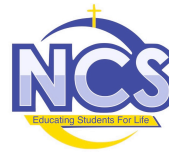


2020-21 RETURNING STUDENT REGISTRATION



Neighborhood Christian School
655 South First Street Box C Dixon, CA 95620
(707) 678-9336 • Fax (707) 678-6640
www.NeighborhoodChristian.org

Please fill out completely for each student and return with the \$125 Registration Fee.

Student's Name _____ Entering Grade _____
Home Phone _____ Primary Email Address _____
Father's Name _____ Mother's Name _____
Home Address _____ City _____ Zip _____
Father's Cell Phone _____ Mother's Cell Phone _____
Father's Place of Employment _____ Position _____
Business Address _____ Work Phone _____
Mother's Place of Employment _____ Position _____
Business Address _____ Work Phone _____
Church Family Attends _____ City _____

Ethnicity of Student (circle one): White Black/African American Hispanic Asian
(IRS requirement) American/Alaskan Indian Native Hawaiian/Pacific Islander Other

Parental Commitment: We have read the school handbook and understand its goals, philosophy, discipline policy, and tuition policy. We agree to support and cooperate with all that is contained within the handbook. We also have read and agree with the attached information titled *United Together in Peace and Harmony*. We give permission for our child to attend all school sponsored activities and trips away from school premises. We understand that at times Neighborhood will take pictures of school events for communication purposes. We give permission for the school to use pictures of my child in school related communications such as press releases, newsletters, programs, website, etc. (If not okay, please notify school in writing.) We are enrolling our child(ren) for the full school year. We understand that tuition is due upon enrollment but agree to pay:

Tuition information: Please check one.

- 12 monthly payments, from July through June for _____ (# of) student(s).
- 11 monthly payments, from August through June for _____ (# of) student(s).
- Pay yearly tuition in full by July 1 to receive a \$100 discount per student.

**Include \$125 registration fee per student. Beginning March 1, 2020 registration is \$150 per student.
To begin school in August 2020, tuition accounts from 19/20 school year must be paid in full.**

*By signing below, we are accepting responsibility for the annual tuition for each child attending Neighborhood.
Signatures from BOTH parents are needed, in addition to any other person responsible for tuition.*

Father's Signature _____ Mother's Signature _____ Date _____
Print Father's Name _____ Print Mother's Name _____
Signature of Person(s) other than Parents responsible for paying tuition _____
Please print name(s) _____ Relationship to Student _____
Address _____

School Office Use: Amount Reg. Pd. _____ Date _____ Ck # _____ Facts _____

← PLEASE COMPLETE THE REVERSE SIDE →

EMERGENCY INFORMATION

AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR

I understand that if my child suffers any injury or illness, an immediate and continued effort will be made to contact me. If I am unable to be reached, I give Neighborhood Christian School permission to render first aid and transport the child to a medical facility. I also give permission to consent to any x-ray examination, anesthetic medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician, and surgeon, and/or licensed hospital, whether such diagnosis or treatment is rendered at the office of any physician or at any hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required to provide authority and power on the part of Neighborhood Christian School to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of Sections 69.01–69.03 and 69.10 of the California Family Code.

I hereby authorize any hospital which provided treatment to the minor mentioned below pursuant to the provisions of Sections 69.01–69.03 and 69.10 of the California Family Code to surrender physical custody of my child to Neighborhood Christian School upon the completion of treatment. This authorization is given pursuant to section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until revoked in writing delivered to said agent(s).

Name of Child _____ Birth Date _____

Asthma (circle one) Yes / No Allergies _____ Date of Last Tetanus _____

Medication(s) being taken _____

Family Physician _____ Phone _____

Medical Insurance Provider _____ Policy # _____ Phone _____

In addition to other parents/guardians, the following persons, listed in order of priority, have permission to be responsible for my child when I cannot be reached — **including transportation to home from school**:

Name _____ Relationship _____ Phone _____ Home / Cell _____

Name _____ Relationship _____ Phone _____ Home / Cell _____

Name _____ Relationship _____ Phone _____ Home / Cell _____

Printed Name of Parent or Guardian _____ Phone _____ Home / Cell _____

Signature of Parent or Guardian _____ Phone _____ Home / Cell _____

Notice of Nondiscriminatory Policy for Students

The Neighborhood Christian School admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship program and other school administered programs.