



CORNING CHRISTIAN ACADEMY
LITTLE LAMBS PRESCHOOL

11 Aisne Street Corning, New York 14830
607-962-4220 t 607-962-4410 f

Welcome!

Thank you for your interest in the educational opportunities available at Corning Christian Academy. A decision to explore a private Christian education is one that could have a profound impact on your family's life.

Corning Christian Academy is on mission to raise leaders by Biblically equipping students with faith, knowledge, and wisdom to advance the Kingdom of God. We strive to build a strong academic and spiritual foundation in the lives of our students by providing excellence in an innovative, Biblically-based environment that nurtures spiritual, mental, social and physical growth. We are a college preparatory program currently serving more than 120 students in preschool through twelfth grade. The elementary school develops and builds fundamental academic skills using Christian curriculum from publishers such as ABeka and BJU Press. The junior and senior high reinforce and expand these skills as students continue to pursue knowledge and solidify their Biblical worldview. Our students are prepared to begin college level courses in their junior and senior years, if they choose, and to pursue higher education once they graduate.

Enclosed you will find information about our school that will help you to make that decision. If you have any additional questions, please feel free to contact me at 607-962-4220.

I am anticipating a great school year and will count it a privilege to serve your child(ren) here at Corning Christian Academy.

God's Blessings,

Keila Underwood
Administrator

love. serve. lead.

ABOUT CCA

CORNING CHRISTIAN ACADEMY

MISSION STATEMENT

The mission of Corning Christian Academy is to raise leaders by Biblically equipping students with faith, knowledge, and wisdom to advance the Kingdom of God.



Secondary School

- Middle School 6th-8th
- High School 9th-12th
- STEM Program
- Maker's Space

Corning Christian Academy's secondary program equips students with the knowledge, skills, and motivation to prepare them for further education and successful employment. We understand that this is a crucial time in a student's life and the tremendous transition that takes place from a child to that of a young adult. Our staff constantly strives to enable each student to become the leaders for the 21st century. Students are nurtured in a safe environment emphasizing principles, academics, and personal excellence.

We strongly believe and encourage each student to explore and exercise their gifts and talents by useful involvement in their school and community. We appreciate the opportunity to be a part of each student's life and are excited about what God is doing at CCA.

love. serve. lead.

Secondary Extracurricular

An elected student council gives students opportunities for leadership and interaction with peers, faculty, and administration. Students are given the opportunity to be involved in various clubs and activities, and sports teams including soccer, basketball and volleyball.



Our History

The Christian Learning Center (CLC) opened its doors with twenty-one students in grades K-3 in 1982. CLC continued to add grade levels each year and by 1989 was offering K-12th grade. Little Lambs was added in 1992. To better reflect the school's academic emphasis, the Corning Christian Academy (CCA) and the Little Lambs Preschool were established as divisions of the Christian Learning Center (CLC).

Corning Christian Academy is governed by a Board of Directors.

Membership



Corning Christian Academy is a charter member of ACSI (Association of Christian Schools International).

Our Commitment is to produce graduates who will ...

- Pursue knowledge as a means of knowing and understanding God more fully
- Honor Christ by respecting the unique worth of others
- Model servanthood by seeking opportunities for service in the home, church, and community
- Exhibit ethical and moral application of a Biblical worldview

Little Lambs Preschool

- Classes for 3 and 4 year olds
- Academic Preschool with Kindergarten readiness
- Aftercare program available



Elementary School

- Grades Kindergarten – 5th
- Additional weekly instruction provided in P.E., music, art, technology, and library
- After-school program available

Our goal is to provide a strong academic education in a nurturing Christian environment. We have faculty and staff that are dedicated to Christian education to accomplish that goal. The faculty, staff, and administration of CCA are here to support you. We want you to see our role not just as educators and professionals, but as family.

CURRICULUM OVERVIEW



Grades K-5

Primarily ABEKA or BJU

Classes in:
Reading
Writing
Penmanship
Language
Spelling
Bible
History
Math
Science
Technology
Art
Music
Physical Education

Grades 6-12

Primarily ABEKA or BJU

Classes in:
Spanish
English
Bible
Earth Science
Biology
Chemistry
Physics
Algebra 1
Geometry
Algebra 2/Trigonometry
Global History
US History
Government & Economics
Health
Life skills
Genius Hour
Information Technology
Yearbook
Art
Music classes
(chorus through 8th grade)
Physical Education
BOCES available
Courses through CCC available
Extra-Curricular Activities
Student Council
Sports - soccer, basketball, volleyball

6th grade students are eligible to participate in modified sports, if available.

New York State Regents

*Five New York Regents are required to be passed with a grade of 65 or better to receive a Regents Diploma.

*Comprehensive English
*Global History & Geography
*U.S. History & Government
*One Math Regents
*One Science Regents

If a student averages 90 or above on each of the NYS Regents, a Diploma with Honors will be awarded.

*Eight Regents are required to be passed with a grade of 65 or better to receive an Advanced Regents Diploma.

*Comprehensive English
*Global History & Geography
*U.S. History & Government
*Three Math Regents
*Living Environment
*One additional Science

If a student averages 90 or above on each of the NYS Regents, an Advanced Diploma with Honors will be awarded.

We integrate the NYS Regents materials into our Christian-based curriculum. We offer additional review classes and online study tools for those wishing to take advantage of those offerings.

We participate in ACSI's Distinguished Christian High School Student Awards (Honor Society)



ADMISSION PROCESS



Tour and Family Interview

We invite you to tour our school and see for yourself the many opportunities available. Your family will meet with the administrator, learn more about what to expect at CCA, and ask any additional questions. All prospective students are required to attend the family interview.



Application for Admission

Complete the application paperwork and pay the non-refundable new family application fee of \$50.



Testing (K-5)

After the application is received, Corning Christian Academy will contact you to schedule placement testing.



Acceptance

After steps 1-4 are completed, you will receive notification within 1 week of the interview, concerning the status of your student(s) admission to our school. Once accepted you will then need to pay the non-refundable registration fee.



Financial Enrollment

Complete the enrollment process through our FACTS Tuition Management Program, pay the associated FACTS fee, and complete the tuition payment agreement.



Financial Assistance

Choosing private Christian education can be a difficult task considering the economic environment that we live in, yet this choice can pay huge dividends in the future. Corning Christian Academy desires Christian education to be affordable for all. We understand this is not always possible, and you may find you need financial assistance. A limited amount of financial aid is available on a need basis. Please ask for more information.

Corning Christian Academy & Little Lambs Preschool 2022-2023 Tuition Rates

Corning Christian Academy
\$50 Application fee for New Families Non-refundable - Due with application

Non-Refundable Registration Fee \$200 each / maximum of \$500 per family Registration for returning CCA students due by June 30, 2022
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Tuition Schedule (K-5th grade)			
	Annual*	10-month pay plan	11-month pay plan
1st Student	\$5,850	\$585.00	\$531.82
Additional Student	\$5,350	\$535.00	\$486.36

Tuition Schedule (6th-12th grade)			
	Annual*	10-month pay plan	11-month pay plan
1st Student	\$6,000	\$600.00	\$545.45
Additional Student	\$5,500	\$550.00	\$500.00

Clubhouse Rate Schedule (Grades K-5)	
Daily Rates	Monthly Rates
Per Child - \$15	Per Child - \$235
Clubhouse is the After School Care Program Hours of Operation are 3:00pm - 5:30pm	

HomeSchool Parents
We offer core subjects, sports, art, music, and ministry opportunities for your students.
Please contact the main office for more information and pricing

Little Lambs Preschool
Non-Refundable Registration Fee \$50 Due with Application

Morning Preschool			
9:00 am - 11:45 am			
Number of Days	Annual	10-month pay plan	11-month pay plan
2 Days	\$2,285	\$228.50	\$207.73
3 Days	\$2,785	\$278.50	\$253.18
5 Days	\$3,730	\$373.00	\$339.09

Full Week Program			
9:00 am - 2:30 pm	Annual	10-month pay plan	11-month pay plan
1st Student	\$5,600	\$560.00	\$509.09

Full Week Program			
7:30 am - 5:30 pm	Annual	10-month pay plan	11-month pay plan
1st Student	\$8,600	\$860.00	\$781.82

School's Out Day Camp (Little Lambs-5th Grade)
Daily Rates Per Child - \$40 Includes 2 snacks, lunch not included
Check school publications for dates offered

Rates are not affected by child's illness, school closings, holidays, vacations or snow days.

Everyone MUST be on FACTS unless paid in full, or an exception has been pre-approved.
Monthly payment plans are available through FACTS tuition on either a 10-month or 11-month basis.
10-month and 11-month pay plans are for the school year and do not include our summer VIP Program.

There is a 4% discount if school tuition is paid in full prior to April 15th
There is a 3% discount if school tuition is paid in full prior to August 1st

Prepaid discount is not available if you receive tuition assistance.

** If you have students in more than one pricing category, calculate tuition starting with the child with the highest tuition and then work down.*

Please See Financial Policy on back



Tuition Payment Plan Through Facts

We know that choosing Corning Christian Academy and Little Lambs Preschool is an important decision for your family. We are privileged to partner with you in the education process, and look forward to the upcoming school year.

To make paying your tuition as easy and convenient as possible, we require you to sign up for one of our payment plans through FACTS—all from the comfort of your home.

We are proud to partner with FACTS. This system is used by 6,000 faith-based schools across the country. It is not a loan, there is no debt, no interest or finance charges are assessed, and there is no credit check. The FACTS annual enrollment fee will be deducted from your account prior to the first scheduled tuition payment. Tuition is handled conveniently and securely through a preauthorized payment.

Payment Plan Options

- ◆ Monthly payment plans are available on either a 10 month or 11 month basis.
- ◆ Payments will be processed on the 5th or 20th of the month, from your checking or savings account.

Convenient Online Enrollment

All Families will set up a FACTS account as part of our enrollment process. It's secure and convenient and takes about 5 minutes.

1. Open your internet browser.
2. Go to www.CorningChristianAcademy.com and click on the  logo on the home page.
3. Pick a payment plan and a method of payment.
4. Be sure to have the following information ready:
 - The name, address, and email of the person responsible for making the payments.
 - You may need the bank name, telephone number, account number, and the bank routing number.
5. To protect your privacy, you will need to create your own unique FACTS access code.
6. Once you have entered your information, the school will then enter the tuition amounts and you will be notified with your monthly payment amount via email.
7. Our FACTS school ID is **184**

For More Information

Once enrolled, you may view your personal FACTS account online, anytime (www.online.factsmgt.com) or you may call 866-441-4637. A confirmation email will be sent to you upon enrollment from FACTS.

Financial Aid

At Corning Christian Academy, it is our desire to make a Christ-centered, academically excellent education available to as many families as possible each school year. We have established a fund to provide limited financial assistance to families with a clear financial need. All financial aid is awarded based on demonstrated need and is assessed through an independent third party program, FACTS Grant & Aid Assessment.

Each request is reviewed carefully and prayerfully to ensure the best answer for your student and family.

The principles below are followed in the financial aid process:

Financial aid awards will not be granted until your child has been accepted at Corning Christian Academy.

The financial aid process is totally confidential.

Financial aid awards will be made without regard to race, color, nationality, or ethnic origin.

Awards must be renewed each year based on current financial need, as determined by the financial aid committee.

Financial aid is not available to Part-Time Little Lamb students.

The deadline to apply for financial aid is October 15th.

Families receiving financial aid are required to volunteer for the school a minimum of 20 hours during the school year.

Those hours must be completed in order to reapply for financial aid the following year.

Appeal Process: If you do not agree with the determination of the Finance Committee, you may appeal. Step 1: request a meeting with the Finance Committee to discuss determination. If a mutual decision cannot be agreed upon, Step 2: request a meeting with the School Board.

Apply Online at www.factstuitionaid.com

Applying online is the fastest and most direct method of submitting your application.

Step 1: Select Applicant Sign in

Step 2: New users select [Create an Account](#) or Returning users enter their existing username and password

Once you have registered and signed in, you will have the ability to complete the FACTS Grant & Aid Assessment application.

After completing the online application you will need to mail or fax the supporting documentation. The tax information needed to verify your application is shown in the FGAA Checklist that is found online or in the paper documentation.

Please allow 3 to 4 weeks for your application to be processed. Faxed or mailed applications will not be accepted.

NOTE: Award decisions are not made by FACTS, but by Corning Christian Academy.

Help is available from FACTS

Call 1-866-315-9262 or email help@factstuitionaid.com

Corning Christian Academy

Responsible Financial Party Information

APPLICATION FEE: A non-refundable application fee of \$50 per family must accompany this application for new families.

ANNUAL REGISTRATION FEE (K-12 only): A non-refundable registration fee will be collected annually to confirm your child's placement: \$200 per student \$500 Family Maximum.

TUITION – Student tuition cost is not prorated by the day. Families enrolling children after the first of the month but before the fifteenth must pay the full tuition for the month; families enrolling after the fifteenth of the month pay one-half of that month's tuition.

Monthly payments are collected by FACTS Tuition. You may choose either a 10-month or 11-month plan. The 11-month plans begin in July and the 10-month plans must begin in August. Monthly due dates will depend on the plan you select with FACTS.

Parents not paying tuition in full prior to the start of the school year **must** be enrolled in the FACTS Tuition Payment Program.

LATE TUITION PAYMENT POLICY – Corning Christian Academy depends on a timely flow of our cash receipts. If the tuition payment has not been received by FACTS Tuition by the scheduled payment date, a \$15 late fee will be added. FACTS will attempt to process the payment 2 additional times over the next 30 days. A \$15 late fee is assessed each time a payment is attempted by FACTS and is declined by your bank. **If the late tuition payment becomes 30 days past due, the account will be referred to our Finance Committee for further action. If an account falls 60 days or more past due, the child(ren) may not be allowed to return to classes until the account is current.**

All accounts must be paid and up to date at the end of the first semester in order for the student to begin the second semester. Students will not be allowed to take final exams, participate in graduation exercises, or receive academic records unless all accounts are paid in full by the final payment deadline.

STUDENT WITHDRAWAL – **If a family withdraws their child from the school during the academic year, the family is responsible for the full tuition for the quarter in which the child is participating.** Quarter breaks are listed on the school calendar. Except in emergencies, CCA requests a two-week notice when students withdraw. All accounts must be current and all school property, including library materials, must be returned in good condition before academic records will be released. A written request must be received before records will be released.

TUITION ASSISTANCE: We have established a Financial Aid Fund to provide limited aid to families with a clear financial need. Families who wish to apply may submit an application to FACTS Grant & Aid Assessment to determine what level of tuition assistance is awarded. Each award is made for one year only, based on the availability of tuition assistance funds. Families receiving assistance will be required to complete 20 hours of volunteer service to the school that year. Financial aid is not available to Part-Time Little Lamb students.

**CORNING CHRISTIAN ACADEMY STUDENT APPLICATION
2022-2023**

\$50 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY APPLICATION

FOR OFFICE USE ONLY:

FACTS Enrolled

Do Not Photograph

<input type="checkbox"/> \$200 Registration Fee (per student)	<input type="checkbox"/> Immunization Record
<input type="checkbox"/> Copy of Birth Certificate	<input type="checkbox"/> Dental Records <input type="checkbox"/> Physical Form
<input type="checkbox"/> Academic Records from Previous School	<input type="checkbox"/> Special Services
<input type="checkbox"/> Tuition Payment Forms	<input type="checkbox"/> Field Trip/Walking Permission Slip

Father Last: _____ M: _____	Mother Last: _____ M: _____
First: _____	First: _____
Address: _____	Address: _____
City/State/ZIP: _____	City/State/ZIP: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email address: _____	Email address: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Work Email: _____	Work Email: _____
Church Name & Address: _____	
School District: _____	If divorced, who has custody of the children? _____

What arrangements with your children should we be made aware of?

Student First Name: _____	Middle: _____	Student Last Name: _____	DOB: ____/____/____
Student Nickname, if any: _____	Grade Entering: _____	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	T-shirt Size: (circle one) Y2-4 Y6-8 Y10-12 Y14-16 AS AM AL AXL A2XL A3XL
Student First Name: _____	Middle: _____	Student Last Name: _____	DOB: ____/____/____
Student Nickname, if any: _____	Grade Entering: _____	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	T-shirt Size: (circle one) Y2-4 Y6-8 Y10-12 Y14-16 AS AM AL AXL A2XL A3XL
Student First Name: _____	Middle: _____	Student Last Name: _____	DOB: ____/____/____
Student Nickname, if any: _____	Grade Entering: _____	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	T-shirt Size: (circle one) Y2-4 Y6-8 Y10-12 Y14-16 AS AM AL AXL A2XL A3XL
Student First Name: _____	Middle: _____	Student Last Name: _____	DOB: ____/____/____
Student Nickname, if any: _____	Grade Entering: _____	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	T-shirt Size: (circle one) Y2-4 Y6-8 Y10-12 Y14-16 AS AM AL AXL A2XL A3XL

Emergency Information: If your child becomes ill and we are unable to reach you, we must have an emergency contact person who could pick up your child if necessary.

Name: _____ Relationship: _____

Phone: _____

Injury and Accident Waiver:

1. I/We give permission for my child to take part in all school activities, including sports and school sponsored trips away from school grounds. If my child becomes seriously ill or injured while under school supervision, I approve school authorities to take the following steps:
 - a. Contact a parent/guardian
 - b. If contact cannot be made with them, contact the student's physician:
Name of Physician: _____
Phone: _____
 - c. If the student's physician cannot be reached, school authorities will use their own discretion in contacting appropriate emergency medical services.
2. I/We will be responsible for any medical expenses incurred by my child.
 - a. Insurance Name: _____
 - b. ID #: _____
3. I/We agree to relieve the school board and school employees from any liability in connection with these activities and instructions.

Financial Information: (please check appropriate box)

- I/We will pay our child's tuition.
 Our child's tuition will be paid by:

Name: _____

Address _____

Phone: _____

Relationship: _____

I/We choose the following payment plan option:

- Payment in full prior to April 15st and will receive a 4% discount
 Payment in full prior to August 1st and will receive a 3% discount
 Monthly payment plan through Facts (new students **must** fill out tuition payment forms)

All families enter into contract with Corning Christian Academy (CCA) via this application. If the family withdraws the student, the entire registration fee is forfeited.

Corning Christian Academy does not discriminate against applicants and students on the basis of race, color, and ethnic origin. The school admits students of any race to all the rights, privileges, programs, athletics, and other school administered programs.

By the signatures below, I/We signify agreement with all of the above and certify that all information is true and correct to the best of my knowledge. I/We have read the rules and regulations established by the Corning Christian Academy Board of Directors and agree to abide by them.

I/We have read the Corning Christian Academy Student Handbook and agree with the school's Christian education philosophy.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Grandparent's names and addresses to receive school communications:

Name: _____

Address: _____

Email: _____

Name: _____

Address: _____

Email: _____

All Middle School/High School students (6th-12th) must complete this section:

Why do you want to attend Corning Christian Academy?

I have read the rules and regulations established by the CCA Board of Directors in the Student Handbook and agree to abide by them.

Student Signature

Date

2022-2023 After School Club House Enrollment Form

Corning Christian Academy offers an After School Program from 3:00 pm until 5:30 pm for children Kindergarten through Fifth Grade. If you would like your child to participate in this program, please fill out the following enrollment form.

Name _____ DOB _____ Grade _____

Address _____

Phone Number _____

Father's Name _____ Mother's Name _____

Employment _____ Employment _____

Work # _____ Work # _____

Allergies _____

Other information _____

Emergency Contact Person & Phone # _____

Authorized people who can pick up my child: _____

Please call the school office or send in a note authorizing a change in pick up each day when you will not be picking up your child.

- I prefer that my child completes as much homework as possible at school.
- I prefer that my child completes homework at home.

Payment Options:

- Monthly:** \$235 per child
- Daily:** \$15 per child

- Please include in my monthly tuition payment plan
- I prefer to pay monthly directly to the school

Mark the days that your child will be attending on a regular basis:

- M
- T
- W
- Th
- F

Signed _____

Students will only be released from clubhouse to authorized individuals
over the age of 18, NO EXCEPTIONS



CORNING CHRISTIAN ACADEMY
LITTLE LAMBS PRESCHOOL

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PHOTO USE OPT-OUT FORM

Return this form **ONLY** if you **DO NOT** want your child's photo/video released.

CCA often uses photographs and/or video images taken of students during school activities for publicity purposes. The use of these images may include school communications or publications (such as the website, social media, newsletters) or stories published or broadcast by news media. If you submit this form, you are notifying the school that you do not want school photographs/videos of your child to be shared for the purposes for the **current school year ONLY**.

You must submit this form within fourteen (14) days of receipt, if opting out.
This form must be filled out annually.

*** PLEASE NOTE - this opt-out does not apply to yearbooks. If you do not wish to have your child's photo in the yearbook, please contact Mrs. Underwood directly.**

(Print) Parent or Guardian Name (Signature) of Parent or Guardian Date

Name of student(s) Please list the first and last name of each student to whom this opt-out applies

<u>Student</u>	<u>Grade</u>
_____	_____
_____	_____
_____	_____
_____	_____

Please return this form to the Main Office.

love. serve. lead.

Walking Field-trip Permission Slip

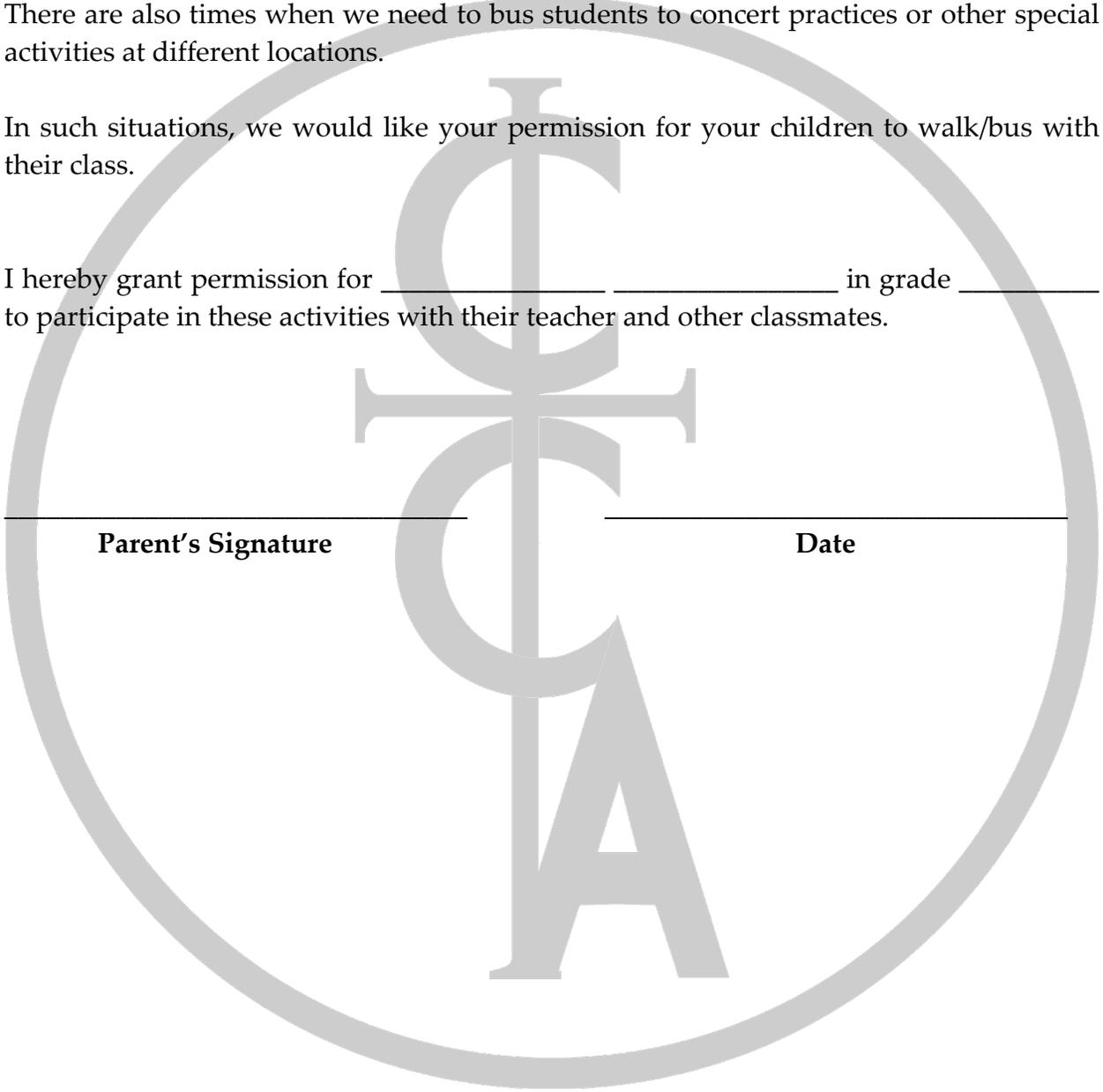
Occasionally, our classes take advantage of the nearby parks and recreational facilities. These trips are sometimes at the spur of the moment, depending on the day's weather. There are also times when we need to bus students to concert practices or other special activities at different locations.

In such situations, we would like your permission for your children to walk/bus with their class.

I hereby grant permission for _____ in grade _____ to participate in these activities with their teacher and other classmates.

Parent's Signature

Date



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TUITION PAYMENT AGREEMENT

Tuition Payment Method: Please indicate your choice below

- Option 1 - Single Payment - Payment due in full to Corning Christian Academy by April 15th or August 1st (See Tuition and Fees Schedule for discount.)
- Option 2 - Monthly Plans- Payments made through FACTS. Payments are due monthly July or August through May. All payment plans must be completed by the end of the current school year.

Select Plan:	<u>Payment Length</u>	<u>Payment Date</u>
_____	11 payments beginning in July:	_____ July 5 th or _____ July 20 th
_____	10 payments beginning in July:	_____ July 5 th or _____ July 20 th
_____	10 payments beginning in August:	_____ August 5 th or _____ August 20 th

I (We) agree to pay tuition and fees in a timely manner, according to the current schedule of tuition and fees.

I (We) understand that no credit for our student's work can be earned unless all financial obligations are paid and that student records will not be sent if our account is not paid in full.

I (We) understand that if we withdraw our child from the school during the academic year, we will be responsible for the full tuition for the quarter in which the child is participating.

I (We) understand that if we receive financial aid, we will be responsible for completing 20 hours of volunteer service within the school during the school year.

I (We) certify that all statements provided by us are true.

(Please print legibly)

NAME _____

RELATIONSHIP TO STUDENT _____ PHONE _____

MAILING ADDRESS _____ ZIP _____

SIGNATURE _____ DATE _____

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies No Medication/Treatment Order Attached Anaphylaxis Care Plan Attached
 Yes, indicate type Food Insects Latex Medication Environmental

Asthma No Medication/Treatment Order Attached Asthma Care Plan Attached
 Yes, indicate type Intermittent Persistent Other : _____

Seizures No Medication/Treatment Order Attached Seizure Care Plan Attached
 Yes, indicate type Type: _____ Date of last seizure: _____

Diabetes No Medication/Treatment Order Attached Diabetes Medical Mgmt. Plan Attached
 Yes, indicate type Type 1 Type 2 HbA1c results: _____ Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:
 Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI _____ kg/m2 **Percentile (Weight Status Category):** <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

Hyperlipidemia: No Yes **Hypertension:** No Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K		Date		<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____

System Review and Exam Entirely Normal

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____

Additional Information Attached

Name:	DOB:
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SCREENINGS

Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis	Negative	Positive	Referral	
Required for boys grade 9 And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:	Trunk Rotation Angle:			

Recommendations:

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics.
<input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications
<input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
<input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field
<input type="checkbox"/> Other Restrictions:
<input type="checkbox"/> Developmental Stage for Athletic Placement Process ONLY Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports Student is at Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V
<input type="checkbox"/> Accommodations: Use additional space below to explain
<input type="checkbox"/> Brace*/Orthotic
<input type="checkbox"/> Colostomy Appliance*
<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Insulin Pump/Insulin Sensor*
<input type="checkbox"/> Medical/Prosthetic Device*
<input type="checkbox"/> Pacemaker/Defibrillator*
<input type="checkbox"/> Protective Equipment
<input type="checkbox"/> Sport Safety Goggles
<input type="checkbox"/> Other:
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

<input type="checkbox"/> Order Form for Medication(s) Needed at School attached		
List medications taken at home:		

IMMUNIZATIONS

<input type="checkbox"/> Record Attached	<input type="checkbox"/> Reported in NYSIIS	Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No
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HEALTH CARE PROVIDER

Medical Provider Signature:	Date:
Provider Name: <i>(please print)</i>	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child’s School When Entirely Completed.
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Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / / Sex: Male Will this be your child's first oral health assessment? Yes No
Month Day Year Female

School: Name _____ Grade _____

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature _____ Date _____

Section 2. To be completed by the Dentist/ Dental Hygienist

I. The dental health condition of _____ on _____ (date of assessment) The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:

- Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
- No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means, that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's/ Dental Hygienist's name and address

(please print or stamp)

Dentist's/Dental Hygienist's Signature

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Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

- Yes No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- Yes No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- Yes No **Dental Sealants Present**

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.