



Middle School Registration 2017 - 2018

Office Use Only

Staff Initials _____

Contract _____

Paper Work _____

Child's Name _____
(Last) (First) (Middle) (Alias)

Birth Date _____ Sex _____ Grade Entering _____ Social Security Number _____

Previous School _____ Reason for leaving _____

Was the child dismissed Yes: _____ No: _____ If yes, please explain _____

How did you hear about Cinco? () Website () Church () Advertisement () Radio () Friend _____

Mother's Name _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Home Phone _____

Cell Phone _____

Employment _____

Work Phone _____

Church Attending _____

Father's Name _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Home Phone _____

Cell Phone _____

Employment _____

Work Phone _____

Church Attending _____

Names of Currently Enrolled Siblings: _____

Students: () Father is deceased () Mother is deceased Student lives with: () Father & Mother
 () Parents are divorced (primary care-giver _____) () Father () Mother
 () Parents are separated (Legal custodian _____) () Stepfather () Stepmother
 () Parents are divorced (Legal custodian _____) () Grandparents () Legal guardian

Send CCS correspondence to: () Both Parents () Father () Mother () Stepfather () Stepmother () Grandparents
 () Legal guardian () Other

Check if Applicable: () Before and/or After School (6:30 a.m. - 8:00 a.m. and/or 3:00 p.m. - 5:30 p.m.)

PERSONS OTHER THAN PARENTS TO CONTACT IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY, IF THE PARENT OR GUARDIAN CANNOT BE REACHED

Name	Home #	Cell#	Work#	Relationship

Name	Home #	Cell#	Work#	Relationship

Name	Home #	Cell#	Work#	Relationship

Special Instructions/Allergies/Medical Conditions _____

All persons named on this form have authority to remove my child from Cinco Christian School with proper identification.

Signature of Person Enrolling Child _____ Date _____

"Training up children in the way they should go..." Proverbs 22:6

- **Emergency care:** If emergency medical care is deemed necessary, and I cannot be contacted, I authorize Cinco Christian School to act in my behalf in granting permission for my child to receive emergency treatment or surgery. In such a situation, I authorize medical personnel to perform required emergency procedures. Cinco Christian School will contact your family physician/dentist if possible. If we cannot reach your family physician/dentist we will use the first available medical personnel to secure the safety of your child.

Physician: _____

Phone Number: _____

Dentist: _____

Phone Number: _____

- **Forms:** Cinco Christian School must have an original school physical and shot form from the state of Florida **by the first day of school**. Students are also required to have a copy of their birth certificate on file in the school office.
- Cinco Christian School admits students of any race, color, national and ethnic origin to all the 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 and ethnic origin in administration of educational policies, admissions policies, athletic and other school-administered programs.

I have read, fully understand, and agree to comply with Cinco Christian School's Handbook. I understand that by signing this statement, I am thereby held responsible for any and all information contained in said manual.

Signature: _____

Date: _____

Tuition Contract

Tuition/Fees Agreement: I understand that tuition is a yearly fee broken down into ten monthly installments. I further understand that all holidays and school closings have already been taken into account when setting tuition rates. Tuition and fees are due regardless of the number of days my child attends.

Payments: Tuition payments are due the 1st of each month beginning August 1st and ending May 1st unless your child is registered after September 1. Students who enroll after September 1 will be charged a fee for the month of June. I understand that accounts may be paid online at www.cincoschool.org by clicking on *tuition*. A 2.2% processing fee is added for all online payments. Upon departure from Cinco Christian School, records are released only when accounts are clear. **Students whose tuition accounts are not paid by the fifteenth (15) of the month, will not be able to attend classes until all tuition fees are paid.** I further understand that there is an automatic charge of \$25 if tuition is not paid by the 10th of the month, and that there is a \$35.00 charge for all returned checks. When an account has received two returned checks, it will automatically be placed on a "cash" only status.

As part of this agreement, I also understand that registration and insurance fees are non-refundable.

I, the undersigned, have reviewed this contract and do hereby agree to pay the charges and to abide by the stated terms and conditions.

Signature: _____

Date: _____

Before and After School Contract

Before & After Care Agreement: I understand that before and after school payments are paid weekly. I further understand that all holidays and school closings have already been taken into account when setting before and after school rates. Before and after school fees are due regardless of the number of days my child attends. If my student is enrolled in before and after school, I will be charged regular before and after school fees during Christmas, Spring break, and teacher work days whether my child attends or not. I understand that I must make reservations for my child to attend Day Care (when offered) during Christmas, Spring break, and teacher work days and that there is an additional fee, on top of the aforementioned before and after school fees, for Day Care days during these weeks. Before and after school payments are due Monday of each week beginning the first day of school. I understand that the weekly payments can also be paid bi-monthly or monthly, but that they must be paid in advance. Students whose before and after school accounts are more than two (2) weeks in arrears, will not be able to attend before and after school until all fees are made current.

Signature: _____

Date: _____

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