

Family Information

2020-2021



(version 2.12.20)

Date: _____

Family Last Name: _____

Father Stepfather Guardian

Mother Stepmother Guardian

First Last

Living with child? Yes No

Home Address _____

City _____ State _____ Zip _____

First Last

Living with child? Yes No

Home Address _____

City _____ State _____ Zip _____

**Call First
(X)**

Cell Phone		
Work Phone		
Home Phone		

**Call First
(X)**

Cell Phone		
Work Phone		
Home Phone		

E-Mail Address: _____

Occupation _____

Employer _____

Work Address _____

City _____ State _____ Zip _____

Work Phone (____) _____

Educational Background — Major: _____

Minor: _____

E-Mail Address: _____

Occupation _____

Employer _____

Work Address _____

City _____ State _____ Zip _____

Work Phone (____) _____

Educational Background — Major: _____

Minor: _____

Yes, include my personal information in the school directory

Home number

Cell number

Mailing address

Email address

No, don't include any information in the school directory

Yes, include my personal information in the school directory

Home number

Cell number

Mailing address

Email address

No, don't include any information in the school directory

How did you hear about Crosshill Christian School? Internet Friend Other _____

Have you applied or will you be applying to any other schools this year? Yes No

Spiritual Background

What church does your family attend? _____

Number of years _____ Are you a member? Yes No

Please check all that apply:

- The family attends church regularly
- The applicant attends church regularly
- The family is currently looking for a church
- The family does not attend church

Please give the name of a pastor, Sunday School teacher, or other church leader who is familiar with your family.

Name _____ Phone number (____) _____

Address _____ City _____ State _____ Zip _____

We hereby certify that the information provided on this application is true and given with no reservations.

Father / Guardian Signature

Date

Mother / Guardian Signature

Date

All information provided in this application will remain confidential.

Crosshill Christian School does not discriminate against any person because of race, color, national or ethnic origin, gender, age or qualified disability.

Student Information #1

2020-2021



Name _____ Name used _____
Last First MI

Date of Birth _____ Place of Birth _____ Boy Girl

ACADEMIC AND CONDUCT HISTORY

Current school _____ Enrolled in grade _____ Grade level applying for _____

School address _____

City _____ State _____ Zip _____ Phone _____

Circle grades attended at CCS: Pre3 Pre4 K 1 2 3 4 5 6 7 8 9 10 11

Student's grades have been: Superior Above Average Average Below Average

Student has (check if appropriate):

Been placed in advanced classes (List Classes: _____)

Repeated a grade (Grade _____) Had disciplinary difficulty Had extended absences from school Been suspended or expelled

Skipped a grade (Grade _____) Been refused admission to another school Received testing or counseling by a psychologist, diagnostician, or family counselor

(NOTE: Please submit copies of test results or consultation reports with application)

Please indicate any special talents, areas of interest, honors received, difficulties, or any other additional information which would help us know and serve the student better.

STUDENT SAFETY

The following individuals may be contacted if neither mother nor father can be reached. They are authorized to pick up and deliver my children to CCS.

Name #1 _____ Phone _____

Relationship _____ Description - Age _____ Hair Color _____

Name #2 _____ Phone _____

Relationship _____ Description - Age _____ Hair Color _____

Name #3 _____ Phone _____

Relationship _____ Description - Age _____ Hair Color _____

Is there anyone who poses a special threat to your child(ren)'s safety?

If there is a court order prohibiting contact, we need a copy on file.

Name _____ Description - (Age, Hair, Eyes, etc.) _____

IMMUNIZATION RECORDS

According to Oregon State Law, CCS must have updated immunization records on each student. This information must be on a Certification of Immunization Status form that is validated by the parent's signature. Please be sure to have this information up-to-date and in the school records **by the first day of classes** so that your child will be able to attend school. For information regarding the latest requirements, contact the school office at (503)391-9082.

MEDICAL AND HEALTH INFORMATION

Please check any of the following that your child is currently or has previously experienced:

- Allergic reactions Diabetes A.D.H.D. Headaches Seizures
- Asthma Epilepsy A.D.D. Nosebleeds Stomach aches
- Vision difficulties Hearing difficulties Other _____

Please explain treatment for each one checked: _____

If other problems exist, please explain: _____

List any prescription medication your child takes on a regular basis: _____

CCS cannot administer ANY medication without a doctor's note. Over the counter medication must include a signed note from the parent/guardian with detailed instructions for administering it.

Will it be necessary for the school to be involved in the administration of this medication? yes no

I authorize Crosshill Christian School faculty/staff to administer medications as directed by a doctor's note. yes no

AGREEMENT OF PHILOSOPHY & POLICY - I / We have read the entire Crosshill Christian School handbook and have read it to and/or discussed it with our child(ren) and agree to support the school staff and the policies outlined in this handbook. We fully endorse the Christian philosophy of education which is pre-eminent and foundational to all teaching my child(ren) will receive at Crosshill Christian School. The school reserves the right, within its sole discretion, to refuse admission of an applicant if the home environment appears counter to the school's mission and values.

PROFESSIONAL CARE

In an emergency, if the parent or designated physician cannot be reached, I do I do not authorize the school to obtain medical services for my child.

Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Address _____

Family Dentist _____ Phone _____

Address _____

Hospital Preference _____

Parent Signature

Date

Parent Signature

Date

If you do not have insurance coverage, please read and sign the following:

We do not have insurance coverage and will not hold Crosshill Christian School nor its insurance carrier liable for any accidents occurring in connection with its operations.

Signature

Date

Student Participation Form #1

(Form valid through graduation year)



Student Last Name Student First Name DOB Graduation Year

1. I, the undersigned, do hereby give my permission for said student to travel to and from and participate in **all school-sponsored events, activities, sports, Christian service, field trips, and use of the computer lab.**
2. I release Crosshill Christian School from liability and/or financial obligation for any injury that may occur during participation in such activities.
3. I understand that any additional fees related to the activity must be paid prior to the event in order for the student to participate.
4. I also understand that I will be held responsible for any damage to or loss of property caused by said student, including equipment owned and issued by Crosshill Christian School.
5. I acknowledge that all medical forms on file are current and valid. I will update the school office in the event of any changes.
6. I give permission for my child to be assigned a CCS Google Apps for Education account. (For students in 7-12 grade)

Medical Release: I, the undersigned, do hereby authorize officials of Crosshill Christian School to contact the persons named on this form, and do authorize physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons or parent cannot be contacted, or this form has not been completed by the undersigned, Crosshill Christian School office officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the aforesaid child. I will **NOT** hold Crosshill Christian School financially responsible for the emergency care and/or transportation for said child.

Approved Hospital for Emergency Transport: _____

Approved Medications & Dosage: _____ Ibuprofen

Any Medical Alerts (i.e. allergies, conditions): _____

Does anyone pose a threat to this student? Name _____ Description _____

I have read and fully understand the above agreement and agree to abide by its conditions.

Parent/Guardian Name Cell Phone # Home# Date

Parent/Guardian Name Cell Phone # Home# Date

Emergency Contact Name Cell Phone # Home # Date

Student Information #2

2020-2021



Name _____ Name used _____
Last First MI

Date of Birth _____ Place of Birth _____ Boy Girl

ACADEMIC AND CONDUCT HISTORY

Current school _____ Enrolled in grade _____ Grade level applying for _____

School address _____

City _____ State _____ Zip _____ Phone _____

Circle grades attended at CCS: Pre3 Pre4 K 1 2 3 4 5 6 7 8 9 10 11

Student's grades have been: Superior Above Average Average Below Average

Student has (check if appropriate):

Been placed in advanced classes (List Classes: _____)

Repeated a grade (Grade _____) Had disciplinary difficulty Had extended absences from school Been suspended or expelled

Skipped a grade (Grade _____) Been refused admission to another school Received testing or counseling by a psychologist,

diagnostician, or family counselor

(NOTE: Please submit copies of test results or consultation reports with application)

Please indicate any special talents, areas of interest, honors received, difficulties, or any other additional information which would help us know and serve the student better.

STUDENT SAFETY

The following individuals may be contacted if neither mother nor father can be reached. They are authorized to pick up and deliver my children to CCS.

Name #1 _____ Phone _____

Relationship _____ Description - Age _____ Hair Color _____

Name #2 _____ Phone _____

Relationship _____ Description - Age _____ Hair Color _____

Name #3 _____ Phone _____

Relationship _____ Description - Age _____ Hair Color _____

Is there anyone who poses a special threat to your child(ren)'s safety?

If there is a court order prohibiting contact, we need a copy on file.

Name _____ Description - (Age, Hair, Eyes, etc.) _____

IMMUNIZATION RECORDS

According to Oregon State Law, CCS must have updated immunization records on each student. This information must be on a Certification of Immunization Status form that is validated by the parent's signature. Please be sure to have this information up-to-date and in the school records **by the first day of classes** so that your child will be able to attend school. For information regarding the latest requirements, contact the school office at (503)391-9082.

MEDICAL AND HEALTH INFORMATION

Please check any of the following that your child is currently or has previously experienced:

- Allergic reactions Diabetes A.D.H.D. Headaches Seizures
- Asthma Epilepsy A.D.D. Nosebleeds Stomach aches
- Vision difficulties Hearing difficulties Other _____

Please explain treatment for each one checked: _____

If other problems exist, please explain: _____

List any prescription medication your child takes on a regular basis: _____

CCS cannot administer ANY medication without a doctor's note. Over the counter medication must include a signed note from the parent/guardian with detailed instructions for administering it.

Will it be necessary for the school to be involved in the administration of this medication? yes no

I authorize Crosshill Christian School faculty/staff to administer medications as directed by a doctor's note. yes no

AGREEMENT OF PHILOSOPHY & POLICY - I / We have read the entire Crosshill Christian School handbook and have read it to and/or discussed it with our child(ren) and agree to support the school staff and the policies outlined in this handbook. We fully endorse the Christian philosophy of education which is pre-eminent and foundational to all teaching my child(ren) will receive at Crosshill Christian School. The school reserves the right, within its sole discretion, to refuse admission of an applicant if the home environment appears counter to the school's mission and values.

PROFESSIONAL CARE

In an emergency, if the parent or designated physician cannot be reached, I do I do not authorize the school to obtain medical services for my child.

Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Address _____

Family Dentist _____ Phone _____

Address _____

Hospital Preference _____

Parent Signature _____

Date _____

Parent Signature _____

Date _____

If you do not have insurance coverage, please read and sign the following:

We do not have insurance coverage and will not hold Crosshill Christian School nor its insurance carrier liable for any accidents occurring in connection with its operations.

Signature _____

Date _____

Student Participation Form #2

(Form valid through graduation year)



Student Last Name Student First Name DOB Graduation Year

7. I, the undersigned, do hereby give my permission for said student to travel to and from and participate in **all school-sponsored events, activities, sports, Christian service, field trips, and use of the computer lab.**
8. I release Crosshill Christian School from liability and/or financial obligation for any injury that may occur during participation in such activities.
9. I understand that any additional fees related to the activity must be paid prior to the event in order for the student to participate.
10. I also understand that I will be held responsible for any damage to or loss of property caused by said student, including equipment owned and issued by Crosshill Christian School.
11. I acknowledge that all medical forms on file are current and valid. I will update the school office in the event of any changes.
12. I give permission for my child to be assigned a CCS Google Apps for Education account. (For students in 7-12 grade)

Medical Release: I, the undersigned, do hereby authorize officials of Crosshill Christian School to contact the persons named on this form, and do authorize physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons or parent cannot be contacted, or this form has not been completed by the undersigned, Crosshill Christian School office officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the aforesaid child. I will **NOT** hold Crosshill Christian School financially responsible for the emergency care and/or transportation for said child.

Approved Hospital for Emergency Transport: _____

Approved Medications & Dosage: _____ Ibuprofen

Any Medical Alerts (i.e. allergies, conditions): _____

Does anyone pose a threat to this student? Name _____ Description _____

I have read and fully understand the above agreement and agree to abide by its conditions.

Parent/Guardian Name Cell Phone # Home# Date

Parent/Guardian Name Cell Phone # Home# Date

Emergency Contact Name Cell Phone # Home # Date

Student Information #3

2020-2021



*Families with more than 3 children should simply print the "Student Information" and "Participation Form" in duplicate.

Name _____ Name used _____
Last First MI

Date of Birth _____ Place of Birth _____ Boy Girl

ACADEMIC AND CONDUCT HISTORY

Current school _____ Enrolled in grade _____ Grade level applying for _____

School address _____

City _____ State _____ Zip _____ Phone _____

Circle grades attended at CCS: Pre3 Pre4 K 1 2 3 4 5 6 7 8 9 10 11

Student's grades have been: Superior Above Average Average Below Average

Student has (check if appropriate):

Been placed in advanced classes (List Classes: _____)

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(NOTE: Please submit copies of test results or consultation reports with application)

Please indicate any special talents, areas of interest, honors received, difficulties, or any other additional information which would help us know and serve the student better.

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Name #2 _____ Phone _____

Relationship _____ Description - Age _____ Hair Color _____

Name #3 _____ Phone _____

Relationship _____ Description - Age _____ Hair Color _____

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If there is a court order prohibiting contact, we need a copy on file.

Name _____ Description - (Age, Hair, Eyes, etc.) _____

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- Vision difficulties Hearing difficulties Other _____

Please explain treatment for each one checked: _____

If other problems exist, please explain: _____

List any prescription medication your child takes on a regular basis: _____

CCS cannot administer ANY medication without a doctor's note. Over the counter medication must include a signed note from the parent/guardian with detailed instructions for administering it.

Will it be necessary for the school to be involved in the administration of this medication? yes no

I authorize Crosshill Christian School faculty/staff to administer medications as directed by a doctor's note. yes no

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PROFESSIONAL CARE

In an emergency, if the parent or designated physician cannot be reached, I do I do not authorize the school to obtain medical services for my child.

Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Address _____

Family Dentist _____ Phone _____

Address _____

Hospital Preference _____

Parent Signature _____

Date _____

Parent Signature _____

Date _____

If you do not have insurance coverage, please read and sign the following:

We do not have insurance coverage and will not hold Crosshill Christian School nor its insurance carrier liable for any accidents occurring in connection with its operations.

Signature _____

Date _____

Student Participation Form #3

(Form valid through graduation year)



_____/_____/_____
Student Last Name Student First Name DOB Graduation Year

- 13. I, the undersigned, do hereby give my permission for said student to travel to and from and participate in **all school-sponsored events, activities, sports, Christian service, field trips, and use of the computer lab.**
- 14. I release Crosshill Christian School from liability and/or financial obligation for any injury that may occur during participation in such activities.
- 15. I understand that any additional fees related to the activity must be paid prior to the event in order for the student to participate.
- 16. I also understand that I will be held responsible for any damage to or loss of property caused by said student, including equipment owned and issued by Crosshill Christian School.
- 17. I acknowledge that all medical forms on file are current and valid. I will update the school office in the event of any changes.
- 18. I give permission for my child to be assigned a CCS Google Apps for Education account. (For students in 7-12 grade)

Medical Release: I, the undersigned, do hereby authorize officials of Crosshill Christian School to contact the persons named on this form, and do authorize physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons or parent cannot be contacted, or this form has not been completed by the undersigned, Crosshill Christian School office officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the aforesaid child. I will **NOT** hold Crosshill Christian School financially responsible for the emergency care and/or transportation for said child.

Approved Hospital for Emergency Transport: _____

Approved Medications & Dosage: _____ Ibuprofen

Any Medical Alerts (i.e. allergies, conditions): _____

Does anyone pose a threat to this student? Name _____ Description _____

I have read and fully understand the above agreement and agree to abide by its conditions.

_____ Parent/Guardian Name	_____ Cell Phone #	_____ Home#	_____ Date
_____ Parent/Guardian Name	_____ Cell Phone #	_____ Home#	_____ Date
_____ Emergency Contact Name	_____ Cell Phone #	_____ Home #	_____ Date

Tuition Contract

2020-2021



Names and grade of all children attending Crosshill Christian School (CCS), oldest to youngest:

1) _____ Grade: _____ 2) _____ Grade: _____
3) _____ Grade: _____ 4) _____ Grade: _____

I / We the undersigned parent(s) or legal guardian of the child(ren) listed above do hereby agree to the following guidelines, terms, and conditions:

Continuous Enrollment

1. Student(s) will be considered enrolled for the following year unless written notification of non-return is received at the school by the stated deadline or the student has graduated.
 - a. The non-return deadline will be February 28th each year.
 - b. Written notification of non-return can be completed using the "Change of Enrollment Form".
 - c. The Continuous Enrollment fee* is required for every returning student and will be billed over the 3 months of March, April, and May, on the 20th or each month unless other arrangements have been approved by the Finance Office.
2. If notification of non-return is received after the February deadline, the entirety of the Continuous Enrollment fee will be surrendered as it is NON-REFUNDABLE and NON-TRANSFERABLE.
3. New students from current families will need to fill out a New Student Application before February 28th, and the New Student Application fee will be added to your Sycamore account.
4. The payment plan selected will continue in future years unless the family notifies the Finance Office that they would like to select a different option.
5. Any unpaid year-end balances; i.e. tuition, book damage fee, unreturned library books, milk/juice/lunch charges, etc. will need to be paid in full in order for students to be allowed to start school or fall athletics the next school year.

Tuition Payment

I / We understand that unless paid in advance no later than June 20, 2020, tuition payments are due and payable in 11 installments (a one-time annual service fee of \$45.00 will be assessed) beginning July 20, 2020 with final payment on May 20, 2021*. If tuition is not paid on time, a late notice will be sent and a late fee will be billed to the account by the CCS Finance Office. If an account becomes more than one month past due, I understand that my child(ren) will be dismissed from school until the balance is paid or satisfactory arrangements have been established. A Returned Payment Fee of \$30.00 will be assessed in the event your check or online payment is returned to CCS as NSF.

*The annual service fee, Continuous Enrollment and Tuition payments will be executed by the Finance Office not the families.

Withdrawal Notice

I/We agree that should I need to withdraw my child(ren), whether before the school year begins or during the year, I will notify the school by completing a Change of Enrollment Status form which will be effective when such notice is delivered to the school office. I understand that if I withdraw my child, the application fee is non-refundable even if course offerings change. If I submit a Change of Enrollment Status after August 1st, I understand I will be financially responsible for 30 days of tuition after the Change of Enrollment Status was delivered to the school office, including each month's tuition during the period my child(ren) was/were enrolled in classes.

Consent for Photos/Likeness Usage

I/We give permission for my child(ren)'s photographs and likeness to be included in composite class pictures, school publications and advertising, social media and on videos of school productions/activities. *(More on back)*

Attendance

I/We agree to cooperate with Crosshill Christian School by seeing that my child is PUNCTUAL and REGULAR in attendance.

Transportation Permission

I/We give permission for my child(ren) to take part in all school activities, including school-sponsored trips away from school premises but under school supervision, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. I understand that Crosshill Christian School is not liable for accidents or injury due to children traveling in carpools to and from school or field trips.

Medical

I/We give the school permission, in case of emergency, to provide or obtain appropriate medical help for my child.

Academic

I/We agree to help my child with homework when necessary and cooperate with the academic goals of the school. It is the aim of Crosshill Christian School to see each child reach his/her maximum potential in academic achievement and to experience consistent progressive growth in all areas of learning. Therefore, I agree if my child, through lack of effort on his/her part and/or through learning difficulties does not maintain satisfactory progress, it may be necessary to place such students on academic probation so that the school and I may closely evaluate and monitor their efforts and progress. If these efforts are unsuccessful, the student may be required to withdraw from CCS.

Cooperation

I/We agree to have a cooperative spirit and promote unity by supporting school staff and programs as a condition to continue at Crosshill Christian School.

IN AGREEMENT WHEREOF, the parties hereto have signed this contract on the ____ day of _____, _____.

PARENTS:

Father/Guardian Signature

Mother/Guardian's Signature

Print name of Father/Guardian

Print name of Mother/Guardian

Financially Responsible Party(ies) (if not parents/guardians)

Print name of Financially Responsible Party(ies)



<p>Keizer Campus 2105 Keizer Rd NE Keizer OR 97303</p>	<p>✉ keizer@crosshillchristian.com ☎ 503.566.8520 ☎ 503.304.2014 Fax</p>
<p>South Campus 2707 Maranatha Ct SE Turner OR 97392</p>	<p>✉ info@crosshillchristian.com ☎ 503.391.9082 ☎ 503.378.0507 Fax</p>