



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**

2019-2020
New Student Registration
Preschool

www.xenoschools.org



Administrative Office located at the Calumet Campus www.xenosschools.org

Calumet Christian School
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 14, 2019

Dear Parent(s),

The attached packet includes the necessary forms to register your student in Preschool for the 2019-2020 school year. If you have other children that you wish to enroll, please pick up a 2019-2020 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 25.**

Registrations received after January 25 are considered during the Open Registration period as described on the 2019-2020 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 2019-2020 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
Principal

**XENOS CHRISTIAN SCHOOLS
2019-2020 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 Fee**
- **Birth Certificate** NEW STUDENTS ONLY (please bring in the original and we will copy it)
- **2019-2020 Field Trip Form**
- **Physician's Statement:** We require the **Physician's 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 an annual exam before August 15, 2019.
 - If your child WILL have an annual exam before August 15, 2019 please keep the attached form and return it to our office as soon as the exam is complete.

***Registration Fee** 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
2019-2020 REGISTRATION PRIORITIES**

PLEASE READ CAREFULLY

PRIORITY REGISTRATION Jan 14-Jan 25

#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 2018-2019 school year).

OPEN REGISTRATION Begins Jan 28

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.

ELECTRONIC 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 and/or Activity 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 2019-2020 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 2019.

Class	Registration Fee Without EFT	Registration Fee With EFT
Preschool Returning Student	\$ 175	\$ 75
Preschool New Student	\$ 200	\$ 100

TUITION SCHEDULE

Class	Annual	Monthly Tuition Payments Per Student
2-Day Preschool	\$ 1680	\$ 140
3-Day Preschool	\$ 2388	\$ 199
5-Day Preschool	\$ 3768	\$ 314

MONTHLY TUITION PAYMENTS, PENALTIES AND POLICIES

A family pays tuition in twelve equal payments from July 2019 through June 2020. 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 8. 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 2019-2020 STUDENT REGISTRATION

Student Enrollment Page 1

PLEASE PRINT

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Goes by: _____ **Date of Birth:** _____ **Gender:** _____

School District: _____ **Assigned Local School in Your District:** _____

Campus Preference (Not Guaranteed): Calumet Campus North Campus

NOTE: Preschool acceptance/location does not guarantee acceptance into Kindergarten for the 2019-2020 school year.

Preschool: 2 Day: (3 years old by 9-30-19) 3-Day: (4 years old by 9-30-19) 5 Day: (4 years old by 9-30-19)

MOTHER	First Name: _____	Last Name: _____	
	Home Address: _____		
	City: _____	State: _____	Zip: _____
	Church Affiliation: _____		Home Group: _____

FATHER	First Name: _____	Last Name: _____	
	Home Address: _____		
	City: _____	State: _____	Zip: _____
	Church Affiliation: _____		Home Group: _____

PHONE AND EMAIL CONTACT INFORMATION

Primary Phone <small>(EMERGENCIES/SCHOOL MESSAGES)</small>
Mom Cell
Mom Work
Mom Email

<input type="checkbox"/> N/A	Landline
	Dad Cell
	Dad Work
	Dad Email

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.

Student ID# _____ **Enroll Date:** _____ **Paid:** _____ **ck/csh**

XENOS CHRISTIAN SCHOOLS 2019-2020 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 2019-2020 STUDENT REGISTRATION
Student Enrollment Page 3

Student Name: _____

Ethnic Origin: _____

Student's Native Language: English or _____

Student's Birth Country: _____

Physician/Dentist Information is REQUIRED by state law.

Name of Physician:	Phone:
Address:	City: Zip:

Name of Dentist:	Phone:
Address:	City: Zip:

OPTIONAL

Name of Optometrist:	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 2019-2020 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 2018-2019 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 2019-2020 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: _____ **DOB:** _____

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:** _____

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 take the following action:**

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

**XENOS CHRISTIAN SCHOOLS
2019-2020 PARENTAL COMMITMENT**

Student Name: _____

1. I/We have read the Xenos Christian Fellowship Statement of Faith and the Middle/Elementary/Preschool Handbooks* (as applicable), including the Student Code of Conduct, and agree to have my/our student(s) educated in accordance with them.
2. I/We agree to release the Xenos Christian Schools Board, all Xenos Christian Schools employees or representatives, and the Xenos Christian Fellowship, its Board of Elders and employees, from all liability in connection with school activities and school-sponsored trips, and to hold them harmless for injury or damage caused by my/our student(s).
3. I/We agree to pay for malicious damage caused by my/our student(s) to Xenos Christian Schools' facility and/or property.
4. I/We agree to be supportive of the school discipline policies and procedures. I/We will resolve any disagreement with the teachers or principal in a peaceful manner. I/We understand that failure to be supportive or resolve disagreements peacefully may result in my/our student being dismissed from Xenos Christian Schools.
5. I/We agree to attend at least one parent-teacher conference per school year and attend all conferences requested by the school specifically to discuss my/our child(ren).

*All Student Handbooks can be accessed at www.xenosschools.org under the menu heading "Parents." I understand that if I have any questions, I can contact Jim Fulford, Principal. (Hard copies of Student Handbooks are available in the school office.)

Parent/Guardian Name (Please Print) ↑

Parent/Guardian Signature ↑

Date ↑

