



# APPLICATION FOR ADMISSION

4255 Clayton Road ♦ Concord, California ♦ 94521-2761 ♦ (925) 687-2020 ♦ FAX (925) 687-7829 ♦ www.kvcs.com

## STUDENT INFORMATION (PLEASE PRINT OR TYPE ALL INFORMATION)

Student's Legal Name	Birth Date	Sex M F
Complete Mailing Address	Home Phone	Grade
Cultural Heritage (Circle <b>ONE</b> ): White, Not Hispanic      Black, Not Hispanic      Asian or Pacific Islander Hispanic      American Indian or Alaskan Eskimo      Filipino		

## STUDENT LIVES WITH (Circle One):

Both Parents, Same Home      Mother Only      Father Only      Grandparents      Other \_\_\_\_\_  
 Alternates Between Mother & Father      Mother & Stepfather      Father & Stepmother      Guardian

## NAME AND ADDRESS OF PERSONS LEGALLY RESPONSIBLE FOR THIS STUDENT

<b>Parent 1:</b> Mr. Mrs. Miss Ms. Dr.		Married      Divorced      Separated      Widowed
Relationship to Student:		
Mailing Address	Home Phone	
Place of Employment Occupation	Bus. Phone	
Additional Phone Numbers	E-mail	
<b>Parent 2:</b> Mr. Mrs. Miss Ms. Dr.		Married      Divorced      Separated      Widowed
Relationship to Student:		
Mailing Address	Home Phone	
Place of Employment Occupation	Bus. Phone	
Additional Phone Numbers	E-mail	

## PREVIOUS SCHOOL HISTORY

School last attended: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Complete mailing address of school: \_\_\_\_\_

Student attended this school from (dates): \_\_\_\_\_ to \_\_\_\_\_

If transferring, state reason for transfer: \_\_\_\_\_

## PERSON RESPONSIBLE FOR PAYING TUITION AND FEES

Name	Soc. Sec. No.	Relationship
Complete Mailing Address	Bus. Phone	
Additional Phone Numbers	Home Phone	

## GENERAL INFORMATION

1. How did you hear about KVCS? Yellow Pages	Internet	Referred by:	Other
2. State briefly why you wish your student to attend K.V.C.S.:			
3. Please check if your student has had problems in school with regard to any of the following: ___Peer relationships ___Academics ___Truancy ___Absences/Tardiness ___Behavioral difficulties If any are checked, please explain:			
4. Please check if your student has been tested for any of the following: ___Academics ___Learning problems ___Emotional problems ___Attention Deficit If any are checked, please state WHEN and BY WHOM:			
5. Has your student ever been suspended or expelled from school? ___YES ___NO If yes, please state WHEN and FOR WHAT REASON.			
6. Has your student been in any difficulty with civil or juvenile authorities? ___YES ___NO If yes, please state WHEN and FOR WHAT REASON.			
7. To your knowledge, has your student been involved or experimented with any type of drugs, alcohol, or tobacco? ___YES ___NO If Yes, explain:			

### CHURCH AFFILIATION

<b>Father or Male Guardian:</b>	Are you a Christian? ___YES ___NO	Name of your religion:	Do you attend church? ___YES ___NO	How often do you attend?
Name of church:		City:	Name of pastor:	
<b>Mother or Female Guardian:</b>	Are you a Christian? ___YES ___NO	Name of your religion:	Do you attend church? ___YES ___NO	How often do you attend?
Name of church:		City:	Name of pastor:	
Does your child attend Sunday School or church services? __YES __NO If yes, does your child attend regularly? __YES __NO				

### BROTHERS OR SISTERS – Please circle if KVCS or KVP student

NAME:	Age:	KVCS	NAME:	Age:	KVCS
	Grade:	KVP		Grade:	KVP
NAME:	Age:	KVCS	NAME:	Age:	KVCS
	Grade:	KVP		Grade:	KVP

### PARENT AND STUDENT HANDBOOK, PUBLISHING OF STUDENT NAME/LIKENESS, AND DRESS CODE

I have received and thoroughly read the Handbook for Students and Parents including the sections concerning disciplinary policy and dress code. I have had the opportunity to discuss any issue covered by the handbook that I did not thoroughly understand. By signing below, I commit myself to being certain that my student wears clothing that is within the code. I am aware that there may be items in the code to which my child or I do not agree; however, my signature does imply conformity without argument.  **If this box is checked**, then I do NOT agree to have my child's image, or work reproduced in school publications or on the school's Web site. Otherwise, I DO, give my permission for King's Valley Christian School to include my child's image and work in school publications and on the school's Web site. I understand that my child's image on the Web site will not be accompanied by personally identifying information other than his or her first name and last initial. This does NOT apply to the school yearbook.

Father's Signature:	Date:	Mother's Signature:	Date:
Guardian's Signature:	Date:	Student's Signature (Grade 4 - 8 only):	Date:

# KING'S VALLEY CHRISTIAN SCHOOL

## ENROLLMENT CONTRACT

Please enroll my child: \_\_\_\_\_  
Print Student Name Grade

1. This contract is between King's Valley Christian School and the parents/guardian/responsible billing party of the above named student. This contract will remain in force for the duration of the enrollment of my child in the school.
2. I agree to pay all my financial obligations to King's Valley Christian School and FACTS Tuition Management Company on time and will abide by the financial terms and conditions of the school. I understand that KVCS will assess a late fee on past-due charges. I understand that if I have three returned checks the account will be placed on a cash-only basis. Should an account become delinquent, the student will not be allowed to attend classes until satisfactory arrangement is made with the business office. Students whose accounts are paid by more than one party must have all accounts current. If my account becomes delinquent, I give the school permission to notify other billing parties for my child(ren) of the delinquency. **Please initial:** (father\_\_\_\_) (mother\_\_\_\_) (guardian\_\_\_\_) (responsible billing party\_\_\_\_)
3. I give my permission for my child to take part in all school activities, including school-sponsored trips away from the school premises, but under school supervision, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. I understand that I will be notified prior to each activity off the school grounds.
4. I give the school permission to publish my child's image or work on the Web site and in other media produced by the school in accordance with school policies. I understand that my child's image and other personally identifying information will not appear together on the school Web site.
5. I promise to encourage obedience to the rules of the school. I hereby vest authority in the school to discipline my child according to the policies and rules of the school. I further agree that I will cooperate and discipline my child in the home as needed. I agree to the current policies in the Handbook for Students and Parents.
6. I understand that parent car pools are in no way officially connected with King's Valley Christian School, and I assume full responsibility for my child's safety during transport to and from school.
7. I accept financial responsibility for any damage to school property caused by my child.
8. Check the desired payment option(s):

- I choose to pay in full. (Discount may apply. See financial information sheet.)

\_\_\_Tuition \_\_\_Milk \_\_\_Ext. Care A \_\_\_Ext. Care B

- I choose to set up the following automatic payment plan, which is administered by FACTS Tuition Management. I understand that there is a \$40 set-up fee for this plan. I will complete a FACTS agreement form to authorize automatic monthly payments from my checking or savings account.

\_\_\_ 9 payments Sep. to May \_\_\_Tuition \_\_\_Milk \_\_\_Ext. Care A \_\_\_Ext. Care B  
\_\_\_ 10 payments Aug. to May \_\_\_Tuition \_\_\_Milk \_\_\_Ext. Care A \_\_\_Ext. Care B  
\_\_\_ 11 payments July to May \_\_\_Tuition \_\_\_Milk \_\_\_Ext. Care A \_\_\_Ext. Care B

**Attached is my check for \$\_\_\_\_\_.**

(Non-refundable registration fee is due with this form. Non-refundable consumable and setup fees are due no later than June 1.)

\_\_\_\_\_  
Father's Signature Date Mother's Signature Date

\_\_\_\_\_  
Responsible Billing Party's Signature Date Guardian's Signature Date

\_\_\_\_\_  
Administrative Signature Date Entrance Date \_\_\_\_\_

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## MEDICAL RELEASE & EMERGENCY INFORMATION

PLEASE PRINT:

CHILD'S NAME:	BIRTHDATE:	GRADE:
ADDRESS:	CITY:	ZIP:
MOTHER'S NAME:	HOME PHONE:	
FATHER'S NAME:	HOME PHONE:	
CHILD LIVES WITH: MOTHER FATHER BOTH PARENTS ALTERNATES OTHER:		
WHICH PARENT SHOULD BE CONTACTED FIRST IN CASE OF AN EMERGENCY:		

Doctor's Name and Phone Number: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Health Insurance including Policy Number: \_\_\_\_\_

Medical conditions we should be aware of (e.g. asthma, diabetes, migraines, allergies): \_\_\_\_\_

**LIST ALL MEDICATION(S) WITH DOSAGE(S) (1)** \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_

Specific instruction for emergency treatment: \_\_\_\_\_

Please indicate any physical condition that would limit participation in physical education class \_\_\_\_\_

**LIST AT LEAST TWO PERSONS, IN ADDITION TO PARENTS**, whom we may contact in an emergency; and who can take your child from the campus. Your child will not be allowed to leave with any other person without written authorization from parent or guardian. Please inform the office of any special circumstances restricting parent contact with this student. If for any reason a parent is not allowed to pick up this student, the office must have legal documentation on file.

RELATIONSHIP	NAME	DAYTIME PHONE	CELL PHONE OR OTHER #
1. MOTHER			
2. FATHER			
3.			
4.			
5.			
6.			
7.			
8.			

This is to certify that I, the undersigned, am legally responsible for the above-named child and authorize King's Valley Christian School, for the duration of the time my child is enrolled, to take my child to a physician for the performance of anesthetics and whatever medical ministrations, major or minor, may be necessary or advisable in the event of an emergency. I also agree to accept responsibility for the cost of medical services. I understand that a conscientious effort must be made to notify me (parent/guardian) before such action will be taken.

I authorize KVCS to administer a non-aspirin pain reliever, such as Tylenol, to my child if deemed necessary. Yes \_\_\_\_\_ No \_\_\_\_\_  
(please initial)

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

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

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

This form must have **TWO** signatures unless the child is in the legal custody of one parent only.

**ADDITIONAL CONTACT INFORMATION**

RELATIONSHIP	NAME	DAYTIME PHONE	CELL PHONE OR OTHER #
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			