

# CLINTON CHRISTIAN SCHOOL

61763 CR 35 ♦ Goshen, IN ♦ 46528

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## Application For Admission Preschool/Pre-K

**Preschool Program:** Tuesday/Thursday from 8:00 AM to 10:45 AM.  
Child must be 3 by August 1<sup>st</sup>. A min. of 6 must enroll to offer the class.  
Enrollment fee will be refunded if class does not open.

**Pre-Kindergarten Program:** Monday/Wednesday/Friday from 8:00-11:30 AM.  
Child must be 4 by August 1<sup>st</sup>. An afternoon session MAY open if the morning session fills up.

**A \$60 (per family) non-refundable application fee must be submitted with this completed packet before it will be considered.**

STUDENT INFORMATION		PRE-K/PRESCHOOL?	YEAR?
STUDENT'S LEGAL LAST NAME	FIRST NAME	MIDDLE NAME	PREFERRED NAME
STUDENT'S ADDRESS	CITY	STATE	ZIP CODE
DATE OF BIRTH	AGE (BY AUGUST 1 <sup>ST</sup> )	GENDER	

CUSTODIAL PARENT/LEGAL GUARDIAN INFORMATION (WITH WHOM THE STUDENT PRIMARILY RESIDES) (MUST LIVE AT SAME ADDRESS AS LISTED ABOVE)	
FATHER'S NAME	MOTHER'S NAME
MARITAL STATUS	IF DIVORCED, WHO HAS CUSTODY FOR DECISION MAKING?
FATHER'S EMPLOYER & WORK PHONE	MOTHER'S EMPLOYER & WORK PHONE
FATHER'S CELL PHONE	MOTHER'S CELL PHONE
FATHER'S EMAIL	MOTHER'S EMAIL

SIBLINGS THAT ATTEND CCS			
NAME:	GRADE:	NAME:	GRADE:
NAME:	GRADE:	NAME:	GRADE:

CHURCH AFFILIATION/ATTENDANCE
CHURCH YOUR FAMILY/STUDENT ATTENDS:

HOW DID YOU HEAR ABOUT CLINTON?	
<input type="checkbox"/> FRIEND (PLEASE LIST): _____ <input type="checkbox"/> CCS STAFF MEMBER (PLEASE LIST): _____ <input type="checkbox"/> CCS PARENT/STUDENT (PLEASE LIST): _____	<input type="checkbox"/> ADVERTISEMENT (PLEASE CIRCLE): WFRN   PULSE FM   COUNTRY   BILLBOARD   GOSHEN NEWS   ETRUTH <input type="checkbox"/> CHURCH (PLEASE LIST): _____

EMERGENCY CONTACT INFORMATION		
EMERGENCY CONTACT NAME #1	PHONE	RELATIONSHIP TO STUDENT
EMERGENCY CONTACT NAME #1	PHONE	RELATIONSHIP TO STUDENT
DOCTOR:	PHONE:	
HOSPITAL PREFERENCE:		
MEDICAL CONDITIONS	PRESCRIPTION MEDICATIONS (DOSAGE & FREQUENCY)	ALLERGIES

Please read the following sections and initial/sign where necessary to acknowledge understanding and/or indicate agreement.

### Permission for Medical Treatment

I authorize CCS personnel to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the student at a recognized medical facility, under the general or specific supervision of a licensed physician or surgeon. I understand that this is to be used if I cannot be reached so that emergency treatment can be initiated without delay. We understand the school/teacher/coach/representative will endeavor to reach us should the nature of the injury or illness warrant it. However, we will not hold any personnel responsible if efforts to contact me (us) are unsuccessful.

\_\_\_\_\_ I give my full consent  
*parent signature* *date*

### Participation in School Activities/Field Trips

I/We give permission for my child to take part in all school activities, including sports and school-sponsored field trips away from school premises. I hereby absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. Information regarding any school-sponsored trip will be presented to parent(s)/guardian(s) by the school in advance. In the event of a medical emergency, I/we further consent to the decision made by the school or any and all of its agents to the provision of medical assistance, as indicated by my consent above in the permission for medical treatment section.

\_\_\_\_\_ I give my full consent  
*parent signature* *date*

### Non-Prescription Medical Release

I give permission for the following non-prescription medications to be administered to my child at school, if needed. Child's age will determine dosage administered.

\_\_\_\_\_ Aspirin Free Tylenol  
*initials*

\_\_\_\_\_ Ibuprofen  
*initials*

\_\_\_\_\_ Pepto-Bismol  
*initials*

### Patron Contact Information Release

Throughout the year, current CCS staff, board members, patrons, team leaders, or room moms ask for the contact information of other patrons for communication purposes. Please indicate which information we can make available to other CCS patrons.

\_\_\_\_\_ No Information  
*initials*

\_\_\_\_\_ All Information  
*initials*

\_\_\_\_\_ Phone Only  
*initials*

\_\_\_\_\_ Email Only  
*initials*

### Media Agreement

I authorize Clinton Christian School to publish/copyright all photographs in which my child appears, taken while he/she is/was enrolled. I further agree that CCS may transfer/use these photographs in any publication, website, advertisement, social media outlet, or the like, without limitations or reservations. Additionally, I agree that use of a photograph(s) does not constitute a waiver of Clinton Christian School's policies or rules; nor does continued use constitute an agreement to continue the child's enrollment.

\_\_\_\_\_ I agree  
*initials*

\_\_\_\_\_ I do not agree  
*initials*

### Parent Agreement and Commitment

- We(I) want our child to have a Christian education, and will support the school with our time, finances, and prayer.
- We(I) will uphold the school's standards, rules, and behavior expectations and expect our child to do the same.
- We(I) will review all rules, policies, and playground/equipment behavior expectations with our child prior to their attendance at Clinton Christian School.
- We(I) will support the disciplinary procedures as outlined in the handbook and in specific classrooms/areas of the school.
- We(I) understand that Clinton abides by the Biblical command to make every effort to live at peace and resolve disputes with each other in private or within the Christian Church (Matthew 18:15-20, I Corinthians 6:1-8). Therefore, we(I) agree that any claim/dispute arising from or related to this relationship shall be settled by Biblically based mediation, or if necessary, legally binding arbitration. We expressly waive the right to file a lawsuit in any civil court against one another for such disputes.
- We(I) recognize that student violations of the standards, rules, and behavior expectations as outlined in the handbook and/or in any classroom or location on CCS property can lead to discipline, suspension and/or expulsion from Clinton Christian School.

By signing below, we(I) acknowledge and understand the above commitment, permission, and agreement statements. We agree to uphold these standards and those within the current handbook while a parent of a student enrolled at Clinton Christian School.

\_\_\_\_\_

*parent signature* *date*

\_\_\_\_\_

*parent signature* *date*