



# 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)

## 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

1. Set up an interview and tour the campus. Parents *and* students must attend.
2. Complete the enrollment packet. (available in the office or online)
3. For level 2 and up, if your child is transferring from a non A.C.E. school, set up a diagnostic test appointment.
4. If a second interview is needed, we will contact you.
5. Upon acceptance, your student's transcripts and permanent records must be sent from former school to CCS.
6. A \$150.00, non-refundable Enrollment fee must be paid to secure your spot.
7. If your student is not accepted at the second interview for any reason (lack of sufficient information, former school issues, test scores etc.), you will be notified.
8. After acceptance, parents must attend an orientation meeting, scheduled before school begins. See school calendar.

## Enrollment Procedures for New Students

1. Be certain that you understand the policies and procedures found in the "Parent Handbook." Enrollment requires an acceptance of the rules and regulations as set forth in the named handbook.
2. Return to us:
  - Completed application for enrollment; if possible, both parents must sign.
  - Pastor recommendation for all new students in level five (5) and above.
  - Physician's Report on Health (for students in sports)
  - Immunization Record (photocopy - new students only)
  - Birth Certificate (photocopy - new students only)
  - Parent Commitment Form
  - Make the necessary financial arrangements that are required by the school. (Payment of non-refundable registration fee)

## **BASIC QUALIFICATIONS FOR ADMISSION**

### Preschool

Children who plan to attend Calvary Christian School must be 4 years old by September 1st of the current school year. An interview with an administrator and/or teacher is advisable to gauge maturity and readiness level for the A Beka program. All children must also have proof of immunization and a birth certificate.

### Kindergarten

Children who plan to attend K5 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.

### Elementary level 1-8

Children enrolling in level 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.

### High School level 9-12

Students who plan to attend high school at Calvary Christian School must:

1. Have a desire to attend CCS and participate in their Christian education.
2. Have completed grade levels 1-8
3. High School Transfer students must have a valid transcript.
4. A student is eligible to graduate from CCS when all prescribed school level classes are completed. (Age is not the factor).
5. All children must also have proof of immunization and a birth certificate.
6. **Read, understand, and sign the student commitment on page 14.**

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Nampa, ID 83651  
208-467-9114

### Enrollment Check List

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

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

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 & incoming 7<sup>th</sup> graders ( )
- Copy of Birth Certificate-New Students ( )

APPLICATION FOR NEW ENROLLMENT 2024-2025

Calvary Christian School

This application is for new students desiring to enroll for the 2024-2025 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: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Church: \_\_\_\_\_ Attend regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Do you Attend: Calvary Chapel Nampa Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that the school program is an integral part of child training of 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

## FINANCIAL RESPONSIBILITIES 2024-2025

I/We desire to enroll my/our child \_\_\_\_\_ at Calvary Christian School with a starting date of \_\_\_\_\_.

**Terms of enrollment:** I/we agree to pay enrollment, tuition, and book fee. I/we understand that tuition fees are due monthly on the first day of each month. I/we understand that report cards, transcripts, and diplomas may be withheld if required payments or an arrangement that is suitable is made. I/We understand that enrollment and book fees are non-refundable and by enrolling my child I/we are responsible for paying yearly tuition. If I/we decide to withdraw our child before the end of the school year, I understand that a fee of \$350.00 (per student) will be applied to my account if my student withdraws within 90 days of registration. If I/we decide to withdraw our child after 90 days, I understand that a fee of \$100.00 (per student) will be applied to my account. I/we understand that enrolling after August 15<sup>th</sup> a late enrollment fee of \$100.00 will be applied to my account to cover rush shipping costs.

**Volunteer hours:** Each family is required to serve a minimum of 8 hours per school year or pay \$15.00 per hour that was not served in order to pay a replacement worker or service.

**Insufficient funds policy:** There will be a \$25.00 charge for any check that is returned to CCS or for any account which has insufficient funds when a payment is posted. If three checks are returned to insufficient funds, future payments will only be accepted in the form of cash, money order, or cashier's check.

**Past due accounts:** Since CCS is entirely funded through tuition and donation amounts, I/we understand that if the full monthly tuition is not paid by the 10th of each month a \$25 late fee will be added to my/our account. If all tuition and fees are not paid within 30 days from the original due date (the 1st of each month), my/our child/children may be suspended until the outstanding balance is paid in full.

**Credit reporting/Collections:** I/we understand and acknowledge that if I/we fail to fulfill the terms of my/our obligations within this agreement, an update reflecting the delinquency of the account will be submitted to credit reporting agencies. In the event that my/our account become delinquent, and payment is not made on amounts owed under the terms of this agreement, the entire balance owing may be placed with a licensed collection agency. I/we agree to pay all fees charged by the collection agency. I also understand that in addition to the outstanding balance there will be an additional fee placed on the account which will be equal to 25% of the outstanding balance to offset collection fees.

I/we have read, understood, and agree to the terms and conditions outlined in the Calvary Christian School student application forms, in the Calvary Christian School Parent/Student Handbook, and as stipulated above. A binding financial agreement will be available to be signed once final fees are calculated.

\_\_\_\_\_  
Signature of Parent (or Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Parent (or Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

# Calvary Christian School

## STUDENT PICK UP INFORMATION SHEET 2024-2025

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

_____	_____
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Parent Signature

Date

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## HEALTH PROFILE 2024-2025

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

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

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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?

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

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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?

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### PERMISSION TO ADMINISTER MEDICATIONS FOR PAIN, ETC. 2024-2025

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

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Signature Parent or Guardian

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# Calvary Christian School

## RELEASE OF LIABILITY FORM 2024-2025

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

Provide a list of any major illnesses your child has experienced during the last year, any allergies or medical conditions, and any restrictions imposed by his/her physician.

### 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 2024-2025 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 persons other than yourself that we may contact in case of emergency:

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

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

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

Phone \_\_\_\_\_



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# Calvary Christian School

## PARENT COMMITMENT 2024-2025

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 2024-2025**

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.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# Calvary Christian School

## STUDENT MEDIA CONSENT AND RELEASE FORM 2024-2025

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 2024-2025 (Grades 6-12)

### 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:

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

Signature \_\_\_\_\_