

# CEDAR PARK CHRISTIAN SCHOOLS

CAMPUS:  Independent Study

Category \_\_\_\_\_

## REGISTRATION INFORMATION: 2021-2022

Grade Entering:	Preschool Days:	Childcare Days: (applicable campuses only)	School Year:	Start Date:
Student's Last Name:		First:	Middle:	Goes by (if different):
Birth Date:	Age:	Circle one: Male      Female	Home Phone: Area code (      )	
Mailing Address, (family/guardian): Apt.		Street Address, (if different) or Foreign Address: Apt.		
City:	State:	Zip:	City:	State: Zip:
Family/Parent e-mail address for school correspondence:		Student's cell phone number:	Student's e-mail address:	

### FATHER/STEP-FATHER/GUARDIAN LIVING WITH:

Name: \_\_\_\_\_  
 Cell Phone: (      ) \_\_\_\_\_  
 Work Phone: (      ) \_\_\_\_\_ Ext. \_\_\_\_\_  
 Email: \_\_\_\_\_  Use for school correspondence  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_

### MOTHER/STEP-MOTHER/GUARDIAN LIVING WITH:

Name: \_\_\_\_\_  
 Cell Phone: (      ) \_\_\_\_\_  
 Work Phone: (      ) \_\_\_\_\_ Ext. \_\_\_\_\_  
 Email: \_\_\_\_\_  Use for school correspondence  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_

TITLE FOR MAILING (circle): *Mr./Mrs.*   *Mr.*   *Mrs.*   *Miss*   *Ms.*   *Dr./Mrs.*   *Other:* \_\_\_\_\_

<b>Circle one - STUDENT LIVES WITH:</b>	<b>Circle only one:</b> <i>(State requirement RCW 28A.195.060)</i>	<b>If student is NOT a U.S. citizen complete this box:</b>
Both parents      Foster parent(s)	A - Asian or Pacific Islander	Country of Birth: _____
Mother only      Legal guardian(s)	B - Black or African-American	Entered U.S.:      Mo.      Yr.
Father only      Grandparent(s)	H - Hispanic, Chicano or Latino	Started School in U.S.:      Mo.      Yr.
Father/Stepmother      Other (specify relationship):	I - American Indian/Alaskan Eskimo	Status (Circle):      Immigrant      Exchange Student
Mother/Stepfather	W - White/Caucasian	Refugee      Other:
		Alien No.: _____

### NON-JOINT-CUSTODIAL PARENT:

*Complete only for a parent not living with the student*  
**Copy of PARENTING PLAN is required**

IS THERE JOINT CUSTODY?  Yes    No  
 RELEASE STUDENT TO NON/JOINT-CUSTODIAL PARENT?  Yes    No *(If no, appropriate legal documentation must be provided.)*  
 Name: \_\_\_\_\_ Home Phone: (      ) \_\_\_\_\_ Work Phone: (      ) \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### STUDENT INFORMATION:

Last school attended: \_\_\_\_\_ Fax: \_\_\_\_\_  
 School Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Last grade completed: \_\_\_\_\_ Grade(s) skipped: \_\_\_\_\_ Grade(s) repeated: \_\_\_\_\_ Student's country of birth: \_\_\_\_\_

Name(s) and ages of other children in the family: \_\_\_\_\_

What church do you presently attend? \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_

Describe briefly any unusual circumstances in child's life (such as absence of parent, adoption, foster care): \_\_\_\_\_

Does your student have any special learning needs?  No    Yes If *yes*, please attach a detailed explanation on a separate sheet.

Has student ever been expelled, dismissed, suspended from, or refused admission to another school?  
 No    Yes If *yes*, please attach a detailed explanation on a separate sheet.

Has student faced *any* discipline or legal issues?  No    Yes If *yes*, please attach a detailed explanation on a separate sheet.

Student's name: \_\_\_\_\_

**MEDICAL INFORMATION:**

Regular medications: \_\_\_\_\_

Allergies (Drug or other): \_\_\_\_\_

Is your child currently under a physician's care? (please explain health concerns): \_\_\_\_\_

Any life-threatening allergies or conditions: \_\_\_\_\_

**To be completed by childcare applicants ONLY:**

Date of last medical exam: \_\_\_\_\_ Date of last dental exam: \_\_\_\_\_

Doctor/Healthcare Provider name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Dentist name (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Persons to contact in case of emergency (if parent/guardian cannot be reached) and who are authorized to pick up student:**

<u>NAME</u>	<u>CITY</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____

Out of state contact: \_\_\_\_\_ State: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Childcare center, if any: \_\_\_\_\_ City: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Carpool - Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Immediate Family member(s) NOT AUTHORIZED to pick up child: \_\_\_\_\_ Relationship: \_\_\_\_\_

**SIGNATURES OF BOTH PARENTS, OR LEGAL GUARDIANS, ARE REQUIRED BELOW**

**RELEASE; PAYMENT OF EXPENSES; MEDICAL CONSENT; MEDIATION**

1. The undersigned parent(s) or legal guardian(s) ("Parent") grants permission for the Student to use all playground equipment and participate in all of Cedar Park Christian Schools' ("School") activities, including field trips off of the School's grounds. The Parent grants permission to the School to use photographs of the Student for School-related publicity purposes only.
2. The Parent grants permission to the School and its employees and agents to take the Student to a licensed physician for medical treatment, emergency surgery, or hospitalization if the Student becomes ill or sustains an injury or otherwise requires medical treatment or attention and the School cannot contact the Parent. The Parent gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Student's life or health.
3. The Parent agrees to assume the responsibility for all medical, transportation, rescue and other related expenses incurred on behalf of the Student.
4. The Parent releases and agrees to hold harmless, defend and indemnify the School and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of the School) that the Student or the Parent may suffer as a result of the Student's participation and/or enrollment at the School.
5. All disputes and claims related to the Student's participation and/or enrollment at the School including but not limited to, any statutory or common law claims for discrimination, breach of contract and all other claims shall be resolved by mediation and binding arbitration. Mediation and arbitration shall be before a mutually acceptable person who: is a practicing attorney with a minimum of ten years experience or a retired judge, and a member of an Assemblies of God church. In the event that the parties cannot agree on such a person, each shall appoint a qualified person and the two shall agree on a third qualified person to be the sole mediator or arbitrator. The arbitrator shall not be the same person as the mediator. The parties hereby incorporate, and the arbitration shall follow, the procedures of Chapter 7.04 RCW. The laws of the State of Washington shall govern.

**Please read carefully. This document contains a release and waiver of liability.**

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*      *Date*      \_\_\_\_\_  
*Signature of Parent or Legal Guardian*      *Date*

**NOTICE REGARDING RIGHTS OF PARENTS**

Cedar Park Christian Schools ("School") will allow (1) the release of a child, (2) information about the child (as deemed appropriate by the School, in its sole discretion), and (3) access to School educational records for the child to either of the child's parents or legal guardians unless the School receives sufficient evidence (in its sole discretion) that a court order, legally binding legal document (for example, a document relating to divorce, separation or custody), or law or regulation specifically revokes those rights. Either of the child's parents or legal guardians is authorized to make decisions on behalf of the child, unless the School receives sufficient evidence (in its sole discretion) to the contrary, whether in the form of a court order, legally binding legal document (for example, a document relating to divorce, separation or custody), or law or regulation specifically revoking the authority of the parent or guardian. In the event of conflicting instructions from the parents or legal guardians (when both are apparently authorized to make decisions on behalf of the child), the School may elect to take any action it deems appropriate, in its sole discretion, including taking no action.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*      *Date*      \_\_\_\_\_  
*Signature of Parent or Legal Guardian*      *Date*

*Please complete reverse* ⇌

**PARENTAL COMMITMENT:**

1. We invest authority in the School to discipline our child as the School feels necessary, according to the discipline policy, as outlined in the School Handbook for Parents and Students. We have read, understand and agree to the discipline policy set forth. (*Proverbs 13:24; 19:18; 23:13-14; 29:15, 17; Ephesians 6:1-4; Colossians 3:20-21; Hebrews 12:4-13*)
2. We agree that in case of questions or complaints, communication will be directed only to the school staff or personnel involved. (Matt. 18)
3. We hereby agree to support school functions and to attend parent meetings when offered.
4. We understand that assessments will be made to cover damage to school property, including but not limited to breakage of windows, abuse of books, etc.
5. We agree to pay the tuition and fees according to the terms of the Financial Agreement. We understand that report cards, transcripts, and diplomas will be withheld if required payments are not made.
6. We agree to support all standards of the school, including dress standards.

Cedar Park Christian Schools (“School”) are open to all children without regard to race, sex, color, disability or national origin. The School complies with all federal and state disability laws (as applicable to the School), and it will make reasonable accommodations to otherwise-qualified applicants. The School cannot guarantee a student’s eligibility for continued enrollment after his or her initial admittance to the School. **The School reserves the right to admit or to dismiss students based on its own criteria of spiritual commitment, academic performance, and personal qualifications including a willingness to cooperate with the school administration and to abide by its policies and regulations.**

I understand and agree to the policies set forth in this enrollment application. I also understand and agree that the School may amend, supplement or rescind any of the above policies without prior notice; however, the School should make a reasonable attempt to notify me ten days in advance of such changes. I understand and agree that I am responsible for all charges and tuition incurred as a result of the Student’s enrollment at the School.

**SIGNATURES OF BOTH PARENTS, OR LEGAL GUARDIAN(S)**

Signature of Parent or Legal Guardian	Date	Signature of Parent or Legal Guardian	Date
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**STUDENT COMMITMENT:**

*(to be completed by students entering grade 6 and above)*

Talents, hobbies, interests, and leisure time activities:	
What church do you attend?	What is the name of your youth pastor?
Have you confessed Jesus as your Lord and Savior? <i>If yes, please describe your experience (such as when, where, and any other significant details):</i>	
In the space provided, write a paragraph stating the reasons you would like to attend the CPCS Independent Study Program.	

1. An Independent Study parent/student commitment form will be filled out with the advisor at the first advising meeting.
2. I have read the Handbook for Parents and Students (available on-line at [www.cpcsschools.com](http://www.cpcsschools.com)).  No  Yes

I HEREBY STATE that I have carefully read the rules stated above and will conscientiously observe them.

\_\_\_\_\_ Date \_\_\_\_\_  
 Parent Signature

\_\_\_\_\_ Date \_\_\_\_\_  
 Student’s signature