

CENTER FOR CREATIVE LEARNING 2019-2020 School Year
FRIDAY FOR CREDIT CLASSES - Chino Valley Community Church, Chino Hills
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: _____
 (complete address, phone and emergency info on reverse please!)

Grade: _____

IN THE FOLLOWING COURSE(S):

- | | |
|--|---|
| <input type="checkbox"/> ASB \$155 | <input type="checkbox"/> IMPACT \$155 |
| <input type="checkbox"/> American Sign Language (ASL) 1 \$155 | <input type="checkbox"/> Girls Bible \$155 |
| <input type="checkbox"/> ASL 2 \$155 | <input type="checkbox"/> Guys Bible \$155 |
| <input type="checkbox"/> ASL 3 \$155 | <input type="checkbox"/> Spanish 1 \$155 |
| <input type="checkbox"/> World History \$155 | <input type="checkbox"/> Spanish 2 \$155 |
| <input type="checkbox"/> US History \$155 | <input type="checkbox"/> Algebra 1 \$155 |
| <input type="checkbox"/> American Literature \$155 | <input type="checkbox"/> Algebra 2 \$155 |
| <input type="checkbox"/> British Literature \$155 | <input type="checkbox"/> Biology \$ 300 |
| <input type="checkbox"/> Writing/Grammar 1 \$155 | <input type="checkbox"/> Chemistry \$ 300 |
| <input type="checkbox"/> Writing/Grammar 2 \$155 | <input type="checkbox"/> Digital Photography \$155 |
| <input type="checkbox"/> Physical Science \$155 | <input type="checkbox"/> Speech - Fall Semester \$155 |
| <input type="checkbox"/> American Government/Economics \$155 (Thursdays) | <input type="checkbox"/> Speech - Spring Semester \$155 |

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. It is payable TO THE INSTRUCTOR OF EACH CLASS, and due at enrollment, no later than the first day.

Tuition, also to be paid **TO THE INSTRUCTORS INDIVIDUALLY**, 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 that I will read the WCSPSP Code of Conduct with my student, discuss it and make sure they understand expectations for behavior.

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** _____

The above named student is legally driving, and has my permission to drive to and from campus on his/her own. My student driver understands they are NOT allowed to drive other students anywhere, without express written permission from those students' parents. The parking lots are not supervised by teachers or administrators of the PSP.

 parent signature

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, 2019 to June 30, 2020, 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: _____