

CENTER FOR CREATIVE LEARNING FRIDAY SCHOOL
APPLICATION FOR ENROLLMENT - PreK through 8th 2021/2022 School Year
Chino Valley Community Church, Chino Hills, CA

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

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

- In the Friday School Program, PreK-8 every Friday**
\$200 per semester for 1 child, \$300 for 2 children, \$400 for 3 children or more

Tuition payable to Center for Creative Learning

Please remember we are guests at this location and we should try our best to be a blessing!!

THE RULES:

No WHEELS inside or outside the building. NO FOOD, GUM, or DRINKS!! Stay ONLY in designated school areas. Do not touch any equipment (or anything else) that doesn't belong to you!!

Please do not use elevator unless a physical disability requires it - use the stairs OUTSIDE the building!

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: _____