

**CENTER FOR CREATIVE LEARNING TUESDAY SCHOOL  
APPLICATION FOR ENROLLMENT - PreK through 8th 2018/2019 School Year  
Community Baptist Church, Rancho Cucamonga, CA**

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

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(complete address, phone and emergency info on reverse)

- In the Tuesday School Program, PreK-8 beginning Sept 11 every Tuesday (16 weeks)**  
\$180 for 1 child, \$280 for 2 children, \$360 for 3 children
  
- In the Middle School Academy, Grades 6-8 (16 weeks)** \$200 for one student, \$300 for 2 students
  
- IEW Writing I grades 3-8 (\$20 additional)**
  
- IEW Writing II grades 3-8 (\$20 additional)**

Tuition payable to **Center for Creative Learning (due on or before 1st day of class)**

*Please remember we are guests at these locations and we should try our best to be a blessing!!*

**THE RULES FOR THIS LOCATION WILL BE SPECIFIED ON FIRST DAY OF CLASS**

I agree to meet all financial obligations related to our child's enrollment at the 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 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 and the rules of conduct above:**

**Signature:** \_\_\_\_\_ **relationship** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **relationship** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE COMPLETE MEDICAL FORM ON REVERSE!! Thanks!**

# THE CENTER FOR CREATIVE LEARNING

## Insurance and Health Information Card

_____	_____	_____
Last name of minor	First name	Birth date
_____		_____
Address of minor (with city, state and zip, please!)		phone number

**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.**

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 \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

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

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

E-Mail Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_