



**La Palma Christian School**  
**Junior High**  
**Senior High**  
**Registration Packet**  
**2016/2017**

**Principal: Pastor Steve Bland**  
**Director: Karen Bland**

## **LPCS STATEMENT OF PURPOSE**

**WE BELIEVE . . .** God has established the family as the basic unit of our society, and therefore pledge ourselves to support the family's positive growth and development.

**WE BELIEVE . . .** parents have the primary responsibility for the upbringing of their children, and therefore, pledge ourselves to support parents in every way, in raising their children.

**WE BELIEVE . . .** the school should have a strong moral environment and therefore, pledge ourselves to provide positive, godly direction and discipline.

**WE BELIEVE . . .** the Bible is the Word of God, and therefore pledge ourselves to operate the school according to its teaching and precepts.

**WE BELIEVE . . .** that every student has unique strengths and talents, and therefore pledge ourselves to help each student develop to his or her maximum potential.

**WE BELIEVE . . .** that every person must be "born again" to have eternal life, and therefore pledge ourselves to challenge each student with his or her need to have a personal relationship with Jesus Christ as Savior and Lord and develop a life that is glorifying to God.

## **2016-2017 LPCS REGISTRATION**

Registration and orientation day will be Friday, August 12<sup>th</sup> from 9am to 12pm. This is a one-day event and we will collect ALL registration forms and fees that day.

Good News... parents, if you refer a new student, and that referral registers with LPCS, your registration will be discounted. Just have your referral mention your name when they register, and we will give you a \$50 credit toward your account.

INCLUDED IN THIS PACKET ARE THE FOLLOWING IMPORTANT DOCUMENTS:

- 2016-2017 SCHOOL FEE SCHEDULE
- STATEMENT OF COOPERATION
- STUDENT APPLICATION
- PAYMENT POLICY
- FINANCIAL AGREEMENT
- AUTHORIZATION RELEASE FORM
- EMERGENCY MEDICAL INFORMATION
- SCHOOL HEALTH RECORD/IMMUNIZATION CARD
- ETHNICITY STATEMENT
- CELL PHONE USAGE AGREEMENT
- REASON FOR SUSPENSION CONTRACT
- MANDATORY EMERGENCY CALL LIST
- STUDENT RELEASE FORM

Please complete and return all of the forms with your registration fee. If you have any questions, you can reach me at the school office.

Phone: 714-527-3231

Thank you,

Mrs. Bland

## 2016-2017 LPCS FEE SCHEDULE

REGISTRATION .....\$100

EARLY ..... \$50

Please note: All registration fees are non-refundable.

NEW STUDENT TEST FEE ..... \$25

ACE BOOK FEE .....\$260

### - TUITION -

1 CHILD .....\$4,620.00 (10 monthly payments of \$462)

2<sup>nd</sup> CHILD ..... \$4,158.00 (10 monthly payments of \$415.80)

*\*Tuition paid in full for the 2016-2017 school year will receive a 5% discount for a total amount of \$4,389.00*

**\*La Palma Christian School allows parents to make monthly payments equal to 10% of their annual tuition obligation. These monthly payments are due on the first day of each month starting in August-May. If monthly payment is not paid by the 10<sup>th</sup> of each month, you will be subject to a late fee of \$20.**

### - DAY CARE -

MONTHLY .....\$150

MORNING ..... \$60

AFTER-SCHOOL ..... \$90

DAILY ..... \$10

If you have any questions, you can reach me at the following:

Phone: 714-527-3231

Thank you,

Mrs. Bland

**La Palma Christian School**  
**Statement of Cooperation**  
**2016/2017**

I give permission for my child to take part in all school activities, including school sponsored walking field trips away from school premises, and absolve the school from liability to me or my child because of injury to my child at school or during school activity, with the understanding that insurance will be maintained on my children only August – May.

I understand that standards of La Palma Christian School do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, or disrespect to the personnel of the school.

I hereby agree to pay my financial obligation for my child's school tuition on the due date. All payments are to be paid by the first of each month.

I realize that my attitude toward the teachers and policies of La Palma Christian School is part of the ministry of La Palma Christian Center Assembly of God Church and is directed under the Pastor/Principal and official board of the church.

I understand that La Palma Christian School reserves the privilege of setting and maintaining its own standards for student conduct and therefore the school maintains the right to refuse admittance to anyone it chooses, and to expel any student who violates the rules and this statement of cooperation.

It is my understanding that complete support and cooperation must be maintained in order for my children to remain in school.

It is my understanding that the registration fee will not be refunded.

I understand that I am responsible for the entire year's fees and tuition, if my child is accepted at LPCS. *(Only a move out of the area due to a transfer, job change, or some extraordinary circumstance will release me from my obligation.)*

Parent / Guardian

Date

**FIRST CONTACT EMERGENCY INFO**

(Please Print)

NAME: \_\_\_\_\_

WORK #: \_\_\_\_\_

CELL #: \_\_\_\_\_

**La Palma Christian School  
Student Application  
2016/2017**

La Palma Christian School welcomes all applications, regardless of race, color, ethnicity, who have a personal commitment to faith in Christ and a desire for a Christian education.

***(please print clearly)***

School Year: \_\_\_\_\_ Re-enrollment? Yes No New enrollment? Yes No \_\_\_\_\_ Grade to Enter

Student Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Address: (Street) \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ PO Box: \_\_\_\_\_

Phone: (Area Code) \_\_\_\_\_ # \_\_\_\_\_ Child's Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

**(Father's Information)**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Father's Home Phone: (Area Code) \_\_\_\_\_ # \_\_\_\_\_ Business Phone: (Area Code) \_\_\_\_\_ # \_\_\_\_\_

Address: (Street) \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ PO Box: \_\_\_\_\_

Employer Address: (Street) \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ PO Box: \_\_\_\_\_

**(Mother's Information)**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Mother's Home Phone: (Area Code) \_\_\_\_\_ # \_\_\_\_\_ Business Phone: (Area Code) \_\_\_\_\_ # \_\_\_\_\_

Address: (Street) \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ PO Box: \_\_\_\_\_

Employer Address: (Street) \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ PO Box: \_\_\_\_\_

**(Billing Information)**

To Whom Should Billing Be Sent?: \_\_\_\_\_

**(Previous School Information)**

School last attended: \_\_\_\_\_

Address: (Street) \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ PO Box: \_\_\_\_\_

LPCS recommended by: \_\_\_\_\_ Present Church Attending: \_\_\_\_\_

Need Day Care?: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Does student have any known physical, emotional, or learning disabilities?: (circle one) Yes No

Explain: \_\_\_\_\_

\_\_\_\_\_

Are both parents in the home?: (circle one) Yes No

Child resides with: \_\_\_\_\_

Are there any unusual factors in the student's life?: (explain) \_\_\_\_\_

\_\_\_\_\_

Brothers and/or sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

If student is under guardianship, adopted, or if either parent is a step-parent, please indicate: \_\_\_\_\_

\_\_\_\_\_

If s Ex	<b>For Office Use Only</b>	
	Application Received _____	Regular Fee _____
	Immunization Record _____	Health Check _____
	Birth Certificate _____	Tested _____

# La Palma Christian School

## Payment Policy

### 2016/2017

All accounts are due as specified in this agreement. Billing notices WILL NOT be sent home. If an account is more than one payment in arrears, your child may be suspended from all classes until your account becomes current.

A late charge will be assessed on each monthly payment, per child, not paid by the tenth of each month. A 10% late fee will be charged after the 10<sup>th</sup> of each month. This fee will be 10% of the total monthly tuition payment.

Payments will be applied to whatever is owed to the school on your child's account, before applying any payments to your current monthly due.

PLEASE NOTE: A charge of \$25 will be assessed for each returned check from the bank.

The Registration Fee is payable no later than August 31<sup>st</sup>. No child will be allowed in class if the Registration Fee is not paid in full. Tuition Fees will not be accepted until all Registration Fees are paid in full.

As long as a child is enrolled, tuition is expected to be paid on time. There are no credits or refunds for days missed, or holidays. Months are not pro-rated according to days in school. Students will not participate in promotion or graduation exercises unless all accounts are paid in full before the promotion ceremonies.

If you plan to use childcare, whether occasionally through the year, or every day, you are expected to keep these costs current. These costs are separate from tuition and registration fees. You will not be billed for childcare.

#### IMPORTANT

A **Late Pickup Fee** is charged when students are picked up after 6:00 PM (regular school day), and 12:15 PM on minimum day

(in-service/early dismissal). The Fee is \$1 per minute, per child, payable at the time the student is picked up. An additional \$5 Fee is charged for each school day that the late fee has not been paid. Report Cards will be held until the Late Fee has been paid. Please note minimum days on the school calendar. Please remember once you decide on a



**La Palma Christian School**  
**Financial Agreement**  
**2016/2017**

Parent/Guardian Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Father's Home Phone: (Area Code) \_\_\_ # \_\_\_\_\_ Business Phone: (Area Code) \_\_\_ # \_\_\_\_\_

Address: (Street) \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ P. O Box: \_\_\_\_\_

Father's Home Phone: (Area Code) \_\_\_ # \_\_\_\_\_ Business Phone: (Area Code) \_\_\_ # \_\_\_\_\_

Mothers Home Phone: (Area Code) \_\_\_ # \_\_\_\_\_ Business Phone: (Area Code) \_\_\_ # \_\_\_\_\_

1<sup>st</sup> Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Annual Tuition: \_\_\_\_\_ Monthly: \_\_\_\_\_

2<sup>nd</sup> Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Annual Tuition: \_\_\_\_\_ Monthly: \_\_\_\_\_

3<sup>rd</sup> Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Annual Tuition: \_\_\_\_\_ Monthly: \_\_\_\_\_

4<sup>th</sup> Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Annual Tuition: \_\_\_\_\_ Monthly: \_\_\_\_\_

Total Monthly Payments: \_\_\_\_\_

- AGREEMENT -

I have read and understand the Payment Policy. I understand that I am making a formal application for the above listed student(s). I also understand that any unpaid balances may be assigned by the school to an agency for collections.

Father / Guardian: \_\_\_\_\_

Father Social Security Number: \_\_\_\_\_

Mother / Guardian: \_\_\_\_\_

Mother Social Security Number: \_\_\_\_\_

## La Palma Christian School

### Church Affiliation, Agreement & Authorization Releases

Religious affiliation/denomination: \_\_\_\_\_

Church you presently attend: \_\_\_\_\_

Church attendance is: ( ) Regular ( ) Occasional ( ) Rare

**Agreements and Authorizations:** *(please read each item and check boxes)*

- I have received a Parent/Student Handbook, and understand and agree to the policies and procedures contained therein.
  - I permit my child to participate in school-sponsored field trips.
  - I understand the tuition policies and accept the financial responsibilities for tuition charged.
  - I give the school permission to check my credit history.
  - I authorize the administration of any needed first aid to my child.
  - I understand that the success of my child requires:
    - my active involvement in weekly monitoring his/her academic work
    - communication of concerns with his/her teacher
    - follow through with assigned homework or suggested supplemental work
  - I understand that while the school will work to provide the best education possible, it does not guarantee specific academic proficiency.
  - My child will be 5 years old on or before October 1, to enroll in Kindergarten, and one additional year of age, on or before October 1, for enrolling in succeeding grades. Proof of age may be required.
  - I understand that it is my responsibility to provide the school a complete, up-to-date California School Immunization Record (form PM 286), which must also include a Mantoux (PPD) TB test and a Hib immunization.
  - I will provide the school with a completed Report of Health Examination for School Entry (form PM 171a) on or before the beginning of First Grade.
  - LPCS believes that the Bible commands us to make every effort to live in peace, and resolve disputes with each other, in private or by using resources within the Christian community. Therefore, I agree that, if necessary, any controversy, or claim arising out of this agreement, shall be resolved with the assistance of the Christian Conciliation Service, through mediation, or as a last resort, through binding legal arbitration.
  - I agree that these methods shall be the sole remedy for any controversy or claim arising out of this agreement, and all aspects of the attendance of my child at the center. I expressly waive my right to file a lawsuit against the center in any civil court for such disputes, except to enforce a legally binding arbitration decision.
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PARENT SIGNATURE

DATE

# La Palma Christian School Emergency Medical Information 2016/2017

Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: (Street) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ PO Box: \_\_\_\_\_

Home Phone: (Area Code) \_\_ # \_\_\_\_\_ Parent Work Phone: (Area Code) \_\_ # \_\_\_\_\_

### (Physician Information)

Physician Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: (Street) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ PO Box: \_\_\_\_\_

Office Phone: (Area Code) \_\_\_\_\_ # \_\_\_\_\_

### (Insurance Company Information)

Insurance Company: \_\_\_\_\_

Address: (Street) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ PO Box: \_\_\_\_\_

Policy: \_\_\_\_\_ Plan: \_\_\_\_\_ Member #: \_\_\_\_\_

### - AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT -

I, \_\_\_\_\_, hereby declare that I am the legal custodial parent or guardian of \_\_\_\_\_, a minor child.

My current residence is \_\_\_\_\_.

My current phone number is \_\_\_\_\_.

I hereby authorize and give permission to an adult representative of La Palma Christian Center, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment, hospital care, and / or medication prescribed by a physician or surgeon duly licensed to practice medicine in the State of California, when the need for such treatment is immediate and efforts to contact me are unsuccessful. I also agree to accept responsibility for any expenses incurred should any type of medical treatment be necessary.

This authorization is given pursuant to California Civil Code 25.8, and shall remain in effect until June 2017.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent / Guardian: \_\_\_\_\_

### - PERMISSION TO ATTEND -

I, \_\_\_\_\_, hereby grant permission for \_\_\_\_\_ to participate and attend the below designated activity will be chaperoned by an Adult Leader and / or Pastor. I hereby release, absolve, discharge and hold harmless, La Palma Christian Center, its employees, agents, servants, and volunteer chaperones of and from all claims, injuries, liabilities, and damages.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent / Guardian: \_\_\_\_\_

Activity / Event: ALL SCHOOL EVENTS

# MANDATORY EMERGENCY CALL LIST

Complete this form and list who should be contacted first in case of an emergency. Please be sure to contact the school if your information changes.

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

**Parent's Name:** \_\_\_\_\_

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

**Work Number:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

If you are unable to be contacted, please provide a secondary contact number:

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

**Cell:** \_\_\_\_\_ **Work/Home:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Relation to student:** \_\_\_\_\_

**La Palma Christian School**  
**Reason for Suspension**  
**2016/2017**

Dear Parents,

La Palma Christian School has established a **ZERO TOLERANCE POLICY**.

1. Any student that harms another student such as hitting, kicking, biting, etc.
2. Disrespect of any staff member or adult on school premises.
3. Stealing a possession of another student, teacher, or school.
4. Destruction of school property.

Consequence to any of the above actions will result in suspension for the following day and a zero on any missed assignments. Please sign below showing that you and your child understand the actions that will take place here at La Palma Christian School for the above misbehaviors.

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Parent / Guardian

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Date

---

Student

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Date

La Palma Christian School  
**Parent/Student Cell Phone Usage Agreement**  
**2016/2017**

My child and I have read the rules concerning cell phone usage at La Palma Christian Elementary School. We understand that the student is solely responsible for the cell phone and it is to remain turned off in the students backpack until the end of the school day.

We agree to abide and uphold these rules. We understand that failure to do so could result in this privilege being denied.

By signing this enrollment form, we accept the agreements and authorizations listed above.

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PARENT SIGNATURE

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DATE

---

STUDENT SIGNATURE

---

DATE

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**  
(Child will not be permitted to leave with any other person without written authorization from Parent or authorized representative)

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**Student's Name (Please Print)**

**Date**

NAME	RELATIONSHIP	CONTACT NUMBERS

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**Parent's Signature**

**Date**