

# CALVARY CHRISTIAN SCHOOL

1815 N. 7<sup>th</sup> St Harlingen, Texas 78550

(956) 425-1882 (956) 412-0324 fax

[www.calvarywarriors.org](http://www.calvarywarriors.org)

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

Grade Entering \_\_\_\_\_ School Year 2019-2020

## KINDER- 8<sup>TH</sup> GRADE STUDENT

\_\_\_ Kinder - 8<sup>th</sup> Registration Fee (MUST ACCOMPANY REGISTRATION FORMS) \$250.00  
(\$50 Discount thru Feb.27<sup>th</sup>)

\_\_\_ Copy of Parent's Driver's License

\_\_\_ Birth Certificate (NEW STUDENTS ONLY)

\_\_\_ P.E. Restriction Form

\_\_\_ Immunization Records (NEW STUDENTS ONLY)

\_\_\_ Student Insurance

\_\_\_ CCS Student Information Sheet

\_\_\_ Health Statement/Discipline Policy

\_\_\_ CCS Handbook Form (Signed by both parents)

\_\_\_ CCS Website Release

\_\_\_ CCS Allergy Information

\_\_\_ Internet Acceptable Use Policy

\_\_\_ Medication Authorization Form

\_\_\_ Request for Records (NEW STUDENTS ONLY)

\_\_\_ Tuition Requirement Form

Students will be registered in the following order:

- Priority Registration for Currently Enrolled Calvary Students - Feb. 6
- Siblings of Currently Enrolled Calvary Students - Feb. 20
- Open Registration - Feb. 27

*(FIRST PAYMENT DUE JUNE 2019)*

Office Information:

Date received: \_\_\_/\_\_\_/\_\_\_ Received by \_\_\_\_\_

Registration fee paid: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

Cash receipt # \_\_\_\_\_ Credit Card Payment \_\_\_\_\_

NL\_\_\_\_ KD\_\_\_\_ KB\_\_\_\_ ES\_\_\_\_ MLS\_\_\_\_

# CALVARY CHRISTIAN SCHOOL

1815 N. 7<sup>th</sup> St Harlingen, Texas 78550

(956) 425-1882 (956) 412-0324 fax

[www.calvarywarriors.org](http://www.calvarywarriors.org)

## STUDENT'S INFORMATION

Student's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age as of 9/01/19 \_\_\_\_\_ Sex: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parent's Email: Mother: \_\_\_\_\_ Email Monthly Statement  YES or  NO

Father: \_\_\_\_\_

Name student prefers to be called: \_\_\_\_\_

Student's Mailing Address: \_\_\_\_\_  
Street City State Zip

Student lives with:  Both Parents  Father  Mother  Guardian

Father's Name (Mr., Dr.): \_\_\_\_\_ Employer: \_\_\_\_\_

Father's Mailing Address (if different from student): \_\_\_\_\_

Father's Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Other Numbers: \_\_\_\_\_

Mother's Name (Mrs., Miss, Ms., Dr.) \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Mailing Address (if different from student): \_\_\_\_\_

Mother's Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Other Numbers: \_\_\_\_\_

Parent's Marital Status:  Married  Divorced  Separated  Widowed  Remarried  Single

Friend/ Relative to call in case of illness: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Brother(s) and/or Sister(s) \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

I hereby authorize that my child may be released to the following people:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Church Now Attending: \_\_\_\_\_ Member: \_\_Yes \_\_No Active: \_\_Yes \_\_No

I understand that in the event of an accident or injury to my child, school personnel will attempt to contact me as soon as possible. It is for this reason all phone numbers and information must be updated and correct. If I or the person I have listed cannot be reached, I hereby give my consent for Calvary Christian School to arrange for medical treatment. I understand that I will be financially responsible for any medical treatment or service given to my child.

Hospital of Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor of Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child take prescription medication on a regular basis? \_\_\_\_Yes (please list) \_\_\_\_No

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

Does your child have any other health problems? \_\_\_\_\_

Special Instructions \_\_\_\_\_

I, the undersigned, have given correct and complete information on the requested answers, and I agree to inform Calvary Christian School if the status of any of the above items changes during the current school term.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Calvary Christian School does not discriminate on the basis of race, sex, color, national or ethnic origin in administration of educational policies, admission policies, or athletic and other school administered programs.

I have read the 2019-2020 Parent / Student handbook, as posted online at [www.calvarywarriors.org](http://www.calvarywarriors.org), and I understand and will abide by the policies and procedures.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

# CALVARY CHRISTIAN SCHOOL

## Child's Allergy Information

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergen:

Symptom:

Treatment:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*If treatments require medication administration, it will be necessary to have medication authorization paperwork and the physician's signature must be in place as required.

Does child need Epi-pen? \_\_\_YES \_\_\_NO

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Further Emergency Response  
Procedures:

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

Additional  
Information/ Instructions \_\_\_\_\_

\_\_\_\_\_ I know of no known food allergy at this time, no dietary adjustments needed.

I understand that Calvary Christian School requires the most up-to-date information regarding my child's allergy. I also understand that for the safety of my child, all allergy information will be given to all persons caring for my child.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Calvary Christian School Health Statement

I certify that my child, \_\_\_\_\_, has been examined by a licensed physician within the last year and is able to participate in the school program.

Examining Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* A Medical Authorization Form (available in the office) must be filled out and left in the office for any student to receive over-the-counter or prescription medications.

\*Medication from Mexico will NOT be administered by any school staff unless there are U.S. physician's orders on file approving for the substitution of medication from Mexico. The medication must be labeled by the pharmacy in English.

\*All over-the-counter medications need to be provided by parents in original containers with completed medication authorization form (available in office). (See handbook)

\*Any unused medication left at CCS at the end of the school year will be discarded.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Grade

# P.E. Restriction Form

TO: PARENTS OF CHILDREN IN GRADES KINDER - 8<sup>th</sup>  
RE: PHYSICAL EDUCATION

We are looking forward to having your child participate in our physical education program. We know physical education is a very important part of your child's growth and development.

IF YOUR CHILD CANNOT PARTICIPATE BECAUSE OF A TEMPORARY ILLNESS OR INJURY, YOU MAY WRITE A NOTE WHICH WILL EXCUSE HIM/HER FOR THAT DAY ONLY. A NOTE MUST BE WRITTEN FOR EACH DAY OF NON-PARTICIPATION. AFTER THE THIRD DAY, A DOCTOR'S EXCUSE WILL BE REQUIRED.

The students will not dress out. They will be required to wear socks and tennis shoes to class. Girls must wear shorts under dresses.

---

PLEASE CHECK THE APPROPRIATE SPACE:

\_\_\_\_\_ REGULAR PROGRAM

My child may take part in physical education daily unless I send a note asking him/her to be excused for a day.

\_\_\_\_\_ RESTRICTED PROGRAM

Doctor's note needed about what type of restrictions are necessary.

\_\_\_\_\_ My child does not need to be restricted, but I would like for you to be aware that he has the following problems.

---

---

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## STUDENT INSURANCE

Dear Parents,

Calvary Christian School does NOT carry medical insurance for students injured on school premises, under school jurisdiction, or while participating in school-sponsored, extra-curricular activities. Accidental injuries do occur; therefore, the school has arranged voluntary student accident insurance through Student Assurance Services, Inc.

\_\_\_\_\_ Please send home a student accident insurance application envelope.  
(to be sent home in August)

\_\_\_\_\_ I DO NOT want student accident insurance.

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CALVARY CHRISTIAN SCHOOL DISCIPLINE POLICY

I hereby give the school permission to use corporal punishment (spanking or paddling) when all other methods of discipline outlined and agreed upon in the handbook have failed. I understand that if this method is carried out, I will be notified. No discipline will be administered without adult witness and signatures of the enforcer and witness on the form which will be sent to me. I understand that if disruptive behavior continues, the school administration will begin expulsion procedures as outlined in the handbook.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Calvary Christian School  
Website Release  
www.calvarywarriors.org

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

Grade: \_\_\_\_\_

To inform the family of Calvary Christian School, Calvary Baptist Church, and the surrounding community, your child's work, name, or picture may be posted on the website. We anticipate utilizing activity and ministry pictures featuring our students, facility, and staff. Your help in the process will be greatly appreciated.

We realize that anyone with internet access will be able to view these pages. We are concerned about privacy and safety of the students. We ask for permission for your child's work to be published on Calvary Christian's website. If you are not comfortable with this, we will honor your request not to publish your child's picture or work.

\_\_\_\_\_ My child's work, name, or pictures may be published on Calvary Christian School's and / or Calvary Baptist Church's webpage.

\_\_\_\_\_ Please do not electronically display my child's work, name, or picture.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Calvary Christian School**  
**Internet Acceptable Use Policy – Agreement Form**

As the Parent or Guardian,

I have read Calvary Christian School's Internet Acceptable Use policy. In consideration for using Calvary Christian School's electronic communications system and public network and the Internet, I hereby release Calvary Christian School, its operators, and any institutions with which they are affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use the system, including, without limitation, the type of damage identified in Calvary Christian School's policy and administrative regulations. The school and teachers agree to give best effort for supervision on the Internet, as well as providing software monitoring and blocking of questionable content.

Please read the Internet Acceptable Use Policy enclosed in this packet.

I give permission for my child to participate in Calvary Christian School's electronic communications system and certify that the information contained on the form is correct.

Signature of Parent/Guardian \_\_\_\_\_

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

Student's Grade \_\_\_\_\_

Signature of Student \_\_\_\_\_

# Calvary Christian School Internet Acceptable Use Policy

## General Information

The Internet is an electronic communications network which provides vast, diverse, and unique resources. Our goal in providing this service to teachers, staff, and students is to promote educational excellence through resource sharing, innovation and communication.

With universal access, also comes the availability of material that may not be of educational value in the context of the school setting. Calvary Christian School views information gathered from the Internet in the same manner as reference materials identified by schools. Specifically, CCS supports resources that will enhance the learning environment with directed guidance of faculty and staff. Exploration and manipulation of resources is encouraged. However, it is impossible to control all materials on a global network and an industrious user may discover inappropriate information. At CCS, student access to and use of the electronic mail will be available only with an instructor's permission. It is required that teachers and staff members directly supervise and monitor all students' Internet Sessions as they would any other classroom activity.

Please note that the Internet is a network of many types of communication and information networks. It is possible that a user may run across areas of adult content and some objectionable material. While the school uses filtering technology and restricts access to such material, it is not possible to absolutely prevent such access. It will be the user's responsibility to follow the rules for appropriate use. Calvary Christian School cannot prevent the possibility that some users may access material that is not consistent with its educational mission, goals and policies. Calvary Christian School will not be liable for a student who accesses the Internet or any other type of computer networking service from a non-school, business, home, or individual account.

## Guidelines

Operation of the Internet relies heavily on the proper conduct of the users, who must adhere to strict guidelines. Using the Internet is a privilege, not a right. If a user violates any of the acceptable use provisions outlined in this document, future access will be denied. Any user violating the provisions contained herein, or any applicable state or federal law, or posted classroom and CCS policy, in effect, will be subject to the loss of access privileges and any other school disciplinary action consistent with CCS policies.

### **#1 Acceptable Use means that the information must be**

- in support of education and research consistent with CCS policy
- consistent with the rules appropriate to any network being used / accessed and generally accepted rules of network etiquette

### **#2 Unacceptable Use means that a user is prohibited from**

- making unauthorized use or downloading of copyrighted information including music and movies
- using any obscene material
- using the school account for any personal, non-school commercial activities such as advertising or procurement for profit
- using the school network for political or lobbying purposes
- using the Network or the Internet to induce, solicit, or participate in any unlawful activity such as gambling, extortion, pyramid schemes, chain letters, or the viewing of lewd materials
- disabling or by-passing any installed filtering device
- wasting school resources through improper use of network services
- gaining access to restricted resources and information

### **#3 Netiquette**

- Be polite.
- Do not use vulgar or obscene language.
- Do not intentionally disrupt the network or other users.
- Do not abuse the use of email or news groups.
- Use caution when revealing addresses or phone numbers to others.
- Copyright infringement is theft.

### **#4 Security**

#### **DO**

- notify a system administrator/teacher immediately if you identify a security problem
- notify the Technology Department of any changes in your account
- notify your teacher if you see any inappropriate web sites

#### **DON'T**

- identify or show security problems to others
- use another person's account
- reveal your account password or allow another person to use your account disseminate your or others' personal identification information.

### **Filtering**

Each CCS computer with Internet access has a filtering device or software that blocks access to visual depictions that are obscene, pornographic, inappropriate for students, or harmful to minors, and as determined by the instructors at CCS. This filtering device database blocks millions of inappropriate sites and is updated regularly.

For safety tips visit the following websites:

<http://www.getnetwise.org/safetyguide/>

<http://www.ftc.gov/kidsprivacy>

### **Disclaimer of Liability**

CCS shall not be liable for users' inappropriate use of electronic communication resources or violation of copyright restriction or other laws, users' mistakes or negligence, or costs incurred by the user. CCS shall not be responsible for ensuring the accuracy, age appropriateness, or usability of any information found on the Internet.

All terms and conditions as stated in this document are applicable to all users of the network. These provisions reflect an agreement of the parties and shall be governed and interpreted in accordance with the laws of the State of Texas and the United States of America.

### **Remember**

Use of the Internet by CCS network is a privilege, not a right. Unacceptable usage may result in suspension of access or termination of privileges and other disciplinary action consistent with CCC policies.

# 2019-2020 Tuition Requirements

Student Name: Grade Entering:

Date of Registration:

I understand the following:

- My student's tuition amount is payable over a period of 12 months from June 2019-May 2020.
- **PAYMENTS IN JUNE & JULY ARE REQUIRED, and are due on the 1st of each month.**
- June tuition payments are NON-REFUNDABLE, unless the student is moving 100+ miles away.
- To receive one of the following discounts, annual tuition may be paid IN FULL, BEFORE JUNE 16:
  - 5% discount if paid by cash or check
  - 2% discount if paid by credit card
- Students who register in June, July, or August are responsible for making up any June, July, or August payments that are due at the time. *\*\*Please note that classes may be filled by this time. Early registration is encouraged.\*\**
- Elementary students enrolled in the CCS Summer Program and paying the MONTHLY SUMMER RATE may elect to pay their CCS tuition from August 2019-May 2020, at a tuition rate divided by 10 months.
- Students who register anytime after the start of school will be charged at a tuition rate divided by 10 months.

Please select one of the following options. Student is:

\_\_\_\_\_ Elementary (Kindergarten—5th Grade) \$390 per month x 12 months = \$4,680  
\*payments begin June 1, 2019

\_\_\_\_\_ Elementary (Kindergarten—5th Grade) enrolled in CCS Summer Daycare, paying MONTHLY SUMMER RATE  
\$468 per month x 10 months = \$4,680  
\*payments begin August 1, 2019

\_\_\_\_\_ Elementary (Kindergarten—5th Grade) registering AFTER the FIRST DAY of school  
\$468 per month (10-month rate)  
\*payments begin in the month school is started

\_\_\_\_\_ Middle School (6th—8th Grade) \$400 per month x 12 months = \$4,800  
\*payments begin June 1, 2019

\_\_\_\_\_ Middle School (6th—8th Grade) registering AFTER the FIRST DAY of school  
\$480 per month (10-month rate)  
\*payments begin in the month school is started

\*Tuition payments are due on the 1st of the month and considered late after the 15th. A \$25 late payment fee will apply after the 15th. Payments may be made by cash, check, automatic bill pay (set up directly with your bank), or by credit card. All credit card payments incur a 3% fee at time of processing.

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

\_\_\_\_\_  
Date



New Students Only

1815 N. 7th St  
Harlingen, Texas 78550  
Phone-(956) 425-1882  
Fax-(956) 412-0324

Student Name \_\_\_\_\_  
Grade Level \_\_\_\_\_  
Previous School \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_

D.O.B. \_\_\_\_\_  
  
  
  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

ATTN: School Registrar or Counselor

THE ABOVE STUDENT HAS ENROLLED AT OUR CAMPUS. PLEASE SEND US A TRANSCRIPT OF HIS/HER RECORD, INCLUDING THE FOLLOWING ITEMS:

WITHDRAWAL GRADES AND LAST REPORT CARD	_____X_____
TAKS SCORES OR STATE SCORES	_____X_____
HEALTH RECORDS	_____X_____
SPECIAL ED RECORDS	_____X_____
BIRTH CERTIFICATE	_____X_____
SHOT RECORDS	_____X_____
ANY OTHER INFORMATION YOU FEEL TO BE USEFUL	_____X_____

\*\*Under the provision of the privacy rights of parents and students act PG:1214, Subpart D, 9930 (B) it is not necessary to have written consent of parents to release records "TO SCHOOL OFFICIALS OR SCHOOL SYSTEM IN WHICH THE STUDENT SEEKS OR INTENDS TO ENROLL."

THANK YOU FOR YOUR COOPERATION,  
MARY LOU SITTON  
CALVARY CHRISTIAN SCHOOL

\_\_\_\_\_  
PARENT SIGNATURE

PLEASE MAIL TO THE ABOVE ADDRESS OR EMAIL TO: [MLSITTON@CALVARYHARLINGEN.ORG](mailto:MLSITTON@CALVARYHARLINGEN.ORG)



## Sign up for important updates from C.C.S. Office.

Get information for Calvary Christian School right on your phone—not on handouts.

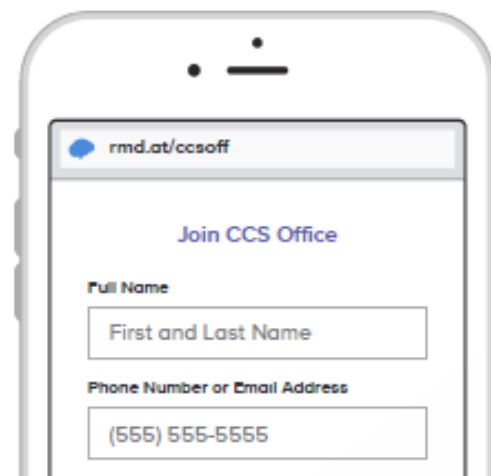
Pick a way to receive messages for CCS Office:

**A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

[rmd.at/ccsoff](https://rmd.at/ccsoff)

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



**B** If you don't have a smartphone, get text notifications.

Text the message @ccsoff to the number 81010.

If you're having trouble with 81010, try texting @ccsoff to (347) 647-9132.

\* Standard text message rates apply.



Don't have a mobile phone? Go to [rmd.at/ccsoff](https://rmd.at/ccsoff) on a desktop computer to sign up for email notifications.