

# Calvary Road Christian School

6811 Beulah Street • Alexandria, VA 22310-3208  
(703) 971-8004 • Fax (703) 971-0130 • www.crcs.org

## NEW STUDENT APPLICATION

### For Official Use Only

Application Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_  
Interview \_\_\_\_\_ Testing \_\_\_\_\_  
Letter Sent \_\_\_\_/\_\_\_\_/\_\_\_\_ A R

**All questions must be answered and printed legibly.**

For School Year \_\_\_\_\_ Today's Date \_\_\_\_\_

Grade Applying for:    Preschool 3    Preschool 4    Kindergarten    1    2    3    4    5    6

Payment Schedule Requested:     10 Monthly Payments     20 Semi-Monthly Payments     Pay in Full

**Legal Name of Student** \_\_\_\_\_ Is student a U.S. citizen?     Yes     No

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone (H) \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

**Father's/Legal Guardian's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Living in same home as student?     Yes     No

**Mother's/Legal Guardian's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Living in same home as student?     Yes     No

Marital Status:     Married     Divorced     Separated     Single

Who has legal custody of the student?     Father     Mother     Both     Other \_\_\_\_\_

If divorced or separated, is there a specific court ordered pick up schedule for your child?     Yes     No

Have you included a copy of the court order?     Yes     No

(Without the court order we will allow each parent and/or their emergency designees to pick up the child on any school day.)

If you are attending kindergarten - sixth grade, is extended care needed?     Yes     No    (Already included in preschool)

If yes, choose (1) option.     Morning only     Afternoon only     Morning and Afternoon

How did you hear about CRCS?     Another Parent (Name) \_\_\_\_\_

Web Site     Sign in Front of Building     Military Yellow Pages     Internet     Other \_\_\_\_\_

Please list all other siblings in the home:

Name	Relationship to Student	Age	If Attends CRCS, Grade Enrolled

Name of Last School Attended \_\_\_\_\_ Phone \_\_\_\_\_

Director's Name \_\_\_\_\_ Classroom Teacher's Name \_\_\_\_\_

I give my permission for Calvary Road Christian School to contact my child's current and former school to obtain verbal and/or written appraisals of my child's previous educational progress. I understand that this information will be used solely for the purpose of determining my child's acceptance and/or placement at CRCS.

Calvary Road Christian School agrees to notify the parent/guardian whenever the student becomes ill, and the parent/guardian agrees to pick the student up as soon as possible. The parent/guardian authorizes CRCS to obtain immediate medical care if a medical emergency occurs.

I understand that a spot is reserved for my child for the entire year and I agree to pay full tuition if my child remains in school for the entire year. I understand that credit will not be given for missed days of school due to student illness or inclement weather (snow days). I understand that if I temporarily take my child out of school for purposes of vacation or other reasons during the school year that tuition is still due and payable during the time my child is out. If my child is out for an extended period of time (over three days) I agree to notify the school to make them aware. I understand that if I take my child out temporarily and do not notify the school and the school cannot get in contact with me or my bill is no longer current (whichever occurs first), the school reserves the right to withdraw my child after he/she has been absent for one (1) week and register another child in his/her place.

I understand that if my child is in extended care, the hours are from 6:45 a.m. to 8:15 a.m. and from 3:15 p.m. to 6:00 p.m. If I should arrive late in picking up my child, I agree to pay a late fee as outlined below. I understand that I will be required to discontinue extended care service and agree to pick up my child at 3:15 each day after I have been late five (5) times.

- The following late policy is in effect for children picked up after 6:00 p.m.
- \* The first two late occurrences during the school year will result in a fee of \$.75 per minute.
  - \* The third through fifth late occurrences during the school year will result in a fee of \$1.50 per minute.
  - \* The sixth occurrence will result in a fee of \$1.50 per minute plus dismissal from the extended care program.

I agree to have my child's tuition, extended care, and other school fees direct-debited from a designated bank account per school policy or I will pay the annual tuition, extended care, and other school fees in full.

I understand that if my first tuition payment is not received by August 5, the school reserves the right to cancel my child's enrollment and enroll another child in his/her place. I understand that the first tuition payment is non-refundable if I withdraw my child after July 31st.

I understand the policies of the school administration and I agree to abide by the school rules and regulations. CRCS reserves the right to interview all students and parents before acceptance. I understand all students are admitted on a nine week probationary period. I understand that by omitting any information from the application paperwork or falsifying of documents, I am jeopardizing my child's acceptance and/or continued enrollment.

**(All parties having legal custody of the child must sign.)**

\_\_\_\_\_  
**Parent's/Guardian's Signature** **Date**

\_\_\_\_\_  
**Parent's/Guardian's Signature** **Date**

Calvary Road Christian School admits students of any race, color, national or ethnic origin to all 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, national, or ethnic origin in the administration of its education, admissions, scholarships, athletics, or other school administered programs.

# *Calvary Road Christian School*

## **PARENTAL STATEMENT OF COOPERATION**

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I accept the challenge to “train up a child in the way he should go” in my home. In so doing I also recognize Calvary Road Christian School (CRCS) to be an extension of the home for purposes of instruction, discipline, and character building.

I do hereby state that having made a thorough investigation of the philosophy, curriculum, statement of faith, equipment, methods, discipline, and policies of the school, pledge to make this my glad-hearted choice for the coming year. I understand that my child will be taught according to the enclosed “Statement of Faith of Calvary Road Christian School.”

I sincerely pledge my loyal support to the school through praying for the faculty, administration, and programs; giving as I am able; and consistently supporting school activities and events. Following the Biblical principle for Matthew 18, I agree to share complaints, questions, and criticisms with only the teacher, administration, or person involved and not with my child or other people.

I understand that if at any time the school determines, in its sole discretion, that my actions do not support the ministry, or reflect a lack of cooperation and commitment to the home and school working together, the school has the right to request the withdrawal of my child(ren).

I hereby invest authority in the school to discipline my child as necessary. CRCS reserves the right to temporarily or permanently dismiss any student who does not cooperate with the educational process and policies of the school. If a student is dismissed for any reason, the tuition is still due up to the date of dismissal.

I give permission for our son/daughter to take part in all school activities including sports and school sponsored trips away from the school’s premises (including transportation whether by auto, bus, or metro). I absolve the school from liability for my child because of any injury at school or during any school activity not due to negligence. In case of accident or serious illness, I request the school to contact me. If immediate medical care is needed or the school is unable to reach a parent, I authorize the school to obtain immediate medical care for my child.

I grant permission for CRCS staff and designated contractors or volunteers to photograph/video my son/daughter for possible use in school projects and promotional materials. In addition, I grant CRCS, its employees, agents, successors, licensees, and assigns the irrevocable right and license to use the likeness of my son or daughter on photographs; to crop such photographs at their discretion; to incorporate such photographs into designated school projects and promotional materials at their discretion; and to use such photographs or any portion thereof in any manner connected with the above items. I understand that my child’s name will not appear in connection with any and all photographs containing his/her likeness that may be used in the above project.

I have read and understand the “Financial Policies and Fees”. I agree to pay my child’s tuition according to the schedule of payments. I understand that a 10% late fee will be charged if my account is overdue. I understand that CRCS reserves the right to temporarily suspend or permanently dismiss students whose accounts are over fifteen (15) days delinquent. If our account becomes delinquent more than once in a school year, I understand the account will have to be paid in full for the remainder of the school year. If I withdraw my child for any reason during the school year, I understand that registration/material fees are not refundable, and I agree to give the school twenty (20) school days written notice by signing a withdrawal form. I understand that failure to give proper notice will result in additional tuition costs as discussed in the “Financial Policies and Fees”.

I pledge, as parent/guardian, my sincere support of the above stated standards and policies.

**(All parties having legal custody of the child must sign.)**

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**Parent’s/Guardian’s Signature**

**Date**

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**Parent’s/Guardian’s Signature**

**Date**

**EMERGENCY CARE INFORMATION**

In case of an emergency, the school staff will contact 911.  
Every attempt will be made to contact a parent/guardian or a designated emergency contact

<b>STUDENT NAME</b>  Last _____  First _____ M. I. _____	Date of Birth: ____/____/____	Today's Date ____/____/____
	Sex:    M    F	Grade Level Applying For _____

Father's/Legal Guardian's Name \_\_\_\_\_

Mother's/Legal Guardian's Name \_\_\_\_\_

**STUDENT INSURANCE INFORMATION**

\_\_\_\_\_  
 Name of Health Insurance                      Policy Number                      Name and Telephone of Physician

**MEDICAL INFORMATION (Check all that are applicable)**

Does your child have any of the following?

- \_\_\_\_ Food Allergies, what foods \_\_\_\_\_
- \_\_\_\_ Medicine Allergies, what medicines \_\_\_\_\_
- \_\_\_\_ Insect Allergies (bees, wasps, etc) \_\_\_\_\_
- \_\_\_\_ Seasonal Allergies (pollen, grass, etc) \_\_\_\_\_
- \_\_\_\_ Other Allergies \_\_\_\_\_

- \_\_\_\_ Asthma or Respiratory Condition
- \_\_\_\_ Digestive Condition
- \_\_\_\_ Diabetes
- \_\_\_\_ Hypoglycemia
- \_\_\_\_ Heart Problems
- \_\_\_\_ Hemophilia
- \_\_\_\_ Seizures
- \_\_\_\_ Hearing Problems
- \_\_\_\_ Physical Disability \_\_\_\_\_
- \_\_\_\_ Other \_\_\_\_\_

Are your child's allergies severe enough to require an Epi-pen?  Yes  No

Does your child use an inhaler?  Yes  No

List all medical conditions for which your child receives regular care \_\_\_\_\_

List all medications and dosages your child receives on a regular basis \_\_\_\_\_

**Any prescription or non-prescription medications will only be distributed to students if an approved consent form is filled out in advance. Please see the office for more details.**

**CONTACT INFORMATION**

List 3 persons that are authorized to remove your child from school or be called in case of an emergency if parents cannot be reached.

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

The school has my permission, in a medical emergency, to take my child to the emergency room of the nearest hospital and its medical staff have my permission to provide treatment which a physician deems necessary for the well-being of my child.

**(All parties having legal custody of the child must sign.)**

Signature Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_