

Harbor Christian Schools



www.harborchristianschools.org

Reenrollment Package 2024-2025

Location:
6509 38th Ave. NW
Gig Harbor, WA 98335
Office: (253) 857-6242

Mailing Address:
P.O. Box 2135
Gig Harbor, WA 98335
harborchs@gmail.com

HARBOR CHRISTIAN SCHOOLS

INSTRUCTIONS FOR REENROLLMENT

We welcome you back to Harbor Christian Schools. To help us process your application and reserve a space in class, please complete the following the steps:

Step 1. Submit the completed forms:

- ◆ Enrollment Contract
- ◆ Application for Admission/Release of Liability Statement (both sides)
- ◆ Permission Form/Emergency Consent Form (both sides)

Step 2.

- ◆ Arrange for a meeting with the school administrator to submit paperwork.

Step 3.

- ◆ Submit the necessary fees (please note that students may not attend class until these fees are paid):
- ◆ Registration Fee
- ◆ Curriculum Fee (if after August 1)

Your place will be held once all the paper work is submitted and the registration fee is paid. Please contact the Harbor Christian Schools' office at 253-857-6242 with your questions.



Harbor Christian Schools

Tuition and Fees 2024-2025

Application Fee: \$125.00 - *New students only*

This fee is non-refundable and covers the cost of testing and assessment.

Registration Fee: \$225.00

This fee is non-refundable and is due annually at time of registration.

Curriculum Fee:

This fee is due by August 1st annually, and is refundable through August 15th.
The annual curriculum fee pays for books, resources and certain supplies.

Grades 5 - 12 \$350.00

Tuition:

Tuition is paid on a *ten-month schedule* August through May.

Grades 5 - 8 \$8,000.00 \$800.00/month

Grades 9 – 12 \$8,750.00 \$875.00/month

Grades 5 – 8 Hybrid \$450.00/month

Grades 9 – 12 Hybrid \$500/month

TUITION DISCOUNTS AVAILABLE

Early Payment Program: HCS rewards families who pay the annual tuition in full early.

5% tuition reduction if paid in full by *May 31st*

3% tuition reduction if paid in full by *June 1st*

Family Plan: HCS provides a discount when a family enrolls multiple students. (Full tuition is applied to the oldest student, discount applied to the next oldest.)

10% tuition reduction for the *second student*

15% tuition reduction for *all others*

Pastor's Discount: HCS provides a 15% discount on tuition to full-time pastors and ministers.

Tuition and fees cover approximately 40% of the schools operating costs. The remaining financial resources are raised through donations and fundraising events (i.e., annual fall fund drive, service hours, Scrip, auction, Fall Fun Run, Holiday Bazaar and Christmas Program, community breakfast, bake sales, and other class activities/fundraisers).

Service Hours:

HCS requires each family to donate **18 hours of service** to the school each year (10 of which is to be dedicated to the fundraiser/auction activities). Parents are expected to help with procurement, donate and attend the auction.

Note Regarding Service Hours: Families may choose “an OPT OUT pre-payment” at the beginning of the year at \$450.00 or \$25 per hour. Service hours are to be completed by June 10th. Families not completing their service hours are billed June 1st accordingly. *This does not affect the early prepayment program.*

SCRIP:

Families are required to purchase **\$1200.00 of SCRIP** per year (*\$600.00 for half-time students*).

Scrip is the purchase of gift cards for groceries, gas, restaurants, and other amenities. You buy cards at face value and the vendors give a percentage of your purchase to our school (examples: Safeway, Albertsons, Arco, Chevron, Macys, Starbucks, etc.). Families may choose “an OPT-OUT pre-payment” at the beginning of the year at \$120.00 (*half-time students \$60.00*).

Families transferring student(s) to HCS after the school year has begun will be prorated on Scrip, service hours, etc. based on the months/days left in the school year.

Other additional fees may be required for field trips, labs, PE, special classes or projects.

Harbor Christian Schools

Application for Reenrollment

2024 - 2025

Mission statement: While honoring each individual student as a unique learner, our mission is to encourage the highest standards of academic achievement, personal responsibility, and love for learning in a nurturing Christian environment.

Harbor Christian Schools does not discriminate on the basis of race, color, national or ethnic origin. We reserve the right to deny admission to any student based on current school standards.

Student Name: _____ Sex: M F
Last First Middle

Home Address: _____
Street City Zip Code

Home Phone: () _____ **E-mail Address:** _____

Birth Date: ____/____/____ **Birthplace:** _____ **SSN:** ____-____-____
Month Day Year

Race (opt): Black Asian/Pacific Islander American Indian/Native Alaskan Hispanic White (Not of Hispanic Origin)

Grade applying for: _____ School last attended: _____

Names and ages of other family members applying/reapplying: _____

Names and ages of other children in your family: _____

Student Resides With: (circle all that apply) Both Parents Mother Father Stepmother Stepfather Guardian

Father/Stepfather/Guardian's Name: (circle one) _____ (Include complete address with street, city & zip) _____ Home Phone: _____

Cell/Pager #: _____
Employer: _____ Work Phone: _____

Mother/Stepmother/Guardian's Name: (circle one) _____ (Include complete address with street, city & zip) _____ Home Phone: _____

Cell/Pager #: _____
Employer: _____ Work Phone: _____

Father/Stepfather/Guardian's Name: (circle one) _____ (Include complete address with street, city & zip) _____ Home Phone: _____

Cell/Pager #: _____
Employer: _____ Work Phone: _____

Mother/Stepmother/Guardian's Name: (circle one) _____ (Include complete address with street, city & zip) _____ Home Phone: _____

Cell/Pager #: _____
Employer: _____ Work Phone: _____

By signing and submitting this application, I hereby acknowledge the following:

- I will fully support the school's academic, behavioral, and other policies.
- I agree that the administration has the responsibility, in consultation with parents and students, to assign the appropriate curriculum for my child.
- I will fully support my child's participation in chapel and Bible teaching.
- I agree to fulfill all financial obligations promptly, in accordance with the school's financial policy.
- I will recompense the school for any and all damages to school or private property caused by my child.
- I release the school from all liability, except negligence, while my child is under the school's care and responsibility.
- Harbor Christian Schools may terminate this enrollment at anytime if my child's behavior is found to be unacceptable.
- I understand that any intentional withholding of pertinent information regarding this contract may result in the dismissal of my child.
- I understand that the required forms must be signed and the appropriate fees must be paid in full for this application to be valid.

Signature of father/legal guardian

Date

Signature of mother/legal guardian

Date

Signature of student

Date

HARBOR CHRISTIAN SCHOOLS
Release of Liability Statement

By my signature below I do hereby release Harbor Christian Schools from any liability resulting from the publication of my picture and/or information on school brochures, flyers, banners, web pages, and any other publication used for the purpose of promoting Harbor Christian Schools. Understanding these terms, I fully agree not to bring any form of litigation against Harbor Christian Schools for any unwanted event seemingly brought about by the publication of my information and/or picture.

Printed Full Name of Publicized Individual

Signature of Individual or Guardian

Date

Harbor Christian Schools will not publicize the above signer's information to any source not relating to the above mentioned intentions. Harbor Christian Schools will not intentionally present the above signer's information and/or picture in a manner that could be construed as inappropriate.

Administrator/Board President

Date

Please check the information below you are willing to have included in the school directory, which is distributed only to students and staff.

Name

E-mail

Telephone

Address

Initial



HARBOR CHRISTIAN SCHOOLS
Enrollment Contract for 2024-2025
Full-time Students

Student's Name: _____ Class: _____

Please read the terms and conditions for enrollment in Harbor Christian Schools before signing below.

- ◆ Tuition is paid on a ten month schedule August through May. There is a **late charge of \$35.00 each month for payments more than ten days late.**
- ◆ The registration fee is due at the time of registration. This fee is non-refundable.
- ◆ The curriculum fee is non-refundable after August 15th.
- ◆ Students may attend class once registration and curriculum fees are paid in full.
- ◆ Parents/legal guardians are responsible for tuition payments anytime their child(ren) is/are enrolled at Harbor Christian Schools. Tuition refunds or credits will not be given for absences.
- ◆ If an account is delinquent more than 60 days, the student(s) will not be admitted to class until the account is current, unless special prior arrangements are made with the administrator.
- ◆ Parents/legal guardians must give a **30-days written notice** of intent to withdraw their student(s) to the administration of Harbor Christian Schools. If a student is withdrawn without 30 days written notice, the parents will be responsible for paying an extra month's tuition.
- ◆ Student records will not be released until all accounts are paid in full.
- ◆ If Harbor Christian Schools must file a collective action for unpaid tuition, fees or charges, the parent(s) or legal guardian(s) agree to accept full liability for all fees associated with the effort to collect on the debt.
- ◆ Harbor Christian Schools reserves the right to suspend or expel a student who fails to comply with school standards and/or rules.
- ◆ I agree to donate 18 service hours or pay \$450.00 to cover the cost of service hours (\$25 per hour) during the school year, as described on the tuition and fee sheet. I understand that a bill for volunteer services not performed by the end of the school year will be sent in June. Furthermore, I agree to purchase a minimum of \$1,200.00 SCRIP or pay \$120.00.

By signing this contract I (we) agree to promptly fulfill all financial and service obligations to Harbor Christian Schools. I (we) will abide by all of the financial policies of Harbor Christian Schools. I (we) understand and agree to all of the terms and conditions set forth above.

Signature of Mother or Legal Guardian

Signature of Father or Legal Guardian

Printed Name of Mother or Legal Guardian

Printed Name of Father or Legal Guardian

Date: _____

Date: _____

Harbor Christian Schools
PERMISSION FORM / EMERGENCY CONSENT FORM
2024-2025 SCHOOL YEAR

**PERMISSION FOR
TRANSPORTATION AND PARTICIPATION**

I, _____ (print name), a parent or legal guardian of _____ (student's name), a student at Harbor Christian Schools has permission to leave campus for participation in field trips during the school year. I furthermore consent to Harbor Christian Schools transporting my child by private vehicle in conjunction with any Harbor Christian Schools class, program, or function (including transportation to and from public libraries and locations of field trips and special events). I understand that Harbor Christian Schools may have parents of other students provide such transportation and serve as supervisors of my child/children.

EMERGENCY INFORMATION

| | | |
|---|----------------------------|-----------------------------------|
| Doctor's Name | Phone Number | Preferred Emergency Care Facility |
| Health Insurance Company | Plan Name | |
| Group Number (if a group policy) | Participant Account Number | |
| Allergies (medication or other) _____ | | |
| Asthma (medication) _____ | | |
| Date of last tetanus booster _____ | | |
| Other medically important information _____ | | |
| _____ | | |
| Medications currently being taken _____ | | |

**CONSENT FOR EMERGENCY
HOSPITAL ADMISSION AND/OR PHYSICIAN'S CARE**

Medical and Surgical Consent

I, the undersigned, hereby consent to all medical and surgical treatment by the attending physician and to the administration, for performance of all examinations, administering of medicine, treatments, anesthetics, operations, x-rays, or other procedures which may be deemed necessary during the stay at this medical facility for _____ (student's name).

Financial Agreement

I hereby agree to accept responsibility for any financial indebtedness incurred during the hospitalization. I agree to pay for all necessary services at the current rate and in case of collection, pay reasonable attorney's fees and collection expenses.

I have read the above consent form and understand and agree to its content.

Parent Signature: _____

Print Name: _____ **Date:** _____

*see reverse side

STUDENT INFORMATION

Name: _____ Sex: _____
Last First Middle

Home Phone: _____ Birth Date: _____

Address: _____

City State Zip Code

CONTACT INFORMATION

Please provide the names, addresses and telephone numbers of five people who can be called in the event of an emergency or if student is injured or becomes ill at school. **List in the order of priority including yourself if you wish to be called.**

1. Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Work Phone: _____

Relationship to student: _____

2. Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Work Phone: _____

Relationship to student: _____

3. Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Work Phone: _____

Relationship to student: _____

4. Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Work Phone: _____

Relationship to student: _____

5. Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Work Phone: _____

Relationship to student: _____