

## STEPS TO ADMISSION

1. Read carefully through all material noting any questions you may have.
2. We encourage you to make an appointment to visit/tour our school.
3. Fill out the entire registration packet and return it to the school office **with the following:**
  - \* Non-refundable registration fee (\$50 per student)
  - \* Copy of immunizations record on an IRIS form.
  - \* Copy of recent physical. Physicals are required for all new GRCS students and all K3, K4 and K5 students
  - \* Children are typically tested one time for lead at age one. A recorded date needs to be on their physical form or a test administered if necessary.
  - \* Copy of most recent report card
4. The principal will review all materials submitted.
5. An interview with both parents, if possible, and the student will be scheduled with the principal. All parents and students will be expected to:
  - \* Accept and conform to the guidelines established in the Great River Christian School Student Handbook
  - \* Recognize without reservation Great River Christian School's right to uphold its Statement of Faith and to fulfill its mission.
6. An appointment will be made to screen and/or test the student.
7. Upon acceptance of your student(s), you will receive a copy of your contract along with payment information.

### **Notice of Nondiscrimination**

Great River Christian School admits students of any race, color, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of the educational process, admission policies, scholarship and loan programs, or other school-administered programs.



**Great River Christian School**  
426 Harrison Avenue  
Burlington, LA 52601  
Phone (319)753-2255  
Fax (319)753-2030  
[office@greatriverchristianschool.org](mailto:office@greatriverchristianschool.org)  
[www.greatriverchristianschool.org](http://www.greatriverchristianschool.org)

# Great River Christian School

## Family/Student Information Form

Enrollment for school year 2021-2022

\_\_\_ New student (\$50 each)

\_\_\_ Returning student (\$50 per child  
if not re-registered by June 2, 2021)

*This form must be **COMPLETED** and returned to GRCS, along with the \$50 non-refundable application fee.  
All students are on a 6 week probationary period.*

PARENT/GUARDIAN NAMES \_\_\_\_\_

ADDRESS (father) \_\_\_\_\_

CELL PHONE # (father) \_\_\_\_\_

CELL PHONE COMPANY \_\_\_\_\_

EMAIL (father) \_\_\_\_\_

PLACE OF EMPLOYMENT (father) \_\_\_\_\_

PHONE # \_\_\_\_\_

ADDRESS (mother) \_\_\_\_\_

CELL PHONE # (mother) \_\_\_\_\_

CELL PHONE COMPANY \_\_\_\_\_

EMAIL (mother) \_\_\_\_\_

PLACE OF EMPLOYMENT (mother) \_\_\_\_\_

PHONE # \_\_\_\_\_

CHURCH YOU ATTEND \_\_\_\_\_

PASTOR \_\_\_\_\_

NAME(S) OF ALL CHILDREN REGISTERING AT GRCS:

(circle one)

\_\_\_\_\_ Male or Female grade \_\_\_\_\_ birth date \_\_\_\_\_

\_\_\_\_\_ Male or Female grade \_\_\_\_\_ birth date \_\_\_\_\_

\_\_\_\_\_ Male or Female grade \_\_\_\_\_ birth date \_\_\_\_\_

\_\_\_\_\_ Male or Female grade \_\_\_\_\_ birth date \_\_\_\_\_

\_\_\_\_\_ Male or Female grade \_\_\_\_\_ birth date \_\_\_\_\_

\_\_\_\_\_ Male or Female grade \_\_\_\_\_ birth date \_\_\_\_\_

FOR STUDENTS IN GRADES 1-12 NEW TO GRCS, PLEASE LIST NAME AND ADDRESS (if not local) OF SCHOOL YOUR CHILD(REN) ATTENDED LAST YEAR SO WE CAN REQUEST THEIR RECORDS TO BE TRANSFERRED:

The primary form of communication with our parents is via email and/or text messaging. To ensure the GRCS office staff and faculty are able to properly reach you, we request your assistance in keeping your information updated. Parents will receive a Weekly GRCS Newsletter via email and other alerts via text/email.

(Please complete reverse side of this form)

**HAVE ANY OF YOUR STUDENTS ENROLLING AT GRCS EVER BEEN SUSPENDED/EXPELLED?**

\_\_\_\_\_ Yes (please list student name and explain below) \_\_\_\_\_ No

If yes, please list name and explanation: \_\_\_\_\_  
\_\_\_\_\_

**PUBLICATIONS RELEASE**

Great River Christian School has permission to use my student(s) name(s) and/or picture in GRCS publications and/or website.

\_\_\_ Yes \_\_\_\_\_ No

Great River Christian School has permission to use my student(s) name(s) and/or picture in public newspaper publications.

\_\_\_ Yes \_\_\_\_\_ No

**EMERGENCY PHONE(S):**

\_\_\_\_\_ Phone number \_\_\_\_\_ person answering/relationship to student

\_\_\_\_\_ Phone number \_\_\_\_\_ person answering/relationship to student

**PEOPLE WHO ARE ALLOWED TO PICK UP YOUR CHILD(REN):**

\_\_\_\_\_  
\_\_\_\_\_

**PEOPLE WHO ARE NOT AUTHORIZED TO PICK UP YOUR CHILD(REN):**

\_\_\_\_\_  
\_\_\_\_\_

**FIELD TRIP CONSENT**

I/We, the parents/guardians of the children attending GRCS listed on the front of this form, give permission for said children to participate in any field trip (in a vehicle or walking) sponsored by Great River Christian School and supervised by GRCS personnel. I give permission for my child(ren) to receive medical treatment in the unlikely event of an accident or emergency. I understand that every effort is made to ensure the safety of our students and realize there is an element of risk in any kind of trip or activity. I will not hold Great River Christian School or any of the staff and chaperones liable for any injury that could occur.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME \_\_\_\_\_

**Medical Consent, Prescription & Non-Prescription Medicine Authorization**

*Great River Christian School*  
426 Harrison Avenue, Burlington, IA 52601

SCHOOL YEAR: 2021-2022

**Medical Consent**

In case of a medical emergency when primary emergency contacts cannot be reached, Great River Christian School staff is granted permission to release medical and healthcare information, and to authorize medical staff to deliver services concerning my child(ren) listed below:

Student Name: _____	Student Name: _____
Student Name: _____	Student Name: _____
Student Name: _____	Student Name: _____
Primary Ins: _____	Physician: _____
Policy #: _____	Phone #: _____
Dental Ins: _____	Dentist: _____
Policy #: _____	Phone #: _____

**Prescription & Non-Prescription Authorization**

I give permission to the Great River Christian School personnel to assist my child(ren) in the administration of the listed medication(s). I give permission for my child(ren) to take this medication at school. I understand that: (1) there is no liability on the part of GRCS, it's personnel, or agents for civil damages as a result of the administration of medication(s) to my child(ren) when the person administering the medications acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) medication should be brought to the school only by a responsible adult; (3) **ALL MEDICATION MUST** be in the original labeled container; (4) medication will be destroyed if it is not picked up within one week following the stop date or one week after the close of the current school year, whichever occurs first. If there are new or different medications not listed on this form, you **MUST** fill out a new form for those medications.

Parent/Guardian Name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Ph.: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

**In the event of severe allergies, a separate form is available for you to fill out.**

**Please let us know.**

**Please fill out the reverse side for each student attending GRCS.**

**Student Name:** \_\_\_\_\_ **Stop Date:** \_\_\_\_\_

Prescription/Non Prescription Medication: \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Side Effects: \_\_\_\_\_

Please administer according to label for recommended time schedule for the following conditions or symptoms:

\_\_\_\_\_

Are there allergy or health concerns for the above named student? \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Stop Date:** \_\_\_\_\_

Prescription/Non Prescription Medication: \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Side Effects: \_\_\_\_\_

Please administer according to label for recommended time schedule for the following conditions or symptoms:

\_\_\_\_\_

Are there allergy or health concerns for the above named student? \_\_\_\_\_

\_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Stop Date:** \_\_\_\_\_

Prescription/Non Prescription Medication: \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Side Effects: \_\_\_\_\_

Please administer according to label for recommended time schedule for the following conditions or symptoms:

\_\_\_\_\_

Are there allergy or health concerns for the above named student? \_\_\_\_\_

\_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Stop Date:** \_\_\_\_\_

Prescription/Non Prescription Medication: \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Side Effects: \_\_\_\_\_

Please administer according to label for recommended time schedule for the following conditions or symptoms:

\_\_\_\_\_

Are there allergy or health concerns for the above named student? \_\_\_\_\_



Iowa Department of Public Health  
Certificate of Immunization

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician, Physician Assistant, Nurse, or Certified Medical Assistant  
A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DTp/DT/ Td/Tdap		
Polio IPV/OPV		
Measles, Mumps, Rubella MMR		
Haemophilus influenzae type b Hib		
Hepatitis B		

Vaccine	Date Given	Doctor / Clinic / Source
Varicella <small>Chicken Pox If patient has a history of natural disease write "Immune to Varicella"</small>		
Pneumococcal PCV/PPV		
Meningococcal MCV4/MPSV4		
Hepatitis A		
Rotavirus		
Human Papilloma Virus HPV		
Other		

**GREAT RIVER CHRISTIAN SCHOOL  
FINANCIAL CONTRACT  
2021-2022**

**Financial Responsibility**

I/we are financially responsible for all tuition, fees and charges in accordance with the policies set forth in this contract, as they apply to the enrollment of the student(s) listed below. I/we understand that all references in this contract to tuition and fees refer to those charges set by the GRCS Board of Directors for the 2021-2022 school year.

**Financial Commitment and Late Payments**

The application fee of \$50 per child is due upon enrollment and is *non-refundable*. If paying tuition in full it is due by August 13<sup>th</sup> and a 1.75% discount will be applied (**Available for full time K5-12th grades only**). However, payment can be made in monthly installments as shown below. Tuition payments are due on the 13th of each month. If payment is not received by the 13th of the month, a \$35 late fee will be automatically assessed. Any account that is 30 days late will go before the School Board for review. A fee of \$25 will be assessed for any returned check.

**Pastor Discount**

A 20% tuition discount is offered to those whose primary vocation is full time ministry. This discount is not to be combined with any other discount and a letter of confirmation must be presented by the church board.

**Tuition for Pre-Kindergarten**

*In order to retain your child's place in Pre-Kindergarten, the first month's tuition, book fees, and activity fee (all non-refundable) must be paid by July 1<sup>st</sup>. If not paid by July 1<sup>st</sup> your child's place will be forfeited to the next family on the waiting list.*

	Annual	9 Month - (July-March)
K3 (Half Day) M,W,F	\$1,766.00	\$196.27
K3 (Full Day) M,W, F	\$2,774.00	\$308.22
K4 (Half Day) M - F	\$3,332.00	\$370.23
K4 (Full Day) M - F	\$4,287.00	\$476.32

**Tuition for Full Time Students (Kindergarten-12<sup>th</sup> Grade)**

	Annual	10 Month (August-May)	12 Month (July-June)
One Full Time Student	\$5,129.00	\$512.94	\$427.45
Two Full Time Students	\$7,426.00	\$742.63	\$618.86
Three Full Time Students	\$9,351.00	\$935.14	\$779.28
Four Full Time Students	\$11,208.00	\$1,120.85	\$934.04

Additional students beyond 4, please contact the Business Office at [office@greatriverchristianschool.org](mailto:office@greatriverchristianschool.org)

**Book Fees**

Families have the responsibility for paying for their child's books through GRCS. These fees are in addition to your yearly tuition. Families will be charged rental fees and/or lab fees for classes and full-price for consumable workbooks.

**Late Enrollment**

Students enrolled after the first day of school will be billed by the number of days of instruction left in the school year. This pro-rated amount can then be divided by how many months are remaining to develop a payment plan through May.

**Early Withdrawal**

Tuition will be pro-rated to the date of departure. Any remaining balances will be due to the school immediately. School records will not be released until the balance is taken care of.

Please Send Completed Form To:  
Great River Christian School      426 Harrison Ave.      Burlington, IA 52601





# Great River Christian School

## BEFORE & AFTER SCHOOL CARE INFORMATION

*Educating for  
Eternity*

### Parents/Guardians:

By filling out our student information form, we will have the information we need for before and after school care. You may not anticipate ever needing care, but if something unexpected comes up and transportation for your child(ren) does not arrive, for the safety of our students, they will be placed in after school care.

Before and After School Care information is as follows:

- ◆ Care will be provided from 7:30 a.m. to 8:00 a.m. and from 3:15 p.m. to 5:30 p.m.
- ◆ Children here after 3:15 p.m. will be placed in child care.
- ◆ You **MUST** pick your child up by 5:30 p.m.
- ◆ Please call if there will be someone different picking the child(ren) up.
- ◆ Students from 6th grade and up are not charged but will be supervised in after school care. They are **NOT** allowed to babysit/be in charge of their younger siblings/friends in after school care.
- ◆ The adult providing the care is an employee of Great River Christian School.
- ◆ Care is provided in our lunchroom. On nice afternoons, the children may be outside.
- ◆ School rules and policies apply during this extended care.
- ◆ If you have school business to attend to when you pick your child up, you must either pick up your child(ren) and keep them with you at all times or leave them in after school care and be charged accordingly until you are ready to leave.
- ◆ **Any 1/2 day child in preschool or pre-kindergarten not picked up by 11:30 a.m. or full time student not picked up by 5:30 p.m. will be charged a fee of \$5.00 per 15 minute increment. Please note : We have no designated care giver provided for this time.**

The cost for this care is as follows:

- ◆ \$4.00 per hour for each child
- ◆ Late fee: \$5.00 per child for each 15 minute increment

Before and after school care is charged in 15 minute increments and billed monthly. When dropping off or picking your child up from school care the parent/guardian must sign their child(ren) in or out. Thank you!

# Great River Christian School

426 Harrison Avenue  
Burlington IA 52601  
Phone 319.753.2255  
Fax 319.753.2030  
office@greatriverchristianschool.org

*Educating for Eternity*

## STATEMENT OF FAITH

1. I believe the Bible to be the verbally inspired and only infallible, authoritative, inerrant Word of God. (2 Timothy 3:16, 2 Peter 1:21)
2. I believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. (Genesis 1:0, John 10:34, John 10:37-38)
3. I believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. (Isaiah 7:14, Matthew 1:23, Luke 1:35, Hebrews 4:15, John 2:11, Hebrews 9:12, Colossians 1:14, John 11:25, Acts 1:11, Revelation 19:11-16)
4. I believe that man is sinful by nature and that regeneration by the Holy Spirit is essential and an absolute necessity for his salvation. (Romans 3:19-23, John 3:16-19, John 5:24, Ephesians 2:8-10, Titus 3:5-6)
5. I believe in the continuing ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life. (Ephesians 5:18, Ephesians 4:30, 1 Corinthians 3:16, 1 Corinthians 6:19-20)
6. I believe in the resurrection of both the saved and the lost. They who are saved into eternal life and they who are lost unto eternal damnation. (John 5:28-29)
7. I believe in the spiritual unity of believers in our Lord Jesus Christ. (Romans 8:9, 1 Corinthians 12:12-13, Galatians 3:26-28)
8. I believe in the creation of man by the direct act of God. (Genesis 1:26-28, Genesis 5:1-2)

### **Please initial & sign below.**

I am in agreement with Great River Christian School's purpose to provide a program of Christian education offering regular courses of study taught from God's perspective. \_\_\_\_\_

I agree to the above printed Statement of Faith. \_\_\_\_\_

I desire for my child(ren) to be enrolled at Great River Christian School. \_\_\_\_\_

Signature (Parent/Guardian 1) \_\_\_\_\_

Printed Name (Parent/Guardian 1) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Parent/Guardian 2) \_\_\_\_\_

Printed Name (Parent/Guardian 2) \_\_\_\_\_ Date \_\_\_\_\_

