

113 CHURCH STREET  
PASCOAG, R.I. 02859  
Phone & Fax  
(401) 568-5263

NEW students:	\$50
Returning students:	
Before June 1 <sup>st</sup>	\$20
After June 1 <sup>st</sup>	\$50

Acceptance of this form does not assume acceptance of student for schooling.  
All students are enrolled on a trial basis, and continuance is not guaranteed.

School Year \_\_\_\_\_

NAME (legal): \_\_\_\_\_

Last                      First                      Middle

PERSON RESPONSIBLE FOR PAYMENT: \_\_\_\_\_

Name	Phone
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AGE \_\_\_\_\_

AGE \_\_\_\_\_

AGE \_\_\_\_\_

Registration Paid? ☐ Check No.  Cash

**CHURCH AFFILIATION**

Name of Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Church Member? \_\_\_\_\_ Attend Regularly? \_\_\_\_\_

**MEDICAL INFORMATION:**

EMERGENCY CONTACT (other than parents): \_\_\_\_\_  
Name Relation to Student Phone

PHYSICIAN: \_\_\_\_\_  
Name Phone

DOES CHILD HAVE: Physical Disability? \_\_\_\_\_ Chronic Condition? \_\_\_\_\_ Learning Disability? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL STUDENTS MUST HAVE ON FILE:**

\_\_\_\_\_ A COPY OF THEIR BIRTH CERTIFICATE

\_\_\_\_\_ RI SCHOOL PHYSICAL FORM (Available from your pediatrician.)

**OTHER INFORMATION:**

SCHOOL LAST ATTENDED: \_\_\_\_\_ GRADE(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

How did you hear about Community Christian School? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# COMMUNITY CHRISTIAN SCHOOL

113 Church Street, Pascoag, RI 02859

## FINANCIAL AGREEMENT

Students' Names: \_\_\_\_\_

Person Responsible for Payment: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### **I understand that:**

- Tuition is a yearly amount, but for my convenience, it may be divided into ten (10) monthly payments, due the first of each month, August through May.
- A late fee of \$25.00 may be added on balances unpaid as of the 15<sup>th</sup> of the month.
- Accounts more than 45 days past due, may result in my child being asked to withdraw from school until the balance is up to date.
- Upon acceptance of my children in Community Christian School, I am obligated to pay the tuition and curriculum fees.
- Monthly statements will be sent home showing my charges and any payments made up to that date.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

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PARENT AUTHORIZATION FOR EMERGENCY TREATMENT

I, \_\_\_\_\_, hereby authorize Community Christian School to arrange for  
( Parent/Guardian)  
medical treatment of my child \_\_\_\_\_, should an emergency arise at the  
school

(Name of child)  
or on a field trip. It is understood that every effort will be made by the school to contact me before any  
medical action is taken. I would prefer that my child be brought  
to\* \_\_\_\_\_

hospital if the need arises.

\*Choice of hospital may be limited by service of local rescue squad.

\_\_\_\_\_  
Mother's phone #                      cell phone #                      business phone #

\_\_\_\_\_  
(Mother's Signature)

\_\_\_\_\_  
Father's phone #                      cell phone #                      business phone #

\_\_\_\_\_  
(Father's Signature)

PARENT AUTHORIZATION FOR PICK UP OF CHILDREN

In the event that I am unable to pick up my child/ren, I authorize the following people to pick up  
my child/ren for me:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact ☐ (check)                      Emergency Contact ☐ (check)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact ☐ (check)                      Emergency Contact ☐ (check)

# COMMUNITY CHRISTIAN SCHOOL

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Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Resides with (check all that apply): Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Stepmother \_\_\_\_\_

Stepfather \_\_\_\_\_ Grandparents \_\_\_\_\_ Other \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Brothers and Sisters: \_\_\_\_\_ M/F: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ M/F: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ M/F: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Does student have any known medical conditions? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does student take any medications? \_\_\_\_\_ If yes, what medication(s)? \_\_\_\_\_

What dosage? \_\_\_\_\_ How often? \_\_\_\_\_ For what condition? \_\_\_\_\_

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Please fill in the year your child has had any of the following diseases or medical conditions:

Allergies \_\_\_\_\_

Heart Problems \_\_\_\_\_

Scarlet Fever \_\_\_\_\_

Asthma \_\_\_\_\_

Hepatitis \_\_\_\_\_

Tuberculosis \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Kidney Disease \_\_\_\_\_

Active: Yes \_\_\_\_\_ No \_\_\_\_\_

Convulsions \_\_\_\_\_

Measles \_\_\_\_\_

Visual Defect \_\_\_\_\_

Diabetes \_\_\_\_\_

Mumps \_\_\_\_\_

Glasses: Yes \_\_\_\_\_ No \_\_\_\_\_

Epilepsy \_\_\_\_\_

Pneumonia \_\_\_\_\_

Other: \_\_\_\_\_

Hearing Problems \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Please list known current allergies: \_\_\_\_\_

Has student had any accidents or injuries? \_\_\_\_\_ Date: \_\_\_\_\_

Recent Operations: \_\_\_\_\_ Date: \_\_\_\_\_

Is student undergoing medical treatment at this time? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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

May your child participate in a dental exam? Yes \_\_\_\_\_ No \_\_\_\_\_

**To facilitate continuity of medical care while in the school setting, I give permission for any pertinent medical information to be shared with the appropriate school faculty.**

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



# Photo Release Permission Form

Community Christian School is working to increase on our online presence. Our website is up and running, and we will be creating both Facebook and Instagram pages. We would like to update these media on a somewhat regular basis to keep you informed as well as advertise our school.

We need your permission to use photos of your children. We will never publish any names of children.

Please check the statement below with your preferred option.

\_\_\_\_\_ I will allow photos of my child to be taken and used in electronic media.

\_\_\_\_\_ I will allow photos of my child's work (artwork or crafts, class projects, spirit days, etc.) to be taken and used in electronic media (no names).

\_\_\_\_\_ I do not wish to have any photos taken of my child or their work for use in electronic media. (Child will appear in the yearbook only.)

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this completed form to the office as soon as possible.

Thank you!