



CityHope Schools Enrollment Application 2023 - 2024



2023-2024 REGISTRATION FORM
CITYHOPE CHRISTIAN SCHOOL
8650 W. Fairview Ave.
Boise Idaho 83704
OFFICE: (208) 376-7272
info@cityhopeboise.com
CITYHOPEBOISE.COM

FOR OFFICE USE ONLY

Date ____ / ____ / ____

| | | | | | | |
|----------------------------|------------------------------|-----------------------------|----------|----|----|---|
| Registration Fee Received | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ | Ck | Ca | V |
| 1st Month Tuition Received | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ | Ck | Ca | V |
| Immunization Received | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| Birth Certificate Received | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |

NOTES

Student Last Name _____ First Name _____ Date Of Birth _____

Parent/Guardian #1 _____ SS# _____

Home Address _____ Home Phone _____

City _____ Zip _____ Cell Phone _____

Occupation _____ Work Phone _____

Relationship to student _____ Lives with Student:

Email _____ ☐ Full time ☐ Part Time

Parent/Guardian #2 _____ SS# _____

Home Address _____ Home Phone _____

City _____ Zip _____ Cell Phone _____

Occupation _____ Work Phone _____

Relationship to student _____ Lives with Student:

Email _____ ☐ Full time ☐ Part Time

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

In order to ensure the safety of your child(ren), please indicate those who would be allowed without prior consent to pick up your child(ren) from school. CityHope staff will not release your child(ren) to anyone whose name is not listed without prior notification from the parent/guardian:

Name _____ Name _____ Name _____

Name _____ Name _____ Name _____

Primary Language Spoken in the home? _____

Has either parent been divorced? ☐ Yes ☐ No Separated? ☐ Yes ☐ No

Has either parent been remarried? ☐ Yes ☐ No

Are there custody arrangements we need to be aware of / Is there anyone restricted from seeing the child?

Any parent (unless restricted by a court order) has the legal right to pick up their child. If you have a court order stating your child is not to leave with their non-custodial parent, we must have it on file.

Please attach a copy of any Court Restraining Orders or relevant sections of Divorce orders.

ONE PERSON NEEDS TO BE IDENTIFIED AS THE RESPONSIBLE PARTY FOR TUITION PAYMENTS IN THE UNLIKELY EVENT THAT TUITION PAYMENTS BECOME DELINQUENT.

Name of Responsible Party: _____ **Signature:** _____ **Date:** _____

AGREEMENT

Please read and initial each statement

I, the undersigned parent/guardian, agree to the following regarding the enrollment of my child(ren) at CityHope Christian Schools for the 2023-2024 school year.

- 1) _____ In case of an emergency or illness, CHCS may make arrangements for any medical care necessary. I will take full financial responsibility for any medical services rendered or transportation given to my child(ren). I will hold CHCS harmless and indemnify it from any damages suffered as a result of said actions.
- 2) _____ I give permission for my child(ren) to take part in all school activities, including sports and field trips away from CHCS premises, and specifically assume the risk for injuries. My child(ren) may be transported in CHCS owned or privately owned vehicles and CHCS will be held harmless and indemnified from any damages or costs due to injury to my child(ren) during school or school-sponsored activities. If car seats are necessary for my child(ren) I will be responsible for making sure that one is available for them on field trip days.
- 3) _____ All final installments are due May 1, 2024. **A Late fee of \$29.00 will be charged after the 10th of each month.** I understand that if my tuition installment payments or late fees are more than 30 days late, my child(ren) may not be allowed to continue attending classes unless satisfactory financial arrangements can be made.
- 4) _____ I agree to pay any assessments made by CHCS as compensation for damages to school property caused by my child(ren) (i.e. breakage of windows, abused or lost books, etc..) I understand that this agreement is for the full 2023-2024 school term.
- 5) _____ I, the parent/guardian named below, agree to abide by all rules and guidelines above and in the most current CityHope Christian School Handbook. The CityHope Christian School Handbook is incorporated into this agreement as it is set forth fully.
- 6) _____ I will not allow my child to bring toys or playthings from home except on "Share Days"
- 7) _____ All children must be toilet trained, both bowel and bladder, before they will be allowed to attend CHCS Preschool. Teachers will not be responsible for wiping bottoms. That is part of the child's toilet training at home.
- 8) _____ **Any child with a temperature of 100 degrees or higher, or who has vomited, or who has had diarrhea, will be required to be removed from our facility. If your child is sick and you are called, your child needs to be picked up within one hour. If you cannot be reached, your emergency contacts will be called. No child will be allowed to return to School for 24 hours after symptoms have ceased.**
- 9) _____ I approve of the following: It is the general policy of CityHope Christian Schools to call the parent or guardian as soon as possible when a child is injured or becomes ill while in our care. We will call 911 first or arrange transportation to the ER if the person in charge judges that a delay in securing treatment would not be in the best interest of the child. Whenever possible, parents will be notified and asked to take their child to their family physician for medical treatment.
- 10) _____ I authorize the staff of CityHope Christian Schools to administer:
☐ Tylenol/Acetaminophen ☐ Neosporin ☐ Advil/Motrin/Ibuprofen ☐ Sun Screen
to my child during school hours according to the specifications on the package. I understand that my child may request the pain reliever listed above at any time during school hours and that CHCS will only administer one dose per day unless I specify otherwise in writing. I understand that it is my responsibility to update the office of any changes in my child's health that may affect the administration of medication.
- 11) _____ I have received a copy of the 2023-2024 CHCS Student Handbook
- 12) _____ I accept the policy and regulations of CityHope Christian schools and release it from any and all liability for injuries or illness resulting from conditions and circumstances beyond its control.
- 13) _____ **I understand it is my responsibility to provide CHCS with copy of an up to date immunization record (or exemption form) and birth certificate for my child(ren) as required by law.**

Parent/Guardian: _____ Signature: _____ Date: _____
(Please Print)

Student Information

Student Last Name _____ First _____ Middle _____

Nickname (if different from above) _____ Date of Birth _____

Applying for Grade: _____ Age _____ Gender ☐ Male ☐ Female

Has student attended or applied for admission to CityHope Christian Schools before? ☐ Yes ☐ No

School last attended _____ Phone _____

Address _____

Enrolled in what Grade there? _____ Any grade(s) repeated? _____

Has it ever been recommended that your child repeat a grade? ☐ Yes ☐ No

Has student ever had any disciplinary problems, suspensions, or expulsions? ☐ Yes ☐ No

If yes, please explain _____

Has student ever been home schooled? ☐ Yes ☐ No

If yes, which grades _____

Interests and Hobbies _____

Health History

1. Has your child had any serious childhood illness, surgery or accident? ☐ Yes ☐ No

2. Does your child have a history of chronic ear infections? ☐ Yes ☐ No

3. Does your child have tubes in their ears? ☐ Yes ☐ No

4. Has your child seen a dentist in the last year? ☐ Yes ☐ No

5. Has your child had their eyes checked by a Dr. in the last year? ☐ Yes ☐ No

6. Does your child wear glasses or contact lenses? ☐ Yes ☐ No

7. Does your child have any severe allergies? If yes, Please explain: ☐ Yes ☐ No

8. Has your child had any surgeries? If yes, Please explain: ☐ Yes ☐ No

9. Has your child had ☐ Measles ☐ Mumps ☐ Chicken Pox ☐ Epilepsy(seizures)?

10. Does your child have any specific medical problems or physically limiting disorders? ☐ Yes ☐ No

11. Is your child on any medication? ☐ Yes ☐ No
12. Will it be necessary to take medication at school? ☐ Yes ☐ No
13. What major changes or events in your family situation have occurred during the last year?
☐ Moving ☐ Divorce ☐ Illness/accident ☐ Death in the family
14. Has your child ever been referred for learning disability, hyperactivity or ADD? ☐ Yes ☐ No
If yes please explain below:

15. If you answered no to question #14, do you have any concerns about your child having learning problems, speech/language problems, short attention span or hyperactivity? Please explain below:

16. List of people living in the home:

| | | |
|------------|-----------|--------------------|
| Name _____ | Age _____ | Relationship _____ |
| Name _____ | Age _____ | Relationship _____ |
| Name _____ | Age _____ | Relationship _____ |
| Name _____ | Age _____ | Relationship _____ |

IS YOUR CHILD COVERED BY INSURANCE? ☐ Yes ☐ No

Medical Insurance Company _____ Phone _____

Name of Insured _____ Insured's ID Number _____

Child's Primary Doctor _____ Phone Number _____

Hospital Preference _____

Please Note:

Neither over the counter nor prescription medications are to be kept by the students at CHCS. **If a student needs medication, whether prescribed or over the counter during the school day, it must be checked in at the school office.** A note including instructions must be completed and signed by the parent or guardian and be on file with the school office for the medication to be administered both, prescribed or over the counter. CHCS nor staff will not be liable for the illness or injury resulting from medication given according to the parental or physician's instructions.

I acknowledge that I have accurately filled this health history out to the best of my knowledge and that I will abide by the rules regarding medications for my child(ren) as stated above.

Parent/Guardian: _____ Signature: _____ Date: _____
(Please Print)

Pre-School Tuition 2023-2024

Student Name _____ Age _____

HALF DAY PROGRAM \$85 Registration Fee (Non-Refundable)

- | | | | |
|--------------------------------|----------|---|----------|
| <input type="checkbox"/> 5-Day | \$285/mo | <input type="checkbox"/> 2nd Child Rate | \$255/mo |
| <input type="checkbox"/> 4-Day | \$255/mo | <input type="checkbox"/> 2nd Child Rate | \$230/mo |
| <input type="checkbox"/> 3-Day | \$230/mo | <input type="checkbox"/> 2nd Child Rate | \$205/mo |

FULL DAY PROGRAM \$85 Registration Fee (Non-Refundable)

- | | | | |
|--------------------------------|----------|---|----------|
| <input type="checkbox"/> 5-Day | \$510/mo | <input type="checkbox"/> 2nd Child Rate | \$460/mo |
| <input type="checkbox"/> 4-Day | \$445/mo | <input type="checkbox"/> 2nd Child Rate | \$395/mo |
| <input type="checkbox"/> 3-Day | \$385/mo | <input type="checkbox"/> 2nd Child Rate | \$345/mo |

Fees are based on a flat monthly rate. There is no credit given for the following days: Labor Day Thanksgiving Day and the day after, Christmas Eve, Christmas Day, New Year's Eve, New Years Day, Martin Luther King Day, President's Day, Memorial Day, and July 4th.

_____ (Child's Name) will be enrolled at CityHope Christian Preschool for a total of _____ (#) HALF DAYS and _____ (#) WHOLE DAYS a week.

Their first day will be _____

These are the days/approximate hours they will be attending CityHope Christian Preschool:

- | | | |
|------------------------------------|------------|-------------|
| <input type="checkbox"/> Monday | from _____ | until _____ |
| <input type="checkbox"/> Tuesday | from _____ | until _____ |
| <input type="checkbox"/> Wednesday | from _____ | until _____ |
| <input type="checkbox"/> Thursday | from _____ | until _____ |
| <input type="checkbox"/> Friday | from _____ | until _____ |

K-6th Grade Tuition 2023-2024

Student Name _____ Grade entering _____ Age _____

1st Child Annual Tuition

- | | |
|------------------------------------|---------------------------|
| <input type="checkbox"/> 1st Child | \$4250.00 |
| Registration Fee | \$400.00 (Non-Refundable) |

Choose Your Monthly Instalment Plan:

- | | | | |
|---|----------|---|-------------------------------------|
| <input type="checkbox"/> 12 Month Plan | \$354/mo | - | Payments June 1st - May 1st |
| <input type="checkbox"/> 10 Month Plan | \$425/mo | - | Payments July 1st - April 1st |
| <input type="checkbox"/> 9 Month Plan | \$472/mo | - | Payments August 1st - April 1st |
| <input type="checkbox"/> Semi-annual Plan | \$2125 | - | Payments August 1st and January 1st |

2nd Child Annual Tuition

- | | |
|------------------------------------|---------------------------|
| <input type="checkbox"/> 2nd Child | \$3800.00 |
| Registration Fee | \$400.00 (Non-Refundable) |

Choose Your Monthly Instalment Plan:

- | | | | |
|---|----------|---|-------------------------------------|
| <input type="checkbox"/> 12 Month Plan | \$317/mo | - | Payments June 1st - May 1st |
| <input type="checkbox"/> 10 Month Plan | \$380/mo | - | Payments July 1st - April 1st |
| <input type="checkbox"/> 9 Month Plan | \$422/mo | - | Payments August 1st - April 1st |
| <input type="checkbox"/> Semi-annual Plan | \$1900 | - | Payments August 1st and January 1st |

Fees are based on a flat monthly rate. There is no credit given for the following days: Labor Day Thanksgiving Break, Christmas Break (which includes New Year's), Martin Luther King Day, President's Day, Spring Break, Memorial Day, and July 4th.

Please read and Initial next to the following statements.

- 1) _____ Payments will be due on the 1st of each month. If recieved after the 10th, there will be a \$29 late fee.
- 2) _____ I understand I need to submit the following Items to the school office prior to my child's first day:
☐ Birth Certificate ☐ Immunization records ☐ Recent Report Card ☐ Standardized Test Results

Extended Care Tuition 2023-2024

EXTENDED CARE PROGRAM

☐ Monthly plan \$150 per month (unlimited use, a.m. & p.m.)

Please Check the days and time you will likely need Extended Care:

| Before School Care (7am - 8:15am) | | After-School Care (3:15pm - 6pm) | |
|--------------------------------------|----------------|-------------------------------------|---------------|
| <input type="checkbox"/> Monday | Drop off _____ | <input type="checkbox"/> Monday | Pick up _____ |
| <input type="checkbox"/> Tuesday | Drop off _____ | <input type="checkbox"/> Tuesday | Pick up _____ |
| <input type="checkbox"/> Wednesday | Drop off _____ | <input type="checkbox"/> Wednesday | Pick up _____ |
| <input type="checkbox"/> Thursday | Drop off _____ | <input type="checkbox"/> Thursday | Pick up _____ |
| <input type="checkbox"/> Friday | Drop off _____ | <input type="checkbox"/> Friday | Pick up _____ |

Fees are based on a flat monthly rate. There is no credit given for the following days: Labor Day Thanksgiving Break, Christmas Break (which includes New Year's), Martin Luther King Day, President's Day, Spring Break, Memorial Day, and July 4th.

Please read and Initial next to the following statements.

- 1) _____ Students are not allowed to leave with other students or other parents without prior written consent. After school plans should be made in advance.
- 2) _____ **I understand that I am responsible for finding my own child care, and that no credit is given for the dates mentioned above.**
- 3) _____ All CityHope Student handbook rules apply during Extended Care. Behavioral problems in Extended Care will be addressed by the Program Director and/or Principal. Extreme or repetitive behavioral problems may result in suspension or expulsion from the Extended Care program.
- 4) _____ To ensure safety of every child, all students remaining on campus after 3:30pm will be placed in Extended Care. Students registered for Extended Care should report there daily and can be picked up from there.
- 5) _____ All students need to be picked up no later than 6pm. There will be a \$2.00 per minute charge for any students not picked up by 6pm.
- 6) _____ I am ok with my child receiving a snack that will daily be provided for all Extended Care Students.

By signing below I assume responsibility for the tuition charges relating to Extended Care and I understand that my child will be held accountable to the requirements listed in the CityHope Student Handbook.

Signature _____ Date _____

I understand the payment policy is to keep my account paid one month in advance with each months payment coming on the first of the month. After the 10th of the month a late fee of \$29.00 will be charged unless payment arrangements have been made with the office. If at any time the account becomes 30 days delinquent, I understand that I will need to withdraw my child and will not be allowed to have them return until the account is paid in full.

All contract changes must be in writing. Any verbal notices will not change a contract and no absence credit will be given in such cases.

A two week written notice is required for withdrawl of a child. If a written notice is not given, you will be resonsible for two weeks of charges after your written notice is given, even if your child is no longer attending.

Signature _____ Date _____