

Father

Name _____

Mailing Address _____

City _____ State ____ Zip _____

Home Phone _____

Occupation or title _____

Employer _____

Address _____

Business phone _____

Cell Phone _____

Email _____

Mother

Name _____

Mailing Address _____

City _____ State ____ Zip _____

Home Phone _____

Occupation or title _____

Employer _____

Address _____

Business phone _____

Cell Phone _____

Email _____

Paternal Grandparents

Name _____

Mailing Address _____

City _____ State ____ Zip _____

Home Phone _____

Occupation or title _____

Employer _____

Business phone _____

Maternal Grandparents

Name _____

Mailing Address _____

City _____ State ____ Zip _____

Home Phone _____

Occupation or title _____

Employer _____

Business phone _____

Applicants parents are: Married Divorced Separated Father Deceased Mother Deceased
Other _____

With whom does the child reside? _____

Person Financially Responsible _____

Names and ages of siblings and schools currently attending: _____

Who is completeing this application? _____

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 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 the school cannot reach a parent/guardian. I/we give permission for the school staff to call paramedics, or the licensed physician or dentist listed below. If unable to reach the below listed physician or dentist, the school may contact any licensed physician or dentist to seek care for my child. If a life threatening emergency exists. I/we give permission for the school staff to call paramedics immediately and then contact me/us as soon as possible.

I/we authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which, in the best judgment of the licensed physician or dentist is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we agree to be financially responsible for emergency medical transportation.

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.)

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

4. Name: _____ Relationship: _____ Phone: _____

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. There is a student handbook that is issued to all students that provides further information, policies, and guidelines for our school. The contents of this handbook should be read, understood, and followed.

I _____ hereby pledge to abide by the discipline, policies, and regulations 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.

(Signature of Father or Guardian)

(Signature of Mother or Guardian)

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

Persons authorized to pick up your child (please include nanny or childcare info):

Name

Address

Phone

Name

Relationship

Phone

Name

Relationship

Phone

Do you intend to apply for financial aid? If yes, financial aid materials will be send to you upon request.

Yes

No

Return this application to this office or mail to:

Crossroads Christian School Admissions

17755 Road 26

Madera, CA 93638

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, scholarship and loan programs, athletic programs, or other school administered programs.

For Office Use

Testing

Date: _____

Testing Fee

Date: _____ \$ _____

Registration Fee

Date: _____ \$ _____

Contract of Payment

Date: _____

Book Fee

Date: _____ \$ _____

Immunizations

Date: _____ Complete _____

Birth Certificate

Date: _____

Medical Form (1st Only)

Date: _____