



Re-Enrollment Form

School Year ____ / ____ **Today's Date:** _____

Student Information: _____ / ____ / ____ M F Ethnicity (optional) _____
Date of Birth Gender

Last Name First Name MI

Address City State Zip Code (____) (____)
Primary Phone Secondary Phone

Parent email for tuition reminders

Circle Grade Applying For:
Kinder 1 2 3 4 5 6 7

Parent Information:

Mother: Parent Step Guardian Has legal custody? Yes ___ No ___

Last Name First Name Yes ___ No ___ Yes ___ No ___
May Pick-Up Resides with Student

Address (If different than student) City, State, Zip

(____) (____)
Home Phone Cell Phone E-mail Address

Employer Occupation Work Phone & Ext.

Father: Parent Step Guardian Has legal custody? Yes ___ No ___

Last Name First Name Yes ___ No ___ Yes ___ No ___
May Pick-Up Resides with Student

Address (If different than student) City, State, Zip

(____) (____)
Home Phone Cell Phone E-mail Address

Employer Occupation Work Phone & Ext.

FOR OFFICE USE ONLY:

Date received: _____ Fee paid: \$ _____ Website: y__ n__ Class list: y__ n__ Comments: _____

Transcript Med. Alert Immunization Form Collected Participation Form Parent Agreement Teacher Reference Pastoral Reference Trial Enrollment

ACH Tuition Form Pay-in-Full Semester Payment (1 2) Interview Complete: Date: _____

(last revised 2/22/2018) Principal's Signature: _____

Family Religious Information

-Name and address of church attending: _____

-Are you a member? _____

-How long have you been attending? _____

-Does your child attend church? _____ If so, how often? _____

-Has father accepted Jesus Christ as his personal Savior? _____ mother? _____

-Does father agree with the Open Bible Church of Rapid City statement of faith listed below? _____ Does mother? _____

Statement of Faith:

- We believe the Bible to be the inspired, the only infallible and authoritative Word of God (2 Timothy 3:15; 2 Peter 1:21).
- We believe there is one God eternally existing in three persons, Father, Son, and Holy Spirit (Genesis 1:1; Matthew 28:19; John 10:30).
- We believe in the deity of our Lord Jesus Christ (John 10:33); His virgin birth (Isaiah 7:14; Matthew 1:23; Luke 1:35); His sinless life (Hebrews 4:15; Corinthians 15:3; Ephesians 1:7; Hebrews 2:9); His miracles (John 5:2-9; John 11); His victorious and atoning sacrifice through His shed blood, in His bodily resurrection (John 11:25; 1Corinthians15:4); His ascension to the right hand of the Father (Mark 16:19); and in His personal return in power and glory (Acts 1:11; Revelation 19:11).
- We believe that for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential (John 7:37-39; Ephesians 2:8-10; Romans 8:2, 12, 13).
- We believe the full gospel includes holiness of heart and life, healing for the body and baptism in the Holy Spirit (Isaiah 53:4-5; Acts 2:4;10:44-46; Galatians 5:6-25; James 5:14-16; I Peter 1:15; I Peter 2:24).
- We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (John 7:37-39; Act 2:4).
- We believe in the resurrection of both the saved and the lost: they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation (John 5:28&29).
- We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9; I Corinthians 12:12 & 13; Galatians 3:26-28).

Participation Form

(Form valid through school year)

Student Last Name Student First Name / / _____
DOB School 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 Creekside 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 Creekside 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.

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

Parent/Guardian Signature Home Phone # Cell # _____
Date

Parent/Guardian Signature Home Phone # Cell # _____
Date

Medical Emergency Form
(Please complete entire form)

_____	_____	_____	_____
Student Last Name	First Name	MI	Grade
_____	_____	_____	_____
Mother's Name	Primary Contact Number	Secondary Contact Number	
_____	_____	_____	
Father's Name	Primary Contact Number	Secondary Contact Number	

Additional Emergency Contacts:

May Pick-Up

_____	_____	_____	Yes	No
Name	Phone Number	Relationship to Student		
_____	_____	_____	Yes	No
Name	Phone Number	Relationship to Student		
_____	_____	_____	Yes	No
Name	Phone Number	Relationship to Student		
_____	_____	_____	Yes	No
Name	Phone Number	Relationship to Student		

Approved Hospital:

Approved Hospital for Emergency Transport City

Doctor:

Name (First & Last) Phone Number

Dentist:

Name (First & Last) Phone Number

Confidential Health History:

Date of last tetanus shot: _____ Please list any drug allergies: _____

Does student have any chronic medical conditions (i.e. asthma, heart problems)? Yes ___ No ___

If yes, please explain in detail (use back of sheet if necessary):

Note: If a student requires regular medication to be given at school, a separate form must be filled out prior to the first day of school. Contact school office for this form.

Please indicate which medication we have permission to treat with:

- | | | |
|--|---|--|
| <input type="checkbox"/> Children's Tylenol | <input type="checkbox"/> Tylenol | <input type="checkbox"/> Tums or Pepto |
| <input type="checkbox"/> Children's Advil | <input type="checkbox"/> Advil | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> Children's Motrin | <input type="checkbox"/> Motrin | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Children's Benadryl | <input type="checkbox"/> Benadryl (oral or cream) | _____ |

Medical Release:

I, the undersigned, do hereby authorize officials of Creekside Christian School to contact the persons named on this form, and do authorize the named 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 named on this form, or parents cannot be contacted or this form has not been completed by the undersigned, Creekside Christian School 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 Creekside Christian School financially responsible for the emergency care and/or transportation for said child.

Parent/Guardian Signature _____ **Date** _____

Parent Agreement

1. I understand that once a child has been enrolled, the registration fees will not be refunded.
2. I agree to cooperate with the staff, teachers, curriculum, and programs at Creekside Christian School (CCS). I understand that communication will take place primarily through e-mail, in addition to letters, fliers, and occasional phone calls. I agree to keep communication with school staff open by promptly responding to all correspondence.
3. I authorize the Principal and the teaching staff of CCS to employ such discipline, as they deem necessary for my child. I understand that in the event of discipline, which might require a suspension, the school will contact me before such action is taken. If, after reasonable effort has been made to discipline my child, and he/she still does not comply with the standards of the school, I agree to withdraw him/her from CCS.
4. I agree to help my child with homework when necessary and cooperate with the high academic standards of the school. I understand it is the goal of CCS 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 that if my child, through lack of effort and/or through learning difficulties, does not maintain satisfactory progress, it may be necessary to place him/her on academic probation so that I and the school can closely evaluate and monitor his/her effort and progress. If these efforts are unsuccessful, I understand that the student may be required to withdraw from CCS.
5. I promise to encourage obedience to the school rules and to read, support, and uphold the dress code and Parent/Student Handbook used at CCS.
6. _____ I DO NOT give permission for my child's photo to be included in any school publication.
_____ I DO give permission for my child's photo to be included in any school related publication. (This may include composite class pictures, school website, videos of school productions and activities, Facebook, school blogs, etc.)
7. I give permission for my child's parent contact information to be printed in a class list (available in the school office by request only).
8. I understand that participation slips are on file until your student's graduation date from CCS; if or when an event happens (i.e. field trip) you will be notified by your student's teacher.
9. I acknowledge that all medical forms on file are current and valid. I will update the school office in the event of any changes.
10. I and my child understand and accept that there are risks of serious injury and death in any sport, including the ones(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports/activities.

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

Parent/ Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

T-shirt Order Form

Please return with your enrollment packet.

Child's Last Name: _____

Child's First Name: _____

Grade: _____

Check the applicable size:

Youth Extra Small

Adult Small

Youth Small

Adult Medium

Youth Medium

Adult Large

Youth Large

Adult Extra Large

Youth Extra Large

Other (Please Specify) _____

_____ I would like to order one additional shirt for my child for \$16.00

**Note all students will receive a new shirt every year that they attend
Creekside Christian School.

Financial Information

Please indicate the method of payment for your student's school tuition.

___ Pay In Full (payment due 8/9/2019)

Note: 3% Discount if by cash or check.

___ Semester Plan (payments due on 8/9/19 & 1/10/20)

___ 10-Month Plan (monthly ACH's begin 8/9/19 August - May)

If you choose the 10-Month Plan you will receive a separate mailing requesting information to establish an ACH with your financial institution. All tuition payments are deducted from your bank account on the 2nd Friday of each month. If an account reaches 30 days past due without a written agreement with the school the student is subject to suspension or expulsion until the account is current. If a student chooses to withdraw, the application and book fees are non-refundable. All school fees and accounts must be paid in full before any information, transcripts, report cards or records will be released.

The scheduled ACH withdrawal dates are as follows:

August 9, 2019

September 13, 2019

October 11, 2019

November 8, 2019

December 13, 2019

January 10, 2020

February 14, 2020

March 13, 2020

April 10, 2020

May 8, 2020