

Name of Student _____

SMYRNA CHRISTIAN SCHOOL FORMS CHECKLIST

Please use this form to check off the forms you fill out in this packet. When you have filled out all of the required forms, please return them to school along with this checklist. If an item does not apply, please write N/A in the blank.

Thank you for your cooperation.

- _____ Copy of Birth Certificate
- _____ Copy of Court/Custody Documents
- _____ Form 1 – Before and After Care Registration (optional)
- _____ Form 2 – Shot Record
- _____ Form 3 – Statement of Cooperation
- _____ Form 4 – Enrollment Form
- _____ Form 5 – Authorization for Activities Off School Premises
- _____ Form 6 – School Records Request
- _____ Form 7 – Emergency Information Card
- _____ Form 8 – Development Fee Form
- _____ Form 9 – Photo Release
- _____ Form 10 – Transportation Request (if applicable)
- _____ Form 11 – Fundraising Participation Policy

Before and After Care Registration

Smyrna Christian School
302.653.2538

Student's Name _____ Grade _____

Parents' Names _____

Address _____ Home phone _____

_____ Work Phone _____

_____ Cell Phone _____

I request that my child(ren) be enrolled in Smyrna Christian School's:

_____ **Before School Care***

_____ **After School Care***

- * I understand that I will be charged every time my child is in Before or After Care.
- * I will receive a monthly invoice of monies owed. Payments for Extended Care are due by the fifth of the next month. If I prefer, I may pay on a weekly basis.
- * I understand that since this program is an optional service provided by the school, delinquent accounts of over 30 days disqualify my enrollment in the program until the account is made current.
- * Students arriving before 8:15 AM or being picked up after 3:30 PM must be enrolled in the Extended Care program.

Parent's signature _____ Date _____

Smyrna Christian School
PO Box 159
Smyrna DE 19977

Immunizations Record

Smyrna Christian School
302.653.2538

STUDENT NAME _____

MINIMUM VACCINE REQUIREMENTS FOR PRIVATE SCHOOLS

DPT 4 DOSES

MMR 2 DOSES

TOPV 4 DOSES

#1 _____

#1 _____

#1 _____

#2 _____

#2 _____

#2 _____

#3 _____

#3 _____

#4 _____

#4 _____

Varicella (chicken pox) vaccine

Date: _____

PLEASE ENTER THE DATES OF DOSES IN BLANKS ABOVE.

Please list any chronic illnesses your child has and the symptoms, which accompany it, so school personnel can be alerted.

1 _____

2 _____

3 _____

Delaware law requires the above vaccines. All children must be properly immunized to attend public or private school in the State of Delaware.

PARENT'S and/or PHYSICIAN'S SIGNATURE

Statement of Cooperation 2011/2012

Smyrna Christian School
302.653.2538

Please read carefully and sign this form, which is designed to help you and the school avoid any potential misunderstanding or problems. We want to have a cooperative and productive relationship with each parent or guardian to help make this school year run smoothly and efficiently. We always welcome any communication from you, and we will strive to help in whatever way we are able.

1. **I have read (and will re-read each year my child attends SCS) the rules and regulations of Smyrna Christian School as contained in the Student Handbook and do agree to abide by them.** (If you need a copy of the handbook, please notify the office.)
2. I agree to attend a school orientation session at the beginning of the school year. I also agree to attend the Parent-Teacher Fellowships throughout the year in order that I may stay informed and involved in the education of my child at SCS. (NOTE: In signing this you are simply stating that it is your intent to be at the meetings whenever possible. It is realized that there may be times that you cannot make it, due to various circumstances. But in all cases, please try. This is for your benefit.)
3. I believe that discipline is necessary for the welfare of each student as well as for the entire school. I give permission for my child's teacher and/or other agents of the school to make and enforce classroom regulations in a manner consistent with Christian principles and to discipline them as set forth in the Student Handbook.
4. Should legal action for any reason be taken against Smyrna Christian School or any employee or agent thereof on my child's behalf and the school or employee or agent thereof not be found at fault, I agree to pay any attorney fees, court costs, damages, or other costs that Smyrna Christian School or its agents should incur to defend itself against such action. (NOTE: This is simply a protection clause now used by some Christian schools that would protect the school or its agents from having to pay legal fees when it is not at fault, as determined by the court. Of course, if the school or its agents were found at fault, it would pay legal fees and damages as determined by the court. THIS CLAUSE IS NO WAY INTENDED TO RELIEVE THE SCHOOL OF ITS LEGITIMATE RESPONSIBILITY).
5. I shall support the school and its program by insuring that my child is present for all programs and activities of the school in which he or she has a part (plays, parades, choir, sports, etc.) unless there is an excused absence (illness, unavoidably out of town, etc.).
6. I also give permission for my child to take part in all school activities including sports and physical education (unless a legitimate medical reason is given and signed by the doctor) and school-sponsored trips away from the school premises.
7. I understand that I have the right to withdraw my child at any time; however, it is also my understanding that registration fees and tuition are not refundable except as outlined in the Student Handbook. I agree to pay all applicable fees as outlined in the Fee Schedule of the Student Handbook.

8. If my account (tuition, before/after care, development fee etc) is placed with a collection agency, I agree to pay collection costs required to pay the debt.
9. This statement of cooperation will be in effect for as long as my child(ren) attend Smyrna Christian School.
10. Smyrna Christian School admits students of any race, color and national or ethnic origin.
11. I understand that the school is eager to work closely with me in the education of my child. If I have a question or problem, the proper way to handle it is this:
 - a. I will make an appointment first with my child's teacher to discuss the issue.
 - b. If it needs to be taken further, I will go to the Principal or Administrator.
 - c. If I am still not satisfied that the question or problem has been dealt with properly, I may request to meet with the School Board at its next scheduled meeting.

This is the only proper way to handle any question or problem. (WE WANT TO HELP!)

Names of children enrolled:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |
| _____ | |

Signatures of both parents (if applicable):

(Father) _____

(Mother) _____

(Legal Guardian) _____

Date: _____

<p>For students in grades 7 – 12:</p> <p style="text-align: center;">I have read the 2011/2012 Smyrna Christian School Handbook and Upper School Handbook and agree with and support eh policies of Smyrna Christian School as stated therein. I will abide by SCS policies in attitude, word, and deed.</p> <p style="text-align: center;">_____ Signature of student</p> <p style="text-align: center;">_____ date</p>
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Enrollment Form 2011/2012

Smyrna Christian School
302.653.2538

Grade Entering: _____ Birth Date: _____

Name: _____
(Last) (Middle) (First)

Address: _____

Home Phone: _____

Parents' Email address: _____

Father's Name: _____

Employment: _____ Work Number: _____

Cell Phone Number: _____

Mother's Name: _____

Employment: _____ Work Number: _____

Cell Phone Number: _____

Emergency Name & Phone #: _____

Emergency Name & Phone #: _____

Family Church Affiliation: _____

List all family members and any others to whom SCS may release your child (if applicable).

1. A \$160.00 registration fee must accompany this form.
2. No refund of registration fee will be given.
3. Please notify the office immediately if any of the information above changes during the year.
4. By signing this form, I accept contractual responsibility for all tuition and fees as well as rules and requirements of the Student Handbook.

Parent's signature: _____

OFFICE USE ONLY:

Date registered: _____ Paid: _____ Received by: _____

Acceptance letter mailed: _____

Authorization For Activities Off School Premises 2011/2012

Smyrna Christian School
302.653.2538

Name of Student: _____ Age: _____ Grade: _____

Address: _____ Telephone: _____

I hereby consent to have my child participate in field trips supervised by the staff of Smyrna Christian School.

I hereby authorize the staff of Smyrna Christian School to call an ambulance for my child in case of accident or acute illness and to arrange for necessary emergency and surgical care if I am not immediately available.

It is understood that a conscientious effort will be made to notify the parents before such action will be taken.

I also agree to accept responsibility for the cost of above medical services.

Physicians Name: _____ Phone: _____

Address: _____

Father: _____ Phone: _____

Father's Employer: _____ Phone: _____

Mother: _____ Phone: _____

Mother's Employer: _____ Phone: _____

Neighbor/Relative: _____ Phone: _____

Signatures: _____
(Father)

(Mother)

(Date)

*** This form must have two signatures. If child is in the custody of one parent, please indicate.**

Records Authorization 2011/2012

Smyrna Christian School
PO Box 159
Smyrna, DE 19977
302.653.2538

I, _____ authorize Smyrna Christian School to
(Parent or Legal Guardian)
(obtain/furnish) all school records (from/to) _____
(name of school)

(address of school)
for _____.
(name of student and grade)

I understand that all records are confidential and used for school purposes only.

Signature of Parent Date

Signature of School Official Date

Emergency Information Card for 2011/2012

Smyrna Christian School
302.653.2538

(Please Print) Grade _____

Student's Name _____ Birth Date _____
(last) (first)

Address _____ Home Tel _____

Where can parents be reached if not at home?

Father: _____ Work Tel _____
(name) (Employer Name)

Email address: _____ Cell # _____
Pager # _____

Mother: _____ Work Tel _____
(name) (Employer Name)

Email address: _____ Cell # _____
Pager # _____

List two relatives, neighbors, or friends who will assume temporary care of your child if you cannot be reached:

Name _____ Tel _____

Name _____ Tel _____

List all family members and any other individuals to whom you are permitting SCS to release your child (if applicable).

Indicate any known medical problems/allergies your child experiences.

Signature of Parent or Guardian: _____ Date: _____

Development Fee 2011/2012 Statement of Intent

Smyrna Christian School
302.653.2538

The SCS Development fee is designed to enable the school to develop new areas for the advancement of student academics. Adding grades, adding new hardware and programs (i.e. Rosetta Stone Spanish), Upper grade electives, research materials, teacher training for new programs, etc. constitute just a small part of what this fee accomplishes.

This fee is a “per family” required fee and may be satisfied as follows:

Option 1: A check in the amount of \$350

Option 2: Ten monthly payments of \$35

Option 3: Six Booster Club enrollments paid

Additional Booster Club enrollments beyond six count as one (1) participation in the fundraiser requirement per paid enrollment.

Parent/Guardian’s Name(s) _____

Please indicate your preference below.

_____ **Option 1**

_____ **Option 2**

_____ **Option 3**

(Parent/Guardian signatures)

Please direct any questions you may have to Administrator, as soon as possible.

Photo Permission/Release for 2011/2012

Smyrna Christian School

302.653.2538

During the school year many photographs are taken of students involved in various activities. Sometimes they are used in the newspaper, on bulletin boards or in advertising school events.

I, _____ give permission for the Smyrna Christian School to use photos of my student(s) _____, _____ in the promotion of SCS and its functions.

_____ Parent/Guardian _____ Date

_____ Parent/Guardian _____ Date

_____ Administration

TRANSPORATION FEES

Smyrna Christian School
302.653.2538

Due to operational costs, the following represents the 2011/12 fee structure.

There must be a minimum of seven students at the full weekly rate or a combination equaling the same or there will not be transportation.

Rate per student:

Smyrna/Clayton/Townsend/Cheswold

\$25 weekly for morning pick up only

\$25 weekly for evening drop off only

\$45 weekly for morning & evening

Middletown/Odessa/Dover

\$30 weekly for morning pick up

\$30 weekly for evening drops

\$55 weekly for morning & evening

Rate per second child (same family) is \$10.00 a week.

Emergency/occasional use \$12 per trip

The school van will be used and pick up/drop off must be in a private driveway or lot. We are not legally allowed to stop in the street for students.

Students in booster seats must provide their own seat and be secured by the guardian at the time of the pick up.

Staff driving will be either CDL or Delaware Safety Council certified.

Insurance coverage is with Guidant and the policy is available for review in the office by appointment.

The administrator, based on the route, will determine actual pick up and drop off times.

If you desire this service, please sign the slip below and turn in to Mrs. Hill.

(Due to operational expense, all fees for transportation must be paid one week in advance.)

Request for Transportation for 2011/12

I _____ request transportation for _____.

My physical address is _____
_____.

I agree that I am responsible for the transportation fee even when my child is absent. (Parent is reserving a seat).

I will call the school or give a note when my child will not be riding.

I will pay _____ which is my fee based on the attached rate schedule.

FUNDRAISING PARTICIPATION POLICY

Smyrna Christian School
302.653.2538

Christian School funding minimums require a combination of income flow sources.

- 1) Sponsoring organization (Church), capital (buildings and furniture), and maintenance is by far the largest area of positive income flow.
- 2) Tuition provides the second largest amount of positive income.
- 3) Fundraising provides a critical and required amount of cash flow.
- 4) Private gifts from individuals are the smallest part of positive cash flow.

All four of these areas are required in order to operate and maintain a first class program and personnel.

This notice is specifically about area 3, fundraising. Either SCS raises funds in this manner or we will have to pass on a very significant increase in tuition.

Participating in fundraising events accomplishes even more than raising money. When parents pull together with their children to perform a function, and to save the family money, it teaches students that they also carry some responsibility for their educational expense. Likewise, when anyone invests “sweat” equity in a project they tend to have a sense of ownership and loyalty.

Therefore, the following will be the policy of SCS:

There will be approximately seven “major” fundraisers. Each family must participate in a minimum of four. That participation must result in a year-end total profit of \$500 or more.

(Example) Joe Corbi’s Pizza sale: Family sells at least 25 kits. Each kit returns \$5 profit. Therefore, family has a remaining balance of \$375.

(Example) Fall sale: Family participates one day or two evenings in advance, plus works the hours of the sale. That would be approximately 12 hours = \$125. The family now has a balance of \$250.

(Example) Spaghetti Dinner: Tickets cost \$8 each and family sells 16 tickets. Total is \$128. \$250 minus \$128 = a balance of \$122.

(Example) Walkathon: Family gets pledges that are collected that amount to \$125. In addition to previous examples, fundraising minimum is now satisfied for family.

Other events credited in manner similar to above.

If a family fails to earn a minimum of \$500, the signature below constitutes agreement for the balance uncredited to be placed on the family statement for payment.

Another alternative to participating as outlined above would be for the family to write a check for \$500 and not be concerned with the fundraisers.

I _____, the parent of _____, agree to abide by the fundraising policy of SCS or have a corresponding value added to my bill.

Signature _____

Date _____

School Official signature _____

Date _____