



2021-2022 KINDERGARTEN Registration Packet

Registration will only be available
ONLINE & starts March 1st!

<http://ccsneb.com/admissions/>

Half-Day:

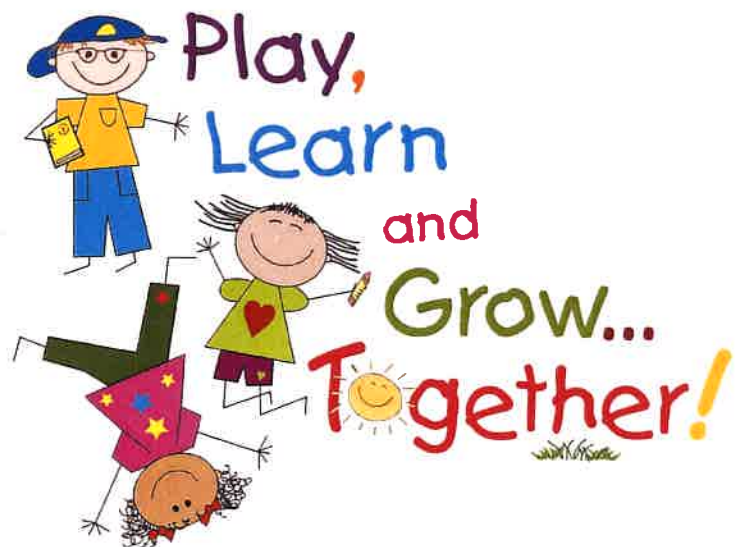
Monday through Friday

8:00am - 11:45am

Full-Day:

Monday through Thursday

8:00am - 3:30pm





COMMUNITY CHRISTIAN SCHOOL

DOCUMENT REQUIREMENTS 2021 - 2022

Welcome to CCS! We are excited to have your child here. This note is to inform you of the special requirements for students entering school. All Kindergarten requirements are applicable to new elementary students entering from out of state.

The State of Nebraska and CCS Board of Education requires the following documentation to be presented before your child may START school:

PRESCHOOL, PREKINDER, & KINDERGARTEN

Preschool: Child must be 3 years old BEFORE July 31.

Prekindergarten: Child must be 4 years old BEFORE July 31.

Kindergarten: Child must turn 5 years old BEFORE July 31.

Child must start Kindergarten if they turn 6 in 2021.

- **Certified Birth Certificate** – Bring the official birth certificate with the raised seal to the office and a copy will be made. This should be brought into the office as soon as possible. If you need to obtain a legal copy of a Nebraska Birth Certificate: <https://www.nebraska.gov/hhs/birthcert/birthapp.php>
- **Immunization Record** – Copy of Up-to-Date Immunization Records. Parents can print off these records by going to <https://dhhs.ne.gov/Pages/Immunization-Records.aspx> & clicking on the link to NESIIS. If you are in need of any refusal forms please go to <https://dhhs.ne.gov/Pages/School-Immunization.aspx> and look under exemptions.

KINDERGARTEN ADDITIONALLY NEEDS

- **Physical Examination** – Physicals must be performed between March 1 & August 27, 2021.
- **Vision Evaluation** – Vision evaluations must be performed between March 1 & August 27, 2021.

Thank you for your attention to this information.

Please call the school office with any questions. 308-632-2230

Remember, your child will not be allowed to start school if all documents are not on file.



COMMUNITY CHRISTIAN SCHOOL

2021-22 SCHOOL YEAR COMING SOON!

CCS Registration Newsletter

March 2021



Before/After School Care
is available for all grades.
A link to register will be sent out
in August!

For more information please
contact Michele Kuxhausen at
635-2230 or
michele.kuxhausen@ccsneb.com

School Lunch



The cost is \$3.00

*Your child has a lunch account and all
payments can be made to the office.*

Menus @ www.ccsneb.com/parent-info

Lunch is included for those enrolled in daycare.

CCS utilizes the SchoolMessenger system to deliver text messages to your mobile phone with important information about events, school closings, safety alerts and more! Please text **"Yes"** to **67587**. Don't miss out on important notifications!



Financial Aid Information

(Kindergarten – 5th Grade only)

FACTS Grant & Aid Assessment will be conducting the financial need analysis for CCS for the upcoming 2021-2022 school year. Families applying for financial aid will need to complete an application and submit the necessary supporting documentation to FACTS Grant & Aid Assessment by April 30. There is a \$35.00 application fee. Applicants can apply online by going to the FACTS link at

<https://online.factsmgmt.com/signin/43R4P>.

Once an online application has been completed, the following information will need to be sent to FACTS to complete the application process:

- Copies of your most recent Federal tax forms including all supporting tax schedules.
- Copies of supporting documentation for Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and TANF.

Note: Award decisions are made by the CCS Financial Aid Committee, not FACTS.

5C Summer Program

CCS offers child care over summer break! Mrs. Kuxhausen is working hard to plan new, fun, and exciting activities for this summer! Please keep an eye out for more details as summer gets closer!!



Jho4glttssmetj J



2021-2022

Registration & Tuition Schedule

Student Registration

Registration Fees are non-refundable.

****\$50 DISCOUNT for Registering IN March!!**

Kindergarten - 5th grade: \$150 Per Student / March \$100

Preschool & PreKindergarten: \$125 Per Student / March \$75

1st – 5th Grade Tuition

		<i>Yearly Tuition</i>	<i>12-month** payment June-May</i>	<i>Semi-Annual payment Sept & Jan</i>	<i>9 month payment Aug - April</i>
1 Child		\$4,623.00	\$385.25	\$2,311.50	\$513.67
2 Children (\$3,699.00)	20%	\$8,322.00	\$693.50	\$4,161.00	\$924.67
3 Children (\$3,235.00)	30%	\$11,556.00	\$935.00	\$5,778.00	\$1,284.00

Additional children in grades 1 – 5 are \$2,080.00 per year. 55%

Kindergarten Tuition

Kindergarten – ½ day	\$2,334.00	\$194.50	\$1,167.00	\$259.34
Kindergarten – 4 day Enrichment	\$4,248.00	\$354.00	\$2,124.00	\$472.00

*Discount will be given if siblings in grade 1-5: \$3,610.00

Prekindergarten Tuition

Prekinder – Everyday (8:00-11:30)	\$1,800.00	\$150.00	\$900.00	\$200.00
Prekinder – M-TH (8:00-11:30)	\$1,512.00	\$126.00	\$756.00	\$168.00

Preschool Tuition

Preschool – Everyday (8:00-11:15)	\$1,800.00	\$150.00	\$900.00	\$200.00
Preschool – M/W/F (8:00-11:15)	\$1,044.00	\$87.00	\$522.00	\$116.00

All monthly tuition payments must be ACH (Direct withdraw) or Credit Card (4% convenience fee)

Option of two ACH payments per month/5th & 20th

5C Daycare is available for students 6:30am – 6pm. Please contact 5C for pricing and paperwork at 635-2230.



PERMISSION/WAIVER FORM

2021 - 2022

Functions and Activities: It is my understanding that participating in the programs and recreational and other activities is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability : By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child’s or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment: I recognize that there may be occasions where the child(ren) named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the child named above including hospitalization, if in the agent’s opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I give permission to transport the child named above to a medical treatment center in a non-emergency vehicle in a medical emergency situation.

I represent that I am the parent/guardian of the listed child(ren), who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of the Community Christian School including any special events/activities described above. In consideration for allowing the participation of the child in these activities, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

****Signature will take place with Online Registration**

Signature of Parent or Legal Guardian

Date



PHYSICAL EXAMINATION REQUIREMENTS COMMUNITY CHRISTIAN SCHOOLS

(Revised February 2019)

“The Board of Education shall require evidence of a physical examination by a qualified physician with six months prior to the entrance of a child into the beginner grade and the seventh grade, or in the case of a transfer from out-of-state to any other grade of the local school, provided no such examination shall be required of any child whose parent or guardian shall object thereto in writing.” School Law 79-214 (1999)

NAME: _____

ADDRESS: _____

BIRTHDATE: _____ AGE: _____ GENDER: M _____ F _____

PHYSICAL FINDINGS:

Height _____ Weight _____

Blood Pressure _____ Pulse _____

Urinalysis (if recommended) _____

Hemoglobin (if recommended) _____

Vision Screening Report, if given: _____

OD _____ OS _____

With Glasses: _____

OD _____ OS _____

Does the student now have or previously had:

Diabetes _____ Seizures _____

Heart Disease _____ Ulcers _____

Hearing Loss _____ Chicken Pox _____

Hepatitis _____ Mononucleosis _____

Asthma _____

Heart _____

Thyroid _____

Lungs _____

Abdominal Organs _____

Orthopedic Exam: _____

Neck _____

Spine _____

Upper Extremities _____

Lower Extremities _____

Knees _____

Feet _____

Evidence of Scoliosis: No _____ Yes _____

Evidence of Hernia: No _____ Yes _____

DOES THE STUDENT HAVE ANY ALLERGIES _____

OPERATIONS OR SIGNIFICANT INJURIES (Please List) _____

HEAD INJURIES _____

REQUIRED MEDICATION ON A DAILY OR EPISODIC ROUTINE _____

SIGNIFICANT FINDINGS AND REMARKS _____

RECORD OF IMMUNIZATIONS: Please ATTACH RECORD or email: office@ccsneb.com fax: 308-632-2230

Please Check Classifications:

_____ Regular: Student may participate in the regular program of physical education, recreation, intramural, athletics or related activities.

_____ Adapted: Student has a condition which might risk sustaining injury from participation in the regular program or needs a special adapted program as indicated by the consulting physician. Re-examination each year.

_____ Date

_____ Examining Physician



**HEALTH SERVICES
REPORT OF VISION EVALUATION**

(Please return this form to your child's school office)

Effective with the 2006-2007 school year, Nebraska State Statute 79-214 requires students entering kindergarten (or first grade, if not enrolled in kindergarten) to provide evidence of visual evaluation within six month prior to entry. This requirement also applies to out of state transfers to any grade. The vision evaluation may be performed by a physician, physician assistant, advanced practice nurse practitioner, or vision professional (optometrist or ophthalmologist). Students are exempt from this requirement when the parent/guardian provides a written statement of objection.

STUDENT NAME: _____

Examiner: _____ Date: _____

	Pass	Fail	Recommend Further Evaluation <small>(see comments below)</small>
Amblyopia	_____	_____	_____
Strabismus	_____	_____	_____
Internal Eye Health	_____	_____	_____
External Eye Health	_____	_____	_____
Visual Acuity			
20 feet	Right 20/_____	Left 20/_____	with/without glasses
16 inches	Right 20/_____	Left 20/_____	with/without glasses

COMMENTS/RECOMMENDATIONS:

**PARENT/GUARDIAN STATEMENT OF OBJECTION (WAIVER) TO REQUIREMENT
FOR VISION EVALUATION**

On behalf of my student _____, I object to the required vision
Student's Full Name
Evaluation as legislated in Nebraska State Statute 79-214. I understand provision of the law allow me to
waive this requirement for my child by my signed statement.

Signature of Parent/Guardian

Date




2021 - 2022 School Calendar

*Encouraging students to learn and apply God's truth,
while promoting academic excellence in a Christian environment*

School Day: 7:57am - 3:30pm
5C: 6:30am - 6pm

Calendar Legend:

	First/Last Day of School		Parent Teacher Conferences
	End of Quarter/Semester		Open House
	Teacher/Staff Work Days		Kinder Graduation/Last day PS - K
	NO SCHOOL		Enchilada Factory
	Corporate Meeting		

August

S	M	T	W	T	F	S	
	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31				

August:

- 16: Corporate Meeting
- 23-26: Staff Work Days
- 26: Meet & Greet
- 30: First Day of School

September

S	M	T	W	T	F	S	
			1	2	3	4	
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30		

September:

- 3 & 6: NO SCHOOL/Labor Day

October

S	M	T	W	T	F	S	
					1	2	
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
	31						

October:

- 8: NO SCHOOL
- 12 & 14: Parent Teacher Conferences
- 14: Early Release 1:00pm
- 15: NO SCHOOL
- 22: End of 1st Qtr

November

S	M	T	W	T	F	S	
	1	2	3	4	5	6	
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30				

November:

- 24 - 26: Thanksgiving Break

December

S	M	T	W	T	F	S	
				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	

December:

- 17: End of 2nd Qtr
- 20 - 31: Christmas Break

January

S	M	T	W	T	F	S	
						1	
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31					

January:

- 3: Staff Work Day/NO SCHOOL
- 4: Students return to school

February

S	M	T	W	T	F	S	
			1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28					

February:

- 10 & 11: Teacher Work Days/NO SCHOOL
- 15 & 16: Enchilada Factory
- 18: NO SCHOOL
- 21: Teacher Work Day/NO SCHOOL

March

S	M	T	W	T	F	S	
			1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31		

March:

- 10: End of 3rd Qtr
- 11: Teacher Work Day/NO SCHOOL
- 15 & 17: Parent Teacher Conferences
- 17: Early Release 1:00pm
- 18: NO SCHOOL

April

S	M	T	W	T	F	S	
						1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30

April:

- 14-18: Easter Break

May

S	M	T	W	T	F	S	
	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31				

May:

- 11: Kindergarten Graduation
- 11: Last day for PS, PK, & Kinder
- 12: End of 4th Qtr/Field Day (1st - 5th)
- 13: Staff Work Day

Quarter 1: 36	157 Student Days
Quarter 2: 37	168 Teacher Days
Quarter 3: 44	
Quarter 4: 40	