

2024 CCS SUMMER SCHOOL MIDDLE SCHOOL REGISTRATION FORM

Student's Name G	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, & Enrichment Classes	\$2,500	\$			
ACADEMIC CLASSES (Check the Session(s) and the classes you were Session 1 only (8:30-9:55AM) 6th Grade Math 7th/8th Grade English	vant) \$800				
Session 2 only (10:05-11:30AM) 6th Grade English 7th/8th Grade Math	\$800	\$			
Both Sessions 1 & 2 (8:30-11:30AM) Study Hall (Students may enroll in one study hall in conjunction w	\$1,400 with an academic class) \$125				
Session #1 Session #2	Ten an academic classy				
AFTERNOON PROGRAM (12:00PM-3:00PM) Enrichment Classes (Includes materials for activities) Please fill out attached Enrichment Form Single weeks of afternoon enrichment classes are also available WEEK 1 & 2 = \$500 WEEK 3 = \$400 WEEK 4 &	\$1,400 8: 8: 5 = \$500	\$			
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 &	\$700 & 5 = \$300				
No refunds after June 3, 2024.	TOTAL	\$			
SIBLING DISCOUNT: If you sign up one child for a full-day programs siblings. Discounts apply only for full-day programs (AM + PM).		•			
Payment must accompany your registration packet. Please make child's name and the words "Summer School" in the Memo line		hools and write your			
In consideration for participating in Summer School, I agree to i all persons involved in this school harmless from any liability for named individual arising out of or in any way connected with the	r any loss or injury that may be su	uffered by the above			
Parent's or Guardian's Signature Print Name OFFICE ONLY Date Rec'd Amount Rec'd	Date Cash Check #				



2024 CCS SUMMER SCHOOL EMERGENCY INFORMATION & PERMISSION FORM

STUDENT INFORMATION

STODENT IN CHIMATION					
Last Name:		First Name:		M F	
Address:		City: Zip:		Home Phone: ()	
PARENT OR GUARDIAN INFORMATION	NC				
Dad's Name:		Email:		Cell: ()	
Mom's Name:		Email:		Cell: ()	
EMERGENCY CONTACTS (If parent ca	anno	t be reached)			
Name:		Relationship:		Phone: ()	
Name:		Relationship:		Phone: ()	
HEALTH INSURANCE INFORMATION					
Insurance Company	Pol	licy #	Medical Record #		
Doctor's Name:		Phone: ()			
Address:					
Dentist's Name:			Phone:	()	
Address:					
Special Instructions/Allergies/Conditions	5				
I give permission for my child to receive	e Tyle	nol or Benadryl by the school if nece	ssary	(Initial)	
In case of emergency due to serious illingersonnel to obligate me for the service an ambulance. I authorize, request, and treatment as in their professional judgment.	es of d dire	a doctor or medical care provider, an ect any medical care provider contact	ıd in extr	eme emergency, the services of	
Parent's or Guardian's Signature		Print Name	 Date		



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.

TRANSPORTATION FORM

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 check one): AM Only PM Only AM &	PM



2024 CCS SUMMER SCHOOL MIDDLE SCHOOL GRADE ENRICHMENT FORM

Student's Name	udent's Name Grade Level in Fall 2024					
School Currently Atter	nding					
,						
				enrichment classes from	-	
		ote that while we will try	to accom	modate your preferences	s, you	
may not receive your to	op choice.					
WEEK 1 & 2 (6/12-21)		WEEK 3 (6/24-28)		WEEK 4 & 5 (7/1-12)		
OPTION A:		OPTION A:		OPTION A:		
12-1:20/1:40-3:00PM		12-1:20/1:40-3:00PM		12-1:20/1:40-3:00PM		
Arts & Crafts		Art		Art		
Chess		Chess		Cooking		
Cooking		Cooking		Hands on Science		
Dance		Creative Writing		Martial Arts		
Music		Dance		Music		
Spanish		Martial Arts		Spanish		
		Sports				
OPTION B:				OPTION B:		
12-3:00PM		OPTION B:		12-3:00PM		
		12-3:00PM				
Basketball Camp		Basketball Camp		Volleyball Camp		