

COMMUNITY CHRISTIAN SCHOOL

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

APPLICATION FOR ENROLLMENT

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.

Date of Application _____ School Year _____

STUDENT INFORMATION:

NAME (legal): _____
Last First Middle

ADDRESS: _____
Street City State Zip

DATE OF BIRTH: ____ / ____ / ____ AGE: ____ GENDER: ____ GRADE ENTERING: ____

PERSON RESPONSIBLE FOR PAYMENT: _____
Name Phone

Address (if different from student address)

FAMILY INFORMATION:

Father's Name: _____ Lives with student? _____

Occupation: _____ Employer: _____

Home Address: _____
Street City State Zip

Phone: _____
Home Work Cell

E-Mail: _____

Mother's Name: _____ Lives with student? _____

Occupation: _____ Employer: _____

Home Address: _____
Street City State Zip

Phone: _____
Home Work Cell

E-Mail: _____

Names of Brothers

Names of Sisters

AGE _____

AGE _____

AGE _____

AGE _____

AGE _____

AGE _____

Office Use Only:

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

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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 15th 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 <input type="checkbox"/> (check)	Emergency Contact <input type="checkbox"/> (check)
Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Emergency Contact <input type="checkbox"/> (check)	Emergency Contact <input type="checkbox"/> (check)

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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? _____

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!