

**Office Use Only:** Date Application Received \_\_\_\_\_ Registration Paid \_\_\_\_\_ Book/Supply Paid \_\_\_\_\_ Start Date \_\_\_\_\_

**STUDENT INFORMATION**

Please print legibly and answer all questions

Name of Applicant \_\_\_\_\_  
Last, First, Middle

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Student is to enter (please check one): Nursery Toddler K-2 K-3 K-4

Does your child have any known handicaps, mental or physical, that would limit his/her participation in our educational program? Explain, if yes. \_\_\_\_\_

Name, address, and telephone number of daycare last attended: \_\_\_\_\_

If you are transferring your child from another daycare facility, is your financial obligation to them satisfied? \_\_\_\_\_  
If not, please explain. \_\_\_\_\_

Do you have other children of school age? \_\_\_\_\_ Are you submitting applications for them? \_\_\_\_\_  
If so, please list their names and ages here: \_\_\_\_\_

Have you previously had a child enrolled in our school or daycare? \_\_\_\_\_ If so, who & when? \_\_\_\_\_

How did you come to know about South Pointe? \_\_\_\_\_

Who is responsible for paying tuition, fees, etc., for your child? \_\_\_\_\_

Preferred phone number for Parent Alert (phone tree for emergency contact) \_\_\_\_\_

**PARENT INFORMATION**

Father or Guardian \_\_\_\_\_  
Name Marital Status Social Security #

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Name of Firm

Mother or Guardian \_\_\_\_\_  
Name Marital Status Social Security #

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Name of Firm

# EMERGENCY MEDICAL RECORD

Medical Insurance: \_\_\_\_\_  
Company Name Policy # Group #

Primary family physician \_\_\_\_\_  
Name City Telephone #

Primary family dentist \_\_\_\_\_  
Name City Telephone #

Hospital preference \_\_\_\_\_  
Name City Telephone #

Is your child presently taking any kind of medication under the supervision of a physician? \_\_\_\_\_  
If yes, give the name of the medication, the dosage, the reason it was prescribed, and the name of the physician who prescribed the medication. \_\_\_\_\_  
\_\_\_\_\_

If your child is allergic to any medications, please list them. \_\_\_\_\_

If your child has food allergies, please list them. \_\_\_\_\_

Please list, in order of preference, the relatives, friends, or neighbors that you would like us to contact in the event of an emergency involving the health and safety of your child if we are unable to contact you personally.

EMERGENCY CONTACT #1: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

EMERGENCY CONTACT #2: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Should a medical emergency arise, we will attempt to contact you at home, at work, and the emergency numbers listed above. If we are unable to contact any of these people, do you authorize the administration and staff of South Pointe Christian School to seek medical care for your child until such time as you can be contacted?  YES  NO

With whom may student be released other than parents?

\_\_\_\_\_  
Name Relationship Home/Cell Phone Work Phone

\_\_\_\_\_  
Name Relationship Home/Cell Phone Work Phone

\_\_\_\_\_  
Name Relationship Home/Cell Phone Work Phone

## CHRISTIAN EXPERIENCE

Church you now attend \_\_\_\_\_  
Name of Church City, State Pastor's Name

How often does your family attend church? \_\_\_\_\_

List any leadership positions that you hold. \_\_\_\_\_

Father: Are you a Christian? \_\_\_\_\_ If yes, on what do you base your answer? \_\_\_\_\_

Mother: Are you a Christian? \_\_\_\_\_ If yes, on what do you base your answer? \_\_\_\_\_

## STATEMENT OF FAITH

We Believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God. (2 Timothy 3:16, 2 Peter 1:21)

We Believe there is one God, eternally existent in three persons — Father, Son, and Holy Spirit. (Genesis 1:1, Matthew 28:19, John 10:30)

We Believe in the deity of Christ (John 10:33); His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35); His sinless life (Hebrew 4:15, Hebrews 7:26); His miracles (John 2:11); His vicarious and atoning death (1 Corinthians 15:3, Ephesians 1:7, Hebrews 2:9); His resurrection (John 11:25, 1 Corinthians 15:4); His ascension to the right hand of the Father (Mark 16:19); His personal return in power and glory. (Acts 1:11, Revelation 19:11)

We Believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone we are saved. (John 3:16-19, John 5:24 Romans 3:23, Romans 5:8-9, Ephesians 2:8-10, Titus 3:5)

We Believe in the resurrection of both saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation. (John 5:28-29)

We Believe in the spiritual unity of believers in our Lord Jesus Christ. (Romans 8:9, 1 Corinthians 12:12-13, Galations 3:26-28)

We Believe there is only one mediator between God and man, the man Christ Jesus. (1 Timothy 2:5)

We Believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life. (Romans 8:13-14, 1 Corinthians 3:16, 1 Corinthians 6:19-20, Ephesians 4:30, 5:18)

## ADMISSIONS POLICY

The purpose of South Pointe Christian School is to provide quality Christian education for children from committed Christian homes by exalting Christ "In whom are hidden all the treasures of wisdom and knowledge." (Colossians 2:3) We are dedicated to the establishment and promotion of fundamental Christian values.

South Pointe Christian School makes no distinction concerning an individual's race or ethnic background because we acknowledge that "God has made of one blood all nations of man for to dwell on the face of the earth." (Acts 17:26) We know that "God is no respecter of persons but in every nation, he that fears Him and works righteousness is accepted with Him." (Acts 10:34-35) We accept that all those who have trusted Christ are commanded by Christ to love one another as brothers. Jesus said, "This is my commandment, That you love one another, as I have loved you." (John 15:12)

THEREFORE, South Pointe Christian School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. South Pointe Christian School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, and other school-administered programs.

## PARENTAL AGREEMENT

Please carefully read and consider the following statements. Each parent must initial each category as indicated. Full signatures are required as indicated.

- |     | Father<br>initial | Mother<br>initial |   |
|-----|-------------------|-------------------|---|
| 1.  | _____             | _____             | I understand that South Pointe Christian School has the authority to<br>1) accept or reject this applicant as a student<br>2) determine the student's appropriate classroom placement<br>3) suspend or expel this student a) for persistent scholastic inattention<br>b) for unacceptable conduct<br>c) for non-payment of account  |
| 2.  | _____             | _____             | I agree that my child, if accepted for admission, may be disciplined by the administration as set forth in the <i>Pre-School Parent/Student Handbook</i> .  |
| 3.  | _____             | _____             | Should my child not respond favorably to South Pointe Christian Pre-School for any reason, I will not try to change the school to fit my needs, but agree to quietly with draw.   |
| 4.  | _____             | _____             | I agree to attend the Parent-Teacher Fellowship (PTF) meetings as scheduled on the school calendar. I understand that PTF is an integral part of the school organizational structure, designed to foster better relations among the parents, teachers, and school administration. (Applies to K-4 only.)  |
| 5.  | _____             | _____             | I agree to support the programs and policies of South Pointe Christian School and to do my best to promote a healthy atmosphere of trust and communication with the teachers, staff, and administration.  |
| 6.  | _____             | _____             | I have read and understand the school's Statement of Faith. I understand that this Statement of Faith is the foundation of the school's curricula and policies. I desire that my child be taught these principles and the traditional Christian values they imply.  |
| 7.  | _____             | _____             | I have read and understand South Pointe Christian School's <i>Pre-School Parent/Student Handbook</i> , and I agree to abide by the policies and procedures set forth therein.   |
| 8.  | _____             | _____             | Promotional advertisements are used by South Pointe Christian Pre-School. I understand and agree that my child may be used for such advertisements and that South Pointe Christian School is released from all liabilities.   |
| 9.  | _____             | _____             | South Pointe Christian Pre-School will not administer over-the-counter medication or prescription drugs to students without a parent's signature on the Emergency Medical Information form (available in the school office). All medication must be in original container with child's name and directions for administrating drugs clearly labeled. In the event of a medical emergency, I give permission for my child to receive first aid from a school employee and/or treatment as required by a physician. |
| 10. | _____             | _____             | I agree that I will accept full financial responsibility for my child's tuition and fees. I will make my payments in full and in a timely manner as set forth in the <i>Pre-School Parent/Student Handbook</i> . I understand that my account must be current in order to receive grade reports for my child.   |
| 11. | _____             | _____             | I agree that no records will be forwarded to any other educational institution until my account is paid in full.  |
| 12. | _____             | _____             | I understand that if I withdraw my child(ren) a two week notice is required and there is a \$150.00 withdrawal fee per child.   |
| 13. | _____             | _____             | A fee of \$5.00 will be charged for late payment. Late fees are charged Tuesday of each week.   |
| 14. | _____             | _____             | Students will not be allowed to attend class if tuition becomes past due by more than 5 days.   |
| 15. | _____             | _____             | Registration, book and supplies and tuition fees are <b>non-refundable</b> .  |
| 16. | _____             | _____             | All fees must be current to register for the next school year. A student will not be allowed to return to SPCS if there are any financial obligations remaining from the previous school year.  |
| 17. | _____             | _____             | Students will not be allowed to participate in field trips, incentive programs, etc. if account is not current.   |
| 18. | _____             | _____             | Due to general expenses and staff commitments, no reduction can be made in tuition due to absenteeism, school closings due to inclement weather, scheduled days closed for holidays, vacations, teacher workdays, etc   |
| 19. | _____             | _____             | A fee of \$30.00 will be charged to your account for returned checks.   |
| 20. | _____             | _____             | A fee of \$5.00 will be charged for late payment. Late fees are charged Tuesday of each week.   |
| 21. | _____             | _____             | I verify that I am the parent or legal guardian of this child.  |

Who's name should appear on annual tax receipt for daycare charges? \_\_\_\_\_

Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Signatures of both parents/guardians are required unless this requirement is waived by the administration.  
Please call if you have any questions.