



F.L.I.G.H.T. Summer Program Application



Please complete one form for *each* family enrolling:

Child's Name: _____ Grade Level in Fall: _____

Address: _____ City: _____ Zip: _____

Birthdate: _____ Sex: [M F] Enrolling in program?: [Yes No]

Child's Name: _____ Grade Level in Fall: _____

Birthdate: _____ Sex: [M F] Enrolling in program?: [Yes No]

Child's Name: _____ Grade Level in Fall: _____

Birthdate: _____ Sex: [M F] Enrolling in program?: [Yes No]

Child's Name: _____ Grade Level in Fall: _____

Birthdate: _____ Sex: [M F] Enrolling in program?: [Yes No]

Family Information

Head of Household:

Name: _____ Relationship: _____

Address (if different from above): _____

*Custody: [Yes No N/A] Contact Order: [1st 2nd] Marital Status: _____

Best Daytime Phone: 1st: _____ 2nd: _____ 3rd: _____

Circle One: [Home Work Cell] [Home Work Cell] [Home Work Cell]

Parent 2:

Name: _____ Relationship: _____

Address (if different from above): _____

*Custody: [Yes No N/A] Contact Order: [1st 2nd] Marital Status: _____

Best Daytime Phone: 1st: _____ 2nd: _____ 3rd: _____

Circle One: [Home Work Cell] [Home Work Cell] [Home Work Cell]

***Custody Arrangements:** Provide a current copy of any joint/exclusive custody agreement pertaining to enrollee(s) if separated, divorced, guardian, etc. Please note any special custody issues: _____

(over)

As parent(s) of _____ I/we agree to the following:
(List names of all students attending program)

- I/We understand that my child will be encouraged to pursue a relationship with Jesus Christ.
- I/We give permission for my child to take part in all Summer Program activities, including sports, and absolve CCS from liability to me or my child because of any injury to my child at school or during any school activity. I/We understand that reasonable care and safety will be provided for my child at all times.
- I/We pledge to pay our financial obligations to the school by the due date or late fees will be assessed. I/We understand the school reserves the right to dismiss any child whose financial obligation is not met.
- I/We have read the discipline agreement and agree to abide by CCS behavior guidelines. I/We understand the consequences of continual misbehavior and that CCS reserves the right to remove a student from the program due to continual misbehavior. I/We understand that refunds will not be given for students removed from the program due to behavioral issues.
- I/We authorize the school to administer any necessary discipline as outlined by the CCS discipline agreement. (Corporal punishment is never used as a means of discipline at CCS.)
- I/We have read the dress code policy and agree to abide by CCS dress code guidelines.
- Students who stay after the last class must sign themselves into the Extended Care program and remain there until signed out by an authorized adult.
- I/We give permission for my child to be signed out of the Morning Extended Care program into his/her regular classroom when applicable. I/We also give permission for my child to sign himself/herself into the Extended Care Program at the end of the school day.

Parent Signature: _____
(MANDATORY—needed in case of emergency)

- In case of an emergency or sudden illness, I/we hereby give authority to any hospital or doctor to render immediate emergency aid as might be required at the time for his/her health and safety. It is understood by me/us that the expense of this service will be accepted by me/us.
- My/Our child's picture (either individual photo or within a group) **may** ____ or **may not** ____ be used for publication (brochures, newspapers, newsletters, etc.).
(initial one)
- I/We agree to seek to resolve any conflicts with school staff or administration in a mature, peaceable, Christian manner. If unable to support the school's policies or decisions after attempts at resolution, I/we agree to respectfully withdraw from the program.

Parent Signatures: _____
(Father/Guardian) Date (Mother/Guardian) Date