



PRESCHOOL APPLICATION FOR ENROLLMENT

CROSSROADS CHRISTIAN PRESCHOOL
17755 ROAD 26 MADERA, CA 93638 559.662.1624 FAX 559.662.1625

Application is made for the enrollment of my son/daughter as a student for the **2019-20** academic year.

Date: _____

Preschool Level: _____ Pre-K (4 Year Olds) _____ Preschool (3 Year Olds)

Student's Name: _____
(Last) (First) (Middle)

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

How did you find out about this school? Friend Facebook Internet Search Other _____

Denominational Preference: _____

Church is attended (Please circle one): Regularly Occasionally Rarely

Name of church currently attending: _____

I anticipate schooling through grade: PK K 1 2 3 4 5 6 7 8

Name and address of last school attended: _____

Please give any additional information which may help the school understand your child and meet his/her needs.

What is your child's attitude toward school? _____

What are some special interests of your child? _____

Are you willing to support the policies of CCPS as outlined in the student/parent handbook? _____

Are there any psychological or learning problems that school personnel should be aware of? _____

Please check one:

_____ Full-Time Enrollment (8:00 a.m. - 2:45 p.m.) _____ Part-Time Enrollment (8:00 a.m. - 11:30 a.m.)

_____ Monday - Friday _____ Monday - Thursday _____ *Mon/Weds/Fri (**Three's class only**)



PRESCHOOL APPLICATION FOR ENROLLMENT

Father/Step-father/Guardian (Circle one)

Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Occupation or title: _____

Employer: _____

Address: _____

Business Phone: _____

Mother/Step-Mother/Guardian (Circle one)

Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Occupation or title: _____

Employer: _____

Address: _____

Business Phone: _____

Paternal Grandparents (Optional)

Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Occupation or title: _____

Employer: _____

Address: _____

Business Phone: _____

Maternal Grandparents (Optional)

Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Occupation or title: _____

Employer: _____

Address: _____

Business Phone: _____

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

Which parent(s) has physical custody? _____ With whom does the child reside? _____

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



PRESCHOOL APPLICATION FOR ENROLLMENT

Who is completing this application? _____

Person Financially Responsible: _____

Non-Discrimination Statement

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.

Rights of Licensing Agency

Per CCR, Title 22, Section 101200, The Department has inspection authority, specified in Health and Safety Code Sections 1596.853 and 1596.8535, and may, upon presentation of proper identification, enter and inspect any place providing personal care supervision and services at any time, with or without advance notice, to secure compliance with, or prevent the violation of, this act or the regulations adopted by the department pursuant to the act

Termination of Enrollment

Crossroads Christian Preschool's biblical role is to work in conjunction with the home to mold students to be Christ-like. In the case of a parent or guardian's inability to support the moral standards and scriptural principles of the school, the school reserves the right at its sole discretion to terminate enrollment. The School further reserves the right to deny admission or terminate enrollment of any student unable to conform to the behavioral and academic requirements of the program. Parental cooperation with all school policies is essential to maintain enrollment. If a parent does not abide by school policies, the school reserves the right to terminate enrollment of the student at its sole discretion.

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

Father/Step-Father/Guardian (Print)

Mother/Step-Mother/Guardian (Print)

Father/Step-Father/Guardian Signature

Mother/Step-Mother/Guardian Signature

Date _____

Date _____



PRESCHOOL ENROLLMENT RATES & FEES 2019 20

Annual Registration: \$125.00 – Non-Refundable
Annual Curriculum Fee: \$85.00 – Non-Refundable
Early Registration before April 5, 2019 is \$75.00

Child's Name _____ Date of Birth _____

Options: Please Check One

_____ Full-Time M-F – 8:00 a.m. – 2:45 p.m. **WITH extended care included** \$570.00/month

_____ Full Day (Four Days) M-Th – 8:00 a.m. – 2:45 p.m. **WITH extended care included** \$515.00/month

_____ Half-Day M-F – 8:00 a.m. – 11:30 a.m. *\$390.00/month

_____ Half-Day Four Days M-Th – 8:00 a.m. – 11:30 a.m. *\$335.00/month

_____ Half-Day M,W,F (*Three year olds only) 8:00 – 11:30 a.m. *\$295.00/month

**Extended Care NOT included*

-Extended Care Hours: Opens at 7:00 a.m. – Closes at 5:30 p.m.

-Late fee after 5:30 p.m. is \$5.00 per five minutes late. For example: If a child is not picked up until 5:38 p.m. the late charge would be \$10.00 – at 5:42 p.m. the late charge would be \$15.00, etc.

**Note: Four Year Old Pre-K students must be enrolled at least Four Days a week – Half Days or Full Days. A three day plan is available for three year olds. Three year olds must be enrolled at least three days, half days.*

Drop-in rate for extended care is \$5.00 per hour for an enrolled child, space permitting. Please notify teacher in advance if your part-time enrolled child will need to stay late, or come early.

Modification of Rates: 30 Days advance notice will be given to parents prior to any change in tuition rates.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____



CONTRACT OF PAYMENT

In this contract between Crossroads Christian School (The sponsoring organization of Crossroads Christian Preschool, herein referred to as CCS or school) and parents or guardians of the students listed, we hereby enroll these students for the preschool academic year stated with the following agreements:

1. **We understand that the registration, application and curriculum 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 the due date. 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. **Modification of Rates: 30 days advance notice will be given to parents, prior to any change in tuition rates.**
3. 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 ACH electronic payment, in addition to any bank charges. CCS reserves the right to request cash payment, and/or require payment of full tuition balance.
4. If we remove our child(ren) from CCPS during the middle of a month, no refund will be issued for partial months of tuition.
5. To withdraw a child from school, a form must be completed by the parent in the Bookkeeping office. Tuition continues to be due until we have signed the notification of withdrawal and for 30 days following, even if our child(ren) do not attend school. Tuition paid in advance for future months, may be refunded, provided the proper 30 day notice is given prior to withdrawal. Such refunds will be made by the school within 60 days of the date provided on the signed withdrawal form, or within 60 days of actual last date of attendance, whichever date is later.
6. We understand that by signing the responsibility for the tuition account, we are responsible for and we agree to pay any and all 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.
7. We understand those students with accounts 30 days past due may be removed from school. All costs incurred by CCS to collect on past due accounts are my responsibility and will be added to my account.
8. No optional services are offered at this time.

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 Preschool of Madera.

I will be responsible for paying the yearly tuition and all fees. For my convenience I may opt to pay in installment, to FACTS Tuition.

Student Name _____ Grade _____

Parent/Guardian Printed Name _____ Signature _____ Date _____

Relationship– If different than Parent _____ Phone _____

Please visit FACTS Management to set up your selected payment plan

<https://online.factsmgmt.com/SignIn/4k566>

_____ Annual

_____ Monthly



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 or in publications, and applications. In addition I grant to CCS, its employees, agents, successors, licensees, and assignees the right and license to use the likeness of me or my child/children in photographs and videos; to crop such photographs/videos at CCS's discretion; to incorporate such photographs into CCS publications, blogs, or applications at their discretion; and to use such photographs 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 flash drive, a DVD, or other electronic format. I agree to hold CCS, its employees, agents, successors, licensees, and assignees 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 understand that my child's last name will not appear in connection with any photographs containing his/her likeness that may be used, without consent. 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 Name (Print) _____

Child _____

Address _____

City/State/Zip _____

Parent/Guardian 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 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(s) or 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/Step-Father/Guardian (Print Name)

Mother/Step-Mother/Guardian (Print Name)

Father/Step-Father/Guardian (Signature)

Mother/Step-Mother/Guardian (Signature)

Date _____

Date _____

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