



ENROLLMENT APPLICATION—2010–2011

Tri-County Christian School
 641 W. Stephenson Street, Freeport, Illinois 61032
 (815) 233-1876
www.tricountychristian.org

For Office Use Only
Date Received _____
Date Paid: _____
Amount Paid: _____
Check # _____

REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION

FAMILY DATA:

 Father's Name (First & Last-Please)

 Mother's Name (First & Last)

(Please use the first name that you go by even if different than your "full" name.)

 e-mail address or addresses

New Families must fill out this portion.

Re-enrolling families need to record changes occurring in the last 18 months.

 Father's Home Address (City, State, Zip)

 Mother's Home Address (City, State, Zip)

 Father's Mailing Address (If Different)

 Mother's Mailing Address (If Different)

 Phone (Home)

 Phone (Cell)

 Phone (Home)

 Phone (Cell)

 Father's Place of Work

 Occupation

 Mother's Place of Work

 Occupation

 Phone (Work)

 Phone (Work)

Church You Attend: _____

Children live with (Circle any that apply):

Both Parents
 Stepmother

Mother
 Stepfather

Father
 Other _____

STUDENTS TO BE ENROLLED

Last Name	First Name	Middle Name	Sex	Grade Entering or Preschool (<i>Indicate PS 2-day PS 3-day am or pm or PK 5-day am or pm</i>)	Birth Date

Which public school district would your child(ren) attend? If Freeport, please specify the school (e.g. Blackhawk, Empire, etc.). _____

PARENT(S)' STATEMENT OF COOPERATION

Please read the following statements carefully. Each parent is asked to **initial each category** as indicated. **Your full signature is to be signed at the bottom of this page.**

Father Mother

_____ _____ I understand that Tri-County Christian School will make the decision: (1) to accept or reject this applicant as a student; (2) to determine from time to time the student's classroom and/ or grade placement; (3) to suspend or expel the student for any scholastic or disciplinary problems or for lack of proper payments on accounts.

_____ _____ I agree that my child, if accepted for admission, may be disciplined in accordance with the school's disciplinary policy.

_____ _____ I agree that my child may participate in school scheduled field trips.

_____ _____ I have read and understand the school's Statement of Faith and understand that it is the foundation of the school's curricula and policies.

_____ _____ I agree that if I ever have a dispute with the school, or its employees or directors, regarding myself or my child and said dispute cannot be resolved through the school's own internal procedures, I will resolve the dispute according to biblical principles (such as those set forth in Mathew 5:23–25 and 18:15–20, and I Corinthians 6:1–8) by submitting the matter to mediation and, if necessary, arbitration, according to the *Rules of Procedure* of the Institute for Christian Conciliation. I understand that arbitration is a legally binding process, and that judgement upon an arbitration award may be entered in any court otherwise having jurisdiction. I also understand that Christian conciliation shall be the sole remedy for any controversy or claim arising out of my child's enrollment and participation in the school.

_____ _____ I understand that if we prepay our tuition to receive a discount and/or receive any promotional discount at the beginning of the school year and then withdraw at anytime before the end of the school year, we will lose those discounts and that will be reflected in our reimbursement check.

I/we have read, fully understand, and agree to the purposes and policies of Tri-County Christian School as stated in the Parent-Student Handbook and do hereby request that my/our child be accepted as a student. If accepted, I/we hereby agree to cheerfully comply with the spirit and purpose of TCCS by attempting to follow all TCCS policies and by respectfully working with the school staff as partners in my/our child(ren)'s academic and spiritual development.

In consideration of Tri-County Christian School accepting my/our child as a student, I/we agree that I/we will accept full financial responsibility for the child's tuition and fees and will abide by the school's financial policies.

Father's Signature

Date

Mother's Signature

Date

If the student(s) lives with both parents, signatures of both parents are required unless the Board of Directors waives this requirement.

GRANDPARENTS' MAILING ADDRESSES

Please list grandparents and/or special friends whom you wish to receive information about our school and/or to be invited for Grandparents' Day held in October.

Name	Complete Address	Relationship To Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

BUS INFORMATION:

My child(ren) will be riding District #145's bus. (Grades K-8)
My child(ren) will be riding Dakota's bus.

Please check one of the above if your child(ren) will be riding the bus.

Also, fill out the Bus Registration Form in Tri-County's office and call Freeport Bus Garage (815-232-0580) or Dakota's bus garage (815-449-9138) for your schedule and bus number information.

NEW FAMILIES ONLY NEED TO FILL OUT THE REMAINDER OF THIS PAGE & BACK SIDE

How did you first find out about or become familiar with Tri-County Christian School?

CHURCH AFFILIATION:

Church Your Family attends: _____

Church's Address: _____ Pastor's Name _____

Members? _____ Attend Regularly _____ Occasionally _____

Does student(s) attend Sunday School regularly? _____ How often? _____ If yes, where? _____

PARENT(S)' CHRISTIAN EXPERIENCE: (You may attach another page if more space is needed.)

Father: Are you a Christian? _____ If yes, what is the basis of your salvation? _____

What does Jesus Christ mean to you personally? _____

Mother: Are you a Christian? _____ If yes, what is the basis of your salvation? _____

What does Jesus Christ mean to you personally? _____

State why you wish your child(ren) to attend Tri-County Christian School.

REFERENCES: If possible, please provide the name of a current Tri-County Christian School parent or friend of Tri-County Christian School:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

SCHOOL LAST ATTENDED:

Child _____ School's Name _____ Complete Mailing Address _____

ACADEMIC AND BEHAVIOR HISTORY(S): YES NO WHICH CHILD?

Has student had any disciplinary problems in previous schools? _____
Has student had academic struggles? _____
Has student ever been suspended from school? _____
Has student ever been expelled from school? _____
Has student ever been retained in a grade? _____

If yes, please explain:

STATEMENT OF FAITH

1. We believe the Bible to be the only inspired, inerrant, and authoritative Word of God.
2. We believe there is one God, infinitely perfect and eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the complete deity and perfect humanity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His substitutionary atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, in His ministry of intercession for His People, and in His personal return in power and glory.
4. We believe man was originally created in the image and after the likeness of God, and that he fell, through sin, and is therefore spiritually dead in trespasses and sin.
5. We believe in salvation by the sacrifice of Christ received by grace through faith alone.
6. We believe in the present ministry of the Holy Spirit in this world, which includes the convicting of the lost in sin, the regenerating and indwelling of all who believe, and the empowering of believers for service and godly living.
7. We believe in the bodily resurrection of the dead; the saved to the resurrection of eternal life and the lost to the resurrection of eternal punishment.
8. We believe in the spiritual unity of all believers under the headship of Jesus Christ.



EMERGENCY INFORMATION CARD

2010-2011

Student(s) Last Name(s) _____

These emergency instructions and the medical consent below apply to the following children:

Student's Name	Birth Date	Grade	Serious Health/Allergy Problems
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

(PLEASE FILL IN INDIVIDUAL HEALTH PROFILES ON BACK SIDE.)

Physician Name & Phone: _____

Persons to contact in the event that parents cannot be reached:

(1) Name _____ Phone (Work/Home) _____

(2) Name _____ Phone (Work/Home) _____

NON-PRESCRIPTION DRUGS**

(A separate permission form is required for prescription drugs. This form is available from the school office.)

TYLENOL/GENERIC EQUIVALENT PERMISSION

Tri-County will assist parents by administering Acetaminophen (Tylenol) if the following two conditions are met.

1. The parents or guardians mark the authorization below stating that their child is not allergic to this medication and that they give the school permission to administer such medication.
2. The parents or guardians give prior verbal consent over the phone for each administration of such medication.

____ My child(ren) **may** be given Tylenol or generic equivalent at school if necessary. Give dosage according to package label. My child is not allergic to this type of medication.

____ My child(ren) **MAY NOT** be given Tylenol or generic equivalent at school.

____ My child(ren) **may** be given _____ (supplied by parent) if necessary. Give dosage according to package label. My child is not allergic to this type of medication.

COUGH DROPS PERMISSION

____ My child **may** be given cough drops (or equivalent) at school by school staff. A call will not be made home beforehand.*

____ My child **MAY NOT** be given cough drops at school by school staff.

*Cough drops, fruit freezers, etc. are considered medication and MAY NOT be kept by the student. If bringing these from home, the student must leave them with their teacher for dispensation.

AUTHORIZATION/CONSENT FOR TREATMENT OF A MINOR

If you and the physician listed above cannot be reached in an emergency, and if, in the judgement of school authorities, immediate and/or hospital attention is indicated, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician? YES _____ NO _____

Father/Guardian's Signature Phone (Work/Home/Cell) _____

Mother/Guardian's Signature Phone (Work/Home/Cell) _____

****Prescription medications can only be administered to a student upon the written order of a physician and the written request of parents. Authorization Forms are available in the school office or from your physician.**

INDIVIDUAL STUDENT HEALTH PROFILES

Student #1 Name: _____

Any life threatening health conditions? _____

Any chronic health conditions? _____

Allergic to any medications? _____

Allergic to any foods? _____

Names of medications he/she presently takes: _____

Name and phone # of his/her physician: _____

Special instructions and/or Health History: _____

Student #2 Name: _____

Any life threatening health conditions? _____

Any chronic health conditions? _____

Allergic to any medications? _____

Allergic to any foods? _____

Names of medications he/she presently takes: _____

Name and phone # of his/her physician: _____

Special instructions and/or Health History: _____

Student #3 Name: _____

Any life threatening health conditions? _____

Any chronic health conditions? _____

Allergic to any medications? _____

Allergic to any foods? _____

Names of medications he/she presently takes: _____

Name and phone # of his/her physician: _____

Special instructions and/or Health History: _____

Student #4 Name: _____

Any life threatening health conditions? _____

Any chronic health conditions? _____

Allergic to any medications? _____

Allergic to any foods? _____

Names of medications he/she presently takes: _____

Name and phone # of his/her physician: _____

Special instructions and/or Health History: _____



INFORMATION FOR CLASSROOM TEACHER

(Please fill out one form for each child.)

Student's Legal Name _____

Grade Entering _____

Nickname (if used) _____

Birth Date _____

Home Address _____

Phone _____

Who should the teacher contact concerning academic or behavior problems with the student?

Does student have any special needs? (Please explain below)

Vision/Hearing? _____

Physical/Medical? _____

Emotional/Social? _____

Academic? _____

Has student ever received any special education assistance?

Yes ____

No ____

Please give details:

What weekend, after school, or club activities is your child involved in?

Do you as a parent have any special skills or experiences you would be willing to share with the class?

Are you able to drive or chaperone on field trips?

Additional parent comments that would benefit the classroom teacher:



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Student's Legal Name _____

Grade Entering _____

Nickname (if used) _____

Birth Date _____

Home Address _____

Phone _____

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Yes ____

No ____

Please give details:

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