/ /	/ /		<input type="checkbox"/> Pos <input type="checkbox"/> Neg
<small>*If requested for school entry, mail the Mantoux unless permitted by local health department.</small>					
CHEST X-RAY (Necessary if skin test is positive...)		Film date: / /	Impression: <input type="checkbox"/> normal <input type="checkbox"/> abnormal	Person is free of communicable tuberculosis <input type="checkbox"/> yes <input type="checkbox"/> no	

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.*

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- 2 Click on "sign-up"
- 3 Follow the instructions

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There are no receipts to collect, no vouchers or certificates to buy, no hassles for you - and every purchase counts!

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Group Name: Sunnyvale Christian School

Group ID: 118394820



**eScrip**  
[www.escrip.com](http://www.escrip.com)

**Sign Up Today!**

Certain merchants may have specific "group type" requirements in order to qualify for contributions. Visit [www.escrip.com](http://www.escrip.com) and go to merchant search for specific merchant details.  
online\_signup\_safe\_wctn\_062804