



**FAMILY INFORMATION:**

Mom's Name \_\_\_\_\_

Dad's Name \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_

Dad's Cell Phone \_\_\_\_\_

Mom's Work Phone \_\_\_\_\_

Dad's Work Phone \_\_\_\_\_

Mom's E-mail \_\_\_\_\_

Dad's E-mail \_\_\_\_\_

Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Other: \_\_\_\_\_

Child's Living Arrangement: ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Child's Legal Guardian (s): ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

With whom does the child reside during the school year? \_\_\_\_ Father \_\_\_\_ Mother

If applicable, explain custody arrangements: \_\_\_\_\_  
\_\_\_\_\_

Are there any restraining orders? If yes, please explain and attach a copy. \_\_\_\_\_  
\_\_\_\_\_

To whom should school correspondence be sent? \_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Guardian

Name of person responsible for tuition \_\_\_\_\_

If different from a parent or guardian provide address and phone # \_\_\_\_\_  
\_\_\_\_\_

Are both parents in agreement on enrolling their child in CCCS? \_\_\_\_ Yes \_\_\_\_ No

**GENERAL INFORMATION**

How did you hear about CCS? \_\_\_\_\_

State briefly why you desire to enroll your child at CCS: \_\_\_\_\_  
\_\_\_\_\_

In what ways do you expect CCS to be different from other schools? \_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL BACKGROUND (new students to complete)**

School previously attended: \_\_\_\_\_ Dates \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Other school attended: \_\_\_\_\_ Dates \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Other school attended: \_\_\_\_\_ Dates \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Last year's grade assignment: \_\_\_\_\_ Was the grade completed? \_\_\_\_ Yes \_\_\_\_ No

If no, explain \_\_\_\_\_

Has the student ever been identified as having a learning disability? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain \_\_\_\_\_

Does an outstanding tuition balance exist with any other schools? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Has the student repeated a grade? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain \_\_\_\_\_

Did the student attend a readiness program between K5 and 1<sup>st</sup> Grade? \_\_\_\_ Yes \_\_\_\_ No

At what age did the student start first grade? \_\_\_\_\_

Has the student ever had discipline problems in a previous school? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Has the student ever been suspended, expelled, or asked to withdraw? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

## ACTIVITY PERMISSION

I agree to allow \_\_\_\_\_ to participate in all school activities including school-sponsored trips away from the school premises, and as consideration for the benefits derived, I absolve the school and all its representatives and agents from liability to me or my child because of injury to my child at school or during any school activity. I further authorize the school to secure necessary medical attention for my child in the event of any injury at school or on a school-sponsored trip away from the school. Please note that your child will never be taken off school premises without parent notification.

Signature of legal guardian \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL INFORMATION:

Does the student have allergies, any mental, emotional, or physical disabilities or development delays which may limit the child's participation in our program and activities, or that for any reason should be known by his teacher?

\_\_\_\_\_  
\_\_\_\_\_

Is the student currently taking any medications? \_\_\_\_\_

Any known Allergies or other medical or drug-related limitations: \_\_\_\_\_

Are there any special procedures required in caring for your child? ( ) Yes ( ) No

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Is the student covered by health insurance? \_\_\_\_ Yes \_\_\_\_ No

If yes, what insurance company? \_\_\_\_\_ Policy # \_\_\_\_\_

## EMERGENCY INFORMATION

Individual to contact if parents or guardian cannot be reached \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

I hereby authorize Cross & Crown School to give and/or obtain emergency medical assistance for my student in the event that I cannot be reached. I also assume full financial responsibility for any such medical service rendered.

Parent or legal guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL RELEASE

I hereby give my permission to the staff and administration of Cross & Crown School and Extended Day program to seek and provide medical and/or dental care for my child named above if in their judgment this becomes necessary while my child is in the care of Cross & Crown School and/or Extended Day program and I cannot be reached to make this decision myself. If hospitalization seems to be necessary, I request that my child be transported to (provide name) \_\_\_\_\_ hospital. If unable to contact parents, family physician or above-designated hospital, I give my permission for my child to be transported to Children's Health Care of Atlanta at Scottish Rite Hospital. I further understand that the primary means of transportation to a medical facility is by emergency medical services if this is necessary. I/we agree to assume all responsibility and expense, including transportation, incurred in the handling of such an emergency.

Only prescription medication will be dispensed by Cross & Crown School personnel (see Handbook for particulars).

Any prescription medication taken daily? (i.e. Insulin, Ritalin) \_\_\_\_\_.

**PARENT MUST FILL OUT AND SIGN PRESCRIPTION MEDICATION AND DISPENSING INFORMATION FORM. SEE HANDBOOK FOR DETAILS ON HEALTH POLICIES.**

If child is allergic to bee or other insect stings/bites, do you authorize CCS personnel to administer Benadryl in an emergency? (parent initial) \_\_\_\_\_ Yes (parent initial) \_\_\_\_\_ No

**(EPPI PINS MUST BE SUPPLIED BY PARENTS IF AUTHORIZED)**

Cross & Crown School will not administer non-emergency medical procedures. I hereby release Cross & Crown from liability that may be incurred due to administration of EPPI pin or Benadryl or other emergency procedure. I, also, release Cross & Crown from any liability for harm resulting from exposure to allergens or contagions.

Signed: \_\_\_\_\_  
(Parent/Legal Guardian) (Date)

Signed: \_\_\_\_\_  
(Parent/Legal Guardian) (Date)

## NUTRITIONAL INFORMATION

Elementary students and children attending the Extended Day Program will bring a nutritional lunch from home. The lunch must meet the guidelines established by the USDA. These guidelines are posted on the parent's information board in the Extended Day Building. Milk or 100% fruit juice will be provided by Cross & Crown School to Extended Day children. A nutritional snack and drink will be provided after 3:00 p.m. A mid-morning snack will be provided during Preschool/Elementary hours by the parents. Parents should not send candy, chewing gum or other non-nutritional items with students. To avoid classroom disruption, parents are encouraged to send their child's lunch with them to school in the morning each day as necessary.

Signed: \_\_\_\_\_  
(Parent/Legal Guardian) (Date)

## PHOTO RELEASE

From time to time, we have opportunity and/or need to use photos of students, teachers, and/or the school in publications and on our web page. In so doing, we need to have parental permission before we use any child's photo. Please understand that we will not use any child's photo without obtaining the parent's permission. In using your child's photo, we will NOT use your child's name. IF there is ever a need to use the name, we will ask for additional permission.

I hereby give the Cross & Crown School, 4276 Chamblee Dunwoody Rd.; Chamblee, GA 30341, the perpetual, royalty-free right to use the above-named student's photo in any manner they wish, whether combined with other photos or text, in posters, brochures, fliers, congregational bulletin inserts, on web sites. I understand that the use of my child's name is not part of the permission granted.

I understand that both the web sites and the publications may have a large audience and that my child's photo will be available to the public generally. I further understand that Cross & Crown School assume no liability or responsibility whatsoever concerning any consequences of such use, and that there will be no financial compensation for the use of such photo(s).

Signed: \_\_\_\_\_  
(Parent/Legal Guardian) (Date)

## PERSONAL INFORMATION RELEASE

Your information will never be given to anyone outside of these without your expressed permission.

I agree to release my name, address, phone, email address for the following purposes:

PTO Directory \_\_\_\_\_  
Class lists \_\_\_\_\_

I do NOT want any of my personal information released.  
It is for school office/emergency use only:(please initial) \_\_\_\_\_

## Acknowledgement

I understand that any publication of Cross & Crown School that includes contact information is available only for school purposes. I hereby agree that I will not use this information for anything but school business. This includes, but is not limited to, solicitation or marketing of products or services, business opportunities; distribution of any political, religious, or any other non-school related information; forwarding or any other distribution of e-mail.

Signed: \_\_\_\_\_  
(Parent/Legal Guardian) (Date)

## **EXTENDED DAY COMMITMENT**

All students enrolled in Cross & Crown School are automatically enrolled in the Extended Day program. It is available for use when needed. There is no charge if Extended Day is not used.

We agree to make our **Extended Day payments on the 1<sup>st</sup> day of each week**, and abide by the following payment policies. **(Payments received after the 3<sup>rd</sup> day of the week will be subject to a \$10 late fee.** If over due payments are not received by the 1<sup>st</sup> day of the following week your child will not be allowed to remain in Extended Day. This policy will be in force until such payments are brought current.)

## **STATEMENT OF COMMITMENT**

We, as parents/guardians are accepting the challenge to “train up a child in the way he should go”, and will carry on this training in our home. We promise that our home will be a secure haven of safety, free from harmful influences.

We will work closely and cooperatively with teachers and administrators to aid in our child’s education and to solve any school-related problems.

We understand and agree that the Administration of CCS has the responsibility and freedom to determine when it is in the student’s and/or school’s best interest for a student to withdraw.

We understand and agree that CCS has the authority to train and discipline our child as necessary according to the procedures laid out in the parent/student handbook. This includes the right to suspend or expel the student if necessary.

We understand and agree that official acceptance is based on review of transcripts, personal interview results, pre-enrollment testing if necessary (at the parent’s expense), and availability of enrollment space.

We agree to make our tuition payments by the 1<sup>st</sup> day of each month, July 2011 through April 2012, and abide by the following payment policies. **(Payments received after the 5<sup>th</sup> day of the month will be subject to a \$20 late fee. Payments after the 10<sup>th</sup> of the month will be subject to a \$40 late fee.** If over due payments are not received by the 1<sup>st</sup> day of the following month your child will not be allowed to attend class. This policy will be in force until such payments are brought current.)

We will read and abide by all policies stated in the parent/student handbook.

We understand and agree that enrollment at CCS is a privilege, not a right; and pledge further that, should our child be accepted as a student in the school, we will do everything possible to have our child complete the entire academic year, realizing that another student and family have been denied this privilege as a result of our enrollment.

We understand that tuition does not cover all the expenses of the school and the school needs volunteer support and an active Parent Teacher Organization. Therefore, we agree to donate 8 hours per semester to volunteer at the school. Volunteer efforts can be through the PTO, the faculty, and/or the administration.

We understand and agree that if, despite our efforts to the contrary, our child is unable to complete the 2011-2012 school year **all prior tuition payments, application fees, and registration fees are non-refundable**. We understand that once a semester begins, all tuition payments are due for that full semester even if our child is unable to complete the full semester. (Life situations, such as job loss, relocation, sickness, or similar circumstances beyond your control will be considered.)

**Please Remember:**

Submission of this form does NOT guarantee acceptance. You will be notified by letter of the decision.

Parents are responsible to keep the office informed of any change of address, phone numbers, employer information, and emergency contacts.

We, as parents/guardian of the student applicant, sincerely give our pledge to all items as stated above, and affix our signature as a witness to that fact.

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

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

**Make checks payable to “Cross & Crown School”.**  
**Registration fees are non-refundable!**