

**CENTER FOR CREATIVE LEARNING 2018-2019 School Year
APPLICATION FOR ENROLLMENT - 16/32 Week Program
Jr and Sr High Academic Credit Courses PLUS Academic Support program for K-8**

PLEASE ENROLL THE FOLLOWING STUDENT (one form PER STUDENT please):

Name: _____ Grade: _____
(complete address, phone and emergency info on reverse please!)

IN THE FOLLOWING COURSE(S):

NLCC=New Life Community Church CVCC =Chino Valley Community Church GFC =Glendora Friends Church

- | | |
|--|---|
| <input type="checkbox"/> Math Fundamentals \$155 Tues NLCC | <input type="checkbox"/> Writing & Grammar 1 \$155 (+\$15 matl) Fri CVCC |
| <input type="checkbox"/> Pre-Algebra \$155 Tues NLCC | <input type="checkbox"/> Writing & Grammar 2 \$155 (+\$15 matl) Fri CVCC |
| <input type="checkbox"/> Algebra I \$155 Tues NLCC | <input type="checkbox"/> Physical Science \$155 Fri CVCC |
| <input type="checkbox"/> Algebra II \$230 Tu/Fri NLCC/CVCC | <input type="checkbox"/> British Literature \$155 Fri CVCC |
| <input type="checkbox"/> Algebra II \$230 Tu/Th NLCC/GFC | <input type="checkbox"/> World Literature \$155 Fri CVCC |
| <input type="checkbox"/> Geometry \$155 Tues NLCC | <input type="checkbox"/> American Literature \$155 Fri CVCC |
| <input type="checkbox"/> Geometry \$155 Thur GFC | <input type="checkbox"/> World History \$155 (+\$5 matl) Fri CVCC |
| <input type="checkbox"/> PreCalculus \$230 Tu/Th NLCC/GFC | <input type="checkbox"/> US History \$155 (+\$5 matl) Fri CVCC |
| <input type="checkbox"/> English 7/8 (Jr High English) \$155 Tues NLCC | <input type="checkbox"/> Algebra I \$155 Fri CVCC |
| <input type="checkbox"/> World Lit (English 9/10) \$155 Tues NLCC | <input type="checkbox"/> Consumer Math \$155 Fri CVCC |
| <input type="checkbox"/> American Lit (English 11) \$155 Tues NLCC | <input type="checkbox"/> American Sign Lang 1 \$155 (+\$5 matl) Fri CVCC |
| <input type="checkbox"/> British Lit (English 12) \$155 Tues NLCC | <input type="checkbox"/> American Sign Lang 2 \$155 (+\$5 matl) Fri CVCC |
| <input type="checkbox"/> Spanish 1 \$155 Tues NLCC | <input type="checkbox"/> American Sign Lang 3 \$155 (+\$5 matl) Fri CVCC |
| <input type="checkbox"/> Spanish 2 \$155 Tues NLCC | <input type="checkbox"/> IDEAL \$155 (+\$30 curriculum fee) Fri CVCC |
| <input type="checkbox"/> Spiritual Growth and Disciplines \$155 Tues NLCC | <input type="checkbox"/> Chemistry \$300 Fri CVCC |
| <input type="checkbox"/> Hand Lettering \$155 (+\$15 matl) Tues NLCC | <input type="checkbox"/> Biology \$300 Fri CVCC |
| <input type="checkbox"/> Public Speaking I \$155 Tues NLCC | <input type="checkbox"/> Digital Photography \$155 (+ matl fee) Fri CVCC |
| <input type="checkbox"/> US History \$155 Tues NLCC | <input type="checkbox"/> Bible (Girls) \$155 (+\$5 matl) Fri CVCC |
| <input type="checkbox"/> Survey of the Bible \$155 Thurs CVCC | <input type="checkbox"/> ASB Leadership \$155 Fri CVCC |
| <input type="checkbox"/> Government/Economics \$155 Thurs CVCC | <input type="checkbox"/> IMPACT \$80 Fri CVCC |
| <input type="checkbox"/> Spanish 1 \$155 Thurs CVCC | <input type="checkbox"/> Speech (Spring) \$155 (+\$5 matl) Fri CVCC |
| <input type="checkbox"/> Spanish 2 \$155 Thurs CVCC | |

A \$30 enrollment fee PER CLASS, PER SEMESTER, PER WCSPSP student, or \$45 for each two-day-a-week class is NOT included in course tuition, payable TO THE INSTRUCTOR OF EACH CLASS, and due upon enrollment, no later than the first day.

Tuition, also to be paid **TO THE INSTRUCTORS**, does not include materials and/or books required; see detailed class information. These classes are your curriculum for these subjects for the year, homework assignments and testing will be dictated/administered by the instructors. **Tuition is per 16 wk semester, payable by first day of class, unless payment arrangements are made with the instructor(s). Second semester payments will be due end of Jan/beginning of Feb.**

I agree to meet all financial obligations related to our child's enrollment at Western Christian PSP Center for Creative Learning. I agree to resolve disagreements in conformity with the Biblical injunctions of 1 Cor 6:1-8, Matt 5:23-24, and Matt. 18:15-20. If resolution of the dispute and reconciliation do not result from such efforts, the matter shall then be settled by arbitration in accordance with the rules of procedure for Christian reconciliation of the Institute for Christian Conciliation. I agree that these methods shall be the sole remedy for any controversy or claim arising out of the school relationship or this agreement and expressly waive my right to file a lawsuit against Western Christian PSP or Center for Creative Learning in any civil court for such disputes, except to enforce a legally binding arbitration decision.

My/our signature(s) below indicate that I/we have read and agree to the terms of enrollment above:

Signature: _____ **relationship** _____ **Date** _____
Signature: _____ **relationship** _____ **Date** _____

PLEASE COMPLETE MEDICAL FORM ON REVERSE!! Thanks!

THE CENTER FOR CREATIVE LEARNING
Insurance and Health Information Card

YES - we are members of WCSPSP. (if not, please talk to your teachers)

Last name of minor, First name Birth date

Address of minor (with city, state and zip, please!) GRADE

The undersigned hereby authorize any adult representative of The Center for Creative Learning and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the MEDICAL PRACTICE ACT, or any dentist licensed under the provisions of the DENTAL PRACTICE ACT.

This authorization will remain effective from September 1, 2018 to June 30, 2019, while the above named minor is in the care of The Center for Creative Learning or one of its agents.

Type of medication and specific instructions: _____

Allergies, including reactions to medications: _____

Activity Restrictions: _____

Additional information that adult representatives should be aware of: _____

signature of Father or Guardian

signature of Mother or Guardian

Today's Date Insurance Carrier policy number

Emergency Contact Information:

Father: _____ Mother: _____

Address _____ Address _____

Occupation: _____ Dad's Cell _____

Employer: _____ Mom's Cell: _____

Dad's work phone: _____ Home Phone: _____

E-Mail address: _____

*****In case of emergency, who can we contact if you are not available?*****

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____