

# *Newberry Christian Community School*

## PLSA SCHOLARSHIP ENROLLMENT CHECKLIST

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

- \_\_\_\_ Complete Enrollment Application
- \_\_\_\_ Read Over AND sign Parent Agreement
- \_\_\_\_ Read over AND sign Tuition and Fees Schedule
- \_\_\_\_ Complete Student Medical History Form
- \_\_\_\_ Complete Emergency Medical Authorization AND sign (*do not leave anything blank*)
- \_\_\_\_ Complete AND sign Release of Information (*if applicable*)
- \_\_\_\_ Enrollment Application Fee (*\$100 – due with application*)

Please provide a copy of the following items (NEW STUDENTS):

- \_\_\_\_ Immunization Record
- \_\_\_\_ Birth Certificate
- \_\_\_\_ Copy of Social Security Card
- \_\_\_\_ Student's Medical Insurance Card
- \_\_\_\_ Father and Mother's driver's license
- \_\_\_\_ Driver's license of anyone authorized to pick student up from school
- \_\_\_\_ Student's driver's license and insurance card (*only if student will be driving to and from school.*)

**\*\*The school office must have these copies by the first day of school\*\***

Thank you,

Newberry Christian Community School Staff

# Tuition & Fees Schedule In House Scholarship Plan

Kindergarten-Grade 12

\_\_\_\_\_ is approved for a In House Scholarship that  
Student's Name pays Newberry Christian Community School  
\$\_\_\_\_\_ per year. I am responsible for the  
remaining balance of tuition to be paid  
monthly.

Newberry Christian Community School:

New Student Application fee (due with enrollment application)	\$100.00
Book Usage	\$325.00
Technology fee	\$150.00
Tuition	\$6500.00
Iowa Testing fee	\$75.00
<b>TOTAL</b>	<b>\$7150.00</b>

PLSA Scholarship Amount \_\_\_\_\_  
Amount due from parent(s) \_\_\_\_\_  
Monthly Payment due \_\_\_\_\_

Tuition payments are due on the 15<sup>th</sup> of each month. A \$25.00 late fee will be charged after the 30<sup>th</sup> of each month. Tuition not paid by the end of the month may result in the student's withdrawal from school. A \$25.00 fee will be charged for all checks returned by your bank for any reason.

If the student withdraws during the school year, full tuition is charged through the month of withdrawal. I/We, the parent(s), agree to meet the financial obligation outlined above and will submit to NCCS's requirements. Any student's withdrawn due to lack of payment may be reinstated upon payment of late tuition plus a \$50.00 reinstatement fee.

\_\_\_\_\_  
Father's Signature or Legal Guardian

\_\_\_\_\_  
Mother's Signature or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# STUDENT INFORMATION

LEGAL NAME

OF STUDENT: \_\_\_\_\_  
Last First Middle

Nickname: \_\_\_\_\_

Gender \_\_\_\_\_ Birthday \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_\_

Male \_\_\_ / \_\_\_ / \_\_\_  
Female \_\_\_

Grade last attended: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_

Name and Address of \_\_\_\_\_  
Last School Attended: \_\_\_\_\_  
\_\_\_\_\_

# PARENT INFORMATION

FATHER

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

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

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

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

MOTHER

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

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

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

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Student lives with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father  
\_\_\_ Step-Mother \_\_\_ Step-Father \_\_\_ Grandparent(s)

IMPORTANT: If you are legally separated or divorced and your ex-spouse is legally prohibited from seeing or removing your child from school, our office MUST have a certified copy of the court order of Final Judgment

## CHURCH/PERSONAL INFORMATION FORM

Church you now attend: \_\_\_\_\_ Member: \_\_\_Yes \_\_\_No

Name of Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's grades have been:

\_\_\_Above Average\_\_\_ Average\_\_\_ Below Average  
(A+ to B+) (B to C) (C- to F)

Has student failed any grade: \_\_\_Yes \_\_\_No If so, which grade? \_\_\_\_\_

Has student been expelled or suspended from any school? \_\_\_Yes \_\_\_No  
If yes, please explain.

Has student *ever* taken Ritalin or other mood altering drug? \_\_\_Yes \_\_\_No  
Is student *currently* taking Ritalin or other mood altering drug? \_\_\_Yes \_\_\_No

Please tell us something about your student to help us get to know them better. You may want to include interests, hobbies, strengths, weaknesses, likes, dis-likes—anything you think is pertinent.

## Authorization for Emergency Care

In case of accident or serious illness and the school is unable to reach a parent/guardian, I hereby authorize the school to contact the physician indicated on the emergency form and to follow their instructions. If it is impossible to contact this physician, the school may make whatever arrangements necessary to provide care and treatment for my child.

In case of an accident or serious illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at the school, the school will contact a parent/guardian to arrange transportation for my child. If the school is unable to reach a parent or guardian, I authorize the school to contact one of the persons listed on the emergency form and request them to come to the school and transport my child.

## Medication Policy

No medication may be given to a child by any staff member of the school unless a separate Medication Authorization Form is completed. This includes prescription and non-prescription medication. Before any medication can be administered, a statement from the physician or parent concerning the medicine, the dosage and time administered, must be on file at the school. All medicines are to be sent to the school office and clearly labeled. NO STUDENT MAY HAVE ANY MEDICINE ON HIS OR HER PERSON OR IN HIS OR HER BELONGINGS AT ANY TIME.

## General Release of Liability

The undersigned hereby releases and forever discharges Newberry Christian Community School and employees, from all claims and demands, rights, and causes of action of any kind the undersigned now has or hereafter may have on account of or in any way arising from personal injuries known or unknown to the undersigned at the present time and property damage resulting or that results from any occurrence which may happen to our child(ren), during his/her stay at Newberry Christian Community School.

## Parent Authorization

Please initial each appropriate box and sign accordingly.

\_\_\_\_\_ 1. **Parent/Student Handbook**

I agree to read the student handbook and will support the policies as described, including, but not limited to, school discipline code and conduct code.

\_\_\_\_\_ 2. **Newberry Christian Community School Volunteer Requirements**

Newberry Christian Community School requires that all volunteers must be fingerprinted and have a Background check completed. There are no exceptions.

\_\_\_\_\_ 3. **Financial Responsibility**

I assume the total financial responsibility of tuition and fees for the school year and understand that all tuition and fees paid are non-refundable. I agree to pay tuition according to the published schedule for the school year. Payments must be made in order to maintain student status.

**If tuition and other finances are not current, the school policy is to withhold the student's Report card until financial arrangements are made. If tuition is not up to date at the end of the year, final grades and school records will not be transferred to another school.**

“All information provided by the family for this student will be protected by the school personnel who will use it only for the benefit of the student entrusted to the school. It will be shared only with appropriate emergency medical or law enforcement personnel if the school administration deems it necessary.”

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***EMERGENCY INFORMATION FORM***

Please note: When a student is in need of emergency medical attention, the office will call 911, the Parent, and family doctor (in that order). In situations that are not emergencies, the parent will be notified.

Student Name: \_\_\_\_\_  
Name of Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Phone # \_\_\_\_\_  
Policy Holder Name: \_\_\_\_\_

ALLERGIES OR SERIOUS ILLNESSES: \_\_\_\_ Yes \_\_\_\_ No  
If yes, Please explain.

### EMERGENCY CONTACT NUMBERS

Please make sure the numbers you give us are current and the BEST ones to reach you. Please include area code. Also, you will need to notify us IMMEDIATELY of any phone number changes.

**Mother:**  
Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_  
**Father:** Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
Work# \_\_\_\_\_

**Please let us know whom you would like us to contact in the event you cannot be reached. Please list these contacts in the order you would like us to make contact.**

**Emergency Contact Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_  
**Home or Cell#** \_\_\_\_\_  
**Work#** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_  
**Home or Cell#** \_\_\_\_\_  
**Work#** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_  
**Home or Cell#** \_\_\_\_\_  
**Work#** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_  
**Home or Cell#** \_\_\_\_\_  
**Work#** \_\_\_\_\_  
**Email:** \_\_\_\_\_

# EMERGENCY MEDICAL AUTHORIZATION

Purpose: To ENABLE parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

## STUDENT INFORMATION

Student's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

Emergency Contact Name/Phone \_\_\_\_\_ Emergency Contact/Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Blood Type \_\_\_\_\_

## PART I OR II MUST BE COMPLETED

### PART I (TO GRANT CONSENT)

In the event reasonable attempts to contact me at \_\_\_\_\_ or \_\_\_\_\_  
Primary Phone Number Secondary Phone Number

Have been unsuccessful, I HEREBY GIVE MY CONSENT for (1) the administration of any treatment deemed necessary by

Dr. \_\_\_\_\_ or Dr. \_\_\_\_\_  
Primary Physician Primary Dentist

Or, in the event the DESIGNATED preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to \_\_\_\_\_  
Preferred Hospital

Or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

PARENT SIGNATURE: \_\_\_\_\_  
Father/Guardian Mother/Guardian Date

### DO NOT COMPLETE PART II IF YOU COMPLETED PART I

### PART II (REFUSAL TO CONSENT)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to TAKE NO ACTION OR TO:

SIGNED: Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICAL INFORMATION

Is student currently taking medication on a regular basis? If yes, please specify in the box below.

**PRESCRIPTION** (Medication prescribed by a physician)

Diagnosis (for example, Asthma)	Medication	Dosage	Frequency

**NON-PRESCRIPTION** (over-the-counter medication)

Condition	Medication	Dosage	Frequency

Please refer to the school handbook for medication policy. Medication forms are available in the office.

Does your child have allergies? \_\_\_\_\_ If yes, please specify \_\_\_\_\_

Does your child have asthma? If yes, what is the current treatment \_\_\_\_\_

I \_\_\_\_\_ acknowledge that I have completed the application, student  
(Print First and Last Name)

enrollment and medical information forms to the best of my knowledge. If any information changes I will notify the school office in writing as soon as possible.

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



# Authorization for Administering Medication at School (Prescription or Non-Prescription)

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

Grade/Teacher: \_\_\_\_\_

I request that a person delegated by the school Principal give my child,  
\_\_\_\_\_, the following medication:

(Child's Name)

Name of Medication	
Amount to be given	
Time of day to be given	
Prescribing Physician	
Physician Phone Number	
Illness/condition prescribed for	
Dates medicine is to be given	From: _____ To: _____

Prescription medicine: MUST have the original prescription label on the container; this label will include the child's name, medication, amount, frequency of administration, doctor's name, pharmacy's name and phone number.

Non-prescription medicine: MUST be in original container and marked with the student's name.

I agree to furnish the school with this medication in the bottles as described above. I further understand that the school-designated person will administer this medication to my child in good faith, at my request.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name Parent/Guardian

\_\_\_\_\_

### Contact Information: Phone Numbers

Home: \_\_\_\_\_ Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

Mom Work: \_\_\_\_\_ Dad's Work: \_\_\_\_\_ Primary E-mail: \_\_\_\_\_

# AFTER SCHOOL PROGRAM REGISTRATION

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

## MOTHER

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

Home Phone: \_\_\_\_\_

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

Place of Employment and Phone: \_\_\_\_\_

## FATHER

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

Home Phone: \_\_\_\_\_

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

Place of Employment and Phone: \_\_\_\_\_

**RESTRICTIONS:** Please include helpful information including allergies, illnesses, or physical restrictions. \_\_\_\_\_

## **PERSONS AUTHORIZED TO PICK UP YOUR CHILD:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Other Persons permitted to pick up child(ren):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph: \_\_\_\_\_

**EMERGENCY TREATMENT AUTHORIZATION:** In case of an emergency, I hereby authorize any qualified person to administer first aid and other necessary treatment. In the event that a doctor should be called, please call the following:

Doctor: \_\_\_\_\_ Ph: \_\_\_\_\_

Hospital: \_\_\_\_\_ Ph: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RESPONSIBILITY WAIVER:** I hereby release, waive, and agree to hold harmless Newberry Christian Community School and any other employees from all liability, loss, claims, and possible causes of action, or cost or expense in connection therewith that may accrue from any loss, damage, or injury to said student's person or property in any way resulting from participating in any events and I voluntarily assume the foregoing release is intended to be as broad and inclusive as is permitted by Florida law.

**LATE CHARGE:** If your child(ren) has not been picked up by 5:30 pm, a late fee will be charged. The rate is \$1.00 per MINUTE, per family for every minute late. You are expected to pay for services on the day rendered or on a weekly billing. If you pay by the month, payment is expected in advance (discount may apply.) Parent

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

# 2017-2018 School Year

## CAR RIDER PICK-UP STUDENT AT NCCS

If you child (children) is not picked up by 3:00pm please check below instructions for their care:

- I request my child (children) walk off NCCS Campus to be picked up at:  
Albert "Ray" Massey Westside Park  
1001 N W 34<sup>th</sup> Street  
Gainesville, FL
- I request my child (children) be placed in *NCCS After School Program*. I understand that I will be given an invoice in the amount of \$7.50 per child to be paid when picked up regardless of total time my child (children) are in the After School Program. Additional charge of \$1.00 per child per minute after 5:30 pm will be added to the invoice.

## NCCS AFTER SCHOOL PROGRAM AFTER 5:30pm PICK UP

- I understand that if my child (children) is not picked-up by 5:30pm I will be charged an additional \$1.00 per child per minute.
- I request that, if my child (children) are not picked-up by 5:30pm, they are to walk off NCCS Campus to be picked up at:  
Albert "Ray" Massey Westside Park  
1001 N W 34<sup>th</sup> Street  
Gainesville, FL

I understand that the school liability insurance does not cover my child (children) after 3:00pm while on NCCS Campus unless they are on campus for an approved school activity or listed on the NCCS After School Program daily attendance list.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
NCCS Administration Signature

\_\_\_\_\_  
Date

Copy given to Parent/Guardian

Copy in NCCS File

## RELEASE OF INFORMATION

Name of Previous School	Student Name
Address	Date of Birth
City, State, Zip Code	<b><u>Newberry Christian Community School</u></b> Name of Present School

The parents of the above-named student have given permission for receiving information from you regarding school transcripts, health records (including all immunization records), and diagnostic (psychological or mental), and educational evaluations for their child. A summary of your contacts with the student and family would also be helpful. These records will be used to determine the student's appropriate educational program. Please include grade/credit explanation for high school courses.

### Parent Consent for Release of Information

*I hereby give my permission for release of the following records:*

- 1. Psychological Evaluation
- 2. Educational Evaluation
- 3. Medical Evaluation/Health Records
- 4. Grades/Educational Tests
- 5. Current Withdrawal Grades
- 6. Other \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if 18 or older)

\_\_\_\_\_  
Date

Please return to:  
Newberry Christian Community School  
1520 NW 34<sup>th</sup> Street  
Gainesville, FL 32605  
352-363-6322 (School)  
352-363-6475 (Fax)