



# CENTENNIAL

BAPTIST SCHOOL

## 2017-2018 Enrollment Packet

### Enrollment Checklist:

- ☐ Enrollment packet signed
- ☐ Registration fee (\$50 by 4/30/2017) (\$100 after 4/30/2017)
- ☐ Before and After Care enrollment form (if applicable)

### *New Students Only:*

- ☐ Current Immunization records or exemption forms for all students
- ☐ Birth certificate for all students
- ☐ Personal recommendation form
- ☐ Church recommendation form
- ☐ Student history form
- ☐ Request for transfer of student records
- ☐ Current photo of all students

**A ministry of Centennial Baptist Church**

**[www.servechurch.org](http://www.servechurch.org)**

3610 E. Ustick Road, Caldwell, Idaho - 208.454.1997

## Student Enrollment Information

Student 1 Full Name	DOB	Gender	Grade Enrolling	K4/K5 <i>only</i> * Preferred class choice	Allergies
				AM PM (circle one)	
<b>Circle Ethnicity:</b> Hispanic, Latino or Non-Hispanic/Latino <b>Circle Race:</b> Asian    White    Black/African American    American Indian Alaska Native    Native Hawaiian or Other Pacific Islander					
Student 2 Full Name	DOB	Gender	Grade Enrolling	K4/K5 <i>only</i> * Preferred class choice	Allergies
				AM PM (circle one)	
<b>Circle Ethnicity:</b> Hispanic, Latino or Non-Hispanic/Latino <b>Circle Race:</b> Asian    White    Black/African American    American Indian Alaska Native    Native Hawaiian or Other Pacific Islander					
Student 3 Full Name	DOB	Gender	Grade Enrolling	K4/K5 <i>only</i> * Preferred class choice	Allergies
				AM PM (circle one)	
<b>Circle Ethnicity:</b> Hispanic, Latino or Non-Hispanic/Latino <b>Circle Race:</b> Asian    White    Black/African American    American Indian Alaska Native    Native Hawaiian or Other Pacific Islander					
Student 4 Full Name	DOB	Gender	Grade Enrolling	K4/K5 <i>only</i> * Preferred class choice	Allergies
				AM PM (circle one)	
<b>Circle Ethnicity:</b> Hispanic, Latino or Non-Hispanic/Latino <b>Circle Race:</b> Asian    White    Black/African American    American Indian Alaska Native    Native Hawaiian or Other Pacific Islander					

<b>Mother's/Guardian's Full Name:</b>	
Social Security Number:	
DOB:	
Home Street Address:	
City, State, Zip	
Primary Phone:	
Cell phone provider:	
E-mail address:	
<b>Father's/Guardian's Full Name:</b>	
Social Security Number:	
DOB:	
Home street address:	
City , State, Zip	
Primary Phone:	
Cell phone provider:	
E-mail address:	

*\* K4/K5 class choices are limited and will be honored based on when enrollment form is received. Confirmation letters will be sent during summer.*

### **Student Needs**

List any student(s) that have been tested for any type of disability that could affect their learning environment?

List student(s) received any type of personal counseling within the past two years?

Please explain.

### **Learning Inhibitors**

List any of the following learning inhibitors your student(s) has been diagnosed with, in the table below: ADD/ADHD (Attention Deficit Disorder), Autism, Dyslexia, Behavioral Disorder, Learning Disorder, Mental

Student Name	Learning Inhibitor	Is there an Individual Education Plan (IEP) or (504 plan) in place ? (Yes or No)

### **Medical Conditions**

List any medical conditions that may affect your student

Student Name	Medical Condition

### **Approved Pick up List:**

Any persons that will or may be picking up your student (K3-5th grade) must be listed below. Your student **will not be allowed** to leave the grounds unless authorized by you. Staff may request picture identification before a student is released to someone on your approved pick-up list. Please include additional page if necessary. This is for your students' ultimate protection! *Parents listed on*

Name	Relationship	Phone number



# Centennial Baptist School

## 2017-2018

### Tuition Schedule

Includes: books, teaching aides, testing fees, facility fee, yearbook, elective fees, and winter retreat (grades 6th-12th)

---

**Application Fee\*** (per student)      \$50      (by April 30, 2017)  
\*Non-refundable      \$100      (after April 30, 2017)

	<b>Annual</b>	<b>9 month</b>	<b>12 month</b>
<b>K3 Tuition:</b>	<b>\$1,550</b>	<b>\$175</b>	<b>\$130</b>
<b>K4 Tuition:</b>	<b>\$1,700</b>	<b>\$190</b>	<b>\$145</b>
<b>K5 Tuition:</b>	<b>\$1,875</b>	<b>\$210</b>	<b>\$160</b>
<b>1st-5th Tuition:</b>	<b>\$2,800</b>	<b>\$315</b>	<b>\$235</b>
<b>6th-12th Tuition:</b>	<b>\$3,250</b>	<b>\$365</b>	<b>\$275</b>
<b>Sports Fee</b>	<b>\$150.00</b>		

#### **Incentives & Discounts:**

Referral Account Credit	\$100 account credit for enrolled referrals
Volunteer Service	\$200 credit per account (\$100 for K3-K5 only)
Multiple Child Discount	2 <sup>nd</sup> Child – (10% discount on 2 <sup>nd</sup> child)**
	3 <sup>rd</sup> Child – (20% discount on 3 <sup>rd</sup> child)**
	4 <sup>th</sup> Child – (30% discount on 4 <sup>th</sup> child)**

\*\*Applies from oldest to youngest child for immediate family members living in the same household

9 month tuition payments start in September 2017

12 month tuition payments start in June 2017

Referred By: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Payments are due on the 1st of each month unless another payment date has been arranged. A late fee of \$55.00 will be assessed on past due amounts 10 days or more. **A \$350 early withdrawal fee (per student) will be applied to the account of students withdrawing within 90 days of enrollment. After 90 days a \$100 early withdrawal fee (per student) applies.**

# Important Disclosures

## **Insufficient Funds Policy**

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

## **Past Due Accounts**

Since Centennial Baptist School exists upon the tuition which we receive from parents, we, of necessity, may request that any family who is behind in its monthly tuition payments pay the tuition on a semester basis beginning with the next semester. A delinquent penalty of \$55.00 will be added to the unpaid balances on the 10th day proceeding your payment due date . IF ALL TUITION AND FEES ARE NOT PAID WITHIN 30 DAYS FROM THE ORIGINAL DUE DATE, YOUR CHILD OR CHILDREN MAY BE SUSPENDED UNTIL THE BALANCE IS PAID IN FULL. *All report cards, transcripts, and records will be held in the office for students who have delinquent accounts with the school.*

## **Credit Reporting/Collections**

I understand and acknowledge that if I fail to fulfill the terms of my obligations within this agreement, a negative credit report rating may be submitted to credit-reporting agencies. In the event that I become delinquent and payment is not made on amounts owing under the terms of this Agreement, and the balance is placed with a licensed collection agency, I agree to pay the fees of the collection agency, which is heretofore agreed to be 50% of the outstanding balance at the time the account is placed for collections. The 50% collection agency fee will be calculated and added at the time the account is placed for collections.

## **Centennial Baptist School Lunch Program**

School lunches are available for purchase each day for \$2.75. Applications for free and reduced lunch are available in the school office. Monthly menus will be sent home the third week of each month and will also be posted on the school website. Lunches may be purchased on your parent portal or in the school office. I understand that lunch balances over \$20 will be transferred to my monthly tuition bill.

**Parent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CENTENNIAL BAPTIST SCHOOL PARENTAL COMMITMENT

God has given parents the responsibility *for bringing up a child in the way he should go*, (Proverbs 22:6) and you have chosen Centennial Baptist School (CBS) to assist you with that responsibility. To do the best possible job requires teamwork and communication between the home and the school. To this end, we need you to understand and commit to the following guidelines:

1. We agree that our children will conduct themselves in accordance with the guidelines and rules stated in the student handbook. This includes following dress code at school and all school activities, behaving respectfully and honestly, consistently attending school and notifying the school of absences as soon as possible, and being a good steward of school property.
2. We hereby invest authority in the school to discipline our child(ren) as school personnel feel is necessary. We understand that CBS uses a variety of correction tools as discipline, but does not use corporal correction. We further agree that we will cooperate and discipline our child in the home as needed (Prov. 12:24, 19:18, 22:6, 23:13-14, 29:17; Eph. 6:1-2; Col. 3:20; Heb. 12:6).
3. If we have a concern about a situation at CBS, we agree to follow the biblical model in Matthew 18, by first discussing the issue with the particular person directly involved (teacher, principal, coach, etc.). If the matter is not successfully resolved privately, we agree to bring more people into the process by following the administrative chain of command through principal or school board (as situation deems). We understand that this principle requires us to act with love and respect for the good of the school community at all times, and precludes us from discussing the matter with anyone who is not part of either the problem or the solution.
4. We pledge our fullest cooperation and agree to keep controversy out of the school at all times. (Rom. 13:8-10; I Cor. 12:12-14, 13:1-3)
5. We understand that CBS uses networked computers with filtered Internet access as an educational tool. We understand that students read and sign the CBS Technology Appropriate Use Policy.
6. We understand that any damages made to school or personal property including damages made to school computers, hardware and software by our child, will be assessed appropriate fees to recover costs incurred by school.
7. **We agree to pay tuition and fees according to the published fee schedule or according to previously negotiated arrangements. We understand that report cards, transcripts, and diplomas may be withheld if required payments are not made or arranged. We understand that enrollment/registration fees are non-refundable. A \$350 early withdrawal fee (per student) will be applied to the account within 90 days of enrollment. After 90 days a \$100 early withdrawal fee (per student) applies. We agree to pay collection fees if our account is sent to a collections agency. We agree to pay any legal fees if our account is past due and requires legal action.**
8. We understand that CBS will produce publications such as a school newsletter, website, social networks and yearbook which may include pictures of our children. CBS may also distribute a directory of family names, addresses, and phone numbers.
9. We understand that CBS uses video surveillance on the premises for student and staff safety.
10. The parties to this agreement agrees that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (Matt. 18:15-20; I Cor. 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to this agreement will be settled by biblically-based mediation under the supervision of the CBS School Board.

Father's Signature (or legal guardian) \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature (or legal guardian) \_\_\_\_\_ Date: \_\_\_\_\_

# CENTENNIAL BAPTIST SCHOOL

## STATEMENT OF FAITH

This Statement of Faith is provided so that you will know what we believe at Centennial Baptist School. Because what we believe permeates our whole atmosphere, it is important for you to understand our direction. Your signature demonstrates that you do understand it, and we are thrilled to assist you in teaching it to your child. We praise God for giving us this solid foundation on which to base our school.

These eight components are a brief summary of our essential beliefs.

1. We believe in the **Holy Scriptures** as the **Only Inspired Word of God**, without error as originally given by God, our infallible rule of faith and practice.
2. We believe in the **One Triune God**.
3. We believe in the **Lord Jesus Christ**, that without any essential change in His divine person, He became man by the miracle of **virgin birth**, both truly God and truly Man, one person with two natures.
4. We believe in the **Holy Spirit**, the divine Agent in nature, revelation, and redemption.
5. We believe in the **creation and fall of man**; that he was the direct creation of God, spirit and soul and body, not in any sense the product of an animal ancestry, but made in the divine image. We believe that by personal disobedience man became a sinful creature and the progenitor of a fallen race, sinful both in nature and practice.
6. We believe in **salvation by grace** through faith received only by a personal faith in the Lord Jesus Christ.
7. We believe in **righteous living and good work**; not in any sense as the procuring cause of salvation, but as its proper evidence.
8. We believe in the **existence of Satan**. We acknowledge that his powers are great but that we are able to resist and overcome him only in the armor of God.

---

Father's Signature

---

Mother's Signature

---

Date

---

Date

\*Because of space, this modified version of the complete Statement of Faith has been provided. The complete Statement of Faith is available on our church's website at [www.servechurg.org](http://www.servechurg.org).

## Annual Field Trip Release / Emergency Medical Form

### Centennial Baptist School

3610 E. Ustick Rd.  
Caldwell, ID 83605  
208-454-1997

2017-2018 School Year

I give my permission for \_\_\_\_\_  
(List all student names)

to participate in all school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will always be under adequate supervision. I understand that I will be given at least 24 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the school office more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Centennial Baptist School, its employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional misconduct or gross negligence by the school, its employees, or volunteers.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter. I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
Father / Guardian's Signature and Date

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

Father's work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

\_\_\_\_\_  
Mother / Guardian's Signature and Date

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

Mother's work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Under the name of: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies (including reactions to medication):

Current Medications: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

In case of emergency, nearest relative or neighbor we should contact if we are unable to contact you?

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

The school will administer Advil, Tylenol, or pain and fever reducer based upon recommended label dosages. If you do not want the school to administer these medicines please notate below.

\_\_\_\_\_ No, I would not like my child to be administered pain and fever reducer.