



# **XENOS CHRISTIAN SCHOOLS**

KNOWLEDGE • CHARACTER • COMMUNITY

**Calumet Christian School  
Central Administrative Office  
Preschool through Eighth Grade  
2774 Calumet Street  
Columbus OH 43202  
(614) 261-8136**

**Xenos Christian Preschool  
Preschool Only  
1390 Community Park Dr.  
Columbus OH 43229  
(614) 823-6540**

**2017-2018**

**New Student Registration**

**Preschool**

[www.xenosschools.org](http://www.xenosschools.org)



Administrative Office located at the Calumet Campus [www.xenosschools.org](http://www.xenosschools.org)

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2774 Calumet Street  
Columbus OH 43202  
(614) 261-8136

Xenos Christian Preschool  
1390 Community Park Drive  
Columbus OH 43229  
(614) 823-6540

Harambee Christian School  
1000 Bonham Avenue  
Columbus OH 43211  
(614) 291-0885

January 17, 2017

Dear Parent(s),

The attached packet includes the necessary forms to register your student in Preschool for the 2017-2018 school year. If you have other children that you wish to enroll, please pick up a 2017-2018 New Student Preschool or K-8 Packet at any location.

The **Priority Registration Period**, for currently active Xenos Christian Fellowship home group members and returning preschool students, **ends at 4:00 p.m. Friday, January 27.**

Registrations received after January 27 are considered during the Open Registration period as described on the 2017-2018 Registration Priorities page.

We will mail Enrollment Confirmation letters in February. You have one week to decline enrollment. Any subsequent withdrawal requires a tuition penalty payment as described in the 2017-2018 Fee Schedule.

Your prayers and support are invaluable for the continuing development and excellence of XCS. We look forward to a partnership with you and the opportunity to provide an outstanding Christian school experience. If you have any questions, please call our administrative office at 261-8136.

Sincerely,

*Jim Fulford*  
Superintendent

**XENOS CHRISTIAN SCHOOLS  
2017-2018 REGISTRATION INSTRUCTIONS**

**IMPORTANT:** Parents or legal guardians must **submit registrations in person** between 9:00 a.m. and 4:00 p.m. **at the Calumet campus.** Please review your registrations carefully before submission. We do not process incomplete registrations.

**Please include the following to register:**

- **Registration Forms**
- **Registration Fees\***
- **Birth Certificate** (please bring in the original and we will copy it)
- **2017-2018 Field Trip Form**
- **Physician's Statement:** We require the **Physician Statement Form** (attached) with *current immunizations and general health approval.*
  - Per the State of Ohio, a yearly Physician's Statement must be signed by your physician and submitted prior to the first day of school.
  - Please attach the Physician's Statement if you DO NOT expect to see your child's doctor for a annual exam before August 15, 2017.
  - If your child WILL have an annual exam before August 15, 2017 please keep the attached form and return it to our office as soon as the exam is complete.

**\*Registration fees** can NOT be taken from your EFT account. You must pay these by cash or check at the time of registration.

**NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS AND STAFF**

Xenos Christian Schools recruits and admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities. In addition, Xenos Christian Schools will not discriminate on the basis of race, color, gender or ethnic origin in the administration of its education programs and athletics/extracurricular activities. Furthermore, Xenos Christian Schools is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation. Xenos Christian Schools will not discriminate on the basis of race, color, gender or ethnic origin in the hiring of its certified or non-certified personnel.

**XENOS CHRISTIAN SCHOOLS  
2017-2018 REGISTRATION PRIORITIES**

***PLEASE READ CAREFULLY***

**PRIORITY REGISTRATION Jan 17-Jan 27**

**#1 XENOS CHRISTIAN FELLOWSHIP HOME GROUP MEMBERS STUDENTS**

(Families actively and verifiably involved in a XCF home group).

**#2 RETURNING STUDENTS**

(All students currently enrolled in **Preschool** for the 2016-2017 school year).

**OPEN REGISTRATION Begins Jan 30**

Applications are accepted on a first come, first serve basis.

If you desire placement on a Waiting List you must pay the non-refundable registration fee. This will enable the office to contact you as soon as a spot opens in the desired classroom.

**ELETRONIC FUNDS TRANSFER (EFT)**

**A note about Electronic Funds Transfer (EFT):** We highly encourage families to pay monthly tuition by EFT. Choosing this option provides a \$100.00 registration discount per child, prevents late fees and greatly increases the school's administrative efficiency. We will mail **EFT forms in May.**

**Registration fees** can NOT be taken from your EFT account. You must pay these by cash or check at the time of registration.

# XENOS CHRISTIAN SCHOOLS 2017-2018 FEE SCHEDULE

## REGISTRATION FEE

A non-refundable registration fee must accompany your Xenos Christian Schools (XCS) application. Registration fees cover the administrative costs of the application process including records requests, data entry, materials and assistance with bus transportation within your local school district. To receive the EFT discount you must check the EFT box on Student Enrollment Page 4. We will mail the Authorization for Automatic Tuition Payments to EFT families in May, prior to the first tuition payment due July 2017.

Class	Registration Fee Without EFT	Registration Fee With EFT
Preschool Returning Student	\$ 150	\$ 50
Preschool New Student	\$ 175	\$ 75

## TUITION SCHEDULE

Class	Annual	Monthly Tuition Payments Per Student
2-Day Preschool	\$ 1548	\$ 129
3-Day Preschool	\$ 2196	\$ 183
5-Day Preschool	\$ 3468	\$ 289

## MONTHLY TUITION PAYMENTS, PENALTIES AND POLICIES

A family pays tuition in twelve equal payments from July 2017 through June 2018. XCS strongly encourages all families choose Electronic Funds Transfer as their tuition payment method. For non-EFT families, we assess a \$20 late fee if an account has an unpaid balance on the fifteenth of the month. For all accounts, we charge a \$25 fee for insufficient funds. **IMPORTANT:** If two consecutive tuition payments remain due on the first day of the month, we can remove your student from class until receipt of at least one of the two months due. Additionally, we withhold student assessments and conferences until the account is current.

## WITHDRAWAL PENALTY

We will mail Enrollment Confirmation letters by March 6. Families have 1 week to reject enrollment with no tuition penalty. Withdrawals after this require a one-month tuition penalty.

Students who withdraw after the start of school must provide a one-month notice. If not provided, tuition is due one month from the date of notice. When withdrawing during the school year, tuition is pro-rated based on the number of week days in the school year.

## LATE PICK-UP PENALTY

You must pick up your student no later than 15 minutes from the close of school. If a student remains on the premises after this period, a late pick-up fee applies as follows: \$10 per student for the first half-hour and an additional \$10 for each succeeding half-hour period.

# XENOS CHRISTIAN SCHOOLS 2017-2018 STUDENT REGISTRATION

## Student Enrollment Page 1

**PLEASE PRINT**

<b>First Name:</b> _____	<b>Middle Initial:</b> _____	<b>Last Name:</b> _____
<b>Goes by:</b> _____	<b>Date of Birth:</b> _____	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>School District:</b> _____	<b>Assigned Local School in Your District:</b> _____	

**Campus Preference** (Not Guaranteed):  Calumet Campus  North Campus

**NOTE:** Preschool acceptance/location does not guarantee acceptance into Kindergarten for the 2017-2018 school year.

**Preschool:**  2 Day: (3 years old by 9-30-17)  3-Day: (4 years old by 9-30-17)  5 Day: (4 years old by 9-30-17)

<b>MOTHER</b>	<b>First Name:</b> _____	<b>Last Name:</b> _____	
	<b>Home Address:</b> _____		
	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
	<b>Church Affiliation:</b> _____		Home Group: _____

<b>FATHER</b>	<b>First Name:</b> _____	<b>Last Name:</b> _____	
	<b>Home Address:</b> _____		
	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
	<b>Church Affiliation:</b> _____		Home Group: _____

### PHONE AND EMAIL CONTACT INFORMATION

_____ - _____ - _____ <b>Primary Phone</b> <small>(EMERGENCIES/SCHOOL MESSAGES)</small>
<input type="checkbox"/> N/A _____ - _____ - _____ <b>Landline</b>
<b>Mom Cell</b>
<b>Mom Work</b>

<b>Mom Email</b>
<b>Dad Cell</b>
<b>Dad Work</b>
<b>Dad Email</b>

### PARENT PERMISSIONS

Please ck all that apply below.

- Permission for release of:**  **Photo** (website or fb) (always unidentified)  
 **Primary Phone** (class roster\*)  
 **Address** (class roster\*)

\*Class rosters are not furnished to anyone other than the parents in that specific class.

**XENOS CHRISTIAN SCHOOLS 2017-2018 STUDENT REGISTRATION**  
**Student Enrollment Page 2**

**Student Name:**

**In an Emergency when Mom and/or Dad cannot be reached please Contact:**

Name	Relationship	Phone 1	Phone 2
#1			
#2			
#3			
#4			

*I understand that I have not provided a minimum of two contacts other than myself.*

Parent Signature \_\_\_\_\_

**Please allow the following people to Pick Up my child from school:**

Name	Relationship	Phone 1	Phone 2
#1			
#2			
#3			
#4			

Additional Instructions

Parent Signature

Date

**XENOS CHRISTIAN SCHOOLS 2017-2018 STUDENT REGISTRATION**  
**Student Enrollment Page 3**

**Student Name:** \_\_\_\_\_

**Ethnic Origin:**  Alaskan Native/American Indian     Asian     Hispanic  
 Bi-racial (any two ethnic groups)     Black/African American     White/Caucasian

**Student's Native Language:**  English or  \_\_\_\_\_

**Student's Birth Country:** \_\_\_\_\_

**Physician/Dentist Information is REQUIRED by state law.**

Name of <b>Physician</b> :	Phone:
Address:	City:      Zip:

Name of <b>Dentist</b> :	Phone:
Address:	City:      Zip:

**OPTIONAL**

Name of <b>Optometrist</b> :	Phone:
Address:	City:      Zip:

**Allergies/Disabilities/Chronic Health Problems:**  No     Yes, please explain below:

**Activity Restrictions:** \_\_\_\_\_

**Regular Medication:** \_\_\_\_\_

NO MEDICATION may be administered to a student at school without proper authorization and written instruction from the student's physician. Please pick up a form in the school office if medication is necessary (Epi-Pen, inhaler, etc.).



**XENOS CHRISTIAN SCHOOLS 2017-2018 STUDENT REGISTRATION**  
**Student Enrollment Page 4**

**Student Name:** \_\_\_\_\_

**XCS PRIORITIES**

Please check the highest applicable priority

- #1 XENOS CHRISTIAN FELLOWSHIP HOME GROUP MEMBERS**  
(Families actively and verifiably involved in a XCF home group).

Name of current XCF home group (or leaders): \_\_\_\_\_

- #2 RETURNING STUDENTS**  
(All students currently enrolled in the 2016-2017 school year).

**XCS TUITION PAYMENT OPTIONS**

- I/We agree to **Electronic Funds Transfer (EFT)** for monthly tuition payments. Registration discount applies.
- I/We will be paying our monthly tuition by **check/cash/money order**.
- I/We will be paying our **entire tuition in advance**. EFT Registration discount applies.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**XENOS CHRISTIAN SCHOOLS 2017-2018 STUDENT REGISTRATION  
EMERGENCY MEDICAL AUTHORIZATION**

**Purpose** – to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

**Student Name:** \_\_\_\_\_

**PART 1 OR 2 MUST BE COMPLETED AND SIGNED**

**Part 1 – To Grant Consent** – I hereby give consent for the following medical care:

1. **Administration of any treatment** deemed necessary by the physician, dentist, or optometrist designated on Student Enrollment Page 2. In the event the designated practitioner is not available, the administration of any treatment deemed necessary by any other licensed physician, dentist, or optometrist; or
2. **the transfer of my child** to NATIONWIDE CHILDREN’S HOSPITAL or any hospital reasonably close. This authorization does not cover major surgery unless the medical opinions of two concurring licensed physicians, dentists, or optometrists are obtained before surgery is performed.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Part 2 – Refusal to Consent** – I do NOT give my consent for emergency medical treatment of my child. In the event of a serious illness or injury requiring medical treatment, **I instruct the school authorities to not take action and to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**XENOS CHRISTIAN SCHOOLS  
2017-2018 PARENTAL COMMITMENT**

**Student Name:**

**Xenos Christian Schools believes a strong partnership between parents and school is essential to a high quality education. To that end, parents/guardians must provide a signature below indicating commitment to the following:**

1. Ensure that your child is punctual and maintains regular attendance.
2. Ensure that your child has the supplies necessary to carry out his/her school work.
3. Ensure that your child returns notes and academic/behavior reports as required.
4. Attend at least one parent-teacher conference per year and attend all conferences requested by the school to specifically discuss your child.
5. Ensure that your child understands and abides by the student code of conduct.
6. Agree to support the school's discipline policies and procedures and resolve any disagreements with teachers or principal in a peaceful manner.
7. Understand that choosing not to cooperate with the school's discipline policies and procedures or to resolve disagreements in a peaceful manner may jeopardize your child's future at XCS.

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Parent/Guardian Name (Please Print) ↑

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Parent/Guardian Signature ↑

Date ↑

**XENOS CHRISTIAN SCHOOLS  
2017-2018 HANDBOOK AWARENESS STATEMENT**

**My signature below indicates that I have read and understand the contents of the applicable Student Handbook(s).** All Student Handbooks can be accessed at [www.xenosschools.org](http://www.xenosschools.org) under the menu heading "Parents." I understand that if I have any questions, I can contact Jim Fulford, Superintendent. (Hard copies of Student Handbooks may be obtained in the school office.)

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Parent/Guardian Signature ↑

Date ↑



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## Xenos Christian Schools Field Trip Form

Dear Parent(s),

There will be occasions during the 2017-2018 school year when your child's class will be taking educational and/or recreational field trips away from the school. These trips are usually taken during the school day, either by bus or by parent volunteers, with students arriving back at school in time to be dismissed. We must have your permission in order for your child to accompany the class on these trips.

Parents complete **one form** at the beginning of the school year, which will be kept on file in the school office, allowing your student to attend all field trips for that school year. Parents will still be notified of each upcoming field trip; the only difference is that you will not be required to send a permission slip back for each individual trip.

**We are using this form, which gives your permission for your student to attend any Xenos Christian School field trips, for the 2017-2018 school year.**

Normally, you will be informed of each trip by written note from your child's teacher. It is the responsibility of your child to make sure that this information is delivered to you.

Please return this form, properly filled out and signed, to your child's teacher as soon as possible. Your child will not be able to go on any trips unless this form is on file in the school office.

Thank you,

Xenos Administration

I give permission for my child, \_\_\_\_\_, Grade \_\_\_\_\_ to participate in all field trips sponsored by Xenos Christian Schools during this 2017-2018 school year. I understand that I will be informed about each trip before it is taken, and that it is my child's responsibility to deliver that information to me when requested to do so by the teacher.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature



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(614) 261-8136  
(614) 261-9086 fax

Xenos Christian School  
1390 Community Park Drive  
Columbus OH 43229  
(614) 823-6540  
(614) 823-6542 fax

Harambee Christian School  
1000 Bonham Avenue  
Columbus OH 43211  
(614) 291-0885  
(614) 298-7776 fax

## P h y s i c i a n s   S t a t e m e n t 2017-2018

I hereby verify that \_\_\_\_\_,  
whose date of birth is \_\_\_\_\_, is free from any  
communicable disease. I have found that the above child is in suitable  
condition to attend a preschool or kindergarten program based on their  
medical history and physical condition at the time of my examination. I  
further verify the above child has had the immunizations required by the  
statute for admission to school under Section 3313.671 of the Ohio Revised  
Code. These include the following:

<sup>1</sup> Immunizations	Month/Day/Year				
DPT Series					
Polio Series					
MMR (Measles, Mumps, Rubella)					
Varicella (Chicken Pox vaccine)					
Hepatitis B					
HIB Vaccine					

Physicians Name:				
Street:				
City/State/Zip:				
Phone:		Date of Exam:		
Signature:				

<sup>1</sup> For preschool students: form is required each year of attendance (DPT - 4, Polio - 3, MMR - 1, HIB - 3 or 4); for kindergarten students: form is required if not previously submitted previously for preschool (DPT - 5, Polio - 4, MMR - 2, HEP B -3, varicella - 2 ); for grades 1 through 8: form is required if not previously submitted for preschool or kindergarten - must submit a complete immunization record from your family physician but an office visit is not required.