

PLYMOUTH CHRISTIAN SCHOOL

REGISTRATION

2020-2021

EARLY REGISTRATION DATES

MARCH 16TH-MAY 15TH

Parents,

Thank you for your partnership with Plymouth Christian School in educating your child God's way. Spring is just around the corner and you know what that means? *Early Registration* is upon us! 😊 I am excited to share with you that our monthly **TUITION RATES** for the 2020-2021 school year will increase \$30 per month (on 10month contracts) and \$25 per month (on 12month contracts), while our monthly and hourly **Day Care Rates** will remain the same for the third year in a row. Please see the attached **Tuition Rate Sheet** for elementary fees.

EARLY REGISTRATION INCENTIVES

Early Registration begins **March 16th** and will continue through **May 15th**.

- ✚ **Incentive #1**-Early registration allows you to receive a **\$25.00 discount** off the \$515.00 registration fee for all elementary children in your family. You will only pay \$490.00 when registering between **March 16th- May 15th**.
- ✚ **Incentive #2**-Register between March 16th-May 15th no later than 9AM, and your name will go into a drawing to receive **ONE MONTH FREE TUITION** to be applied to the (2020/21) tuition account for ONE elementary student only. 😊
- ✚ **Incentive #3**-PAY THE \$300.00 TUITION INCREASE BEFORE **MAY 15TH** AND NOT ONLY WILL YOU RESUME THE CURRENT YEAR TUITION PAYMENTS, BUT YOU'LL ALSO BE ENTERED INTO A DRAWING TO RECEIVE **50% OFF** REGISTRATION FOR ONE CHILD.

EARLY REGISTRATION PAYMENT SCHEDULE:

March 16th-\$163.00

April 16th-\$163.00

May 15th-\$164.00

Remember after May 15th the registration fee will be \$515.00 for all new and returning families.

We require that students have a completed new enrollment packet on file every school year. Thank you for your continued support. We look forward to providing your children with the best Christian education experience ever here at Plymouth.

STUDENTS ENTERING KINDERGARTEN

Students entering Kindergarten are required to turn in the following documents before the 1st day of school, **September 2, 2020** -

- 1)**Report of Health Examination for School Entry** Form
- 2)**Oral Health Assessment** Form (can be completed *before June 1st 2021*)
- 3)**Updated Copy of Immunization Records**
- 4)**Copy of an Original Birth Certificate**

You may register your child before completing these items, however students will need all of these items turned in to the school office before starting school on September 2, 2020.

If you have any questions, we'd love to answer them. Please give us a call at (562) 695-0745. We are here to assist you Monday-Wednesday-Friday 7:30-3:30 and Tuesday-Thursday 8-4. You may also stop by the school office any day. We are closed for lunch each day from 12:30pm-1:30pm.



PLYMOUTH CHRISTIAN SCHOOL

“Where Loving and Learning Go Hand in Hand”

ELEMENTARY TUITION RATES

SCHOOL YEAR 2020/21

YEARLY TUITION FEES: \$5,200.00

(DISCOUNT WHEN PAYING IN FULL OR SEMI-ANNUALLY)

DAYCARE: MONTHLY \$185.00 HOURLY \$5.00

REGISTRATION: \$515.00 (EARLY BIRD MARCH 16TH-MAY 16TH \$490.00)

ENTRANCE TEST FEE: \$50.00

| CHILDREN | 10 MONTHS | 12 MONTHS |
|-----------------------|------------------|------------------|
| 1 | \$520.00 | \$434.00 |
| 2 | \$480.00 | \$400.00 |
| 3+ (PER CHILD) | \$440.00 | \$367.00 |

PLYMOUTH CHRISTIAN SCHOOL IS LOCATED AT 12058 BEVERLY BLVD, WHITTIER, CA 90601
SCHOOL OFFICE (562) 695-0745 FAX (562) 699-3038 www.plymouthchristianschool.org

Administration Team

Administrator Principal Mrs. Sandra Johnson

Vice Principal/Preschool Director Mrs. Marissa Orona

Office Manager/Accountant Mrs. Martha Alvarez

School Secretary Mrs. Lulies Cabral

OPEN HOUSE HELD MAY 1, 2020 FROM 4:30PM-6:30PM

Plymouth Christian School

12058 Beverly Blvd.
Whittier, CA 90601
(562) 695-0745 Fax (562) 699-3038

Application for Enrollment

**School Year:
2020/21**

Please check:

____ New Student

____ Returning

Elementary School Registration and Re-admittance is Required Annually

Student Information

Student Name _____ Grade applying for: K 1 2 3 4 5 6

Legal Name (if different from above) _____ Start date: _____

Address _____ City _____ Zip _____

Home phone number: _____

Birthdate _____ Birthplace _____ Sex _____
(City) (State) (M or F)

E-mail Address (to receive news from the school and the PSO): _____

Family Information

Child lives with: Mother Father Stepmother Stepfather Other _____

During daytime try to reach: Mother Father Stepmother Stepfather Other _____

If parents are divorced or separated, who has legal custody of the child? _____

**Please provide copies of any court papers.*

Others Living in the Home

| <u>Name</u> | <u>Age</u> | <u>Relationship to Student</u> |
|-------------|------------|--------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Mother's Information

| | | | |
|---|-----------------------------|------------------------------|-----|
| <hr/> | | | |
| Last | First | Middle | |
| <hr/> | | | |
| Home Address (if different from above) | City | State | Zip |
| <hr/> | | | |
| Home Phone (if different from above) | Cell Phone (very important) | | |
| <hr/> | | | |
| Employer's Name | Occupation | Business phone number & Ext. | |
| <hr/> | | | |
| Business Address | City | State | Zip |
| <hr/> | | | |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried | | | |
| Soc. Sec. # _____ - _____ - _____ | | Driver's License # _____ | |

Father's Information

| | | | |
|---|-----------------------------|------------------------------|-----|
| <hr/> | | | |
| Last | First | Middle | |
| <hr/> | | | |
| Home Address (if different from above) | City | State | Zip |
| <hr/> | | | |
| Home Phone (if different from above) | Cell Phone (very important) | | |
| <hr/> | | | |
| Employer's Name | Occupation | Business phone number & Ext. | |
| <hr/> | | | |
| Business Address | City | State | Zip |
| <hr/> | | | |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried | | | |
| Soc. Sec. # _____ - _____ - _____ | | Driver's License # _____ | |

Check one: ___ Stepfather, ___ Stepmother, ___ Other _____

| | | | |
|---|-------|-----------------------------|------------------------------|
| _____ | | | |
| Last | First | Middle | |
| _____ | | | |
| Home Address (if different from above) | City | State | Zip |
| _____ | | | |
| Home Phone (if different from above) | | Cell Phone (very important) | |
| _____ | | | |
| Employer's Name | | Occupation | Business phone number & Ext. |
| _____ | | | |
| Business Address | City | State | Zip |
| _____ | | | |
| Marital Status: ___ Married ___ Single ___ Separated ___ Divorced ___ Widowed ___ Remarried | | | |
| Soc. Sec. # _____ - _____ - _____ | | Driver's License # _____ | |

How will student be transported to and from school? Car _____ Walk _____ **
Bicycle _____ **

**If the students will be using a bicycle or walking to and from school, a note must be on file with the office giving express permission.

School Information

School last attended: _____

Address _____ City _____ State _____ Zip _____ Phone Number _____

Teacher's Name: _____ Principal's Name: _____

How long did your child attend? _____

If student has repeated a grade or skipped a grade, state grade and reason. _____

Has student had conflicts with peers or teachers? _____ If yes, explain briefly. _____

Has student ever had any discipline problems at previous schools? _____ If yes, please state reason. _____

Has the student ever been suspended or expelled from school? _____ If yes, please state reason. _____

Indicate any mental, emotional or special physical problems that may affect his or activities or progress. _____

****New Enrollees: Please attach a copy of students' last report card and SAT scores.**

Spiritual Life

Name of Church student attends: _____

City _____ Phone () _____

Attendance: Please check one: Weekly _____ Monthly _____ Special Occasions _____

What activities, classes, or church services does student regularly attend? _____

What do you want your child taught about God? _____

Would you like information on Plymouth's Church Services? Yes _____ No _____

Other (New families)

How did you hear about our school? _____ Brochure _____ Newspaper _____ Internet _____ Yellow Pages

_____ Sign on street _____ Preschool _____ Personal Recommendation: By which family or

individual? _____

Medical Form 2020-2021

Medical Information

Child's Name _____ Birth Date _____ Grade _____

Address _____ City _____ State _____ Zip _____

Date of Last Tetanus _____ Known Allergies _____

Daily Medication _____ Dosage _____

Reason: _____

Other pertinent information _____

Family Doctor's Name: _____ Phone number: _____

Dentist: _____ Phone number: _____

Hospital: _____ Phone number: _____

Insurance: _____ Policy number: _____

Medical Release

I/We, the parent(s) of the above-named child (minor), do hereby authorize the hospital most accessible during the time of accident, illness, or other emergency, or our family physician (see above) to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act or the medical staff of said hospital, whether such diagnosis or treatment is rendered at the office or said physician or at said hospital. This action would not be taken unless the parents could not be reached.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of Plymouth Christian School or its acting agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective for the duration of attendance at Plymouth Christian Preschool or Elementary School unless sooner revoked in writing to the school.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Emergency Form 2020-2021

Emergency Contacts & Authorized Pick Up List

Mother's Name _____ Home Phone () _____

Mother's Cell Phone () _____ Work Phone () _____

Father's Name _____ Home Phone () _____

Father's Cell Phone () _____ Work Phone () _____

THESE ARE ADDITIONAL PERSONS AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL OR IN CASE OF ILLNESS OR EMERGENCY:

Name Relationship Home Phone

Cell Phone Work Phone Pager (if available)

Name Relationship Home Phone

Cell Phone Work Phone Pager (if available)

Name Relationship Home Phone

Cell Phone Work Phone Pager (if available)

Name Relationship Home Phone

Cell Phone Work Phone Pager (if available)

Parent's Signature _____ Date _____

Enrollment Contract

2020-2021 School Year

WE HAVE READ AND AGREE TO THE FOLLOWING:

1. We have read and understand the 2020-2021 Tuition and Fee Schedule and the Financial Information sheet.
2. The administration has full authority of grade placement.
3. Of utmost importance is the maintenance of a cooperative, nurturing, spiritual, and educational environment. As such, the school reserves the unconditional right to dismiss any student who does not respect its spiritual standards, cooperate in the educational process, and/or adhere to school requirements as set forth by the school through its teachers, administrator and school board.
4. We agree to abide by the school policies and procedures as stated in the Parent Student Handbook and adhere to additional policies adopted as deemed necessary by the school board.
5. We agree not to participate in destructive criticism of the school or staff, and if a problem arises, to go directly to the teacher or administrator in a Christian manner as indicated in Matthew 18:15.
6. The school is authorized to provide religious instruction in accordance with the Statement of Faith.
7. We agree to uphold and support the academic standards of the school by providing a place at home for my child to study and to give my child encouragement in the completion of assignments.
8. We will pay all fees and charges as established by the school board when due, and all costs incurred by the school for collection of fees should such action become necessary.
9. The school may include our family's name, address and telephone number in the student roster for use by school and church families.
10. My child may go on all field trips and school-sponsored activities.
11. The school may include my child's photo for use by school and church website.

(see reverse)

Financial and Program Options

Tuition payments: Which payment program would you prefer? *(Please check one)*

- Annual (4% discount) Paid by August 5th, 2020
- Semi-annual (2% discount) Half paid by Aug. 5th, 2020 & half by Jan. 11th, 2021
- Monthly 10-month plan: Aug. – May (\$520/month)
- Monthly 12-month plan: July – June (\$434/month)

Day Care: Which payment program would you prefer? *(Please check one)*

- No Day Care Needed
- Hourly rate at \$5.00 per hour/child
- Monthly rate at \$185/child

Fundraiser Requirement: \$250 per family per year or \$250 buy-out

- Any combination of school fundraisers (popcorn, pie sales, See's Candies or other)

Other Fees:

- ❖ Tuition Late Payment Fee (after the 5th of the month) **\$30**
- ❖ Late Pick up Fee (after 6:00 p.m.) **\$2.00** per minute per child
- ❖ Return check charge **\$45** per check

Signature of Parents or Guardians Responsible for Child

Child's Name _____

Mother's Signature _____

Date _____

Father's Signature _____

Date _____

Plymouth Christian School admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies and other school-administered programs.

Plymouth Christian School

Statement Of Faith

1. We believe the Bible is the word of God, divinely inspired as originally given, and is the supreme authority in matters of faith and practice (2 Timothy 3:15; 2 Peter 1:21).
2. We believe there is only one eternal God existing in three persons: Father, Son, and Holy Spirit. Man is created in His image (Genesis 1:1, 26-27; Matthew 28:19; John 10:30).
3. We believe Jesus Christ is God manifested in the flesh, born of a virgin, the one and only Son of God. He lived a sinless life, suffered and died on our behalf, arose bodily from the grave, ascended, and is coming again in power and glory (John 10:33; Luke 1:34-35; Hebrews 4:15; 1 Corinthians 15:3-4; Mark 16:19; Acts 1:11).
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified on the single ground of faith in the shed blood of Jesus Christ, and that only by God's grace and through faith in Jesus alone, we are saved (John 3:16-19, 5:24; Romans 3:23, 5:8-9; Ephesians 2:8-10; Titus 3:5).
5. We believe in the resurrection of both the saved and the lost; that they are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation (John 5:28-29).
6. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is able to live a godly life (Romans 8:13-14; 1 Corinthians 3:16, 6:19-20; Ephesians 4:30, 5:18).
7. We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9; 1 Corinthians 12:12-13; Galatians 3:26-28).
8. We believe that marriage is between one man and one woman; that any form of sexual immorality is sinful; that God offers redemption and restoration for those seeking His forgiveness (Plymouth Congregational Church has a full Statement on Marriage and Sexuality available upon request.)

Statement of Purpose

We believe that God has given parents the direct responsibility to train and educate their children according to God's Word. We, the school, along with the church, serve as a partner with them in carrying out this responsibility.

Our mission is to reach children for the Lord and give them a Christ-centered education which will give them the opportunity to acquire the spiritual, academic, social and physical skills necessary to reach their God-given potential and encourage them to make positive contributions to their world according to God's plan for their lives.

Parent Acknowledgement

I understand that all students enrolled in Plymouth Christian School of Whittier, will receive religious training in accordance with the above Statement of Faith and Purpose. I hereby authorize the school to teach my children these truths and agree to support them.

Mother's Signature _____

Date _____

Father's Signature _____

Date _____

(statement of faith form)

Plymouth Christian School
12058 Beverly Blvd.
Whittier, CA 90601
(562) 695-0745 Fax (562) 699-3038

**School Year:
2020/21**

Please check:

___ New Student

___ Returning

Parent Communication Form

Child's Name _____ Teacher: _____

Parent Information:

Mother's Name _____

Contact Number to call while your child is at school _____

Email: _____

Father's Name _____

Contact Number to call while your child is at school _____

Email: _____

In the event of an Emergency or if your child becomes ill, and needs to be picked up, who would you like for us to contact first? **Mother** **Father** or **Both**

Do parents live in the same home? Yes / No

If not, who has Primary Custody? _____

Please explain days of Custody Schedule:

In the event of a parent needing to be contracted for non-emergency questions such as tuition payments, lunch, field trip, school volunteering, or special event by the school office, who would you like for us to contact? **Mother** **Father** or **Both**

Method of communication preferred: (please circle one) **Home Phone** **Cell Phone** **Email**

(Parent Communication Form)



Payment Authorization Form

Your monthly tuition payment will be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card, **if we do not receive your monthly tuition by the 15th of each month.** Late fee of \$30.00 will still apply regardless of automatic payment.

Please be advised that an automatic charge to the card will be made **ONLY IF**, the office does not receive your monthly tuition by the 15th of each month. It is the parent's responsibility to still ensure tuition payment is received via cash, check, money order, or credit/debit card every month to avoid automatic charge and late fees.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment made automatically will be sent home to you and the charge will appear on your bank/credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 5 days prior to the payment being collected.

Please complete the information below:

I, (full name) _____ authorize **PLYMOUTH CHRISTIAN SCHOOL** to charge my credit card indicated below for **CURRENT MONTHLY TUITION** _____ on the 15th of each month for payment of my student's tuition, in the event that my child/children's tuition is not paid by the 5th of each month.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

Checking Savings

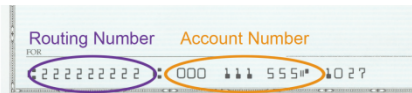
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and/or my child's last day of school. I agree to notify **PLYMOUTH CHRISTIAN SCHOOL** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a Transaction being rejected for Non-Sufficient Funds (NSF) OR credit card declined. I understand that **PLYMOUTH CHRISTIAN SCHOOL** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$45** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

(Parent communication Form)



PLYMOUTH CHRISTIAN SCHOOL

CHAPERONE INFORMATION & FIELD TRIP PERMISSION SLIP

Parents,

All chaperones must be **FINGER PRINTED** in order to be a driver on field trips. Also, in order to be considered as a chaperone, you must commit to driving a minimum of two students. If you are wanting to only take your child and meet the class at the field trip location, please note the following: 1) Your child will be marked absent that day, 2) Plymouth Christian School will not be liable for any injuries that you or your child may experience driving to, during, or from the field trip location, 3) Your child may not return to campus after the field trip, 4) Your child cannot be counted in the entrance fee total.

This permission slip will serve as the only **FIELD TRIP PERMISSION SLIP** that you will need to sign for the 2020-2021 entire school year. Often parents are very busy and may send in the money and not the permission slip for a field trip, and vice versa. In an effort to not have to call parents the morning of a field trip to get their permission, we have created this form to keep on file for the entire school year. Details for each field trip will be sent home as the field trips are scheduled.

PLEASE SIGN AND RETURN WITH YOUR CHILD'S REGISTRATION PACKET. WE NEED A FORM FOR EVERY CHILD.

I give my permission for my child to go with their classmates and teacher on all field trips offered during the school year. I understand that most of the field trips are taken by automobile, and give permission for my child to ride with another parent from our class.

Parent's Signature _____ Date _____

Parent's Contact Number(s) _____

Student's Name _____ Grade _____

PLEASE CALL THE SCHOOL OFFICE ON TUESDAY & THURSDAYS ONLY TO MAKE YOUR FINGERPRINTING APPT. ASK FOR **MISS MARTHA**. WE STRONGLY RECOMMEND THAT YOU COMPLETE THIS DURING THE SUMMER MONTHS SO THAT YOU'RE READY TO ATTEND THE VERY FIRST FIELD TRIP.

(Chaperone & Field Trip Permission Form)



Plymouth Christian School



Fundraiser Support Agreement

I/We, _____ the parent(s) of _____,

agree to support Plymouth Christian School by participating in at least (3) fundraisers or more of total sales that will equal a profit of \$250 or my family may choose the “Buy-Out” program of donating a flat amount of \$250.

I understand that this agreement is in effect each school year my child is enrolled at Plymouth Christian School and this obligation must be fulfilled by **May 5TH** of each school year.

Parent Signature

Date

(Fundraiser Support Agreement Form)

RED ALERT

Attention Parents:

Please fill out below any physical / medical conditions that your child may have, or medications they are on that the school needs to be aware of.

For example: asthma, allergies, chronic conditions.

Name: _____

Medical Condition: _____

Medication: _____

This information will be available to all staff members at Plymouth. This will enable us to properly handle any situations that may arise during the year. Please inform the office of any changes.

School Office