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TOTAL

Student's Name	Grade Level in Fall 2024		
School Currently Attending			-
Early Registration (Before 4/30/2024) Regular Registration (After 5/1/2024)		\$85 \$135	\$
FULL-DAY PROGRAM (8:30AM-3:00PM) Math & English Language arts, & Enrichment Classes	ç	52,400	\$
MORNING PROGRAM (8:30AM-11:30AM) Math & English Language Arts Classes (Includes workbooks	ې & learning materials)	51,400	\$
AFTERNOON PROGRAM (12:00PM-3:00PM) Enrichment Classes (Includes materials for activities) 4th & 5th Grade: Please fill out attached Enrichmen Single weeks of afternoon enrichment classes are also availa WEEK 1 & 2 = \$500 WEEK 3 = \$400 WEEK	able:	61,400	\$
SIBLING DISCOUNT For 2nd or 3rd child (only full-day programs)		-\$100	\$
Additional: SPORTS & GAMES (3:30-5:30PM) Single weeks of Sports & Games are also available: WEEK 1 & 2 = \$300 WEEK 3 = \$200 WEEK	(4 & 5 = \$300	\$700	

SIBLING DISCOUNT: If you sign up one child for a full-day program, there is a discount of \$100 off the full-day tuition for the siblings. Discounts apply only for full-day programs (AM + PM). Discounts will be applied to an equal or lower tuition.

No refunds after June 3, 2024.

Payment must accompany your registration packet. Please make checks to Coastline Christian Schools and write your child's name and the words "Summer School" in the Memo line.

In consideration for participating in Summer School, I agree to indemnify and hold Coastline Christian Schools and all persons involved in this school harmless from any liability for any loss or injury that may be suffered by the above named individual arising out of or in any way connected with their participation in Summer School.

Parent's or Guardian's Signature	Print Name	Date
OFFICE ONLY Date Rec'd Amount Rec'd	Cash	Check #



STUDENT INFORMATION

Last Name:	First Name:		M F
Address:	City:	Zip:	Home Phone: ()

PARENT OR GUARDIAN INFORMATION

Dad's Name:	Email:	Cell: ()
Mom's Name:	Email:	Cell: ()

EMERGENCY CONTACTS (If parent cannot be reached)

Name:	Relationship:	Phone: ()
Name:	Relationship:	Phone: ()

HEALTH INSURANCE INFORMATION

Insurance Company	Policy #	Medical Record #
Doctor's Name:		Phone: ()
Address:		
Dentist's Name:		Phone: ()
Address:		1

Special Instructions/Allergies/Conditions

I give permission for my child to receive Tylenol or Benadryl by the school if necessary. _____(Initial)

In case of emergency due to serious illness or accident and I cannot be contacted, I hereby authorize the school personnel to obligate me for the services of a doctor or medical care provider, and in extreme emergency, the services of an ambulance. I authorize, request, and direct any medical care provider contacted in such circumstances to render such treatment as in their professional judgment deemed advisable.



Dear Parents:

Thank you for enrolling your child in our 2024 Summer School program. With the current low demand for bus shuttle and limited resources, CCS will not be able to offer our school bus transportation with shuttle stops. We are asking parents to transport their children to and from school, have a neighbor or relative help with driving, or join a carpool with other families.

If you truly cannot find an alternate mode of transportation to and from school, CCS has a limited number of seats with our school vans. Please understand the cost for operating the van services is much higher than running a school bus shuttle service due to the fewer number of riders per vehicle and being a door-to-door service. Coastline Christian Schools does not make a profit at this rate. Here is the transportation fee per student, with a 10% discount for each additional child in the same family:

San Leandro or Alameda (Per student): 2-way fee at \$400 1-way fee at \$240

There is a limited number of van seats and CCS will need a minimum of four riders per van to offer this service. If you have any questions, please email us at office@ccs-rams.org or call the school office at 510.522.0200. Thank you for your understanding.

Sincerely, Edward Yue CCS Principal

Please complete and return this portion to the school office.

Student's Name	Summer School Grade
Parent's Name	
Mobile number	Email
Pick-up and/or drop off address	
I am requesting the CCS van service for (Please chec AM Only PM Only	k one): AM & PM



2024 CCS SUMMER SCHOOL 4th-5th GRADE ENRICHMENT FORM

Student's Name	Grade Level in Fall 2024 _	

School Currently Attending _____

All incoming 4th-5th grade students: For each week, rate your preference for enrichment classes from 1-4 (with 1 being your top choice). Please note that while we will try to accommodate your preferences, you may not receive your top choice.					
WEEK 1 & 2 (6/12-21)		WEEK 3 (6/24-28)		WEEK 4 & 5 (7/1-12)	
OPTION A:		OPTION A:		OPTION A:	
12-1:20/1:40-3:00	PM	12-1:20/1:40-3:00	DPM	12-1:20/1:40-3:00	PM
Arts & Crafts		Art		Art	
Chess		Chess		Cooking	
Cooking		Cooking		Martial Arts	
Dance		Creative Writing		Music	
Music		Dance		Hands On Science	
Spanish		Martial Arts		Spanish	
		Sports			
OPTION B: 12-3:00PM Basketball Camp		OPTION B: 12-3:00PM Basketball Camp		OPTION B: 12-3:00PM Volleyball Camp	