

- **Emergency care:** If emergency medical care is deemed necessary, and I cannot be contacted, I authorize Cinco Christian School to act in my behalf in granting permission for my child to receive emergency treatment or surgery. In such a situation, I authorize medical personnel to perform required emergency procedures. Cinco Christian School will contact your family physician/dentist if possible. If we cannot reach your family physician/dentist we will use the first available medical personnel to secure the safety of your child.

Physician: _____

Phone Number: _____

Dentist: _____

Phone Number: _____

- **Forms:** Cinco Christian School must have an original school physical and shot form from the state of Florida **by the first day of school**. Students are also required to have a copy of their birth certificate on file in the school office.
- Cinco Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of educational policies, admissions policies, athletic and other school-administered programs.

I have read, fully understand, and agree to comply with Cinco Christian School's Handbook. I understand that by signing this statement, I am thereby held responsible for any and all information contained in said manual.

Signature: _____

Date: _____

Tuition Contract

Tuition/Fees Agreement: I understand that tuition is a yearly fee broken down into ten monthly installments. I further understand that all holidays and school closings have already been taken into account when setting tuition rates. Tuition and fees are due regardless of the number of days my child attends.

Payments: Tuition payments are due the 1st of each month beginning August 1st and ending May 1st I understand that accounts may be paid through Paypal online at www.cincoschool.org by clicking on *tuition*. A 2.2% processing fee is added for all online payments. Upon departure from Cinco Christian School, records are released only when accounts are clear. **Students whose tuition accounts are not paid by the fifteenth (15) of the month, will not be able to attend classes until all tuition fees are paid.** I further understand that there is an automatic charge of \$25 if tuition is not paid by the 10th of the month, and that there is a \$35.00 charge for all returned checks. When an account has received two returned checks, it will automatically be placed on a "cash" only status.

As part of this agreement, I also understand that registration and insurance fees are non-refundable.

I, the undersigned, have reviewed this contract and do hereby agree to pay the charges and to abide by the stated terms and conditions.

Signature: _____

Date: _____

Before and After School Contract

Before & After Care Agreement: I understand that before and after school payments are paid weekly. I further understand that all holidays and school closings have already been taken into account when setting before and after school rates. Before and after school fees are due regardless of the number of days my child attends. I understand that I must make reservations for my child to attend Day Care during teacher work days and that there is an additional fee, on top of the aforementioned before and after school fees, for these days. Before and after school payments are due Monday of each week beginning the first day of school. I understand that the weekly payments can also be paid bi-monthly or monthly, but that they must be paid in advance. Students whose before and after school accounts are more than two (2) weeks in arrears, will not be able to attend before and after school until all fees are made current.

Signature: _____

Date: _____



New Student Questionnaire

1. Has the student ever repeated a grade for any reason?

Yes No

If yes, please give the grade and reason:

2. Does the student have a diagnosed learning Disability, an RTI, an IEP or an accommodation plan at their current school.

Yes No

If yes, please explain:

3. Does the student need tutoring or help to stay at grade level?

Yes No

4. Is the student currently enrolled in any special or academically advanced classes.

Yes No

If so, in which subjects does the student excel:

5. Has the student had an IQ test or diagnostic testing within the last 3 years?

Yes No

If yes, please attach all diagnostic testing to your child's application.

6. Does the student have any behavioral or emotional challenges?

Yes No

If yes, please explain:

7. Are there any factors in the student's life of which the school should be aware?

Yes No

If yes, please explain

8. Is the student eligible for the Gardiner or Step Up For Students Scholarship?

SUFS Gardiner
No Scholarships in use



Kindergarten Questionnaire

I would evaluate my student's present academic development as follows:

Alphabet:

- Knows ABC's in isolation
- Knows a few letters
- Does not know any letters

Phonics:

- Knows all alphabet phonics sounds
- Knows a few phonics sounds
- No exposure to phonics

Writing:

- Knows how to print his/her name
- Can print all upper/lower case letters
- Knows how to print a few letters
- No exposure to writing skills

Reading:

- Knows how to read sentences
- Can read one syllable words
- No exposure to reading

Recognizes Numbers to:

Writes Numbers to:

I would describe my student's general personality as follows:

I would like the teacher to know the following about my student: _____

I chose the CCS Kindergarten for my student because: _____

Does the student have any behavioral challenges?

- yes no

If yes, please explain: _____

Has the student ever had any discipline problems in any school?

- yes no

If yes, please explain. _____

Is the student fully potty-trained?

- yes no