

**CRYSTAL CATHEDRAL SCHOOLS
RETURNING STUDENT REGISTRATION**

Student Name: _____

Student Name: _____

School Year: _____ Grade: _____

School Year: _____ Grade: _____

Student Name: _____

Student Name: _____

School Year: _____ Grade: _____

School Year: _____ Grade: _____

Father's Name (Print): _____

Father's Email: _____

Father's Cell Phone #: _____

Mother's Name (Print): _____

Mother's Email: _____

Mother's Cell Phone #: _____

Billing Address _____

City, State, Zip _____

Home Phone # _____

REGISTRATION FEES:

EARLY REGISTRATION \$150.00

REGISTRATION \$200.00

Registration fees are NON-REFUNDABLE. Make checks payable to CCA or attach cash.

Registration Fees CAN NOT be billed to the student's account.

Please initial your choice of payment plan: (See rate sheet)

____ Year Paid in Full (Sept. 1st)

____ Two Payment Plan (Sept. 1st & Feb. 1st)

____ Ten Payments (Sept. 1st – June 1st)

Office Use Only

Cash	Check # _____	Amount\$ _____	Date: _____	Int. _____
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Crystal Cathedral Academy & High School Family Commitment

We have read and understood the Crystal Cathedral Academy & High School's Philosophy of Education, which are set forth in the Student Handbook. We are in agreement with the Biblical beliefs expressed in the School's "Philosophy of Education."

We understand that in choosing a Christian setting for the education of our child the Crystal Cathedral Academy & High School believe that is important for us to be responsible to establish and maintain a home and life environment which will support the Biblical teachings and beliefs of the Crystal Cathedral Academy & High School. We agree that our role as parent/legal guardian is crucial to the academic growth and success of our child and we will seek to be an example of beliefs taught by the Crystal Cathedral Academy & High School. We, as parents, accept the challenge to train up a child in the way he or she should go (Proverbs 22:6), and we do state that this training will be carried on in the home. We place our trust in the Crystal Cathedral Academy & High School to extend that training more completely.

We understand that in an era where images of family relationships and personal sexuality are often confused and distorted, the Crystal Cathedral Academy & High School believes that it is important to teach and model the biblical view. We understand that the Crystal Cathedral Academy & High School teaches with an age-appropriate curriculum, that sexual intimacy is intended by God to only be within the bonds of marriage between one man and one woman, and that it is in the context of a loving marriage between one man and one woman that God intends children to be born and raised. We acknowledge that we have been informed about the Crystal Cathedral Academy & High School policy and we agree to cooperate with the Crystal Cathedral Academy & High School in seeking to achieve its objectives in this regard.

We recognize that, as parent of a child at the Crystal Cathedral Academy & High School we will be given opportunities to participate in the education of our child through presence on the school campus, or involved in school activities.

We recognize that the Crystal Cathedral Academy & High School believes that the words and conduct of adults within the school setting can have an important influence on the growth and development of the students, and the ability of the Crystal Cathedral Schools', to achieve its spiritual and academic view and objectives, and we agree that we will support them, both in word and deed, while on the school campus, or involved in school activities.

We hereby state that we have made a through investigation of the Crystal Cathedral Academy or High School program, curriculum, discipline, dress code, policies and procedures and we agree to make them our glad-hearted choice for the coming school year. We agree to abide by them and support the school in the established rules and regulations. We understand that failure of the parents or child to comply with the established regulations and discipline, or failure to meet financial obligations will forfeit the student's privilege of attending the Crystal Cathedral Academy or High School.

Unresolved issues will be taken care of by using the Crystal Cathedral Academy & High School "chain of command" (1/Teacher, 2/Administrator, 3/ School Board).

Student Name: _____ Grade: __ Student Name: _____ Grade: __

Student Name: _____ Grade: __ Student Name: _____ Grade: __

Father's Signature: _____	Mother's Signature: _____
Print Name: _____	Print Name: _____
Date: _____	Date: _____

(If Applicable)

Step-Mother: _____	Step-Father: _____
Print Name: _____	Print Name: _____

Crystal Cathedral Academy & High School
Family Commitment (con't.)

We understand that we have an obligation to be actively involved in the education of our children. We agree to uphold and support the high academic standards of the Crystal Cathedral Academy & High School by providing a place at home for our children to study, and to give our child encouragement in the completion of homework assignments.

We will faithfully support the Crystal Cathedral Academy & High School through our prayers and positive attitude, and in keeping with Matthew 18:15 we are committed to giving a good report by sharing any complaints and negative comments only with the people involved.

We believe that discipline is necessary for the benefit of each student as well as for the entire school. We give permission to the teachers and administration to make and enforce regulations in a manner consistent with Christian principles and disciplines as set forth in the scriptures (Proverbs 13:24; 29:15 and 17; Colossians 3:20; Hebrew 12:5). We further agree that we will cooperate and discipline our child in the home as needed. We further agreed to abide by the Discipline Plan set forth in the Crystal Cathedral Academy or High School Handbook.

We pledge that if, for any reason, our child does not respond favorably to the Crystal Cathedral Schools, we will do everything in our power to cooperate with the Crystal Cathedral Schools to help make necessary adjustments. If these adjustments cannot be made, then we agree to quietly withdraw our child. We agree to pay our tuition on or before the first of each month beginning with the 1st of July and continuing for 12 months. We understand that a late charge will be added to my monthly amount, if payment is not made by the 10th of the month. We understand that failure to pay can result in the dismissal of my child from school. We further understand that there is an added charge for returned checks and for early drop off and late child pickup. It is the policy of Crystal Cathedral Academy & High School to make no refunds of fees or tuition payments once a child has been accepted for enrollment, or if a student is expelled.

We understand that assessments will be made to cover damages to the school, including breakage of windows, book damage, and abuse of other personal property caused intentionally by any student.

We will support the Crystal Cathedral Academy & High School by involvement in Parent-Teacher conferences, Open house, Parent-Teacher Fellowship activities, workdays, and other Academy & High School sponsored meetings and activities.

Student Name: _____ Grade: ___ Student Name: _____ Grade: ___

Student Name: _____ Grade: ___ Student Name: _____ Grade: ___

Father's Signature: _____ Mother's Signature: _____

Social Security # (required): _____ Social Security # (required): _____

Date: _____ Date: _____

(If Applicable)

Step-Mother: _____ Step-Father: _____

Print Name: _____ Print Name: _____

Single Parent Addendum (If Applicable)

I, as the registering parent, have signed the above Family Commitment from Crystal Cathedral Academy and High School. I understand it is my responsibility (not the School's) to notify the other parent that he/she must also sign this Family Commitment to communicate with Teachers, Administration, and the Office Staff with regards to our student.

Parent Signature: _____ Date: _____

C.C.S. EMERGENCY INFORMATION

Home phone #

Student: _____
Last First Middle Initial Gender Grade Date of Birth

Student: _____
Last First Middle Initial Gender Grade Date of Birth

Student: _____
Last First Middle Initial Gender Grade Date of Birth

Address: _____ City: _____ Zip: _____

Father's Email: _____ Mother's Email: _____

Primary Language spoken in the home: _____

Student lives with : (circle) Both parents Mother 50/50 Father Other
Contact First:(circle) Mom Dad

Mother/Guardian: _____
Name Home # Work # Cell #

Father/Guardian: _____
Name Home # Work # Cell #

List the contacts in the order to be called after parents for daily pick-up, illness, injury, and emergencies.

3. Name Daytime Phone # Cell Phone # Relationship to child

4. Name Daytime Phone # Cell Phone # Relationship to child

5. Name Daytime Phone # Cell Phone # Relationship to child

6. Name Daytime Phone # Cell Phone # Relationship to child

7. Name Daytime Phone # Cell Phone # Relationship to child

8. Name Daytime Phone # Cell Phone # Relationship to child

9. Name Daytime Phone # Cell Phone # Relationship to child

1. Should a serious illness or an accident occur and school personnel are unable to contact the parent(s)/guardian(s) permission is hereby granted for medical care to be given as required (the undersigned parent/guardian will pay any fee involved).

Parent/Guardian Signature: _____

Date: _____

2. What health problems/allergies does this student have? _____

We authorize the school secretary/staff to give Tylenol when necessary. Circle: YES NO

May we publish your address/telephone number for CCA/CCHS and CC Ministry use? ___ Yes ___ No