



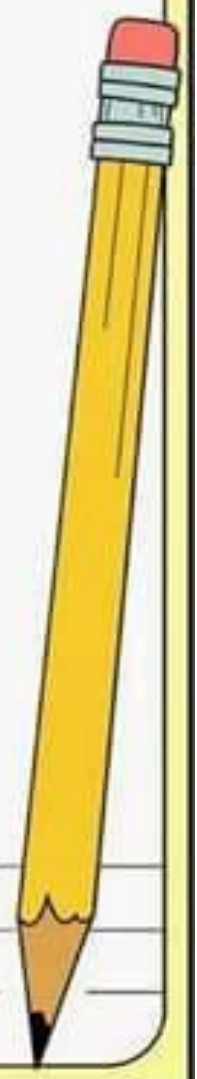
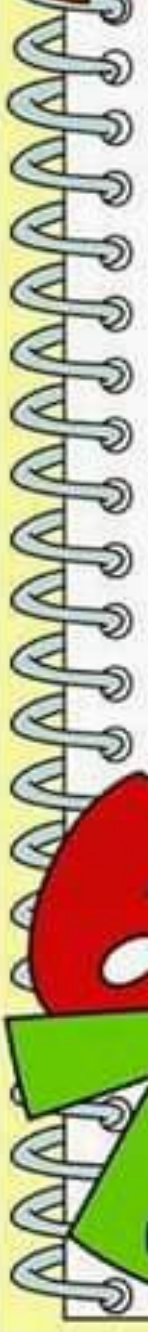
Orangeburg Christian
School

KINDERGARTEN

Enrollment
2017-2018

313 E. Orangeburg Avenue
Modesto, CA 95350
Phone: (209)577-2576
Full Day Kindergarten
Giving your child
a strong foundation

www.orangeburgchristian.com



Orangeburg Christian School
2017-2018 Tuition and Fee Schedule
Kindergarten

ANNUAL TUITION RATES

10 Month
(Aug-May)
\$472.50

Per Child **\$4,725.00**

-5% if paid in Full **\$4,500.00**

ADDITIONAL FEES

Registration:

Re-enrollment
\$60.00

New-Enrollment
\$100.00

Book Fees:

Kindergarten:
\$100.00

Day Care

Per Child	\$3.00 per hour	or	\$40 a month unlimited daycare During regular school days. <i>Holiday daycare is separate</i>
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Hot Lunch

\$2.75 per day

Milk Cards

\$5.00 for 20 milks

Holiday Care:

\$20.00 Full Day

\$15.00 Half Day

WELCOME to KINDERGARTEN

Our student enrollment procedure is as follows:

1. Complete and return the following forms:

A. Admissions Agreement

This includes:

General Student Information

Identification and Emergency Information

2. Interview or testing if necessary.

3. Pay registration fee.

4. Copy of your child's birth certificate.

5. Report of Health Examination for school entry and present immunization records.

313 E. Orangeburg Ave. Phone: 209-577-2576

8:00am-4:00pm. Monday - Friday.

Director: Chantel McFall E-mail: ocspreschool@yahoo.com

Visit our website at www.orangeburgchristian.com

ORANGEBURG CHRISTIAN SCHOOL ADMISSIONS AGREEMENT

We, the undersigned, as parents or guardians of _____ wish to enroll our child in Orangeburg Christian School. Child's Name

Child's Full Name _____ Date of Birth _____ Grade _____

Child's Social Security Number _____

Present Address _____ Birthplace _____

Parent's/Guardian's Name _____ Home Phone _____

Address _____ Work Phone (Mother's) _____

Cell Phone# _____

Work Phone (Father's) _____

Cell Phone # _____

Mother/Guardian's Employer _____ Position _____

Father/Guardian's Employer _____ Position _____

Marital Status of parents: _____ Together _____ Divorced _____ Separated _____ Remarried

Family attends what church? _____ Regularly? YES NO

Brothers & Sisters:

Name _____ Age _____ School Attending _____

Name _____ Age _____ School Attending _____

Unusual factors in student's life and/or home situation: _____

Our child will be picked up by _____ P.M. each day. For the safety of the child, we agree to sign him/her in and out each day using our full legal signature. If we cannot pick up our child ourselves, we will arrange for another authorized person to sign for and pick up our child. We understand that if we designate another person not originally identified in list below, we will notify the school by phone or in writing including our authorized signature. This designated person must have photo identification.

Persons allowed to pick up my child:

_____ Relationship to Child _____ Phone # _____

_____ Relationship to Child _____ Phone # _____

_____ Relationship to Child _____ Phone # _____

Is there any court order in effect limiting the presence of, or removal of student by persons during school hours? YES NO If yes, please explain: _____

If any order goes into effect, the school will be notified within 2 days. A copy of the court order must be in student's file.

An annual registration fee of \$60.00 re-enrollment/\$100.00 new enrollment will be charged per child. This fee is due upon enrollment and re-enrollment. Annual registration fees are non-refundable. Book Fee is \$100.00 for Kindergarten.

Our tuition will be _____ per month and will be paid in advance. Monthly tuition is due on the 1ST and late on the 15th of each month beginning in August. All overdue accounts will result in a monthly \$25.00 late fee and a student whose account is more than 30 days overdue, may not be permitted to attend classes until the account is made current. We understand that we are reserving space for the school year; therefore, the tuition charge constitutes an annual contract. Non-payment constitutes having withdrawn your child and no grade report or graduation certificate will be issued.

We will pay
_____ 10 month (August –May)

_____ Yearly. Yearly tuition is due at the beginning of the school year. If paid when the child begins the school year, you will receive a 5% discount.

Please make **checks payable to Orangeburg Christian School**. All checks returned by the bank will result in a \$20.00 fee in addition to any other bank charges. In the case of three returned checks, we will only accept cash.

We understand that failure to meet our financial obligation to Orangeburg Christian School will result in further collection processes. OCS expects parents to honor their financial obligation for the entire school year.

If we need to withdraw our child, the school office must be notified in writing at least ten (10) working days prior to withdrawal date. We understand that all charges are to be paid by the final withdrawal date.

Day care will be offered before and after school. There is an hourly fee for this service. Holidays are not included in this amount. Day care will be offered on these days by **reservation and prepayment only**. My child will need this service **YES NO** Before school hours are from 7:00 — 8:30 a.m., and after school hours are 2:30 p.m. — 6:00 p.m. (Any student picked up between 6:01 and 6:15p.m. will be assessed a \$10.00 late fee and \$1.00 for every minute thereafter.)

An up-to-date immunization record must be submitted to the school prior to the first day of attendance.

If it becomes necessary for medication to be administered at school, the parent or guardian must come to the school office with the medication and fill out a release for administration of medication form. This form must be filled out for each medication. This request is in compliance with California Code #49423 which is sited below.

Education Code 49423 states that, Notwithstanding the provisions of Section 49422—Any pupil who is required to take, during the regular school day, medication prescribed for him, by a physician, may be assisted by the school nurse or other designated personnel if the school receives (1) a written statement from such physician detailing the method, amount and time schedules by which such medication is to be taken, and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school assist the pupil in matters set forth in the physician’s statement.

I give permission to administer to my child:

Tylenol _____ Motrin _____

Emergency Contacts:

Name _____ Phone # _____

Name _____ Phone # _____

Physician _____ Phone # _____

Insurance Carrier _____

We consent to have our child participate in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to us or our child because of any injury to our child at school or during any school activity. We further understand that unless the school is instructed in writing to the contrary, it may permit any student to participate in any school linked or intramural athletic contest or in other part of its athletic program. We understand that we will be notified of any field trips when our child will be driven or walked from the school premises. We consent to have our child participate in walks from the school to nearby points of interest, but for some walks during the day we may not have prior knowledge.

We understand the standards of the school do not tolerate profanity, obscenity in work or action, bullying, or disrespect to the personnel of the school. We will encourage our child to comply with school regulations. We realize that the school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational progress.

We understand that damage to school property by the student, due to willful or negligent means, will be directed to the student for payment.

We agree to accept all rules and regulations of Orangeburg Christian School and authorize the school to administer such disciplinary measures as may be deemed necessary and proper.

We will give active support to the school program in every way possible and be in attendance of all functions to which parents are invited, if possible.

In instances of incompatibility or unhappiness on the part of the student, family, or school, Orangeburg Christian School reserves the right to release the student from the school. The undersigned agree to notify the Principal of Orangeburg Christian School in writing, at least one month prior to withdrawal from the school to terminate this agreement. We understand we are responsible for the payment of any outstanding amount on our account on the date of termination of this agreement.

Consent is given to Orangeburg Christian School to use photographs of my child to release to the newspaper for stories about the school, or other media releases, posting on bulletin boards, etc.

This facility is to be free from corporal or unusual punishment.

We welcome all applicants on a non-discriminatory basis regardless of their race, color, national origin, or ancestry.

We have read the admission policies of Orangeburg Christian School and agree to abide by these policies. We have read the current Schedule of Tuition and Fees and agree to pay at the quoted rate, all bills incurred at Orangeburg Christian School. We also hereby grant the Administration of Orangeburg Christian School full responsibility for placing or assigning our child to the proper class level.

SIGNATURE OF PARENT OR GUARDIAN:

Signature of Father

Date

Social Security Number

Signature of Mother

Date

Social Security Number

Signature of Principal

Date

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/DTd (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)

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 111 B) found at your child's school.