



MUST BE SIGNED BY SCHOOL OFFICIAL
Received in School Office: _____
Date: _____ **Time:** _____
JB:REGISTRATIONFORMS/2011-2012 APPLICATION-RE-ENROLLMENT.DOC

APPLICATION FOR RE-ENROLLMENT

Student name: _____

Grade entering for 2011-2012 school year: _____

- CAMPUS PREFERENCE: Bellevue Lynnwood
(please check one) Bothell Martha Lake
 Everett Mountlake Terrace

Parental Commitment:

- We invest authority in Cedar Park Christian Schools ("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*)
- We hereby agree to support school functions and to attend parent meetings when offered.
- We agree that in case of questions or complaints, communication will be directed only to the school staff or personnel involved. (*Matthew 18*)
- 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.
- We agree to pay the tuition according to the payment schedule in the Financial Agreement. We understand that report cards, transcripts, and diplomas will be withheld if the required payments are not made.
- We agree to support all of the school's standards, including dress guidelines.

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 applicable federal and state disability laws (as applicable to the School), and 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.

SIGNATURES OF BOTH PARENTS, or LEGAL GUARDIANS ARE REQUIRED:

Signature of Parent or Legal Guardian *Date*

Signature of Parent or Legal Guardian *Date*

Important:

- Tuition must be current before the re-enrollment process may begin.
- To qualify for the PRIORITY REGISTRATION DISCOUNT, all Re-Enrollment Forms must be delivered to the School Office no later than 3:30 p.m. on Friday, February 11, 2011. (See Tuition and Fee Schedule)
- All forms must be completed – incomplete packets will not be accepted.
- Be sure to sign all of the enclosures (both parents, or legal guardians, must sign).
- Please make any necessary corrections in red ink if possible to streamline the data entry process.
- Please include your check for registration fees and a separate check for any outstanding tuition.
- Students will not be allowed to attend school until a current IMMUNIZATION CERTIFICATE is received in the School Office, if applicable.

**** REMINDER: ANY TIME YOUR STUDENT RECEIVES AN IMMUNIZATION, PLEASE PROVIDE THE INFORMATION TO THE SCHOOL OFFICE. ****

IMMUNIZATION REMINDERS:

- | | |
|--|---|
| <ul style="list-style-type: none"> ➤ Preschool entrance: 4-5 DTP/DT; 3 Polio; 4 Hib; 1 MMR; 3 Hep B, and 1 Varicella ➤ Kindergarten entrance and above: all of the preschool requirements and 1 Varicella booster, 1 MMR booster | <ul style="list-style-type: none"> ➤ 6th grade varicella (chicken pox) date of immunization or disease ➤ 6th, 7th, 8th, 9th & 10th grade (11+) must have tetanus-containing booster if it has been 5 years since the last dose of tetanus vaccine ➤ All students preschool through 12th grade must have 3 Hep B |
|--|---|

Please list the **name of your employer** in the space provided below and verify that your work number and your occupation are correct on the attached STUDENT PROFILE. Also please indicate the preferred e-mail address to receive school correspondence. **Please print clearly.**

Employer: Father/Guardian:	Employer: Mother/Guardian
Father's email: <input type="checkbox"/> Use for school correspondence	Mother's email: <input type="checkbox"/> Use for school correspondence

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

IMPORTANT: Attached is the School's information regarding your student and family. Please check ALL items for accuracy and make any necessary changes. *(Please Note: If family cell telephone numbers are not listed on the attached STUDENT PROFILE, please list on the bottom of the form. All phone numbers must include area codes.)*

Please complete the information below only if there are changes:

New or updated immunizations: _____

New regular medications not listed in the attached STUDENT PROFILE: _____

Allergies (drug or other) not listed in the attached STUDENT PROFILE: _____

Is your child currently under a physician's care? (please explain): _____

Are there any new health conditions we should be aware of? _____

Are any of the allergies or medical conditions LIFE THREATENING? Yes No *Explain:* _____

Immediate family member(s) **NOT AUTHORIZED** to pick up child from school: _____ Relationship: _____

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 (Note: Without legal documentation, this cannot be enforced.)

Name: _____ Home phone: () _____ Work phone: () _____

Address: _____ City, State, Zip: _____

Occupation: _____ Employer: _____ E-mail Address: _____