



# Calvary Christian School

1210 North Middleton Road, Nampa, Idaho 83651 (208) 467-9114 [www.ccschoolnampa.org](http://www.ccschoolnampa.org) [schoolinfo@ccnampa.com](mailto:schoolinfo@ccnampa.com)

Dear Prospective Families,

Calvary Christian School was established to provide a Christian education to those families seeking a faith-based education for their children.

Calvary Christian School is a ministry of and accountable to Calvary Chapel Nampa. This school holds to the statement of faith and all the principles and biblical doctrines of Calvary Chapel Nampa as outlined in the Word of God, the Bible.

When Calvary Chapel was first started the vision was to have a ministry of Christian education for the youth of the church and our community. Our vision was to provide the highest quality Christian education at a tuition that would represent great value. It is upon this vision which Calvary Christian School has been built. Calvary Chapel Nampa's Senior Pastor, Tim Doughty, is the principal and spiritual leader.

Calvary Christian School is committed to academic excellence, but also committed to developing a Christ like character in each student. At Calvary Christian School we believe that if God is not in the education, then it is not a proper education. That is why we focus on developing spiritual growth and academic growth in every student.

If you are in agreement with the policies and spiritual goals of CCS follow the steps for enrollments below.

## **Admissions Procedures for New Students**

- Schedule a tour of the campus
- Complete the enrollment packet
- Submit all previous school records and test scores
- Interview with principal
- Student assessment as determined by the administration
- Notification of student acceptance or denial
- Pay \$150.00, non-refundable Enrollment fee in check or cash
- Parents attend an orientation night in the fall right before school starts

## **Enrollment Procedures for New Students**

Return to us:

- Completed application for enrollment; if possible, both parents must sign.
- Letters from student's pastor for all students in grades 7 and above
- Immunization Record
- Birth Certificate
- Parent and Student Commitment Forms
- Make the necessary financial arrangements that are required by the school. (Payment of non-refundable registration fee)

## **BASIC QUALIFICATIONS FOR ADMISSION**

### **Kindergarten**

Children who plan to attend Kindergarten at Calvary Christian School must be 5 years of age by September 1st of the current school year and pass the fine motor skills evaluation. In addition, they will be given a reading readiness test and must score 80% or above. The reading readiness test determines if a child is ready to learn to read. All children must also have proof of immunization and a birth certificate.

### **Grades 1 through 8**

Children enrolling in Grade 1 must be 6 years old by September 1st of the current school year and must already be reading. All children must also have proof of immunization and a birth certificate. CCS will need to review all prior school records to make an acceptance determination and may do an assessment.

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Nampa, ID 83651  
208-467-9114

### Enrollment Check List

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

Nickname (if applicable): \_\_\_\_\_

School Year: \_\_\_\_\_

- Application/Re-Enrollment Application ( )
- Financial Responsibilities ( )
- Student Pick Up ( )
- Health Profile ( )
- Permission to administer Pain Meds ( )
- Release of Liability/Medical Treatment ( )
- Field Trip Authorization ( )
- Parent Commitment ( )
- Student Media Consent Release Form ( )
- Pastor Recommendation (New Students) ( )
- Immunization Record/Update (New Students)
- Copy of Birth Certificate-New Students ( )

APPLICATION FOR NEW ENROLLMENT 2026-2027

Calvary Christian School

This application is for new students desiring to enroll for the 2026-2027 academic year. The registration fee of \$150.00 for new students must accompany this application and is not refundable.

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_
Age: \_\_\_\_\_ Grade (in Fall): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_
Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_
Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_
Do you Attend: Calvary Chapel Nampa Yes \_\_\_\_\_ No \_\_\_\_\_
Church of attendance: \_\_\_\_\_ Attend regularly? Yes \_\_\_\_\_ No \_\_\_\_\_
Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that the school program is an integral part of child training which I am expected to support. "I hereby commit to assume my Scriptural responsibility for financial support of the school". "I understand that my child is expected to take part in school activities, including P.E. and sponsored trips away from the educational facility, and I absolve the school from liability to me or my child because of injury to my child at properly supervised school activities." "I agree to uphold and support the high academic standards of the school by providing a place at home for my child to study and by encouraging my child in the completion of any homework or assignments." "I appreciate the standards of the school and will not tolerate profanity, obscenity in word or action, dishonor to the Godhead or the Word of God, or disrespect to the staff of the school. I hereby agree to support regulations published in the school handbook in the applicant's behalf and authorize the school to employ discipline as it deems wise and expedient for the training of my child."

"I understand that the school reserves the right, after a parental conference, to dismiss any child who fails to comply with established regulations and discipline or whose parents do not assume their responsibilities to the school."

"I have read the school handbook, agreed to complete Parent Orientation, and understand and agree to the terms stated on this application."

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



# Calvary Christian School

## STUDENT PICK UP INFORMATION SHEET 2026-2027

Please fill out the following information:

The following person(s) have permission to pick up my child \_\_\_\_\_  
(Child's Name)

| Name  | Cell Phone # | Relationship to |
|-------|--------------|-----------------|
| _____ | _____        | _____           |
| _____ | _____        | _____           |
| _____ | _____        | _____           |
| _____ | _____        | _____           |

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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## HEALTH PROFILE 2026-2027

Students Name \_\_\_\_\_

Does your child have any medical condition and/or conditions we should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_

If yes, please describe \_\_\_\_\_

Does your child have a medical condition (i.e. allergies, asthma, diabetes, etc.)? Please be specific \_\_\_\_\_

Does your child require regular medication? If so, what are they? Will he/she require medication at school? What time? \_\_\_\_\_

If yes, please describe your child's condition \_\_\_\_\_  
\_\_\_\_\_

Does your child have any specific behavior or discipline problems? Does he/she have any authority issues or peer issues that we should be aware of?  
\_\_\_\_\_

### PERMISSION TO ADMINISTER MEDICATIONS FOR PAIN, ETC. 2026-2027

I hereby give my permission for a staff member of Calvary Christian School to give my student, \_\_\_\_\_, pain medication in the form of Ibuprofen, Tylenol, medication for allergies, or prescription medication without first calling a parent or guardian.

Note: Calvary Christian School (CCS) will not administer aspirin unless given specific permission. For medications (prescription or otherwise) coming from home, the medication must be in a commercially labeled bottle. Prescription bottles must specify dosage amounts and CCS must know when to administer said medication. This permission is given for the current school year only. Please note any additional restrictions or instructions below.

\_\_\_\_\_  
Printed Name Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

# Calvary Christian School

## RELEASE OF LIABILITY FORM 2026-2027

When this form is signed by the parent or legal guardian of the child by the name of \_\_\_\_\_, it releases Calvary Christian School from any and all liability related to any and all activities and/or transportation provided by Calvary Christian School, its staff or representatives. Calvary Christian School does not provide medical insurance to automatically pay for medical expenses when students are injured at school. General medical insurance is the responsibility of the parent or legal guardians. Calvary Christian School carries only legal liability insurance.

\_\_\_\_\_  
Parents/Guardian Signature

\_\_\_\_\_  
Date

### Authorization of Consent to Medical Treatment

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Calvary Christian School and its staff of any liability against personal losses of named child. I/we the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Calvary Christian School. I/we understand that there are inherent risks involved in any athletic event, and I/we hereby release Calvary Christian School, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician and/or hospital personnel designated by Calvary Christian School. I/we agree to hold such person free and harmless of any claims, or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the coaching staff.

Parent(s) name (please print) \_\_\_\_\_

Parent Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency \_\_\_\_\_ Contact Phone # \_\_\_\_\_

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

# Calvary Christian School

## FIELD TRIP PARENT AUTHORIZATION

2026-2027 SCHOOL YEAR

I give my permission for \_\_\_\_\_ to participate in all planned field trips and sporting events during the school year. I understand that notification will be given in advance of field trips regarding place, date, time, and cost (if any).

Please list two emergency contacts other than parents:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Signature of Parent \_\_\_\_\_



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## PARENT COMMITMENT 2026-2027

1. We understand that the school and home are a team working for our child's success. We agree to support the teachers in the education of our child, and to strive to build a supportive attitude in our child.
2. We understand that by enrolling our child in this school, we give permission to the school staff to discipline our child as necessary to effectuate appropriate behavior. We further agree to cooperate with the school in upholding school standards and Christian attitudes.
3. We agree that if our child should become involved in any situation that causes us concern, we will first go to the party or parties involved to try and correct the situation. If the problem cannot be resolved to our satisfaction then we will go to the next level of responsibility as outlined in the Parent Handbook. In the love of Christ, in prayer, we will attempt to solve problems as they arise.
4. We understand that assessments will be made to cover any damage to school property.
5. We agree to pay tuition according to the conditions found in the Parent Handbook, or according to any arrangements that may be made. We understand that our child may not be allowed to attend school if required payments are not made or arranged. In addition, report cards, transcripts, and diplomas may be withheld if required payments are not made or arranged.
6. We understand that **attendance** directly impacts student achievement and graduation.
7. Unless special arrangements have been made, I, to the best of my ability, will make sure that my child completes daily homework, arrives on time, and is in dress code.
8. We have read the entire Parent Handbook which gives a basic outline of school policies.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Calvary Christian School

## STUDENT COMMITMENT 2026-2027

Our goal at Calvary Christian School is to support the efforts of parents as they accept and fulfill their responsibility to give their children a Christian education and to equip the children to view and evaluate all of life, experience, and knowledge from a Biblical perspective.

Please read the personal commitment below. When you understand and agree to these principles, please sign your name. (Parents may read the personal commitment to students so that they understand what they are signing).

- I understand that Calvary Christian School is a Christian school that is based on Christ centered principles.
- I understand that my attendance at this Christian school is a privilege and will affect academic success and/or ability to play sports.
- I will respect and reflect, in my words, actions, and attitudes:
  - God
  - Those in authority—parents, teachers, pastors, etc.
  - My fellow classmates
  - All property—mine, others', and the school's.
- I will promote harmony and peace.
- I will strive to do my best in my class responsibilities, which includes coming prepared for class, completing daily homework and/or assignments, and in dress code.
- I understand and agree that I will be held accountable throughout this school year for upholding these Christian values.

I have read the personal commitment and understand that I may lose the privilege to attend this school, if I do not keep these commitments or any other regulations set forth by the staff, administration, or school board.

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Student Signature

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Date

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Parent Signature

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Date

# Calvary Christian School

## STUDENT MEDIA CONSENT AND RELEASE FORM 2026-2027

Throughout the school year, students may be highlighted in efforts to promote Calvary Christian School activities and achievements. For example, students may be featured in materials to increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of social media.

I, as the parent or guardian of \_\_\_\_\_, hereby give Calvary Christian School and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital, and printed media.

a. This is with the understanding that neither Calvary Christian School nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

b. I further release and relieve Calvary Christian School, its employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

**I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.**

Name of Child \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

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## PASTOR RECOMMENDATION FORM 2026-2027 (Grades 6-8)

### New Students

Date \_\_\_\_\_

Name of the Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Church Phone Number: \_\_\_\_\_

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

To Whom It May Concern:

The above-named student is applying for admittance to Calvary Christian School. Please fill out the information below and add any additional comments you feel would be helpful. Thank you.

How long have you known this student? \_\_\_\_\_

Is this student a regular attendee of your church? \_\_\_\_\_

Is this student an active member of your church's Youth Ministry? \_\_\_\_\_

Do you feel that he/she has made a personal commitment to Jesus Christ? \_\_\_\_\_

Any additional comments:

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Signature \_\_\_\_\_