



Classical Roots Christian School Enrollment Form 2023/2024
For New Students Desiring Enrollment in Primary

Family Information

.....
Family Name Father's Name Mother's Name

.....
Street Address City Zip Code

Home Phone Number with Area Code:

Father Cell Phone Number with Area Code:

Mother Cell Phone Number with Area Code:

Parent's Email Address:

Are you regular attenders or members of a church? Yes No

If yes, which church?

Student Information

.....
First Name Last Name Gender

Date of Birth: T-shirt Size:

Students applying for Primary Level (a component of Grammar) Entering in the Fall:

- Kindergarten
- 1st Grade
- 2nd Grade

The following questions should be answered by the **parent** of the prospective CRCS student.

Why have you decided to enroll your student?

What are your student's academic strengths?

What are your student's academic weaknesses?

Does your student have any special needs or are there special considerations about which we should be made aware?

Is there any other information that would better help us meet the needs of your student?

Please briefly describe your family's involvement in your church:

Please briefly describe your family's relationship with the Lord:

MEDICAL RELEASE

I, _____, the parent of

_____ give permission for my child to be treated in case of an emergency. I do not hold the Classical Roots Christian School and Headwaters Church responsible for any injuries which occur to my child while on the premises.

Signed: _____ Date: _____

Emergency Phone Number: _____ Relationship: _____

Children's Physician's Name: _____

Phone: _____

Effective August 15, 2023, through May 30, 2024.

Please list any physical conditions that may affect your children's participation in the CRCS program or treatment (allergies, etc.):

INSURANCE WAIVER

I give my children permission to participate in the CRCS program and hereby waive, release, and forever discharge any and all claims or responsibilities of Classical Roots Christian School, Headwaters Church or premises, employees, volunteers, officers, agents or servants for damages or injuries which may arise to my children.

Signed: _____ Date: _____

PERSONAL INFORMATION RELEASE

CRCS provides a family directory with the names, addresses, telephone numbers and ages of the children enrolled in the program. This directory will be distributed to CRCS families only. This information should only be used for personal contact with fellow CRCS families.

I allow my personal information to be distributed to the enrolled families of CRCS I understand that the directory I am given should be used for my personal use only.

Signed: _____ Date: _____

IMAGE RELEASE

Classical Roots Christian School desires to promote the positive activities, honors, and work of our staff and students. This includes publishing photos and school information via our website, newsletter, and social media. These publications may include information, likenesses, and images of students, parents, and faculty.

We understand that families may request that we not publish images of their children. Please fill out the form below to inform us of your wishes regarding publicity.

(Please print your child's names in the space below)

I/We DO give permission for _____'s image/photograph, name, or work to be used as described above. We understand that no monetary compensation will be given for the use of the materials.

I/We DO NOT give permission for _____'s image/photograph, name, or work to be used as described above.

Parent/Guardian Name(s) _____

Parent/Guardian Signature _____ Date _____

If a situation arises that may change your child's status regarding publicity, please notify Classical Roots Christian School in writing as soon as possible.

POLICY ACCEPTANCE

Parent Policy Acceptance

I have read the CRCS Handbook fully and carefully. I understand and agree to follow all the policies found in the CRCS Handbook and will help my children do so as well. I understand that not adhering to the outlined policies may result in expulsion from the program without refund.

Signed: _____ Date: _____

CRCS Use Only

Date Received:.....

Received: Registration Policy Release Registration Fee Teacher/Staff Application

Student(s): Accepted Wait Listed Denied

Date Confirmation Sent:.....