

2009-2010 Preschool Registration Packet
Christ Centered School

220 Sunset Ave.
Harrison, Ohio 45030
(513) 367-4564
fax: 367-7981

Philosophy and Purpose

Christ Centered School was founded in response to a need for an educational program with a Christian philosophy of life and a respect for the specific teachings of the New Testament. We hope that, as a result of instruction at CCS, our students will grow in the grace and knowledge of our Lord and Savior Jesus Christ, glorify Him in all things, and become good citizens of the kingdom of God and our nation.

Entrance Policy

Although enrollment is available on an application basis, and each application is considered on its own merit, in order to get a preferred class, you should register early. We will do our best to meet your class preference; however, we will not guarantee it. Children must be 30 months or 3 or 4 years of age by September 30. Christ Centered School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, athletic or other school-administered programs.

Preschool Hours & Calendar

Morning Session: 9:00 to 11:30 (Please arrive 5 to 10 minutes before starting time)
Afternoon Session: 12:30 to 3:00
Extended Care is available from 7:00 a.m. until 6:00 p.m.
CCS Calendar is based on Southwest Local School District Calendar

Registration Procedure

Fill out the registration completely. Return the form, plus the non-refundable registration fee to Christ Centered School. All forms, including a copy of the child's birth certificate, **MUST** be returned to fully enroll your child. The Board of Health requires that the medical form be on file in the school office before admitting your child for the first day.

Preschool Physicals: According to state law, preschool physicals are only valid for 12 months. (Example: If your child received a physical in August of 2008 they will be required to have another physical in August of 2009, in order to stay in school.) Schedule your child for a physical during the summer months to avoid a second examination in the middle of the school year.

Orientation Meeting: An orientation meeting will be held prior to the beginning of preschool.

2009-2010 Preschool Registration Packet
Christ Centered School

220 Sunset Ave.
Harrison, Ohio 45030
(513) 367-4564
fax: 367-7981

Fees

Registration Fee:

\$75 (Due when registering; non-refundable.)

Drink and Paper Fee: (Due Aug. 1st.)

Two-day program - \$75

Three-day program - \$100

Tuition Payments

Tuition payments are based on a ten-month payment schedule running August through May. The first tuition payment is due August 5th or August 20th and the last payment is due May 5th or May 20th. Tuition will be accepted in the school office each month. Annual and semi-annual payment arrangements can be arranged in the school office.

TEN MONTH PAYMENT PLAN

	Monthly tuition	Multi-Child*5%
Preschool 2 day	\$132.50	\$126
Preschool 3 day	\$154	\$147

If you have two or more children enrolled you will receive a 5% discount on your tuition.

Our school, in an effort to keep tuition costs to a minimum while continuing to provide high quality education to your children, has decided to accept tuition payments in the office. We do need for tuition payments to be made on time.

This tuition rate assumes a parental involvement in volunteering 2 hours per month.

2009-2010 Preschool Registration Packet
Christ Centered School

220 Sunset Ave.
Harrison, Ohio 45030
(513) 367-4564
fax: 367-7981

Supply List

30 Months	3 & 4 Year Olds
<ul style="list-style-type: none">* 1 box Kleenex* 1 school bag or backpack* 1 container of Wet Ones* 1 package of napkins	<ul style="list-style-type: none">* 1 pair Fiskars pointed scissors* 2 <u>sharpened</u> lead pencils* 1 large Elmer's Glue <u>Stick</u>* 1 paint shirt (pull over the head type - dad's old T-shirt is fine)* Long Crayola Colored Pencils - <u>sharpened</u>* 1 basic Crayola watercolor set with brush* 1 box of Crayola Crayons (8 count, small)* 1 box of Puff's Tissues (Girls)* 1 school bag or backpack* 1 container of Wet Ones* 1 package of napkins (Boys)

Please label all supplies with your child's name.

Insurance

The school carries liability insurance on all children.

Health Regulations

If your child appears ill, he/she should be kept home. Children should not return to school for 24 hours after having a fever. You will be notified if your child becomes ill at school.
(See Parent Handbook)

Clothing

Dress children in clean everyday play clothes because they will be involved in painting, working with glue, etc. Please be sure children have proper clothing in winter months as recess is outside whenever weather permits. Please mark your child's name on all extra articles of clothing.

See Parent's Handbook for student dress code.

2009-2010 Preschool Registration Packet

Christ Centered School

220 Sunset Ave.
Harrison, Ohio 45030
(513) 367-4564
fax: 367-7981

Registration Form

Preschool Program: _____

Student's Name _____ Date of Birth ____ - ____ - ____
Last First M.

Social Security Number _____ Home Phone (____) ____ - ____

Address Where Child Lives _____

Street _____
Date entered this school _____
City State Zip

Program/Days Requested:

____ 30 mo. Tues./Thurs. A.M.
____ 3's Mon./Wed./Fri. A.M.
____ 3's Tues./Thur. A.M.
____ 4's Mon./Wed./Fri. A.M.
____ 4's Tues./Thur. A.M.

____ 30 mo. Tues./Thurs P.M.
____ 3's Mon./Wed./Fri. P.M.
____ 3's Tues./Thru. P.M.
____ 4's Mon./Wed./Fri. P.M.
____ 4's Tues./Thur. P.M.

Parent's Special Needs:

Father or Guardian _____ Occupation _____

Place Employed _____ Business Phone (____) ____ - ____
Other Phone _____ Email or Fax _____

Mother or Guardian _____ Occupation _____
Place Employed _____ Business Phone (____) ____ - ____
Other Phone _____ Email or Fax _____

Emergency numbers - in case we cannot reach you:

1st choice _____ (____) ____ - ____
Name Phone Address Relationship

2nd choice _____ (____) ____ - ____
Name Phone Address Relationship

Sitter/Daycare Provider _____ Phone (____) ____ - ____
Name Address

Child's Physician _____ Phone (____) ____ - ____
Name Address

Child's (or Family) Dentist _____ Phone (____) ____ - ____
Name Address

What school district are you from? _____

Do you use bus transportation? ____ Yes ____ No

Church now attending? _____ Are you active? ____ Yes ____ No

Signature of Parent or Guardian: _____ Date: _____

2009-2010 Preschool Registration Packet
Christ Centered School

220 Sunset Ave.
Harrison, Ohio 45030
(513) 367-4564
fax: 367-7981

Voluntary Roster Form

May we have permission to place your child's name and your name on the roster for the purposes of giving to Room Moms, or for fundraiser and other informational mailings or calls.

Thank You.

- Yes**, I give permission
- No**, I do not give permission

Signed _____

Names and Phone Numbers as you would prefer them listed:

2009-2010 Preschool Registration Packet
Christ Centered School

220 Sunset Ave.
Harrison, Ohio 45030
(513) 367-4564
fax: 367-7981

School Supplies

NIV Bible – Old and New Testament
Head Phones for Computer (3rd – 12th)
2 – 3 ½ inch floppy disks
1 Box of Tissues
Folders with Pockets
Spiral Notebook (wide or college ruled)
Notebook Paper - loose leaf (wide or college ruled)
Pencils
Colored Pencils
Crayons (optional)
Markers
Blue or Black Ink Pens
12” Ruler (inches & centimeters)
Scissors
6” Clear Protractor and Geometry Compass (7th – 12th)
Glue

Insurance

CCS carries liability insurance on all students.

Health Regulations

If your child appears ill, he/she should be kept home. Children should not return to school for 24 hours after having a fever. You will be notified if your child becomes ill at school.

Clothing

See Parent’s Handbook for student dress code.