



CLOVER CHRISTIAN SCHOOL

2024-2025 Enrollment Application



STUDENT INFORMATION

Last Name	First	Middle	Gender	Date of Birth
Home Address		City	Zip	
Mailing Address (if different)				
Previous School(s) Attended	Grade Entering: Pre-K _____ Age 4 by Sept. 1 Kindergarten _____ Age 5 by Sept. 1 Grade 1 2 3 4 5 (Circle one)			(4 Half-Days) (4 Full Days) (5 Full Days)
We request Scholarship Info (K-5 th)		Y	N	

PARENT/GUARDIAN INFORMATION

Mother/Guardian	Cell Phone:	Email Address:
Place of Employment	Work Phone:	Notes:
<i>Home Address (if different from child):</i>		
Father/Guardian	Cell Phone:	Email Address:
Place of Employment	Work Phone:	Notes:
<i>Home Address (if different from child):</i>		
Parent Marital Status: ___ Married ___ Divorced ___ Unmarried ___ Guardian		

CHILD HEALTH INFORMATION

Does your child have any allergies? Y N (Please list trigger(s) and explain severity)

Please describe any other Medical Conditions/Medications/Diagnosis of which we should be aware:

Is there any other important information you would like us to know about your child?

EMERGENCY CONTACT and PICK-UP INFORMATION: *If parents/guardians cannot be reached in the event of an emergency, please contact (in order):*

Name	Relationship	Cell Phone:
Name	Relationship	Cell Phone:
Name	Relationship	Cell Phone:

I hereby give consent for the school to obtain emergency medical care for my child if none of the above can be reached. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. Recognizing the possibility of physical injury, I hereby release Clover Christian School and those acting on its behalf from any claim.

Parent Signature _____

Date _____

I authorize these additional persons to transport my child to/from Clover Christian School --- daily, occasionally, or in my absence:

Name	Relationship	Cell Phone:
Name	Relationship	Cell Phone:

Church Affiliation: Name: _____ Location: _____

Will you be needing bus service? _____ a.m. only _____ p.m. only _____ both _____ no thanks

Referred to Clover Christian School by _____

ADDITIONAL CONSENTS: *(please initial if "Yes;" leave blank if "No.")*

____ **(initial)** I give consent for my child's picture to be taken while in the care of Clover Christian School, and I understand these pictures may be posted in the school and school-related publications including yearbook, website, Facebook page, and videos (of drama productions) posted on our private YouTube channel.

____ **(initial)** I would like my contact information to appear in a school directory, that I may contact parents of my child's friends to arrange play dates, etc. _____ Mother only _____ Father only _____ Both parents

____ **(initial)** I give consent for my son/daughter to participate in all field trips and school activities approved by the school. I understand that I will still be notified with details prior to each activity.

____ **(initial)** I pledge full support and cooperation to the faculty of Clover Christian School with regard to the school work and conduct required of my child.

____ **(initial)** I agree to make tuition payments on time. I understand that if my account balance becomes 30 days past due, I will need to speak with the administrator and become current. If my account becomes 60 days past due, I agree to meet with the CCS Board of Education in order for my child to remain enrolled at CCS.

I hereby acknowledge that the above information is true and agree to adhere to the payment schedules as determined by the school office and myself.

(Signature)

(Date)