Admissions Policy

Zion Christian School (ZCS), mindful of its mission to be a witness to the love of Christ for all, 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 its educational policies, admissions policies, scholarship program and athletic and other school-administered programs.

To be enrolled in kindergarten, students must have reached the age of five (5) years old on or before September 1. Birth certificates are required as proof of age before enrollment takes place.

Students applying for admission to ZCS from another school must present school transcripts and authorization for us to obtain prior standardized achievement scores.

Should there be a question regarding placement, a faculty member may screen the child, or the child will be given a standardized ability test for proper placement.

In accordance with our philosophy, ZCS strives to develop the whole child. Several grade level discrepancies, learning disabilities, social, emotional, or behavioral problems may prevent us from teaching the whole child. In such cases, those desiring admission may be requested to pursue further evaluation with the help of professionals outside the school to determine if ZCS can provide an appropriate learning environment for the student.

All newly enrolled students are subject to an academic and conduct probationary period of one semester.

Enrollments apply to one (1) school term only and must be renewed each year.

Students who are accepted for enrollment must apply themselves to the ability that God has given them, conform to all rules and regulations of the school, and respect the Lutheran teachings.

The following policy is used in accepting students each year.

- Children enrolled from the previous year and their siblings.
- Children of members of Zion Lutheran Church, Nampa.
- Children of sister Lutheran churches.
- Un-baptized and un-churched children of families who are seeking spiritual direction for their lives.
- Children of parents who hold membership in other denominations.

Church Attendance
An integral part of Christian training is participating in worship services. Parents are encouraged to serve as role models for their child(ren) in worship attendance.

Zion Christian School

1012 12th Avenue Road
Nampa, Idaho 83686
Telephone: (208) 466-9141
Fax: (208) 463-4420
www.zcsnampa.org
Peter Anderson, *Principal*

Zion Christian School is part of Zion Lutheran Church Ministries:
Sharing God's Truth…
Living God's Love. Ephesians 4:15

Enrollment Application

2009-2010 School Year

Date of Application_____

Please note: new students to Zion Christian School will be charged an application fee of $20

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Student Information

Last School Attended_____Address_____

Student Last Name	Student First Name	Student Middle	Birth Date	Language spoken at home	Grade Enrolling*

******For Pre K Students Only*** -Please specify: Pre K 3 or 4

Half Day School Day Full Day Days per week? _____ (See Tuition Schedule for info)

Brothers & Sisters *(only fill out if siblings are **not** enrolling in Zion Christian School)*	**Child 1**	**Child 2**	**Child 3**
Name of Sibling			
Age			
Name of School /Grade			

Resides with: Father Mother Both Shared Custody Guardian

Family Information	**Father (or Guardian)**		**Mother (or Guardian)**	
First & Last Name ***(please print)***				
Home Address				
State, City & Zip				
Phone Number	Home	Cell	Home	Cell
Email Address				
Business Name				
Occupation/Title				
Business Address				
Business State, City & Zip				
Business Phone				

Church Information	Father (or Guardian)	Mother (or Guardian)
Church Name		
Church Address		
State, City & Zip		

We are not members of any church ☐ **Children Attend Sunday School: Yes** ☐ **No** ☐
Children are baptized? Yes ☐ **No** ☐

Are there any family issues the school needs to be aware of so we can better serve your child(ren)?

_____

Are there any legal restrictions on visitation, custody or guardianship that concern your child(ren)?

_____

List any allergies, medications, health problems, handicaps or disabilities

Student 1 _____

Student 2_____

Student 3_____

STUDENT RELEASE PERMISSION

Individuals (other than parents) who may take child(ren) from school or to notify in case of emergency:

(circle)

Name:_____Phone:_____ Pick Up☐ Emergency☐ Both☐

Name:_____Phone:_____ Pick Up☐ Emergency☐ Both☐

EMERGENCY PERMISSION

In an emergency, Zion Christian Staff has my permission to call an ambulance or to take my child to an available physician or hospital at my expense and obtain medical treatment for my child.
Yes ☐ **No** ☐ INITIAL HERE_____

Child's Physician_____Phone_____

Child's Dentist_____Phone_____

FIELD TRIP PERMISSION (For All Students)

My child may be taken on field trips or excursions by van, school bus, or private motor vehicle under required supervision. Car seats are required for children under 40 pounds and booster seats for children under age 6 and 60 pounds.
Yes ☐ **No** ☐ INITIAL HERE_____

MEDIA PERMISSION

I give permission to Zion Christian School to use images of my child for newspaper, internet, newsletters, etc.
Yes ☐ **No** ☐ INITIAL HERE_____

OTHER FEES

From time to time throughout the year, other fees may be incurred for things such as field trips, class parties, buses, Winter Program or other special events. ZCS will make every effort to keep fees to a minimum.

I HAVE RECEIVED, READ AND AGREE WITH POLICIES STATED IN SCHOOL HANDBOOK. INITIAL HERE _____

I WISH TO PAY TUITION

☐ Annually (1 Payment with a 5% discount due Aug. 1)

☐ Semi-annually (2 Payments, 2.5% discount, due August 1 & January 2nd)

☐ 11 Monthly Payments

☐ I wish to make arrangements to pay in different installments than the above mentioned)

Total tuition cost is my responsibility, to be paid ***in full*** by the first week in May 2010. Registration, Application and Snack fees are non-refundable. I understand that should I withdraw my child from Zion Christian School, any tuition I have overpaid will be refunded after a two-week notice. Collection agencies may be used to collect unpaid fees. If a collection agency is used, I will be responsible for any costs incurred in the collection.

Responsible party's Name (please print): _____

Responsible party's Signature_____

Responsible Party Information (If different from Father, Mother or Guardian)		
First & Last Name ***(please print)***		
Home Address		
State, City & Zip		
Phone Number	Home	Cel
Email Address		
Business Name		
Occupation/Title		
Business Address		
Business State, City & Zip		
Business Phone		

Tuition Assistance: **Zion Christian supports families in need of financial assistance through a Tuition Assistance Program. All parents currently receiving tuition assistance must re-apply each year at time of registration in order to be considered for assistance. Applications for Tuition Assistance must include all enrollment paperwork, tax forms, and registration fees. Applications will be reviewed and families notified of assistance within a timely manner. For further information about our Tuition Assistance Program please contact the school office.**

Registration Fee	**$**	
Application Fee (new students only)	**$**	
Total Due	**$**	**PAID WITH**

Zion Christian School

Emergency Contact and Medical Permission

Child's Name _____ Grade _____ Birth Date _____

Address _____ Home Phone _____

Father _____ Work # _____ Cell # _____

Mother _____ Work # _____ Cell # _____

Please list **TWO** (2) elatives or neighbors we can call if your child is **NOT** well enough to remain at school and **YOU** can't be reached.

1. Name _____ Relationship _____ Phone # _____

2. Name _____ Relationship _____ Phone # _____

Please list name AND relationship of those allowed to pick up your child. They WILL be asked to show identification.

_____ _____

_____ _____

Child's Physician _____ Phone # _____ City _____

Insurance Company _____ Phone # _____

Policy Holder's Name _____ Policy Number _____

DOES CHILD HAVE ANY ALLERGIES? Please list _____

_____

Has your child had any of the following:

____ Juvenile Rheumatoid Arthritis	____ Asthma	____Diabetes	____Down Syndrome
____ Chicken Pox	____ Rubella	____ Measles	____ Mumps
____Urinary Problems	____ Skin Problems	____Heart Trouble	____ Ear Infections
____Head Injuries	____ Broken Bones	____ Surgeries	____ Hospitalized in last year
____ Medication Allergies	____Wears Glasses	____ Hearing Loss	____ Premature Birth

Date of last Tetanus Shot _____

If **YES** to any of these questions, please explain giving year happened. _____

_____

Permission: **IS** **IS NOT** given to allow students ____ Ibuprofen ____ Tylenol ____ Cough Drops when needed

Medication Authorization Form must be filled out to be put in child's record when any prescription, or OTC medication (given regularly) is to be given during the school day. I understand that in the event of an emergency, every effort will be made to contact me. If it is not possible to contact me, or distance does not make it possible for me to be present, I hereby authorize Zion Christian School to obtain necessary emergency medical treatment. I further agree to pay for said treatment. Copies of this authorization, when carried by Zion Christian School personnel, shall have the same force as the original.

Parent or Guardian Signature _____ Date _____

Created on 02/09

Tuition Schedule

Early Childhood Learning Center Age 3 & 4

2009-2010 School Year

School Year Begins August 24, 2009 & Ends May 28, 2010

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Half-Day

8:00 AM to 11:00 AM

Birthdays must be before September 1, 2009

If child is not picked up by 11:15 charges of $5.00 per hour (non-prorated) will apply

Days	11 Month Plan Beginning July 1 Ending May 1	*Annual Plan	Registration Fee Paid on or before April 1 Non-Refundable Includes snack fees	Registration Fee Paid after April 1 Non-Refundable Includes snack fees
Tue & Thurs	$82 / Month	$ 900	$ 175	$275
Mon, Wed & Fri	$117 / Month	$1280	$220	$320
All Week	$182 / Month	$2000	$305	$405

***5% Tuition Discount when Tuition is paid full by August 1st**

School Day

8:00 AM to 2:45 PM

Birthdays must be before September 1, 2009

If child is not picked up by 3:00 pm charges of $5.00 per hour (non-prorated) will apply

Days	11 Month Plan	*Annual Plan	Registration Fee Paid on or before April 1 Non-Refundable Includes snack fees	Registration Fee Paid after April 1 Non-Refundable Includes snack fees
Tue & Thurs	$200 / Month	$2200	$210	$310
Mon, Wed & Fri	$260 / Month	$2856	$300	$400
All Week	$428 / Month	$4700 (28/day)	$365	$465

***5% Tuition Discount when Tuition is paid full by August 1st**

I*Full Day* – Designed for the Working Parent

7:00 AM To 6:00 PM

Birthdays must be before September 1, 2009

Days	11 Month Plan	*Annual Plan	Registration Fee Paid on or before April 1 Non-Refundable Includes snack fees	Registration Fee Paid after April 1 Non-Refundable Includes snack fees
Tue & Thurs	$243 / Month	$2670	$250	$350
Mon, Wed & Fri	$364/ Month	$4000	$300	$400
All Week	$573 / Month	$6300	$388	$488

***5% Tuition Discount when Tuition is paid full by August 1st**

Created on 02/09

Child Watch

2009-2010 School Year

School Year Begins August 24, 2009 & Ends May 28, 2010

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(Does not apply to Pre- K 3&4 Half Day and Full Day Programs)
My child(ren) will be using before or after school Child Watch.

Beginning Fall 2009: Yes ☐ No ☐ Not sure ☐

Before School _____ 7:00 am - 8:00 am
After school _____ 3:00 pm – 6:00 pm

Before/After School Child Watch: (Payments due the 1st of each month)

Rates (All fees are per hour)

CW Application fee	$20.00	per child
Morning 7:00 to 8:00	$2.00	per child
CW- One child	$3.00	per hour
CW- Two children	$5.00	per hour
CW-Three children	$7.00	per hour
CW-after 6:00	$1.00	per minute after 6:00 per child

All Child Watch students are charged for the first full hour from 3:00 to 4:00 regardless if they are picked up before 4:00. After the first hour students are billed in 30-minute increments.

Child Name	Grade	Please list food allergies or medical conditions

Child Watch hours are 3:00pm-6:00pm full school days only. Please indicate below the approximate times your child(ren) will be present to help the Director in planning.

MON_____TUES_____WED_____THURS_____FRI_____

Created on 02/09

Admissions Timeline
2009 - 2010

Priority Registration – March 2nd (Current Students & Zion Church Members).

Priority Enrollment for Admission, *for current students only,* will begin March 2nd and will conclude March 19th and requires the full non-refundable registration fee for the Early Childhood Learning Center and the elementary grades K-6.

Tuition Assistance Application for Priority Registration due at time of registration.

Open Registration –March 20th.

Open enrollment begins for *all* students, new or returning, on a first come basis, beginning on Monday, March 20th and requires the full non-refundable registration fee for the Early Childhood Learning Center and the elementary grades K-6.

Tuition Assistance Application for Open Registration due at time of registration.

First Tuition Payment Due

July 1st and is late July 10th (11 Month Payment Plan)

Admissions Checklist

Early Childhood Learning Center Pre k 3 & 4
Application for Admission Form
Vaccination Record
Copy of Birth Certificate
Registration Fee Paid In Full

Created on 02/09