

### Enrollment Application

### 2018-2019

Grade Presently In: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle Initial Goes By: (Area Code)Number

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street City Zip Code Month Day Year

Biological Father: \_\_\_\_\_ Biological Mother: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

\*E-Mail: \_\_\_\_\_ \*E-Mail: \_\_\_\_\_  
**\*PLEASE PROVIDE A CURRENT EMAIL AS CCCS USES EMAIL AS A FORM OF COMMUNICATING STUDENT/SCHOOL INFORMATION.**

**Status of Parents:**

\_\_\_ Married                      \_\_\_ Separated                      \_\_\_ Father Deceased                      \_\_\_ Father Remarried  
\_\_\_ Divorced                      \_\_\_ Never Married                      \_\_\_ Mother Deceased                      \_\_\_ Mother Remarried

Step-Father: \_\_\_\_\_ Step-Mother: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

\*E-Mail: \_\_\_\_\_ \*E-Mail: \_\_\_\_\_  
**\*PLEASE PROVIDE A CURRENT EMAIL AS CCCS USES EMAIL AS A FORM OF COMMUNICATING STUDENT/SCHOOL INFORMATION.**

**Please check the financially responsible party:**

\_\_\_ Father \_\_\_ Mother \_\_\_ Step-Father \_\_\_ Step-Mother \_\_\_ Other \_\_\_

**Please check to whom all school correspondence and notices are to be sent:**

\_\_\_ Father \_\_\_ Mother \_\_\_ Step-Father \_\_\_ Step-Mother \_\_\_ All

**If "other" was checked above, please provide the following information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**If applicable, please answer the following questions. Copies of current legal documents must accompany this application**

- 1) If parents are divorced or separated, who has legal custody of the child? \_\_\_\_\_
- 2) Is either parent forbidden by court order\* from having access to the child or the school records? \_\_\_\_\_
- 3) Name of legal guardian if other than parent \_\_\_\_\_

# EMERGENCY CONTACT INFORMATION 2018-2019

Student's Name \_\_\_\_\_  
Last First

## In Case of Emergency:

Mother's Name: \_\_\_\_\_ Phone number during school hours: ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone number during school hours: ( ) \_\_\_\_\_

In the event of an emergency, parents will always be contacted first. Should parents not be available, we will contact the names listed below. It is important to notify these persons in advance as to the possibility of assuming temporary care of your child. **Please include people who live locally**, who are available, and will assume temporary care of your child if you cannot be reached. It is understood that your child may also be released to any of the persons listed below.

## Emergency Contacts: (minimum of one additional local contact is required)

1.	_____	_____	_____
	Name	Relationship	City
	_____	_____	_____
	Home Phone	Work Phone	Cell Phone
2.	_____	_____	_____
	Name	Relationship	City
	_____	_____	_____
	Home Phone	Work Phone	Cell Phone
3.	_____	_____	_____
	Name	Relationship	City
	_____	_____	_____
	Home Phone	Work Phone	Cell Phone
4.	_____	_____	_____
	Name	Relationship	City
	_____	_____	_____
	Home Phone	Work Phone	Cell Phone

I understand that the above emergency contact names are in effect as of the signing of this emergency information page. Changes to the emergency contacts for the 18-19 school year must be made in writing and forwarded to the school office.

Contracting Parent's Signature father/mother/guardian

\_\_\_\_\_ Date

**Calvary Chapel Christian School**  
**2018-2019**  
**HEALTH INFORMATION**

Student's Name: \_\_\_\_\_  
Last First

How would you describe the student's general health?

\_\_\_\_\_ Excellent    \_\_\_\_\_ Good    \_\_\_\_\_ Fair    \_\_\_\_\_ Poor

Check any medical condition that may apply to your child of which the school should be aware:

_____ Epilepsy	_____ Asthma
_____ Chronic Illness	_____ Contacts/Glasses (circle)
_____ Diabetes	_____ Allergies (specify) _____
_____ Past Injuries	_____ Other(specify) _____

Please explain each item checked above and include any limitations or treatments:

\_\_\_\_\_

Epi Pen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does student regularly take medication at home? If so, what kind? \_\_\_\_\_

Will medication be needed during school hours? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please fill out a prescription information form, which is available in the school office.

**PLEASE NOTE: A physician's note must accompany any request to be excluded or limited from any physical activity.**

Has this student been diagnosed with ADD/ADHD? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please circle which one. What methods of treatment have been used? \_\_\_\_\_

\_\_\_\_\_

Most current treatment: \_\_\_\_\_

Describe any unusual circumstances you believe may affect the student's performance in school (e.g., extended illness, handicap or learning disability, etc.): \_\_\_\_\_

\_\_\_\_\_

I give permission for Tylenol to be given when needed by my child: YES/NO \_\_\_\_\_  
**Please circle one, then initial blank.** Initials

I give permission for Ibuprofen (Advil, Motrin) to be given when needed by my child: YES/NO \_\_\_\_\_  
**Please circle one, then initial blank.** Initials

Student's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Parent Release**

As a parent or legal guardian, I authorize a licensed physician to examine the above-named student, and in the event of an injury, to render such emergency care as he/she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. I further authorize the school authorities to send the above-named student to the most accessible hospital or physician.

I will not hold Calvary Chapel Christian School financially responsible for the emergency care and/or transportation of said child. This authorization shall remain effective until the last day of the school year noted on the front of this application unless revoked in writing and delivered to Calvary Chapel Christian School.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SCHOOL POLICY CONTRACT 2018-2019

We affirm our commitment to the policies, procedures, and statement of faith. It is our desire to work with the school administration for the welfare of our child(ren). We commit ourselves to cooperate with the school in this educational ministry. In recognition of this fact, we agree:

We will promptly pay all tuition, registration fees, day care fees, and any other fees or charges as established by the school. We will pay all costs incurred by the school for collection of fees should such actions become necessary.

There are sports fees associated with all extra-curricular organized sports. If my child chooses to participate in school sports, I will pay all costs associated with each chosen sport prior to my child playing.

Textbooks and workbooks that are provided by Calvary Chapel Christian School (CCCS) are on loan for student use to enable optimum education to take place. It is your responsibility to take proper care of your books and to pay for the repair or replacement of these books, if any are lost or damaged.

CCCS is authorized to provide religious instruction in accordance with the Statement of Faith and all biblical principles as interpreted by the leadership of Calvary Chapel Moreno Valley and CCCS administration.

We understand that we have an obligation to be actively involved in the education of our child. We agree to uphold and support the high academic standards of the school by encouraging our child's study habits and ensuring that our child completes all homework and other assigned projects.

We will faithfully support the school through our prayers and positive attitudes and in keeping with the Matthew 18 principle - we will share any complaints only with the parties involved.

We understand that if, for any reason, our child does not respond favorably to the school, we will do everything in our power to cooperate with the school to help our child make the necessary adjustments. If these adjustments cannot be made, we then agree to quietly withdraw our child at the school's request.

We understand that assessments will be made to cover damages to the school, including breakage of windows, book damage, and abuse or misuse of other school or personal property.

We agree to notify CCCS in writing if someone other than those listed in the emergency information section of this application will pick up our child.

We agree to support all school and classroom policies as set forth by the CCCS administration, teaching staff, and the parent/student handbook.

If any of the information in the student's admission application is found to be intentionally untrue, CCCS reserves the right not to enroll the student or to dismiss the student from the school.

We agree to have our child to school on time. Excessive tardies and absences may result in suspension and possibly removal from school.

When there is reason to believe that a student is in danger or they themselves are a threat to another, administration shall notify the police so that the student might receive appropriate outside treatment and assessment. If the student's parents or legal guardian cannot be reached, this step can be taken without their permission. Administration may disclose personally identifiable information from the student's records to the appropriate party.

I/We understand and agree that continued enrollment and re-enrollment of my child at CCCS is dependent on my parental support of the school, its staff, and its policies.

CCCS students, grades K-12, will appear in our annual yearbooks and/or school website. Group photos and video recording may be taken at school functions or extra-curricular activities.

I/We understand that every effort will be made to protect and safeguard all students. Therefore, I/we agree not to hold Calvary Chapel Christian School liable for any illness or mishap that may occur to our child. I/We will cooperate with the discipline policies as set forth by Calvary Chapel Christian School, including the community service/detention and other office referral programs. I/We wish to delegate to the school the responsibility of acting in *loco parentis* (in place of the parent) regarding the safety and welfare of the child named above during the hours school is in operation, either formally or informally in extra-curricular activities.

Contracting Parent's Signature \_\_\_\_\_ father/mother/guardian

\_\_\_\_\_ Date