

2019-2020 Reenrollment Form

Family Last Name _____ **Student Last Name** _____

Address _____ City _____ State _____ Zip _____

Home or Cell Phone for Directory if applicable (_____) _____

Student(s) reside with:
 Mother & Father
 Mother & Step-father
 Step-mother & Father
 Mother only
 Father only
 Grandparents
 Other: Please specify _____

Father <input type="checkbox"/> Step-father <input type="checkbox"/> Guardian <input type="checkbox"/>	Mother <input type="checkbox"/> Step-mother <input type="checkbox"/> Guardian <input type="checkbox"/>
Last Name _____ First Name _____	Last Name _____ First Name _____
E-mail: _____	E-mail: _____
Address (if different): _____	Address (if different): _____
City/State/Zip: _____	City/State/Zip: _____
Home Phone: (_____) _____	Home Phone: (_____) _____
Cell Phone: (_____) _____	Cell Phone: (_____) _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work Phone:(_____) _____	Work Phone:(_____) _____
CCS Alumni __ Year _____	CCS Alumni __ Year _____

<u>Student's Name</u> (oldest to youngest)	<u>New or Reenrolling</u> (specify half or full-day kdg.)	<u>Grade for</u> <u>2019-2020</u>	<u>Birthdate</u>	<u>Age as</u> <u>of 9/1/19</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

If you are enrolling a student for the first time, you will need to complete an Application for Admission. You may download the forms you need from www.cincinnatichristian.org/Admissions or call the school at (513) 892-8500, and request that they be sent to you.

- I have included the Reenrollment fee with this form. (Must be included)
- I have included the Tuition Payment Preference Form. (Must return even if no changes)
- I have provided my Pastor with the Pastoral Reference Form for reenrolling 7th Graders.

Over

FOR OFFICE USE ONLY - Date Received: _____ **Amount Paid:** \$ _____ # _____

FAMILY LAST NAME: _____

Student Names: (oldest to youngest)	Grade in 2019-2020:	Student Cell Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PRESCHOOL AND TRANSITIONAL KINDERGARTEN ONLY

Preschool: 3 years old by 9/1

2 Days T & Th 8:15 – 12:00

PM Enrichment

2 Days T & Th 12:00 – 3:15

Transitional Kindergarten: 4 and 5 years old by 9/1

3 Days M, W & F 8:15 – 12:00

5 Days M – F 8:15 – 12:00

PM Enrichment

3 Days M, W & F 12:00 – 3:15

5 Days M – F 12:00 – 3:15

TRANSPORTATION: We are required to report your local public school information to the Ohio Department of Education. We also provide this transportation information to the school districts that provide bus services to our school. This information is used to make important transportation decisions by our local school districts.

What public school district do you reside in? _____

Will your student(s) ride that local public school bus? Yes ___ No ___ *If yes, you need to complete appropriate request with District.

FAMILY CHURCH: _____ Pastor _____ Phone _____

Address _____ City _____ State ___ Zip _____

Communication

Your e-mail addresses will be added to the list that serves your child’s grade. You will also receive the weekly “Very Important Parent Report” (VIP) e-mail keeping you up-to-date on all school activities.

Your home phone number and cell phone numbers will automatically be added to our “One Call Now” emergency phone messaging system.

PHOTO CONSENT

___ Yes, you have my permission to use my child’s name/likeness on any or all brochures, videos, website, newspaper articles, or advertising materials for CCS promotional purposes.

___ No, do not use my child’s name or likeness on any materials.

Signature of Parent/Step-parent/Guardian

DIRECTORY:

I grant permission to have our home phone number, and address published in a school directory.

Yes ___ No ___

VOLUNTEER HOURS: I agree to make the commitment to give 20 hours of my time voluntarily to the school.

Signed: _____