

COMMUNITY CHRISTIAN SCHOOL

Application for Enrollment

Thank you for completing one form per student. Be sure to include birth certificate, immunization/health form DH-680, and school entry physical form.

STUDENT INFORMATION

Entering Grade: _____ Has been retained in a grade previously Extended care

Child's full legal name _____
LAST FIRST MIDDLE

Child's preferred name _____ Home Phone (____) _____ Cell Phone (____) _____

Child's home address _____
ADDRESS CITY/STATE ZIP

Date of Birth ____/____/____ Age _____ Ethnicity _____ Male Female

Child's home church _____ Family attends No home church

Birthplace _____
CITY COUNTY STATE

MEDICAL INFORMATION

Physician's name _____ Phone Number (____) _____

If your child requires medication during the day, please give medication, dosages, and instructions to the office.

Please administer Tylenol®/Advil® to my child as needed. Do not administer Tylenol®/Advil® to my child.

Physical disabilities, relevant diagnoses, or known allergies _____

By signing this form, I give Community Christian School emergency permission to contact my child's physician and/or take my child to the emergency room of the nearest hospital in the event that I am unable to be contacted. I also extend further permission for the physicians and medical staff to provide all treatment deemed necessary.

EMERGENCY INFORMATION

Contact name _____ Phone Number (____) _____ Pickup permission

Contact name _____ Phone Number (____) _____ Pickup permission

PARENT/GUARDIAN INFORMATION

Guardian's name _____
LAST FIRST MIDDLE

Father Mother Step-parent Other Legal custodian of this child

ADDRESS IF DIFFERENT THAN CHILD'S ADDRESS CITY/STATE ZIP

Home Phone (____) _____ Cell (____) _____ Email _____

Occupation _____ Employer _____ Work Phone (____) _____

Language spoken in home _____

CONTINUED ON NEXT PAGE...

Community Christian School admits students of any race, color, national and 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 its educational policies, admissions, athletic, and other school-administered programs.

PARENT/GUARDIAN INFORMATION

Guardian's name _____
LAST FIRST MIDDLE

Father Mother Step-parent Other Legal custodian of this child

ADDRESS IF DIFFERENT THAN CHILD'S ADDRESS _____ CITY/STATE _____ ZIP _____

Home Phone (____) _____ Cell (____) _____ Email _____

Occupation _____ Employer _____ Work Phone (____) _____

Language spoken in home _____

PARENTAL AGREEMENT

I agree to read the CCS Parent Student Handbook when it is issued and comply with all the school policies and procedures explained in the handbook and in this application. I understand that attendance at CCS is a privilege not a right and will do my best to support the administration, faculty, and staff as we work together for the best of my child(ren).

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

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My signature also grants CCS permission to use my child(ren)'s image in promotional materials including but not limited to print and digital marketing campaigns. I agree to notify the office by letter if I do not wish to have my child(ren)'s image used in this way.

The following section only needs to be completed once per family/school account.

FINANCIAL AGREEMENT

Name of financially responsible party _____
LAST FIRST

ADDRESS IF DIFFERENT THAN ABOVE GUARDIAN'S ADDRESS _____ CITY/STATE _____ ZIP _____

Home Phone (____) _____ Cell (____) _____ Email _____

Social Security Number _____

Child's name	Tuition	Multi-child Discount	4% Discount*	Total Fees	Child total
		-	-	+	
		-	-	+	
		-	-	+	

I agree to pay the total due amount according to the following schedule:

- payment in full by September 1 (*required for 4% discount)
- ten evenly divided monthly payments (8/1-5/1)

CIF	+\$250
TOTAL DUE	

- The re-enrollment and registration fees of \$150 (\$75 if completed before early bird deadline) and \$80 must accompany this form.
- Tuition and extended care payments are due on the first of each month.
- Any account not current by tenth of the month will be assessed a \$25 late fee.
- Any student(s) whose account is not current on the fifteenth of the month will be withdrawn from classes until the account is current or payment arrangements have been made with the administrator.
- A \$20 charge will be added to any account for a returned check. After two returns, CCS will not accept personal checks for payment on the delinquent account.

SIGNATURE OF FINANCIALLY RESPONSIBLE PARTY _____ DATE _____



OFFICE USE ONLY

Grade _____ Tuition _____ CIF _____ Class Fee _____ Testing Fee _____
 Reg _____ Ext _____ Fin Ag _____ Med _____ Cum _____ Schol _____
 Reg PD _____ Date REC'D _____ Amt _____ BC _____ Books _____