



Director: Marilyn Stephens 124 N. Armel Drive, Covina, CA 91722 (626) 332-9981 www.freedomtoteach.org

Please complete this form and return to the office of Marilyn Stephens by the first Park Day in May (address above).

Please include payments of the following amounts:

\$30 non-refundable registration fee, PER STUDENT, payable to: WESTERN CHRISTIAN SCHOOLS (please do not abbreviate)

\$50 per family Program Fee (includes one yearbook) payable to: CENTER FOR CREATIVE LEARNING (CCL)

FAMILY INFORMATION: REREGISTERING NEW

Father/Guardian: _____ E-mail: _____
first name last name

Address: _____ City: _____ Zip: _____ Home Phone: _____ Cell: _____
street address

Work Phone: _____ Occupation: _____ Employer: _____

Mother/Guardian: _____ E-mail: _____
first name last name

Address: _____ City: _____ Zip: _____ Home Phone: _____ Cell: _____
street address

Work Phone: _____ Occupation: _____ Employer: _____

Family's Home Church: _____ Pastor: _____

(circle those that apply - ONLY ONE for each item)

Parent primarily homeschooling: **mom** **dad**

E-mail to be published in directory: **mom's** **dad's**

Phone to be published in directory: **mom's** **dad's** **home**

E-mail on school business e-mail list: **mom's** **dad's**

Student Name (first, last) Gender DOB Grade

Last School Attended (if new only)

School Address (city, state, zip)

School Phone Fax

Student Name (first, last) Gender DOB Grade

Last School Attended (if new only)

School Address (city, state, zip)

School Phone Fax

Student Name (first, last) Gender DOB Grade

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School Address (city, state, zip)

School Phone Fax

Please attach additional pages for additional children. If students were enrolled in this program last year, please only complete name, gender, DOB and grade.

I (each parent and/or guardian who is legally responsible for the above named student(s)) agree to be jointly and severally liable to pay tuition, fees, and other charges as described in this Agreement. I have read this Agreement and understand and accept all of its terms and conditions as set forth on page 2 of this form, which cannot be changed except by express written consent of both parties. My signature below acknowledges approval of these items. This form will NOT be accepted without ALL REQUIRED SIGNATURES AND FEES.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Western Christian Schools Corporate Office: 3105 Padua Ave., Claremont, CA 91711 (909) 624-8291
Claremont Campus: 3105 Padua Ave., Claremont, CA 91711 (909) 624-8291
Upland Campus (High School): 100 W 9th St., Upland, CA 91786 (909) 920-5858



Name (Both parents, First and Last) _____ **Date** _____

Tuition Payment Information (\$520.00 per year/\$52.00 x 10 months, September to June)

I hereby acknowledge admission of my student(s), named on front page, for the privilege of enrolling as a student in Western Christian Schools PSP for the coming school year.

Financial Agreement:

I commit myself to promptly pay my financial obligations. I understand that tuition is due on the **FIRST** of each month, that there is a **\$5 late fee** for any monthly tuition payment which is more than **5 days** late, and that delinquent financial obligations are a serious matter. Any delinquency of 30 days or more may mean immediate removal of my student(s) from the program until the account is brought current. I understand that TerraNova tests may not be taken if all my accounts are not current. I also understand that no credit for my students' work can be earned unless all financial obligations are paid.

I understand that my registration fee must be paid at the time this application is submitted and that the entire registration fee is non-refundable after July 1st.

General Agreements:

I understand that Western Christian School admits students of any race, color, national, and ethnic origin and students are offered all rights, privileges, and programs generally offered or made available.

I agree to accept the responsibility of obeying the rules and regulations by which the school and PSP are operated and do support the Christian principles for which they stand. I further acknowledge and agree that the student(s) must abide by the school's rules and regulations. We agree to conduct ourselves and communicate in alignment with Biblical standards and the mission of the school and PSP. It is understood that while enrolled at Western Christian Schools, I accept the responsibility for my student(s), cooperating fully with dress and grooming standards, the Christian standards of the school, and to see that he/she refrains from the use of tobacco, alcoholic beverages, and narcotics (unless prescribed by a physician), at all times including non-school hours. Violation of these standards shall constitute grounds for dismissal from Western Christian Schools.

I agree to resolve all disagreements with Western Christian School in conformity with the Biblical injunctions of 1 Cor. 6:1-8, Matt. 5:23-24, and Matt. 18:15-20. Any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker® Ministries. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.



ENROLLMENT INTERVIEW QUESTIONNAIRE

1. Briefly state your reasons for establishing a Private Satellite Program (homeschooling program) in your home.

2. What are your plans for incorporating this program in your daily life?

3. What talents or abilities do you have that qualify you for this work?
