

Application for Enrollment



Father (Guardian)

Mother (Guardian)

Name: _____ Name: _____

Mailing Address: _____ Mailing Address: _____

City, State, Zip: _____ City, State, Zip: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Occupation or title: _____ Occupation or title: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Business Phone: _____ Business Phone: _____

Paternal Grandparents (Optional)

Maternal Grandparents (Optional)

Name: _____ Name: _____

Mailing Address: _____ Mailing Address: _____

City, State, Zip: _____ City, State, Zip: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Occupation or title: _____ Occupation or title: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Business Phone: _____ Business Phone: _____

Student's parents are: Married/Divorced/Separated/Father Deceased/Mother Deceased/Other _____

With whom does the child reside? _____

Names and ages of siblings (please include schools currently attending): _____

Application for Enrollment



Who is completing this application? _____

Person Financially Responsible: _____

Do you intend to apply for Tuition Assistance? Yes/No

If yes, please request the link from office staff, to apply for Tuition Assistance online Through FACTS.

Crossroads Christian School admits students of any race, color, nationality, and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school.

Crossroads Christian School does not discriminate on the basis of race, color, nationality, or ethnic origin in administration of its educational policies, admissions, tuition assistance, athletic programs, or other school administered programs.

Crossroads Christian School's biblical role is to work in conjunction with the home to mold students to be Christ-like. On occasion, the atmosphere or conduct within a particular home may be counter or in opposition to the biblical lifestyle the school teaches. This includes, but is not necessarily limited to, sexual immorality, homosexual sexual orientation, or inability to support the moral and scriptural principles of the school. In such cases, the school reserves the right, within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student.

I hereby attest that the information provided is completely filled in and correct on the date of signing.

Father or Guardian Signature

Mother or Guardian Signature

Date

Date

For Office Use:	Testing	Date: _____	
	Testing Fee:	Date: _____	\$ _____
	Registration Fee:	Date: _____	\$ _____
	Contract of Payment	Date: _____	
	Book Fee	Date: _____	\$ _____
	Immunizations:	Date: _____	
	Birth Certificate:	Date: _____	
	Medical Form (1st only)	Date: _____	

Contract of Payment



In this contract between Crossroads Christian School (herein referred to as CCS or school) and parents or guardians of the students listed, we hereby enroll these students for the academic year 2017-18 with the following agreements:

1. We understand that the registration, application, testing, and book fees are non-refundable.
2. We agree to pay the tuition according to arrangements made on the school tuition policy to FACTS Tuition, and conclude all required payments by May 2017. A late fee of \$35 will be charged to all accounts not paid as per contract with FACTS Tuition. We agree to pay any child care charges incurred by the 15th of the following month. Child care balances past due will incur an 18% per annum. All past due balances must be paid by June 30th in order to enroll for the following school year. We agree that all payments are subject to clearance by the banking system. A returned check fee of \$35 will be charged for each returned check or electronic payment in addition to any bank charges. CCS reserves the right to require cash payment, and/or require payment of full tuition balance.
3. Annual Tuition for late enrollment will be prorated.
4. Tuition is Billed as an **Annual Fee**, and the obligation to pay the entire Annual Tuition is not conditional. For the parent's convenience, tuition is divided into equal monthly payments, based on the **Annual Fee** and the months of contract (*One tuition payment does not equate to payment for one month of school*) If a student is withdrawn prior to the end of the school year, **60 day advance written notice** is required prior to withdrawal. If proper advance notice is given, the school will prorate the days remaining in the school year, and refund prorated tuition that has been pre-paid, or bill for prorated days that remain unpaid. To withdraw a child from school, a withdrawal form must be completed by the parent in the CCS Bookkeeping office. We understand that we are responsible for the entire **ANNUAL TUITION FEE** unless we have signed the advance 60 day notification of withdrawal, even if our child(ren) have discontinued attendance at school. When no **60 Day Written Notice** is given, the parent is responsible for the full **Annual Tuition**. When a parent signs an intent to withdraw, and advance notice has not been given, the school may, at its sole discretion waive the remaining portion of tuition beyond what the prorated tuition would be for the 60 day notice period. **NOTE:** If a child is withdrawn in April or May, the entire Annual Tuition is due, and no refund will be issued
5. We understand that by signing this contract, and agreeing to our responsibility for the **Annual Tuition** account, we are also responsible for and agree to pay any and all additional fees and charges incurred while attending CCS. Accounts must be current to take final exams, receive Report Cards, Graduation Certificates, privileges, participation in graduation programs, etc.
6. We understand those students with accounts 30 days past due may be removed from school. All late fees and costs incurred by CCS to collect on past due accounts are my responsibility and will be added to my account.

We have read the comments set forth and understand and agree to them, and further agree that we are personally responsible for all financial obligations incurred relative to this agreement. We further agree to abide by all policies of Crossroads Christian School of Madera.

I will be responsible for paying the Annual Tuition and all fees. For my convenience I may opt to pay in monthly installments, to FACTS Tuition.

Printed Name _____

Signature _____

Date _____

Relationship with child, if other than parent _____ Phone _____

Select Tuition Payment Plan

_____ Annual: One Annual Payment

_____ Monthly: Ten month plan.

Tuition Assistance Donation

I would like to make a donation of

\$ _____ to the tuition assistance program.

Photo Consent Form



I give Crossroads Christian School, a non-profit, religious organization permission to use a picture/video of myself or my child/children for possible inclusion on the CCS website, in publications, including electronic publications and applications. In addition I grant to CCS, its employees, agents, successors, licensees, and assigns the right and license to use the likeness of me or my child/children in photographs and/or video; to crop such photographs at CCS's discretion; to incorporate such photographs into CCS publications at their discretion; and to use such photographs/video or any portion thereof in any manner, including posting on the CCS website, applications, or inclusion with the article on a electronic storage medium such as a a DVD, flash drive or other electronic format. I agree to hold CCS, its employees, agents, successors, licensees, and assigns harmless against any liability, loss, or damage resulting from the use of my or my child/children likeness, and hereby release and discharge any claims whatsoever in connection with such use of my likeness or my child's likeness in the above projects. I am signing this release freely and voluntarily, and I am not relying on any inducements, promises, or representations made by CCS, its employees, or agents.

Personal Approval/Consent of Parent or Guardian

Parent/Guardian _____

Child _____

Address _____

City/State/Zip _____

Signature

Date

Statement of Cooperation



Crossroads Christian School is an independent, interdenominational, Christian school, serving all of Madera County. Its families, highly qualified faculty and governing board, represent Bible believing churches throughout the Central Valley. Recognizing the diversity of opinions and concerns that individuals bring to any institution we ask for a spirit of cooperation and understanding with matters that relate to our school and your children.

Crossroads Christian School does not tolerate profanity, obscenity of any kind, tobacco, alcohol, or narcotics on school property. Dishonoring God and/or the Word of God, or disrespecting the personnel of the school is not acceptable. Actions such as these will be expediently and wisely confronted, and appropriate discipline will be carried out by an authorized employee.

In as much as the school will be an extension of our homes, mutual cooperation and understanding is needed. Our families will be represented at the scheduled Parent-Teacher conferences. The Parent/Student handbook is issued to all parents and students. The handbook provides information about school policies, our biblical philosophy, and the school's statement of faith. It is the responsibility of parents and students to read completely and be familiar with the contents of the handbook.

I, _____ acknowledge that I have received a copy of the handbook, and have read its contents. I hereby agree to abide by the stated discipline guidelines, biblical philosophy, school policies, regulations and decisions of the administration. Realizing that my attitude toward teachers and policies of Crossroads Christian School affects the emotional and academic stability of my child, I will support and uphold the ideals and spiritual philosophy of the school in every way. At no time will I participate in destructive criticism of the school or its staff. If a problem arises I will go directly to the teacher and if necessary the administration, in a Christian manner, as indicated in Matthew 18:15, "Moreover, if your brother sins, go and reprove him in private; if he listens to you, you have won your brother." I understand that I must comply with the above in order to maintain enrollment in Crossroads Christian School.

Father or Guardian Signature

Mother or Guardian Signature

Date

Date

All applications will be considered without regard to race or ethnic origin

Emergency Medical Form/Annual Field Trip Release



I give my permission for _____, grade _____, to participate in all sports and school sponsored trips away from the school premises throughout the current school year _____. Students will be accompanied by a teacher or school staff member and will be supervised. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I may revoke permission for a specific field trip by written notice to the principal before the day of the field trip. (This form will be on file at the school office for the current school year. An Additional "Permission to Participate" form will be sent home prior to each off-campus trip). Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event. I/we assume to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Crossroads Christian School, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial responsibility beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency. I/we request that I/we be contacted by the school. If I cannot be reached:

Pursuant to California Family Code §6910, I, _____, a parent having legal custody of the above named minor child, hereby authorize adult staff members of Crossroads Christian School into whose care such minor child has been entrusted, to consent to medical treatment/transportation by a Paramedic/EMT, any X-ray examination (or similar examination such as by CAT scan), anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. I agree to pay any and all costs for the foregoing. I am aware that school trips involve activities which pose inherent risks and I hereby agree to allow my child to fully participate. I have disclosed all medical conditions that I am aware of which could pose additional risks.

Mother/Guardian Signature _____ **Father /Guardian Signature** _____

Date Signed _____ **Date Signed** _____

Physician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Health Insurance Carrier: _____ Policy number: _____

Under the name of: _____ Relationship: _____

Allergies (including reactions to medication): _____

Medication being taken: _____ Preferred hospital: _____

Date of last Tetanus shot: _____ **Physical/medical conditions:**

Student's home phone: _____ Student's home address: _____

Father/Guardian work phone: _____ Cell phone: _____

Mother/Guardian work phone: _____ Cell phone: _____

If we are unable to contact you at work or home, whom would you like us to call? Those listed below also have permission to take your child from our campus in an emergency. (Please include nanny or childcare information):

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

4. Name: _____ Relationship: _____ Phone: _____

Records Request Form



To: Records Department

School Name: _____

Contact: _____

Phone Number: _____

Fax Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Message:

Student Name: _____ Grade: _____ DOB: _____

Parent Name: _____ Phone: _____

I hereby give permission to release all records to Crossroads Christian School for the above named child.

Parent Signature: _____ Date: _____

Please Return To:
Crossroads Christian School
17755 Road 26, Madera, CA, 93638
P: 559-662-1624 F: 559-662-1625
office@crossroadsmadera.org