



## Enrollment Packet

Kindergarten through 8<sup>th</sup> grade



### **“Raising Young Disciples to Love and Know Christ”**

Our number one goal as a Christian school (BCCS) is to create an environment for your child to come to know Jesus Christ as their personal Lord and Savior! We endeavor to teach children that they can have a personal relationship with the Lord Jesus Christ by reading God's Holy Word, His Bible, through prayer and by practicing the teachings of Jesus Christ, God's only Son. The way we accomplish this is by educating your child in the ABEKA God centered curriculum with weekly chapels, biblical literature classes and in their relationships with their Christian teachers, staff and peers.

It is our desire that each family that enrolls their child at BCCS, also attend church and follow the teachings of our Lord Jesus in their home and personal lives, however, this is not mandatory. Children learn best when families and school teachers & staff send the same clear message regarding what is required of them as students and as individuals. By working together, it is our hope to train your child to become a success academically, socially and spiritually.

We have put together this packet with those goals and desires in mind. If you have any questions whatsoever, please do not hesitate to contact us.

### **ENROLLMENT REQUIREMENTS:**

Completed Enrollment Packet

Birth Certificate

Immunization Record

Copy of California Driver's License

Proof of Residency – Utility Bill, Vehicle Registration, Bank Statement, etc.

Payment of Application & Matriculation Fees



# BUNDY CANYON

## CHRISTIAN SCHOOL



TODAY'S DATE: \_\_\_\_\_

DATE ENROLLED: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_  
(First) (Middle) (Last) (Nickname)

Home Address: \_\_\_\_\_  
(Street) (City) (Zip) (Home Phone)

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Grade Attended Last Year: \_\_\_\_\_ Grade for which you are enrolling: \_\_\_\_\_

School Attended Last Year: \_\_\_\_\_  
(Name) (City/Zip) (Phone)

Has your child ever been dismissed or suspended from any school? ☐ Yes ☐ No

If yes, why? \_\_\_\_\_

Do you currently attend church? ☐ Yes ☐ No ☐ Regularly ☐ Occasionally ☐ Not currently attending

Who is your child living with? \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN# \_\_\_\_\_

CDL#: \_\_\_\_\_ EXP: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN# \_\_\_\_\_

CDL#: \_\_\_\_\_ EXP: \_\_\_\_\_

FINANCIAL RESPONSIBILITY PARTY SSN#: (☐ Father, ☐ Mother) \_\_\_\_\_

SIGNATURE OF PARTY RESPONSIBLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Person(s) to contact in case of EMERGENCY or illness:

NAME

RELATIONSHIP

HOME/CELL PH.

WORK PH.

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

Additional person(s) authorized to pick up your child from school:

NAME

RELATIONSHIP

HOME/CELL PH.

WORK PH.

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

Person(s) NOT ALLOWED to pick up your child:

NAME

RELATIONSHIP

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

Does your child have any physical disabilities? ☐ Yes ☐ No If yes, explain \_\_\_\_\_

Allergies (including bee stings)? ☐ Yes ☐ No If yes, what happens \_\_\_\_\_

Is your child taking any medication? ☐ Yes ☐ No If yes, what \_\_\_\_\_

Does it need to be administered at school? ☐ Yes ☐ No

Additional comments or concerns you would like us to know about: \_\_\_\_\_

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

MAY YOUR CHILD BE ADMINISTERED TYLENOL WITHOUT CALLING A PARENT OR GUARDIAN?

☐ Yes ☐ No



# BUNDY CANYON

## CHRISTIAN SCHOOL



### K THRU 8<sup>TH</sup> ENROLLMENT AGREEMENT

I understand that the standards of Bundy Canyon Christian School (BCCS) does not tolerate profanity, obscenities in word or action, possession or use of drugs, alcohol, cigarettes, or weapons, sexual harassment, dishonor to the Word of God, disrespect to the personnel of the school or the continued disobedience to the established school policies. I also understand that the school reserves the right to expel any student who fails to comply with the established regulations and discipline (See Handbook).

BCCS observes all National Holidays (see School Calendar).

I understand that arrangements for Extended Daycare/Tuition Fees and for other financial obligations to the school must be completed before my child starts classes. The school financial policies are as follows:

REGISTRATION & MATRICULATION FEES ARE NON-REFUNDABLE. \_\_\_\_\_ Initials

ONE-TIME PAYMENT IN FULL: Full payment of Annual Extended Daycare/Tuition Fees made directly to the school is due by September 1<sup>st</sup> in order to receive a 10% Discount. \_\_\_\_\_ Initials

REFUND POLICY OF PAID FEES: I understand that if I withdraw my child before the end of the school year, I will only receive a 50% refund for the remaining portion of the school year. \_\_\_\_\_ Initials

INSTALLMENT PAYMENTS: Extended Daycare/Tuition Fees is a fixed amount and is payable the first day of each month. Generally, these are 10 equal installment payments due the 1<sup>st</sup> of each month beginning September 1<sup>st</sup> and ending June 1<sup>st</sup>. If you would like to make other arrangements, you must do so before classes begin. \_\_\_\_\_ Initials

WITHDRAWAL: I understand a written notification must be given to the school office 14 days in advance of withdrawing my child from the school. Failure to give such notice will result in being charged for that installment or for the thirty-day period (See Fee Schedule for current rates and fees). I understand that the enrollment (space) I have reserved for my child will be charged to my account whether my child is here or absent. I understand that I need to notify the office in order to change my child's enrollment (reserved space). I understand that upon disenrollment, all fees, charges, and invoices, must be paid in full. Failure to do so will result in a \$5 fee being applied to your account per child monthly until account is paid in full. \_\_\_\_\_ Initials

PAST DUE ACCOUNTS: I understand that if I fall behind on my Extended Daycare/Tuition payments and/or any other financial obligation to BCCS that I will immediately contact the school and enroll in a repayment plan in order to keep my child as a student at BCCS. I understand that BCCS reserves the right to disallow my student from attending BCCS if my account is not kept current. BCCS will make every effort to keep the student enrolled at BCCS as long as the parent(s) is making an honest, consistent attempt to pay on their past due account and/or repayment plan schedule. I understand that if my account falls 60 days behind on any given fee, charge, or invoice, my account will receive a \$30 late fee and will be sent directly to a 3<sup>rd</sup> party Collection Agency for further processing. \_\_\_\_\_ Initials

CONFLICT RESOLUTION: In the event that I am dissatisfied with the school, my child's teacher or for any other reason, I will immediately contact the School Principal to have my concern(s) discussed and resolved. I agree not to gossip about or slander the school, teacher, or staff, but deal with my issue according to scripture (James 4:11; Matthew 18:15-17). BCCS agrees to also follow these guidelines. \_\_\_\_\_ Initials

\_\_\_\_\_  
Signature of Party financially responsible

\_\_\_\_\_  
Date

\_\_\_\_\_  
DL#

\_\_\_\_\_  
SS#



# BUNDY CANYON

## CHRISTIAN SCHOOL



### AUTHORIZATION AND CONSENT TO TREATMENT OF MINOR

(Pursuant to California Civil Code Section 25.8)

AND

### MEDICAL INSTRUCTIONS

I/we, the undersigned Parent(s)/Guardian(s) of \_\_\_\_\_,  
(Student's Name)

a minor, do hereby authorize **BUNDY CANYON CHRISTIAN SCHOOL** as agent for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, which is deemed advisable by, and is to be rendered under the provisions of the Medical Practice Act on the Medical Staff of a local hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific authority and power on the part of our aforesaid agent to give consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his best judgment may deem advisable. In the absence of parent or guardian, the above-mentioned agent is authorized to make decisions concerning the positive health and welfare of this minor.

This authorization shall remain effective while the above minor is in the care of **BUNDY CANYON CHRISTIAN SCHOOL** until \_\_\_\_\_, 20\_\_\_\_ or unless sooner revoked in writing and delivered to said agent.

Date \_\_\_\_\_ Father (Signature) \_\_\_\_\_

Witness \_\_\_\_\_ Mother (Signature) \_\_\_\_\_

Witness \_\_\_\_\_ Legal Guardian (Signature) \_\_\_\_\_

Name and address of person who will care for the child in an emergency:

Name/Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Physicians Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### MEDICAL INSURANCE:

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Subscriber ID/Policy/Group Number

\_\_\_\_\_  
Telephone

\*Please attach a copy of the child's medical card.

### MEDICAL CONDITIONS/HEALTH DISABILITIES:

Please state any medical condition(s)/health disabilities that we need to be aware of

\_\_\_\_\_.

Please list all medication(s) your child may/will be taking while at school \_\_\_\_\_

\_\_\_\_\_.

Please explain exactly how medicine is to be administered by school staff and any other procedures we should follow \_\_\_\_\_

\_\_\_\_\_.

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

Parent/Guardian: \_\_\_\_\_

(Signature Required)

Relationship: \_\_\_\_\_



### HEALTH HISTORY

STUDENT'S NAME: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

(Must be completed by Parent/Guardian)

COMMUNICABLE DISEASES:

Y/N

DATE

Measles

Rubella

Mumps

Whooping Cough

Scarlet Fever

Rheumatic Fever

Polio

Meningitis

Encephalitis

Tuberculosis

TB in Family

Infectious Hepatitis

Chickenpox

Other: \_\_\_\_\_

Please answer Yes or No or Comment regarding the following questions:

Exposure to Tuberculosis: \_\_\_\_\_

Serious Injury or Illness: (Give dates): \_\_\_\_\_

Operations: (Give dates): \_\_\_\_\_

Subject to Headaches: \_\_\_\_\_

Does your child wear glasses: If yes, Date of last Eye Examination: \_\_\_\_\_

List any medications your child is currently taking: \_\_\_\_\_

Does your child have Dental needs?: \_\_\_\_\_

Chronic Problems (Past or Present) Please explain:

Hearing Problems: \_\_\_\_\_

Speech Problems: \_\_\_\_\_

Vision Problems: \_\_\_\_\_

Heart Disorder: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Asthma: \_\_\_\_\_

Kidney Disease: \_\_\_\_\_

Hay Fever/Allergies: \_\_\_\_\_

Skin Disorder: \_\_\_\_\_

Frequent Ear Infection: \_\_\_\_\_

Convulsions/Seizures: \_\_\_\_\_

**Immunization Rcds must be submitted prior to your child's first day.**

Parent/Guardian: \_\_\_\_\_  
(Signature)

Relationship to Child: \_\_\_\_\_  
Date: \_\_\_\_\_



# BUNDY CANYON

## CHRISTIAN SCHOOL



### Information Release Form

Dear Parent(s):

According to the California Privacy Act, schools are not permitted to release names, addresses and/or telephone numbers to any group or organization requesting such information except for the news media without the consent of the parent.

Occasionally, we will be calling on parents for help with class parties, field trips and fund-raising activities. A volunteer parent or other person in charge may need to contact you for help. In addition, at various times, parents call to get phone numbers or addresses of their child's classmates for parties and/or other special occasions.

- ☐ Yes, you may release my child's information. My phone is: \_\_\_\_\_.
- ☐ No, I do not want my child's name, address or phone number released.

In addition, we would also like your permission to use your child's photo and/or first name only for use on our Website, Facebook Page, for advertising purposes and their full name for our Annual Yearbook. Please sign below letting us know your preference regarding the use of your child's first name and photo.

- ☐ Yes, you may use my child's first name and/or photo.
- ☐ No, you may not use my child's first name or photo.

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and return to your child's teacher or the office. Thank you for your consideration.

Sincerely,

Phillip E. Walker,  
Administrator & Principal



### UNIFORM REQUIREMENTS

It is our desire as a Christian school to maintain a standard of dress that encourages students to behave and work at the best possible level. It will be the parent's responsibility to see that the student comes to school dressed according to the dress code. Students are not to change out of their school uniforms while on the school grounds except for changing into required P.E. Clothes or clothes needed for previously announced, extra-curricular school activities.

#### **GIRLS: K - 8<sup>th</sup>**

1. Skirts (Navy, Khaki).
  2. Twill walking shorts cuffed or uncuffed (Navy, Khaki).
  3. Twill slacks (Navy, Khaki).
  4. Jumpers (Navy).
  5. Button down oxford collar-shirt (White or Blue).
  6. Polo shirts (White or Navy).
  7. All shirts must be tucked in (except for large size girls).
- No jeans or over-sized clothing.
8. Sandals with back straps are O.K.
  9. No combat boots (all other shoes O.K.).
  10. Sweaters and Sweatshirts (Solid Navy Blue - No logos except BCCS logo).
  11. Ski jackets.
  12. Wind breakers.
  13. No shirt may be used as a jacket or sweater.
  14. Slacks must not touch the ground or be split on the sides.
  15. No short skirts or short shorts (skirts & shorts must be just above the knees).
  16. No make-up of any kind.



#### **BOYS: K - 8<sup>th</sup>**

1. Twill pants (Navy, Khaki).
2. Slacks must not be over-sized, touch the ground or be split on the sides.
3. Twill walking shorts (Navy, Khaki).
4. Button down oxfords (Blue or White).
5. Polo shirts (Blue or White).
6. All shirts must be tucked in (except for large size boys).
7. Shorts must be just above the knee.
8. Sweaters and Sweatshirts (Solid Navy Blue - No logos except BCCS logo).
9. Only middle school students may wear BCCS caps (No other caps permitted).
10. Ski jackets.
11. Wind breakers.
12. No shirt may be used as a jacket or sweater.
13. No jeans or over-sized clothing.
14. No make-up.

*Disclaimer: As styles change, we reserve the right to change this policy at any time, in order to prevent disruptions to a proper learning environment.*

**Please refer to BCCS Uniform Dress Code for additional restrictions regarding physical appearance such as hair styles & colors, tattoos, body piercings, etc.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
STUDENT NAME





## **ZERO TOLERANCE POLICY**

Dear Parent(s),

Your child's enrollment at BCCS is contingent upon adhering to all of the rules and requirements set forth in the Elementary & Middle School Handbook. Any violation of the Zero Tolerance Policy puts their enrollment in jeopardy. Please make sure that you review the handbook with your child and that your child clearly understands what is expected of him/her.

Please be advised that there is a ZERO TOLERANCE policy in the areas of:

1. Disrespect to the teachers, staff and others in authority (body language, talking back, refusal to obey, etc).
2. Bullying - both physical and verbal (including racial slurs).
3. Not completing homework assignments.
4. Vandalizing of school property.
5. Not coming to school dressed in uniform.
6. Fighting or violent horseplay.
7. Possession of firearms, drugs or any other illegal substances or items.
8. Sexual Harassment. Defined as unwelcome words or conduct of a sexual nature that have the purpose or effect of creating an embarrassing, hostile, humiliating or offensive learning environment. This would include demeaning words such as gay, homo, fag, queer, etc. and hand signs and/or touching other student's private parts.

Parents will be called and advised of the problem.

### Discipline:

- |              |   |
|--------------|---|
| 1, 3 or 5    | In-House Suspension for up to 3 days                        |
| 2, 4, 6 or 8 | Suspension 3 to 5 days                                      |
| 7            | Expulsion - Sheriff will pick up student (in extreme cases) |

Dated: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_





# BUNDY CANYON

## CHRISTIAN SCHOOL



### EXTENDED DAY CARE SCHEDULE

Kindergarten thru 8<sup>th</sup> Grades

School Year 2023/24

8/28/23 – 6/7/24

EXTENDED DAY CARE HOURS: 6:00AM - 8:30AM / 3:30PM - 6:00PM

SCHOOL HOURS: 8:30AM - 3:30PM

<u>Type of Enrollment</u>	<u>Annual</u>	<u>Paid in Full</u> <u>Discounted</u> <small>*Due 9/1/23</small>	<u>Installments (10)</u> <small>*Starting 9/1/23 Last Payment 6/1/24</small>
1 <sup>st</sup> Child (Youngest Enrolled)	\$6,100	\$5,600	\$610
2 <sup>nd</sup> Child (2 <sup>nd</sup> Youngest Enrolled)	\$5,000	\$4,600	\$500
3 <sup>rd</sup> Child (All Other Children Enrolled)	\$4,200	\$4,000	\$420

### Registration Fee due at Time of Registration (Non-Refundable)

<u>New Student</u> <u>Registration Fee</u>	<u>Returning Student</u> <u>Registration Fee</u>	<u>MATRICULATION FEE</u> <small>Includes: Schoolbooks, Test &amp; Quiz Books, SAT Testing Fees, and Annual Yearbook (Non-Refundable) *Due 7/1/23</small>
\$200	\$150	\$650

### Terms:

- Extended Day Care students are not charged for school tuition.
- School Year Extended Day Care Program runs from Aug. 28, 2023 to June 7, 2024.
- Extended Day Care Program fees will be billed in 10 equal monthly installment payments and are due and payable on the 1<sup>st</sup> day of each month beginning September 1, 2023, and the last payment on June 1, 2024.
- Matriculation Fee is due July 1, 2023. If paid after July 31st, subject to a \$50 expedited book shipping fee.
- No snacks or drinks are provided. (Drinking water is provided)
- Transportation is not provided.
- All students must be picked up by 6:00PM. A late fee of \$5.00 will be assessed and charged to the child(s) account for every 15 minutes you are late after 6:00PM.
- 14-day written notice is required before withdrawing from Extended Day Care Program. Failure to give such notice will result in being charged for that installment or for the thirty-day period regardless of attendance.

**I hearby agree to the above terms as set forth by BCCS "Extended Day Care Schedule."**

I agree to pay:

\$ \_\_\_\_\_ for 10 installment payments starting 9/1/23.

\$ \_\_\_\_\_ for a 1-time payment by 9/1/23.

STUDENT NAME (PRINT)

SIGNATURE (PERSON RESPONSIBLE FOR PAYMENT)

DATE

SS#

**\*\*\*PLEASE NOTE THAT PRICES ARE SUBJECT TO CHANGE WITH 14-DAY NOTICE\*\*\***