

## APPLICATION INSTRUCTIONS FOR NEW STUDENTS

### New Student Registration Checklist:

Please complete all forms and return to the school office.

- New Student Enrollment Application (FORM 1)
- Christian Commitment Form (one per student) (FORM 2)
- Emergency/Contact Information Card (one per student) (FORM 3)
- New Student Questionnaire (one per student, grades K-12) (FORM 4)
- Personal Reference Forms (Pastor, Principal, Teacher) (one each per student) (FORM 5,6,7)
- EDM Commitment Form (K-8 if needed, one per student) (FORM 9)
- Report cards from entire past year. An official transcript is needed for high school students. (one per student)
- A copy of the latest Stanford Achievement Test (SAT) or STAR Testing (If the student has not been tested, Capital Christian School will administer the test for elementary (K-5) for a fee of \$25).
- A copy of your child's Certificate of Live Birth (hospital certificate is not acceptable) (one per student)
- Immunization record with doctor's signature or stamp (Immunizations must be current) (one per student)
- Verification of physical custody, if applicable (guardianship, foster care, etc.)
- \$25 non-refundable application fee

### Interview:

Upon receipt of your enrollment application form and \$25 application fee, the school will contact you to schedule an interview. Parent(s)/guardian(s) must attend the interview. For grades 6-12, the student must attend the interview with his/her parent(s)/guardian(s).

### Acceptance will be determined by:

- Parents'/guardians' and student's agreement with the Christian philosophy of the school.
- Parents'/guardians' regular church attendance.
- Parents'/guardians' and student's agreement with school policies.
- Student's grades and evaluation.
- Student's attitude and behavior record.
- Student's willingness to apply himself/herself to the academic program.

### Student Fees: (per student)

Applications received by the last business day of March with \$25 application fee:

- At the time of acceptance, \$215 registration fee per student must be paid to complete enrollment.

Applications received after the last business day of March with \$25 application fee:

- At the time of acceptance, \$265 registration fee per student must be paid to complete enrollment.

Applications received after the first business day of August with \$25 application fee:

- At the time of acceptance, \$265 registration fee per student, plus the first month's tuition must be paid to complete enrollment.

### All fees are non-refundable

School offices will make photocopies of application documents upon request.



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

Grade Entering: \_\_\_\_\_

## NEW STUDENT ENROLLMENT APPLICATION

Application for:

For Office Use Only

\_\_\_ Elementary (K-5)

\_\_\_ Middle School (6-8)

\_\_\_ High School (9-12)

<b>Date of Application</b> _____/_____/_____
<b>Date of Interview</b> _____/_____/_____
<b>Application Fee Paid</b> _____ <b>Ck #</b> _____
<b>Accepted</b> _____ <b>Declined</b> _____
<b>Grade/Teacher</b> _____
<b>Testing Fee Paid (K-5)</b> _____

Applying for Grade: \_\_\_\_\_ Applying to Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Full Legal Name: \_\_\_\_\_  
Last First Middle

Name Student Uses: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Name of Step/Father/Guardian: \_\_\_\_\_ Deceased: \_\_\_ Divorced: \_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Living with Child? Yes: \_\_\_ No: \_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Name of Firm Location

Name of Step/Mother/Guardian: \_\_\_\_\_ Deceased: \_\_\_ Divorced: \_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Living with Child? Yes: \_\_\_ No: \_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Name of Firm Location

Other Children Living at Home		
Name	Birthdate	School Attending

Schools Previously Attended			
School Name:			
Complete Address (with zip code):			
District:			
Dates Attended:			
Grade(s) Attended:			





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

Grade Entering: \_\_\_\_\_

## CHRISTIAN COMMITMENT FORM

Capital Christian School (CCS) is a Christian school with a discipleship emphasis. CCS is interested in maintaining a partnership with our parents regarding the standards and criteria of a Christian learning structure that involves the entire family. This is supported by the school philosophy, as stated below:

### School Philosophy

Capital Christian School shall have high spiritual and academic standards and shall include the development of the whole person spiritually, mentally, socially, physically and emotionally. Emphasis is placed on learning about God and the truths of God's Word in relationship to man and his world; recognizing that the way to God comes through personal faith in Jesus Christ; and Christian maturity comes by application of the truths of the Bible in all areas of life. In its approach to spiritual matters, the school shall be consistent with Capital Christian Center and the General Council of the Assemblies of God, but shall also be respectful of and sensitive to the teachings of other evangelical denominations.

All individuals are expected to conduct themselves in a way that will not raise questions regarding their Christian testimonies. A Christian lifestyle should reflect the biblical perspective of integrity and appropriate personal and family relationships, conduct and moral behavior, along with regular attendance/and involvement in a church. In the application of the biblical standard of moral conduct, CCS believes that biblical marriage is limited to a covenant relationship between a man and a woman.

The decisions made by CCS, on behalf of its employees and students, will be made within the framework of the Bible and our understanding of its application to our lives. It is the goal of Capital Christian School that each employee and student will have a lifestyle where "...He might have the preeminence." *Colossians 1:18*

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Student Name-----  
Grade

### Church Information (Please Print)

-----  
Church Name-----  
Church Phone Number-----  
Address-----  
Pastor's Name-----  
City, State, Zip

I have completed the above information and agree that it is true and accurate. I agree with Capital Christian School's philosophy of training and disciplining students as Christians and will support this growth in the life of my child. By my signature below, I affirm my support of Capital Christian School.

-----  
Step/Mother/Guardian (Signature)-----  
Date-----  
Step/Father/Guardian (Signature)-----  
Date



**HEALTH INFORMATION**

**DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR ALLERGIES? (Please Check One)  YES  NO** If yes, please check all that apply.

ADD/ADHD    Asthma    Bee Sting    Diabetes    Hearing Loss    Heart Condition    Migraines    Severe Allergy/Anaphylaxis    Other \_\_\_\_\_ Describe \_\_\_\_\_

Does your child need medication at SCHOOL?  Yes  No (If yes, see below\*) List medication(s) at school: \_\_\_\_\_

Medication at HOME?  Yes  No List medication(s) at home: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Eyes:  Glasses    Contacts

**MEDICAL INSURANCE INFORMATION**

Insurer	Group #	I.D.#
Physician	Address	Phone
Dentist	Address	Phone
Hospital(s) Preferred		

• The parent/guardian is responsible for keeping the school informed of updates or changes to the student's emergency and health information. The school shall be notified, in writing, of telephone or address changes within three (3) days of the occurrence\*. If the school is unable to reach anyone on this card in an emergency, or if a student is left unattended during non-school hours, the school may contact law enforcement or Child Protective Services.

• I give my permission for my child to take part in all school activities including sports and school-sponsored trips away from the school premises. If it should become necessary for my child to receive medical treatment for any reason during any of these activities, I authorize school personnel to make arrangements for my child to receive medical care, including transportation. I understand that my medical insurance acts in a primary position and I agree to bear all costs incurred. I hereby release Capital Christian Center and its staff from any liability related to personal damage or injury. Furthermore, I take full responsibility for my child's actions and will pay for any damages caused by my child.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo/Video Release - Parent Permission**

I, \_\_\_\_\_, hereby grant permission for Capital Christian School (CCS) to photograph/videotape my son/daughter for possible use on the CCS website, promotional DVD projects, or in written publications. In addition, I grant CCS, its employees, agents, successors, licensees, and assignees, the irrevocable right and license to use the likeness of my son or daughter on photographs; to crop such photographs at their discretion; to incorporate such photographs in the above projects at their discretion; and to use such photographs or any portion thereof in any manner, including posting on the CCS website as a part of, or connected with the above projects, including any promotional materials, DVD, or other electronic format.

I agree to hold CCS, its employees, agents, successors, licensees, and assignees harmless against any liability, loss or damage resulting from the use of my child's likeness, and I hereby release and discharge any claims whatsoever in connection with such use of my child's likeness in the above projects.

I am signing this release freely and voluntarily and I am not relying on any inducements, promises, or representations made by CCS or its subcontractors, employees, or agents.

**Approval/Consent of Parent or Guardian**

Minor Child's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*California Education Code 49408 states that school districts may require that emergency information be kept current. California Education Code 49423 requires that if medications are to be taken at school, there must be a medication form on file at school annually, signed by both parent and physician.



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

Grade Entering: \_\_\_\_\_

### K – 12<sup>th</sup> GRADE NEW STUDENT QUESTIONNAIRE

(To be completed by 6<sup>th</sup>-12<sup>th</sup> student or K-5<sup>th</sup> parent prior to interview)

Student's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
last first middle

Briefly state your reasons for changing schools and wanting to enroll in Capital Christian School:

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

Have you had any discipline problems in school? Yes\_\_\_ No\_\_\_

If yes, please explain: \_\_\_\_\_

What are your most difficult subjects? \_\_\_\_\_

What are your best subjects? \_\_\_\_\_

Have you ever received any of the following? (please check if applicable)

Tutoring:	Chapter 1:	Resource:	Speech/Language:	Specialized Testing:
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If tutored, by whom and for which subject: \_\_\_\_\_

If you have received specialized testing, please describe: \_\_\_\_\_

Please list any special interests, skills or hobbies: \_\_\_\_\_

Do you practice Bible reading and prayer in your home? Yes\_\_\_ No\_\_\_

What are your personal goals for the coming year? \_\_\_\_\_

Have you made any long-range goals? Yes\_\_\_ No\_\_\_

If yes, what are those goals? \_\_\_\_\_

What do you expect to find at **Capital Christian School** that you would not find in another school? \_\_\_\_\_

\_\_\_\_\_  
Please complete the personal testimony questions on the back of this page (for 6<sup>th</sup>-12<sup>th</sup> grades only).

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

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



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

Grade Entering: \_\_\_\_\_

## 6<sup>th</sup> – 12<sup>th</sup> GRADE NEW STUDENT QUESTIONNAIRE – Page 2

### YOUR PERSONAL TESTIMONY:

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

How *old* were you and *where* were you when you asked Jesus to be your Lord and Savior? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What motivated you to make this decision to become a follower of Christ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is it your sincere desire to have Jesus be Lord of your life? \_\_\_\_\_

If so, what do you understand that to mean? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are you actively doing to pursue an ongoing relationship with God? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How has being a Christian changed you personally? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any additional comments you would like to share about how you came to know Jesus or about your relationship with Him?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

Grade Entering: \_\_\_\_\_

## CCS MIDDLE AND HIGH SCHOOL PASTOR/YOUTH PASTOR CONFIDENTIAL REFERENCE FORM

Please mail to: The appropriate Middle or High School Office, 9470 Micron Avenue, Sacramento, CA 95827

or fax to: Middle School 916-856-5950, High School 916-856-5960

[www.ccscougars.org](http://www.ccscougars.org)

Dear Pastor,

The student listed below is applying for enrollment at Capital Christian School. Your honest evaluation of this student is crucial as we prayerfully process their application. Please complete and mail or fax this confidential reference form to the appropriate office at Capital Christian School as soon as possible. Thank you for your time and effort.

**Applicant's Full Name:** \_\_\_\_\_

**Entering grade:**     6<sup>th</sup>     7<sup>th</sup>     8<sup>th</sup>     9<sup>th</sup>     10<sup>th</sup>     11<sup>th</sup>     12<sup>th</sup>

**How long have you known the applicant?**

no relationship     under 6 months     6 months – 1 year     1 - 2 years     2 - 3 years     3+ years

**In what capacity have you known the applicant?**

pastoral relationship     mentoring     limited capacity     do not have relationship with applicant

**Applicant's church involvement:**

a. On average, how many times a month does the applicant participate in church activities?

does not participate     rarely participates     2 - 3 times     4 - 6 times     7 - 9 times     10+ times

b. In what church activities is the applicant typically involved?

mid-week service     small groups     student leadership     Sunday worship service  
 fine arts     drama     missions/outreach     other \_\_\_\_\_  
 volunteerism     children's ministries     greeting/visitor team

c. As far as you know, does the applicant have a personal relationship with Jesus?

yes     no     don't know

**What level of church involvement have you observed with the applicant's parent(s) or guardian(s)?**

very involved     moderately involved     rarely involved     not involved     N/A

**Please rate the applicant in the following areas (1 = weak, 5 = very strong):**

passion for things of the Lord	1	2	3	4	5	don't know
evidence of the fruit of the Spirit	1	2	3	4	5	don't know
character and integrity	1	2	3	4	5	don't know
cooperativeness	1	2	3	4	5	don't know
manners	1	2	3	4	5	don't know
general temperament	1	2	3	4	5	don't know
socializing skills	1	2	3	4	5	don't know
leadership qualities	1	2	3	4	5	don't know

**Any additional information you would like to share:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Church Name:** \_\_\_\_\_ **Church Phone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Please turn over and complete other side if applying for CCS Elementary.)



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

Grade Entering: \_\_\_\_\_

## CCS ELEMENTARY SCHOOL PASTOR/YOUTH PASTOR REFERENCE FORM

Please mail or fax to Capital Christian School

Family Name \_\_\_\_\_

Child(ren) seeking admission to Capital Christian Elementary School:

Name \_\_\_\_\_ Grade \_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_

**Dear Pastor,**

**The above student(s) is seeking admission to Capital Christian Elementary School. The mission of our school is to offer Christian families an exemplary education based on Biblical values, equipping students to be lifetime followers of Jesus Christ. This family has affirmed that they are in agreement with our Statement of Faith Christian Commitment form.**

**Would you please take a few moments to complete this confidential pastoral reference as it pertains to this family? Please return the form to us by mail or fax as soon as possible. The admission process cannot continue until this form is received. All responses will be completely confidential.**

Regularly attend your church:  both parents  father only  mother only  neither parent

The above-mentioned family has demonstrated:

1. PERSONAL RELATIONSHIP TO GOD:  
 evident and beyond question  growth is evident  no evidence of commitment
2. CHURCH ATTENDANCE:  
 faithful and regular  occasional  infrequent  never
3. CHURCH RELATIONSHIP:  
 members in good standing  not members, but exhibit commitment  not supportive
4. Is this family active in your church beyond weekly church attendance?  Yes  No

Please describe: \_\_\_\_\_

5. Are the above-mentioned child(ren) active in the Sunday school and/or the youth program of the church?

Yes  No

6. Do you consider the child(ren) open to spiritual instruction?  Yes  No

7. How long have you known the applicant and his/her family? \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Name of Church \_\_\_\_\_ Church Phone \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please mail to:** Elementary School Office, 9470 Micron Avenue, Sacramento, CA 95827

**or fax to:** Elementary 916-856-5609

**[www.ccscougars.org](http://www.ccscougars.org)**



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

Grade Entering: \_\_\_\_\_

## TEACHER REFERENCE FORM

(To be completed by a present or recent teacher of the student)

Applying for grade \_\_\_\_\_

\_\_\_\_\_ is applying for admission to Capital Christian School. In order for us to properly evaluate the applicant, please answer the following questions to the best of your knowledge. Your comments will be held in strict confidence.

How long have you known the applicant? \_\_\_\_\_

Do you know of any honors or unusual achievements received by the applicant?

If so, please list them: \_\_\_\_\_

Do you know of any illness or handicap, physical or emotional, which might limit the applicant's participation in the full-range of school activities?

If so, please comment: \_\_\_\_\_

*(Please place a check in the appropriate box after each statement)*

How much supervision do you think the applicant needs?

Constant:	Frequent:	Occasional:	Minimal:
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Among students you have known, how would you rank the applicant academically?

Upper 10%:	Upper 25%:	Average:	Lower 25%:	Lower 10%:
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How would you rank the applicant in each of these areas?

	Superior	Good	Average	Poor
General Personality				
Character and Integrity				
Emotional Stability				
Manners				
Sociability				
Cooperativeness				
Leadership Qualities				

What are the applicant's primary interests?

Artistic:	Intellectual:	Religious:	Athletic:	Literary:	Scientific:	Drama:	Musical:	Social:
Other (Please Specify): _____								

Please make any additional comments you feel might be of interest or value: \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

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

Name of School \_\_\_\_\_ Phone # \_\_\_\_\_

**Please mail to:** The appropriate Elementary, Middle or High School Office, 9470 Micron Avenue, Sacramento, CA 95827  
**or fax to:** Elementary 916-856-5609, Middle School 916-856-5950, High School 916-856-5960

[www.ccscougars.org](http://www.ccscougars.org)



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

Grade Entering: \_\_\_\_\_

## PRINCIPAL/COUNSELOR REFERENCE FORM

(To be completed by a present principal/counselor of the student)

Applying for grade \_\_\_\_\_

\_\_\_\_\_ is applying for admission to Capital Christian School. In order for us to properly evaluate the applicant, please answer the following questions to the best of your knowledge. Your comments will be held in strict confidence.

How long have you known the applicant? \_\_\_\_\_

Do you know of any honors or unusual achievements received by the applicant?

If so, please list them: \_\_\_\_\_

Do you know of any illness or handicap, physical or emotional, which might limit the applicant's participation in the full-range of school activities?

If so, please comment: \_\_\_\_\_

*(Please place a check in the appropriate box after each statement)*

How much supervision do you think the applicant needs?

Constant:	Frequent:	Occasional:	Minimal:
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Among students you have known, how would you rank the applicant academically?

Upper 10%:	Upper 25%:	Average:	Lower 25%:	Lower 10%:
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How would you rank the applicant in each of these areas?

	Superior	Good	Average	Poor
General Personality				
Character and Integrity				
Emotional Stability				
Manners				
Sociability				
Cooperativeness				
Leadership Qualities				

What are the applicant's primary interests?

Artistic:	Intellectual:	Religious:	Athletic:	Literary:	Scientific:	Drama:	Musical:	Social:
Other (Please Specify): _____								

Please make any additional comments you feel might be of interest or value: \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

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

Name of School \_\_\_\_\_ Phone # \_\_\_\_\_

**Please mail to:** The appropriate Elementary, Middle or High School Office, 9470 Micron Avenue, Sacramento, CA 95827  
**or fax to:** Elementary 916-856-5609, Middle School 916-856-5950, High School 916-856-5960

[www.ccscougars.org](http://www.ccscougars.org)



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

Grade Entering: \_\_\_\_\_

Phone: \_\_\_\_\_

## ATHLETIC DEPARTMENT QUESTIONNAIRE FOR NEW/RETURNING STUDENTS

**HIGH SCHOOL**

**FALL**

- (Boys) Football
- (Girls) Volleyball
- (Boys) Soccer
- (Girls) Golf
- (Coed) Cross Country
- (Coed) Cheer\*

**WINTER**

- (Boys) Basketball
- (Girls) Basketball
- Wrestling
- Ski/Snowboard
- Colorguard

**SPRING**

- (Boys) Baseball
- (Girls) Softball
- (Coed) Track
- (Girls) Soccer
- (Boys) Golf
- Swimming/Diving
- (Boys) Volleyball
- (Coed) Tennis

**MIDDLE SCHOOL**

**FALL**

- (Girls) Volleyball
- (Boys) Soccer
- (Boys) Tackle Football
- Cheer\*

**EARLY WINTER**

- (Boys) Basketball
- (Girls) Soccer

**LATE WINTER**

- (Coed) Wrestling
- (Girls) Basketball

**SPRING**

- (Coed) Track

\*Cheer tryouts in Spring of previous year – MS Cheer continues through Early Winter, HS Cheer continues through Winter season.

**ELEMENTARY SCHOOL**

**FALL**

- Jr. Cougar Football
- Jr. Cougar Cheer

**SPRING**

- Jr. Cougar Basketball

1. Did you participate in school sports last year?      Yes \_\_\_\_\_ No \_\_\_\_\_

    If yes, what school? \_\_\_\_\_

2. What sports? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

3. Date of completed application to our school: \_\_\_\_\_

**Any questions about eligibility please call the Athletic Office: 856-5618 ext. 6**

**GO COUGARS!**

*CCS School Office: Please return this form to the Athletic Department*

**Please mail to:** CCS Athletics, 9470 Micron Avenue, Sacramento, CA 95827  
**call:** 916-856-5618 **fax to:** 916-856-5908 **email:** [suzanne@ccconline.cc](mailto:suzanne@ccconline.cc)  
[www.ccscougars.org](http://www.ccscougars.org)



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

Grade Entering: \_\_\_\_\_

## Extended Day Ministries (E.D.M.) K - 8 E.D.M. PARENT COMMITMENT FORM

**HOURS:** 7:00-8:00am & 3:00-6:00pm

**FEES:**

- § Full-time (more than 10 days) - \$150 per month, billed September-May
- § Emergency use (up to 10 days per month) - \$15 per day, billed August-May
- § Monthly fees are to be mailed or brought to the tuition/billing office.

**SUMMARY OF POLICIES:**

- § The elementary E.D.M. room (A24) has a computerized check in/out system. Every adult responsible for checking a child in or out must choose a four-digit security code and keep it on file in the E.D.M. office.
- § Middle School (MS) students will sign themselves in and a responsible adult must sign them out. MS students may sign themselves out if the MS E.D.M. coordinator has a signed letter on file from the responsible adult stating the time the student can be released.
- § Students dropped off before 8:00am without being checked in will be billed an additional \$2 fee per occurrence.
- § Students not picked up from school by 3:15pm will automatically be checked into the E.D.M. program. Students that are picked up from school AND checked out before 3:30pm will not be charged. Students must be properly checked out or you will be billed.
- § If a student is not picked up by 6:00pm, a \$1 charge, per child, PER MINUTE (or portion of a minute thereafter), will be assessed. The E.D.M. clock will be used to determine the exact time.
- § Students will only be released to persons listed on the emergency card (be prepared to show valid I.D. upon request).
- § Middle School Athletes - E.D.M. services will be provided before and after a practice or game at no charge **only** during the athlete's season of participation. This provision applies **only** to scheduled practice or game days.

**WITHDRAWALS:**

- § *Two-week written notification is required for withdrawal of student(s).* The parent responsible for the account must complete a written withdrawal form to withdraw a child.

**THE UNDERSIGNED AGREE TO:**

- § Abide by all E.D.M. policies.
- § Cooperate with the E.D.M. Director and staff and be supportive of the program.
- § Check student(s) in and/or out daily.
- § Meet with the E.D.M. Director if your student's behavior is unacceptable.
- § Understand that removal from the E.D.M. program is an option for unacceptable behavior.
- § Be responsible for all fees and monthly charges (full/emergency) even if daycare has not been utilized as originally indicated.

*This form must be signed & returned to the E.D.M. office before your student(s) attend the program.*

Father's/Guardian's Signature	Four-Digit Code	Mother's/Guardian's Signature	Four-Digit Code
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Address	City	State	Zip Code
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Child's Name: _____	Grade: _____	Please Circle One: Full-time E.D.M.	Part-time E.D.M.
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Child's Name: _____	Grade: _____	Please Circle One: Full-time E.D.M.	Part-time E.D.M.
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Child's Name: _____	Grade: _____	Please Circle One: Full-time E.D.M.	Part-time E.D.M.
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Child's Name: _____	Grade: _____	Please Circle One: Full-time E.D.M.	Part-time E.D.M.
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