



FCCS Student Registration Checklist for Families

This checklist is for your convenience as you gather paperwork and other documents for registration. 😊

- Enrollment Application**
- Emergency Information and Consent to Treat**
- Rocky Mountain Conference Authorization to Release Student Records**
(K-8th grade and new students only)
- Student Reference Form** *(K-8th grade and new students only)*
- Financial Agreement**
- Schedule of Fees and Tuition**
- RMC School Entry Medical Examination Report** *(grades 1-8 and new students only)*
- General Health Appraisal** *(preschool and kindergarten – required; grades 1-8 – optional; the child must have been seen by a physician within 6 months prior to enrollment at FCCS and then annually, with a new form completed by a physician annually)*
- Immunization Record OR Exemption Form**
(Exemption form must be completed annually after July 1st)
- Copy of Birth Certificate**
- Illness Policies Agreement**
- Child Pick-Up Information**
- Activities and Transportation Consent**
- Sunscreen / Lotion Permission**
- Image / Media Release**
- Technology Acceptable Use Agreement** *(3rd-8th grade students only)*
- Video Viewing Permission Form**
- Volunteer Training and Background Check Acknowledgement**
- Registration Fee and First Month's Tuition**

If your child has allergies or other conditions, such as asthma, that require medication or special care, please speak to the school health representative to find out what forms are required. Students will not be able to attend school until all special medical forms are submitted to the nurse consultant's satisfaction, and any appropriate additional staff training has been completed.

Please allow ample time for this as there are many steps that must be gone through, with forms having to be filled out meticulously by physicians, parents, the nurse consultant, and school staff, and in some cases, targeted trainings must be scheduled and completed for staff, before the enrollment process is completed and the student can attend school



ENROLLMENT APPLICATION FORM

Fort Collins Christian School
 2040 Nancy Gray Ave. Fort Collins, CO 80525
 (970)893-2925

Date of Enrollment: _____

Legal Name of Child: _____ Male () Female ()
First Name Middle Name Family Name

Age: _____ **Grade:** _____ **Date of Birth:** _____ **Place of Birth:** _____

Child's Nickname: _____ **Child living with** _____

Languages spoken at home: _____

Child's Home Address: _____

Last School Attended and Address: _____

	Mother/Guardian
Full Name	
Address (if different from child)	
Home Phone	
Cell Phone	
Email Address	
Name of Employer/School	
Address of Employer/School	
Phone of Employer (ext.)	

	Father/Guardian
Full Name	
Address (if different from children)	
Home Phone	
Cell Phone	
Email Address	
Name of Employer/School	
Address of Employer/School	
Phone of Employer (ext.)	

Special Instruction for reaching parents or guardians: _____

Alternate Emergency Contact:

Name: _____ **Relationship:** _____ **Home Phone:** _____ **Cell Phone:** _____

Address: _____

I have read the **Student Handbook/School Policies, Rules, and Procedures** and agree to support the policies of the Fort Collins Christian School. I will encourage my child to fulfill all the responsibilities expected of him/her as a representative of this school.

Parent/Guardian Signature: _____ **Date:** _____



Fort Collins Christian School
SCHEDULE OF FEES AND TUITION
2023-2024

- Grades (K-8) Registration Fee** (non-refundable) \$415
- Monthly Tuition for Grades 1-8** (Monday – Thursday 8:00 a.m. – 4:00 p.m.) \$470
- Monthly Tuition for Grades 1- 4 (5 days option)** \$590
(Monday-Thursday 8:00 a.m. – 4:00 p.m. and Friday 8:00 a.m. – 3:00 p.m.)

Monthly Tuition for Kindergarten (10 months)

- (Monday – Thursday 8:00 a.m. – 3:00 p.m.) \$485
- (Monday – Thursday 8:00 a.m. – 4:00 p.m.) \$515
- (Monday – Thursday 8:00 a.m. – 4:00 p.m. and Friday 8:00 a.m. – 3:00 p.m.) \$635

Preschool Registration Fee (non-refundable) \$260

Preschool Monthly Tuition (10 months) Please check all that apply.

- Monday Tuesday Wednesday Thursday Friday

Preschool Half-day Program

- 3 half days \$415 (8:00 a.m. – 12:00 p.m.) (only ages 2 ½ and 3)
- 4 half days \$500 (8:00 a.m. – 12:00 p.m.)
- 5 half days \$600 (8:00 p.m. – 12:00 p.m.)

Preschool Half-day & Full-day Combo Program

- 2 half days & 2 full days \$590 (8:00 a.m. – 12:00 p.m.) & (8:00 a.m. – 4:00 p.m.)
- 3 half day & 1 full day \$630 (8:00 a.m. – 12:00 p.m.) & (8:00 a.m. – 4:00 p.m.)

Preschool Full-day Program

- 3 full days \$570 (8:00 a.m. – 3:00 p.m.) \$600 (8:00 a.m. – 4:00 a.m.)
- 4 full days \$670 (8:00 a.m. – 3:00 p.m.) \$700 (8:00 a.m. – 4:00 a.m.)
- 4.5 days \$770 (8:00 a.m. – 4:00 p.m. + Friday 8:00 a.m. – 12:00 p.m.)
- 5 full days \$810 (\$780) (8:00 a.m. – 4:00 p.m. + Friday 8:00 a.m. – 3:00 p.m.)

Tuition Discount: the following discount is given if more than one child in the family is enrolled,
2nd child - \$25 off, 3rd child - \$50 off, 4th child - \$75 off discount

Tuition Discount for our Church Members: \$70 off a month

Before and After School Care (Monday – Friday)

- Before- School Care: \$9.50 per hour After-School Care: \$9 Assistant Teacher

Payment Plan:

- Pre-registration:** If you pay the registration fee **by June 15**, you get 10% off on the registration fee.

- Yearly Payment Plan:** If you pay the registration fee and the entire year's tuition by June 15, you will get 10% off on the registration fee and the entire year's tuition.
- Half-Year Payment Plan:** If you pay the registration fee and the half-year tuition (5-month tuition) at the time of registration, you will get 5% off on the registration fee and half-year tuition.
- Quarterly Payment Plan:** If you pay the registration fee and a quarter of the entire year's tuition at the time of registration, you will get 2.5% on the registration fee and quarterly tuition.
- Monthly Payment Plan:** The registration fee and first month's tuition (August) are paid at the time of registration. Nine remaining monthly payments will be due on the first of each month from September through May.

1. _____ Grade: _____
2. _____ Grade: _____
3. _____ Grade: _____

By signing below, I understand and agree to the terms specified in the selected plan.

Signature: _____ Date: _____



FORT COLLINS CHRISTIAN SCHOOL
Financial Agreement
2023-2024

Student Name: _____ Grade: _____
_____ Grade: _____
_____ Grade: _____

Parent's Name: _____

1. Tuition is due on the first day of each month. A full month's tuition is required for any portion of the month attended. A monthly statement will be sent on or before the 20th day of the prior month. For example, the statement for October will be sent on or before the 20th of September along with a receipt for September's payment.
2. Tuition is due on the first day of each month. There is a 15-day grace period. If tuition is not received by the 15th of the month, the parent will receive a letter requesting a written plan for paying the balance in full as soon as possible.
 - a) It is the parent's responsibility to make appropriate financial arrangements.
 - b) A \$10 late charge will be added to each account not paid by the 15th.
3. If payment in full is not received by the 30th of the month and acceptable arrangements are not made, parents receiving financial aid will lose the financial aid for that month. For example, if the October payment is not received by October 30th, the parent will lose financial aid for October and will owe the entire balance, including the \$10 late fee.
4. If payment is not received by the 30th of the next month (if the balance is 60 days overdue) the student(s) will be suspended until payment or acceptable arrangements are made. This applies to any student, whether or not he or she receives financial aid.
5. It is the parent's responsibility to make payment arrangements for any overdue balance. Unless acceptable arrangements are made, the Finance Committee and the School Board will enforce the aforementioned policies.

Registration Fee: _____	Tuition _____
Additional Student: _____	Sponsor Commitment _____
Additional Student: _____	Parent Responsibility _____

I (print name) _____, understand and agree to the financial agreement and policies of Fort Collins Christian School as stated above. By signing this agreement, I accept full responsibility for payment of my account with the Fort Collins Christian School and understand that a transcript will be released only upon full payment of the account.

Parent/Guardian's Signature: _____ Date: _____

Director's Signature: _____ Date: _____



EMERGENCY INFORMATION AND CONSENT OF TREATMENT

Fort Collins Christian School

Child's Name: _____ **Sex:** _____ **Date of Birth:** _____

Physical Deficiencies: Hearing () Heart () Sight () Speech () Other ()

Allergies/Reactions: _____

Health History (Chronic or recurring issues):

Ear Infections _____	Asthma: _____
Diabetes: _____	Nosebleeds: _____
Heart Disease/defect _____	Measles: _____
Convulsions/Seizures: _____	Chicken Pox: _____
Flu or Flu shot: _____	Mumps: _____

Operations or serious injuries (dates) _____

Is the child on any medications? (Explain) _____

Dietary limitations: _____

Are there any activities that you prefer that your child NOT participate in?

If so please list: _____

Person to be notified in case of an accident: _____ **Phone:** _____

If the school cannot contact parents, name a friend or relative who may be called upon if the child is ill. Please name a doctor and a dentist the school may call.

Friend or Relative	Address	Phone
Doctor	Address	Phone
Dentist	Address	Phone

Hospital Preference: _____ **Phone Number:** _____
Hospital Address: _____

Insurance/Health Care Information: _____

Authorization for Emergency Medical Care and Transportation:

In the event of an emergency, I hereby give my permission for the school staff to access emergency medical services for my child, including transport to the nearest care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Parent/Guardian Signatures:

 Date: _____
 Date: _____



CHILD PICK-UP INFORMATION

Fort Collins Christian School
2040 Nancy Gray Ave. Fort Collins, CO 80525

Persons Authorized to Pick up Your Child

For the _____ school year, the following people have permission to pick up my child. This list may only be changed in writing by the child's parents/guardians. My child, _____ may only leave school with the people listed below.

Name	Phone	Address	Relationship

Parent/Guardian Signature: _____ Date: _____

- Fort Collins Christian School will release your child from our school only to the persons on the list above.
- In an emergency, your child may also be released to an adult for whom you have given verbal authorization. Please let us know if a person who is not on the list above has to pick up your child.
- If the staff member who releases the child does not know the adult, identification will be required to ensure that the adult is authorized to pick up the child.
- Any student planning to go home with another student whose parent/guardian is not listed above must submit written verification from the parents of both students.



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Activities and Transportation Consent

I give consent for my child _____ to participate in all activities and programs of the Fort Collins Christian School, including but not limited to school trips as selected by the Principal or classroom teacher.

I also consent to the transportation of my child by such means of transportation as is deemed necessary by the school or duly authorized member of staff.

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Treatment Consent

In the event of an emergency I hereby give my permission for the school staff to access emergency medical services for my child, _____, including transport to the nearest care facility to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Emergency Contact Number: _____

Physician's Name: _____ Phone Number: _____

A copy of this form will be placed in a folder and carried in the vehicle with the driver for each off Campus trip. The original will remain at school.



Fort Collins Christian School

2040 Nancy Gray Ave.
Fort Collins, CO 80525
970-222-6347

www.fcchristianschool.com

Image Release Form

Dear Parent,

We are constantly updating our school website and social media posts. We also use marketing materials such as brochures and flyers to promote our school. This material includes information about our school and pictures of our students doing interesting things such as science projects or instrumental performances.

Please consider granting permission for the use of your child’s image in the school’s marketing materials.

I give Fort Collins Christian School permission to use pictures of my child or children on the school’s website as well as marketing materials for the 2023-2024 school year.

Child(ren)’s Name: _____

Parent’s Name: _____

Parent’s Signature: _____ Date: _____



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Illness Policies Compliance Agreement Form

Dear Families,

In order to best educate and protect our students' health and well-being, there are certain policies that families are required to comply with. Please read this form, initial each line, and then sign and date at the bottom. Your initials and signature indicate that you agree to comply with these items and to help your child do the same. If you are unsure if your child's symptoms should keep them home, please reference the Colorado Department of Public Health and Environment's "How Sick is Too Sick?" document.

This document can be viewed by searching "Colorado Department of Public Health and Environment 'How Sick is Too Sick' Document" online, or at these URLs:

English: file:///C:/Users/fcsda/Downloads/DEHS_ChildCare_How_Sick_Is_Too_Sick_vs2022.pdf

Spanish: <https://drive.google.com/file/d/1mAL-0nkDw-m5nMgsC4shIgxTbazovLT/view>

Thank you for your help in keeping our school community healthy!

~FCCS Staff

_____ If my child has any symptoms of being ill, with COVID-19 or any other illness, I will not send him or her to school and will follow the established protocols for safely returning my child to school when well.

_____ If my child becomes ill during the school day, and I am contacted by the school to come and pick up my child, I will come pick up my child right away and follow established protocols for safely returning my child to school when well.

_____ Upon returning to school after being ill, my student will wear a mask in the school building for one to two days to minimize the risk of spreading illness to other students and staff.

Parent Name: _____ Parent Signature: _____

Date: _____ Student/s Name/s: _____



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Sunscreen and Lotion Explanation Letter

Dear Parents and Guardians:

At FCCS, we strive to take the very best care of each child in our preschool. This includes protecting their largest organ – their skin.

In Colorado, we have lots of sunshine, which is great for our bodies to get Vitamin D, but not so wonderful for our skin, as too much sun exposure can be damaging. We also have very dry air in Colorado, and our skin can get dry and itchy as a result.

In order to help protect children's skin, FCCS utilizes both sunscreen and lotion. In regards to sunscreen and lotion application for your child, there are options for each. We want to have children's skin protected every day, and there are three options to accomplish that for both sunscreen and lotion.

For sun protection, you may choose one of these three options:

- 1) FCCS personnel may apply sunscreen provided by the school to your child's exposed skin / allow my child to apply school-provided sunscreen to themselves according to the product directions every day that the child will be playing outside.
- 2) FCCS personnel may apply sunscreen that you provide, if you prefer a different kind than the school supplies, to your child's exposed skin / allow my child to apply parent-provided sunscreen to themselves according to the product directions every day that the child will be playing outside.
- 3) You may choose to not have the school apply or have your child apply any sunscreen to themselves, acknowledging the harmful effect of too much sun.

For lotion application to relieve dry skin, you may choose one of these three options:

- 1) FCCS personnel may apply lotion provided by the school to your child's exposed skin / allow my child to apply school-provided lotion to themselves according to the product directions as needed to relieve dry, irritated skin.
- 2) FCCS personnel may apply lotion that you provide, if you prefer a different kind than the school supplies, to your child's exposed skin /allow your child to apply parent-provided lotion to themselves according to the product directions as needed to relieve dry, irritated skin.
- 3) FCCS personnel may not apply any lotion to your child's exposed skin or allow your child to apply lotion to themselves at school.

For your information, and to allow you to make an informed decision regarding these choices, the information regarding the sunscreen and lotion that the school provides is below. You may also ask to see the bottles of sunscreen and/or lotion.

Sunscreen: Coppertone® Sunscreen Lotion, Water Babies Hypoallergenic & Gentle, Water Resistant (80 minutes), Broad Spectrum SPF 50

Lotion: Johnson's Head-to-Toe® Lotion, Gently moisturizes newborn's sensitive skin, No parabens, phthalates or dyes

As always, if you have any questions regarding sunscreen and lotion use at FCCS, please feel free to reach out to the teacher or director. By signing the Sunscreen and Lotion Permission Form, you acknowledge that you have received a copy of this explanation letter as well. Thank-you for allowing us the privilege of teaching your child and of partnering with you to care for them!

~ FCCS Staff



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Sunscreen Permission Form

I, _____ (name of parent or guardian) give Fort Collins Christian School (FCCS) the following permission regarding sun protection for my child _____. By signing this document, I also acknowledge that I have received a copy of the letter explaining the brand of sunscreen the school provides.

Please Check One:

- FCCS personnel may apply school-provided sunscreen to my child's exposed skin / allow my child to apply school-provided sunscreen to themselves according to product directions any day when children will be going outside.
- FCCS personnel may apply sunscreen that I provide to my child's exposed skin / allow my child to apply parent-provided sunscreen to themselves according to product directions any day when children will be going outside.
- FCCS may not apply sunscreen to my child's exposed skin / allow my child to apply sunscreen to themselves.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____

.....

Lotion Permission Form

I, _____ (name of parent or guardian) give Fort Collins Christian School (FCCS) the following permission regarding lotion for my child _____. By signing this document, I also acknowledge that I have received a copy of the letter explaining the brand of lotion the school provides.

Please Check One:

- FCCS personnel may apply school-provided lotion to my child's exposed skin / allow my child to apply school-provided lotion to themselves according to product directions.
- FCCS personnel may apply lotion that I provide to my child's exposed skin / allow my child to apply parent-provided lotion to themselves according to product directions.
- FCCS personnel may not apply any lotion to my child's exposed skin / allow my child to apply lotion to themselves.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____



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Video Viewing Permission Form

At FCCS, there are times when the teachers will show a video / movie to supplement instruction, or occasionally as a reward or change of pace, such as for a class party. These videos will be selected at the teacher's discretion with age-appropriateness and our Christian values in mind. Videos may include, but not be limited to: Veggie Tales, Bible-story dramatizations, curriculum-related content, Christmas shows, etc. Please select the appropriate box below to give or deny permission for your child to participate in watching videos / movies at the teacher's discretion. If you decline permission, your child will spend the time when the video / movie is being viewed with another teacher / class, and their grade will not be affected. *Please note that short clips from the internet and such, including media included with our school's curriculum, that are used for demonstration and teaching purposes do not fall under this permission form and your permission for those is assumed by entrusting your child's education to our school.* If you have any questions, please speak with your child's teacher.

- Yes, I give permission for my child to view videos / movies selected by his or her teacher at school at the teacher's discretion.

- No, I do not want my child viewing videos / movies at school and acknowledge that my child will spend the time of the showing with another teacher or class.

Student's Name: _____

Parent's Name: _____

Parent Signature: _____

Date: _____



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Volunteer Training and Background Check Information

At Fort Collins Christian School, we could not do what we do for the education of our students without volunteers like you! Volunteering for any number of things, from driving for field trips, to helping in the classroom or at recess, to helping set up for events, helps us to provide high-quality learning experiences for our students. We encourage all parents to explore ways that they can volunteer at the school, and while we know not everyone is able to volunteer during the school day, there are always opportunities to volunteer at fundraisers, etc.

Along these same lines, Fort Collins Christian School and the Rocky Mountain Conference takes very seriously the safety of our students. In light of this, all volunteers, including parents, must complete a child protection training and formal background check in order to volunteer. We encourage all parents to complete this background check when enrolling their child, so that as needs and opportunities arise to volunteer, they are already cleared. The following pages provide more information on how to complete this training and background check. Once done, the clearance is good for 3 years. When completing the training and background check, please select "Driver (Volunteer)" as your role (this way, those who are able and willing to help drive are already cleared, but it doesn't mean that you MUST drive for the school – it is simply the best way to keep everyone's volunteer status organized; if you want to volunteer but not drive, that is fine, but you would still need to complete this training). If you have any questions on this training and background check, please contact your child's teacher! (Please note that to volunteer in preschool, there are additional trainings and background checks that must be done according to state licensing regulations. If you are interested in volunteering in preschool, please speak to the preschool teacher, as well as the preschool director.)

~ FCCS Staff

I understand that in order to volunteer at Fort Collins Christian School, including driving for field trips, I and any other adults in my child's family, must complete the Sterling Volunteers training and background check prior to volunteering, and that for preschool, there are additional requirements.

Student's Name

Parent's Name:

Parent Signature: _____

Date:

Directions for Filing a Vaccine Exemption for Your Child:

- Visit <https://cdphe.colorado.gov/vaccine-exemptions>
- If you are filing a medical exemption (requires a signature from a physician, advanced practice nurse, or physician assistant), view the section at the website above for “Medical Exemptions”, and follow the directions to download and complete, with the appropriate signatures, the medical exemption form.
- If you are filing a non-medical exemption, view the section for “Non-Medical Exemptions” at the website above, and choose which of the two ways you will complete that requirement - via the certificate of non-medical exemption or the online immunization education module. (Please note that the certificate of non-medical exemption form requires a signature from a physician, advanced practice nurse, physician assistant, registered nurse, or pharmacist). Also, please note that non-medical exemptions must be submitted annually, and must be dated after June 30, unless submitting as part of pre-registration.
- Provide the completed form or certificate from the online module to your child’s teacher to be kept on file. If you have any questions, please contact Miss Reeder at j.reeder@fcchristianschool.com.