



Summit Christian School
5010 Hazel Avenue, Fair Oaks, CA 95628
(916) 536-9307 • email: office@summitcs.net
www.summitChristianSchool.com

January 29, 2019

Dear Summit Families:

It is now Priority Enrollment time for all Summit students for the 2019/20 school year! As a school where students learn and live with Christian character, we are excited about the upcoming year and are already working to make it the best year ever! One of our goals is to streamline the reenrollment process as much as possible. For instance:

1. You will now be able to fill out and print our forms – no more having to write all that information by hand. Simply type, print, sign and turn in.
2. You can now elect to have your registration and curriculum fees paid through FACTS. Just complete the FACTS authorization form and our office will process your payments.
3. Fees for field trips, science labs and some student activities are included in next year's tuition, so you will not have to write checks at the beginning of the year to cover these costs.

And we have one other exciting announcement: all Summit students will receive a newly-designed school tee shirt! They will be able to wear their shirts to field trips, on spirit days, and on other announced days during the year. It's going to be a great year!

At Summit, it is our mission to *inspire your child to cultivate a heart for Christ, a passion for learning, and compassion for others*. It is our privilege to serve the Lord and to serve you and your family in this way. Thank you for giving us that opportunity.

Sincerely,

David Couchman
Administrator/Principal



Re-Enrollment Process for Current Summit Students

Dates and Deadlines - 2019/2020

Priority Registration (current students)	2/4/19 - 2/15/19
Open Enrollment	2/25/19 (8:30 AM)
Tuition Assistance Application Deadline	4/1/19
Tuition Assistance Awards	5/1/19

Documents Required at Re-Enrollment (for current Summit K-7 students)

- Re- Enrollment Form Completed and Signed
- Registration Fee (nonrefundable) and/or FACTS form
- 2019-2020 Emergency Card – Completed and Signed
- Tuition Agreement Form- Completed and Signed
- Release of Specific Information – Completed and Signed
- Curriculum Fee (\$275 if paid by May 31, 2019, \$325 after May 31, 2019 - nonrefundable once curriculum is ordered)- Can be paid via FACTS- see FACTS form.

Incoming - Kindergarten Students

In addition to each of the items listed above, the additional items are required at time of registration:

- Copy of Current Immunizations
- Copy of Birth Certificate

Incoming First Grade Students

A Physical is required prior to entry in first grade- Must be completed and paperwork received prior to 1st day of school.

7th- Grade

A tdap booster is required for all incoming 7th grade students. Please provide proof of immunization prior to first day of school.

**For those seeking tuition assistance, a \$100 non-refundable deposit must be made toward the registration fee with the remaining registration fee to be paid when/if tuition assistance award is accepted.*



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K-8 2019-2020 Tuition/Fee Schedule

	Annual Tuition	10 month (payment plan begins 8/1/19)	12 month (payment plan begins 6/1/19)	Pre-Payment 3% discount (Full payment received by 7/1/19)
1 st child	\$6755.00	\$675.50/mo.	\$562.92/mo.	\$6552.35
2 nd child	\$6090.00	\$609.00/mo.	\$507.50/mo.	\$5907.30
3 rd child (& up)	\$5600.00	\$560.00/mo.	\$466.67/mo.	\$5432.00

New this year: All student activity fees are now included in tuition. This means you will not have to make separate payments for field trips, lab fees, etc.

Plus, each student will also receive a 2019-20 Summit T-shirt for special school spirit days throughout the school year.

Registration Fee (payable in the SCS office):

\$130 per returning student (Through February 15, 2019)

\$280 per student (February 25, 2019) and new students

**Due upon acceptance and is non-refundable*

10 Month Payment Plan (payable through FACTS):

Payments begin August 2019 and end May 2020

12 Month Payment Plan (payable through FACTS):

Payments begin June 2019 and end May 2020

Curriculum:

\$275.00 Fee (payment in full by 5/31/2019)

\$325.00 Fee (payments received after 5/31/2019)

Prepaid Tuition (payable in the SCS office):

Must be submitted in its entirety by July 1, 2019



January 22, 2019

Dear Summit Family,

It is our pleasure to extend to each of you the opportunity to re-enroll your child(ren) for the 2019/2020 school year at SCS. While we are fully engaged with the current year, we are also eagerly anticipating the coming school year! We encourage you to take advantage of the priority registration and the lower registration fees and enroll your child(ren) by February 15, 2019. Your prompt response is essential in planning the new school year as we address classroom assignment and staffing needs. We look forward to another exciting year at Summit and hope you'll be a part of it!

Priority registration is now open to our returning students. This pre-registration is a commitment to enroll for the 2019-2020 school year. Registration fees will be as follows:

Registration Dates	Fees
February 4, 2019 – February 15, 2019	\$130 per student
February 25, 2019 (open enrollment)	\$280 per student

Student Name(s)	Grade Entering

Re-Enrollment Registration Checklist:

Please return completed forms to office (all of the following forms are in the "Re-enrollment Packet" on RenWeb under "Resource Documents" and available on our website under "Admissions- Application Forms- Returning Students")

- Re-enrollment Form (this form)
- Registration fee or completed FACTS form
- 2019/20 Emergency Form (one per student)
- Tuition Agreement Form
- Release of Specific Information Form
- Copy of Current Immunization & copy of birth certificate (Kindergarten and new students only)

Please Note:

- Re-enrollment is secured on a first-come, first-serve basis.
- Space for your student(s) will **not** be held until the **completed** registration forms and registration fees are received.
- All fees are non-refundable.

Signature _____ Date _____

FACTS Authorization Form- 2019/2020 Registration

For your convenience 2019/2020 registration fees and curriculum fees can be paid through your FACTS account. The payments will automatically be processed via your FACTS payment account and **payment will be withdrawn 10 days from the requested invoice date**. You will receive an email directly from FACTS once the invoice has been processed. Please complete this form and return to the office with your registration paperwork.

Family Name _____

Yes, please charge my FACTS account for registration fees. Registration fees of \$130 per student will be processed the day that registration paperwork is turned in to the office.

Total Amount _____

Registration Date _____

Yes, please charge my FACTS account on the date(s) noted below for curriculum fees. Curriculum fees are \$275 if paid by 5/31/19 or \$325 if paid after 5/31/19.

Amount _____

Invoice Date _____

Amount _____

Invoice Date _____

Amount _____

Invoice Date _____

Amount _____

Invoice Date _____

Note: If you would rather pay by check or cash please bring payment to the office with your registration paperwork.
Thank you!

Signature _____

Date _____



**TUITION AGREEMENT FORM
2019/2020**

Student Name(s)

I (we) promise to pay to Summit Christian School my (our) tuition at the scheduled due dates according to the payment plan established with FACTS Tuition Management.

I (we) understand that if my (our) account is not current at the time of report cards or graduation, Summit Christian School reserves the right to withhold those specific services until the account is made current, including payment of all fees that may have accrued. All accounts must be current as of the last payment date of the current year in order for families to re-register for the next school year. Families with non-resolved past due accounts will not be permitted to re-enroll for the following year.

Enrollment after the start of school will be prorated based on the remaining number of school days.

Students with an account 30 days past due may be removed from school enrollment.

In the event the student withdraws from the school, a two-week written notice is required. For withdrawal of any student(s), the parent/responsible party of the account must: (1) Complete and sign a withdrawal form, (2) A withdrawal fee equal to 30% of one month's tuition will be charged when withdrawal occurs after the first day of school. Tuition will be pro-rated based on the number of days in attendance. All balances owed to the school will then be due immediately.

I (we) understand and agree to comply with the provisions of this Tuition Agreement.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Printed Name

Printed Name



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Release of Specific Student Information 2019/2020

Dear Parents,

Summit Christian School does not release information or records concerning your child to organizations or individuals without your consent (except at noted below). There are a number of times, however, when such information may be requested. Rather than contacting you for specific permission to release information when each instance occurs, we have designed this form to serve as a release for most of those instances.

Your consent is required for us to release such information. If you choose to give your consent, please initial where indicated for each instance listed. If you wish to revoke your consent, you may do so at any time by notifying the school in writing. If you have any questions, please call the school office.

Name of Student(s)

INSTANCES REQUIRING PARENTAL CONSENT TO RELEASE INFORMATION:

Press

Information and photography concerning participation in special programs, winning of awards, honor, etc. This includes any photos or videos used to advertise enrollment and/or activities at SCS. These may be included on the school's website newsletter, Facebook page or other social media outlets and publications without any personal identifiers.

Parents' Initials

Office

Names, addresses and phone numbers or children in designated class or school directory

Parent of Other Students

Addresses and phone numbers to contact student for out-of-school activities, i.e., birthday parties or other events.

WE DO NOT WISH FOR ANY INFORMATION TO BE RELEASED (please check box)

Statement of Consent

We/I consent to the release of the specified information to the organizations and individuals noted above upon their request. We/I understand that this consent may be revoked by us/me at any time by notifying the school in writing.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

SUMMIT CHRISTIAN SCHOOL STUDENT EMERGENCY CARD 2019/2020

Name Used	Last	First	Male	Female	Birth Date & Birthplace
Legal Name			Home Phone#		
Address		Street		City	State
					Zip Code
Lives with			Legal Custody		
Father		Employer & Work Hours		Work Phone/Ext.	Cell #
Mother		Employer & Work Hours		Work Phone/Ext.	Cell #
E-Mail Addresses			Mother		
Father			Mother		
<input type="checkbox"/> Please keep my email private.					

PICK-UP RELEASE (Please list parents plus 3 others who have your permission to contact in order of preference)

Adults (18+ years of age) with permission to pick up my child after school, or in the case of illness or emergency.

Name	Contact #	Contact #	Cell #	Relationship

HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR ALLERGIES? (Please Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please check all that apply.		
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Bee Sting	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Migraines
<input type="checkbox"/> Severe Allergy/Anaphylaxis		
<input type="checkbox"/> Other _____ Describe _____		
Does your child need medication at SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, see below*) List medication(s) at school: _____		
Physical Limitation: _____		
Eyes: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts		
MEDICAL INSURANCE INFORMATION		
Insurer	Group #	I.D.#
Physician	Address	Phone #
Dentist	Address	Phone #
Hospital(s) Preferred		

The parent/guardian is responsible for keeping the school informed of updates or changes to the student's emergency and health information. The school shall be notified, in writing, of telephone or address changes within three (3) days of the occurrence. If the school is unable to reach anyone on this card in an emergency, or if a student is left unattended during non-school hours, the school may place student in our SKIP Program at the current SKIP rates.

I give permission for my child to take part in all school activities including sports and school-sponsored trips away from the school premises. If it should become necessary for my child to receive medical treatment for any reason during any of these activities, I authorize school personnel to make arrangements for my child to receive medical care, including transportation. I understand that my medical insurance acts in a primary position and I agree to bear all costs incurred. I hereby release Summit Christian School and its staff from any liability related to personal damage or injury. Furthermore, I take full responsibility for my child's actions and will pay for any damages cause by my child.

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

*California Education Code 49408 states that school districts may require that emergency information be kept current. California Education Code 49423 requires that if medications are to be taken at school, there must be a medication form on file at school annually, signed by both parent and physician.