

Harbor Christian Schools

Application for Admission

2010-2011

Mission statement: While honoring each individual student as a unique learner, our mission is to encourage the highest standards of academic achievement, personal responsibility, and love for learning in a nurturing Christian environment.

Harbor Christian Schools does not discriminate on the basis of race, color, national or ethnic origin. We reserve the right to deny admission to any student based on current school standards.

Student Name: _____ Sex: M F
Last First Middle

Home Address: _____
Street City Zip Code

Home Phone: (____) _____ **E-mail Address:** _____

Birth Date: ____/____/____ **Birthplace:** _____ **SSN:** ____-____-____
Month Day Year

Race (opt): Black Asian/Pacific Islander American Indian/Native Alaskan Hispanic White (Not of Hispanic Origin)

Grade applying for: _____ School last attended: _____

Names and ages of other family members applying/reapplying: _____

Names and ages of other children in your family: _____

Church Affiliation _____

Student Resides With: (circle all that apply) Both Parents Mother Father Stepmother Stepfather Guardian

Father/Stepfather/Guardian's Name: (circle one) _____

(Include complete address with street, city & zip) _____ Home Phone: _____

Cell/Pager #: _____

Employer: _____ Work Phone: _____

Mother/Stepmother/Guardian's Name: (circle one) _____

(Include complete address with street, city & zip) _____ Home Phone: _____

Cell/Pager #: _____

Employer: _____ Work Phone: _____

Father/Stepfather/Guardian's Name: (circle one) _____

(Include complete address with street, city & zip) _____ Home Phone: _____

Cell/Pager #: _____

Employer: _____ Work Phone: _____

Mother/Stepmother/Guardian's Name: (circle one) _____

(Include complete address with street, city & zip) _____ Home Phone: _____

Cell/Pager #: _____

Employer: _____ Work Phone: _____

Parent Questionnaire

Why have you selected Harbor Christian Schools for your child? _____

Has this applicant received any assistance in the form of tutoring, gifted, talented, or special education programming? _____
If yes, please explain. _____

Does the applicant have any physical, mental, emotional, or learning problems that this school should be aware of? _____
If yes, please explain. _____

Please describe any special circumstances or needs that your child may have: _____

- By signing and submitting this application, I hereby acknowledge the following:
- I will fully support the school's academic, behavioral, and other policies.
 - I agree that the administration has the responsibility, in consultation with parents and students, to assign the appropriate curriculum for my child.
 - I will fully support my child's participation in chapel and Bible teaching.
 - I agree to fulfill all financial obligations promptly, in accordance with the school's financial policy.
 - I will recompense the school for any and all damages to school or private property caused by my child.
 - I release the school from all liability, except negligence, while my child is under the school's care and responsibility.
 - Harbor Christian Schools may terminate this enrollment at anytime if my child's behavior is found to be unacceptable.
 - I understand that any intentional withholding of pertinent information regarding this contract may result in the dismissal of my child.
 - I understand that the required forms must be signed and the appropriate fees must be paid in full for this application to be valid.

Signature of father/legal guardian	Date	Signature of mother/legal guardian	Date
_____ Signature of student		_____ Date	

Harbor Christian Schools Tuition and Fees 2010-2011

Application Fee: \$30.00 - *New students grades K – 8 only*

This fee is non-refundable and covers the cost of testing and assessment.

Registration Fee: \$175.00

This fee is non-refundable and is due annually at time of registration.

Curriculum Fee:

This fee is due by August 1st annually, and is refundable through August 15th.

The annual curriculum fee pays for books, resources and certain supplies.

Pre – K	Half Day	\$175.00	<i>1/2 day- 4 days per week</i>
	Full Day	\$250.00	<i>full day- 4 days per week</i>
Grades K – 12		\$350.00	

Tuition:

Tuition is paid on a *ten-month schedule* August through May. All tuition is paid via a “SMART” contract (see SMART information for specific dates, etc).

Pre – K	Half	\$2,750.00	\$275.00 a month	<i>1/2 day- 4 days per week</i>
	Full	\$4,000.00	\$400.00 a month	<i>full day- 4 days per week</i>
Grades K – 5		\$5,000.00	\$500.00 a month	
Grades 6 -- 8		\$5,500.00	\$550.00 a month	
Grades 9 – 12		\$5,950.00	\$595.00 a month	

TUITION DISCOUNTS AVAILABLE

Student Referral Program*: HCS rewards families who recruit new students to HCS.

A **\$500.00 tuition discount** will be awarded for *each* new family recruited and enrolled in HCS.*

Early Payment Program: HCS rewards families who pay the annual tuition in full early.

10% tuition reduction if paid in full by *March 15th*

5% tuition reduction if paid in full by *July 1st*

3% tuition reduction if paid in full by *August 1st*

Family Plan:** HCS provides a discount when a family enrolls multiple students.

15% tuition reduction for the *second student*

30% tuition reduction for *all others*

Tuition and fees cover approximately 40-50% of the schools operating costs. The remaining financial resources are raised through donations and fundraising events (i.e., annual fall fund drive, service hours, Scrip, auction, Fall Fun Run, Holiday Bazaar and Christmas Program, community breakfast, bake sales, and other class activities/fundraisers).

Service Hours*:

HCS requires each family to donate **30 hours of service** to the school each year (10 of which is to be dedicated to the fundraiser/auction activities).

Note Regarding Service Hours: Families may choose “an OPT OUT pre-payment” at the beginning of the year at \$450.00 or \$15 per hour. Service hours are to be completed by May 1st. Families’ not completing their service hours are billed in May accordingly.

SCRIP*:

Families are required to purchase **\$1200.00 of SCRIP** per year (*\$350.00 for ½ day Pre-K*).

Scrip is the purchase of gift cards for groceries, gas, restaurants, and other amenities. You buy cards at face value and the vendors give a percentage of your purchase to our school (examples: Fred Meyer, Safeway, Albertsons, Arco, Chevron, Macys, Starbucks, etc. Note: Families may choose “an OPT-OUT pre-payment” at the beginning of the year at \$120.00/\$35.00 Pre-K.

Annual Fund Drive/Additional Fees/Transfers:

HCS has established the 2011-12 Annual Fund Drive goal at \$75,000 and requests 100% participation (with families give whatever they are comfortable giving).

Other additional fees may be required for field trips, special classes or projects.

Families transferring student(s) to HCS after the school year has begun will be prorated on Scrip, service hours, etc. based on the months/days left in the school year.

**See program guidelines for full details*

***Full tuition will be applied to the oldest student (or the student with highest tuition owed).*

HARBOR CHRISTIAN SCHOOLS
Enrollment Contract for 2010-2011
Pre K and Half-day K Students

Student's Name: _____ Class: _____

Please read the terms and conditions for enrollment in Harbor Christian Schools before signing below.

- ◆ Tuition is paid on a ten month schedule August through May. See SMART contract for specific dates. There is a late charge of \$5.00 each month for payments more than ten days late.
- ◆ The registration fee is due at the time of registration. This fee is non-refundable.
- ◆ The curriculum fee is non-refundable after August 15th.
- ◆ Students may attend class once registration and curriculum fees are paid in full.
- ◆ Parents/legal guardians are responsible for tuition payments anytime their child(ren) is/are enrolled at Harbor Christian Schools. Tuition refunds or credits will not be given for absences.
- ◆ If an account is delinquent more than 60 days, the student(s) will not be admitted to class until the account is current, unless special prior arrangements are made with the administrator.
- ◆ Parents/legal guardians must give a **30-days written notice** of intent to withdraw their student(s) to the administration of Harbor Christian Schools. If a student is withdrawn without 30 days written notice, the parents will be responsible for paying an extra month's tuition.
- ◆ Student records will not be released until all accounts are paid in full.
- ◆ If Harbor Christian Schools must file a collective action for unpaid tuition, fees or charges, the parent(s) or legal guardian(s) agree to accept full liability for all fees associated with the effort to collect on the debt.
- ◆ Harbor Christian Schools reserves the right to suspend or expel a student who fails to comply with school standards and/or rules.
- ◆ I agree to donate 30 service hours or pay \$450.00 to cover the cost of service hours (\$15 per hour) during the school year, as described on the tuition and fee sheet. I understand that a bill for volunteer services not performed by the end of the school year will be sent in June. Furthermore, I agree to purchase a minimum of \$350.00 SCRIP or pay \$35.00.

By signing this contract I (we) agree to promptly fulfill all financial and service obligations to Harbor Christian Schools. I (we) will abide by all of the financial policies of Harbor Christian Schools. I (we) understand and agree to all of the terms and conditions set forth above.

Signature of Mother or Legal Guardian

Signature of Father or Legal Guardian

Printed Name of Mother or Legal Guardian

Printed Name of Father or Legal Guardian

Date: _____

Date: _____



HARBOR CHRISTIAN SCHOOLS
Release of Liability Statement

By my signature below I do hereby release Harbor Christian Schools from any liability resulting from the publication of my picture and/or information on school brochures, flyers, banners, web pages, and any other publication used for the purpose of promoting Harbor Christian Schools. Understanding these terms, I fully agree not to bring any form of litigation against Harbor Christian Schools for any unwanted event seemingly brought about by the publication of my information and/or picture.

Printed Full Name of Publicized Individual

Signature of Individual or Guardian

Date

Harbor Christian Schools will not publicize the above signer's information to any source not relating to the above mentioned intentions. Harbor Christian Schools will not intentionally present the above signer's information and/or picture in a manner that could be construed as inappropriate.

Administrator/Board President

Date

Please check the information below you are willing to have included in the school directory, which is distributed only to students and staff.

____ Name

____ E-mail

____ Telephone

____ Address

Initial



HARBOR CHRISTIAN SCHOOLS

Confidential Teacher Referral Letter

Parents: Please fill out the first section below, then return this form to Harbor Christian Schools along with the application for admission. Thank you.

Student's Name: _____ Date: _____

Current or Previous Year's Teacher:

School Name: _____

School Address: _____
Street City State Zip Code

Dear Educator,

The student named above has applied for admission to Harbor Christian Schools. We would appreciate your comments regarding this applicant. Only HCS school officials will read your comments. Thank you very much for your assistance.

1. Please describe the student's academic abilities, strengths, and challenges:

2. Please describe the student's social development:

3. If you could work with this student for another year, what would you most like to accomplish with this student?

4. Please describe this student's behavior in the classroom and on the playground.

5. Does this student require any special assistance or have unusual needs in order to do his/her best in school?

Signature

Relationship to the applicant

Date

School Telephone

Thank you for spending time on this form. We appreciate your assistance very much.
Please mail this form to:

Harbor Christian Schools
PO Box 2135
Gig Harbor, WA 98335

STUDENT INFORMATION

Name: _____ Sex: _____
Last First Middle

Home Phone: _____ Birth Date: _____

Address: _____
Street
City State Zip Code

CONTACT INFORMATION

Please provide the names, addresses and telephone numbers of five people who can be called in the event of an emergency or if student is injured or becomes ill at school. **List in the order of priority including yourself if you wish to be called.**

1. Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
_____ Work Phone: _____
Relationship to student: _____

2. Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
_____ Work Phone: _____
Relationship to student: _____

3. Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
_____ Work Phone: _____
Relationship to student: _____

4. Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
_____ Work Phone: _____
Relationship to student: _____

5. Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
_____ Work Phone: _____
Relationship to student: _____