

**CENTER FOR CREATIVE LEARNING TUESDAY/THURSDAY SCHOOL
APPLICATION FOR ENROLLMENT - PreK through 8th 2021/2022 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 every Tuesday
\$200 per semester for 1 child, \$300 for 2 children, \$400 for 3 children or more

In the Thursday School Program, PreK-8 every Thursday
\$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: _____