Concordia Christian School ✝ PS-8th
16603 San Fernando Mission Blvd., Granada Hills, CA 91344
Phone: (818) 368-0892 ✝ concordiachristian.org

"Quality Education in a Family Environment"

For Office Use Only
Schedule: _____ Class: _____ Start Date: _____
Rec'd _____ Reg Amt _____ Pymt _____ CC Date _____

School Year: 26-27
❑ New Applicant
❑ Re-Enrollment

PS through Pre-K Enrollment Form

Student Information

Date: _____

Student's Name: *Last* *First* *Middle*

Preschool / Pre-K Schedule *(choose one)*: ❑ Full-time ❑ Flex-time ❑ Half-time *(PS only)*
# of Days / Week *(choose one)*: ❑ 5 Days (M-F) ❑ 3 Days (MWF) /Other _____

Birth Date/Age: _____ Birth City/State: _____ Birth Country: _____

❑ Male ❑ Female Ethnic Background: _____
(Statistical purposes only)

Please list any health concerns or allergies: _____
Are there any special needs or family situation you feel we need to be aware of? (Please include Regional Center information, IEP, 504 Plan, other assessments, etc. and any disciplinary action at a previous school.)

_____

_____

How did you hear about our school? _____
Last School Attended: _____

Family Information

Marital Status: ❑ Married ❑ Single ❑ Separated ❑ Divorced ❑ Widowed ❑ Remarried
Student lives with: Father, Mother, Stepmother, Stepfather, Grandparents, Legal Guardian? _____

Mother's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Phone – Home: _____ Work: _____ Cell: _____
Occupation/Employer: _____ Email: _____
Father's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Phone – Home: _____ Work: _____ Cell: _____
Occupation/Employer: _____ Email: _____

Communication

Send mailings to: ❑ Father ❑ Mother ❑ Other _____
Send bills to: ❑ Father ❑ Mother ❑ Other _____

Releases

I give Concordia Christian my permission to:
- Use my student's picture for promotional purposes (i.e. *Signs, brochures, website, social media, etc.). ❑Yes ❑No
- Use my student's first name to describe pictures for promotional purposes (*). ❑Yes ❑No
- Supervise my student's computer use and my student and I agree to abide by the rules provided. ❑Yes ❑No

Parent/Guardian Signature _____ Date _____

Siblings in Concordia Christian School

Sibling 1: _____ Date of Birth _____ Grade _____

Sibling 2: _____ Date of Birth _____ Grade _____

Sibling 3: _____ Date of Birth _____ Grade _____

Baptized: _____ Date: _____
Denomination *Month and Year*

Does your family have a church home? ❑Yes ❑No If yes, Church you attend: _____

Are you, as parents, interested in learning about the Lutheran Church? ❑Yes ❑No

State Law requires complete Polio, Measles, Diphtheria, Tetanus, Hepatitis B and Tuberculosis Skin Test Immunization before entering school for the first time. Also Pertussis immunization will be required of all entrants less than 7 years of age. Have you complied with this law? _____ (Initial)

Concordia Christian admits students of any race, color, age, gender, disability, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, disability, national or ethnic origin in administration of its educational policies, admissions policies or athletic and other school administered programs. If you believe, you or any individual have been discriminated against; write immediately to Secretary of Agriculture, Washington, DC 20250.

Financial Responsibility and Agreement

- **Registration Fee and Tuition Payments** are non-refundable.
- **Tuition Payment Plan** (*choose one)*:
  - ❑ **Payment in full by July 1st – a 5% discount** will be applied.
  - ❑ **Payment in full by the first day of school – a 2.5% discount** will be applied.
  - ❑ **Monthly Payments** – monthly payments, including tuition and fees, are due beginning August 1st or at the time of enrollment (if after) and on the 1st of each month thereafter.
- **Late Payment Fee** of $50 will be assessed if payment is not received by the 10th of the month. If payment is not received on or before the 25th of the month, your student's continuation in school will be in jeopardy.
- **Late Pick-up Fee** If a Half-time child is not picked up by 12:00 PM or a Flex-time child is not picked up by 3:15 PM; a fee will be charged of $1 for the first 5 minutes then $1 for every minute thereafter. If a Full-time child is not picked up by 5:30 PM; a fee will be charged of $1 for each minute until 5:40 PM then a flat fee of $50 after 5:40 PM. Fees will also apply should children be dropped off before their scheduled beginning time.
- **Returned Check Fee** will be assessed.
- **Two Weeks Written Notice** is required prior to a withdrawal from Preschool.

Print Name(s) or Person(s) Responsible for Payment: _____
(If other than parent, sign below*)

Address: _____

Home Phone: _____ Work Phone: _____

Relationship to Student: _____

- Upon acceptance of my child, I agree to timely pay my tuition to Concordia Christian School.
- I understand that a yearly fee of $56 will be paid directly to Blackbaud, a tuition management company.
- I certify that all statements made above are correct, accurate and complete.
- I understand that no records will be released until tuition and all other financial obligations are paid in full.
- I have read the above and agree to abide by the policies outlined.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

***Signature** _____ **Date** _____
(Financially Responsible Person, if other than parent)