



# ENROLLMENT APPLICATION FORM

Fort Collins Christian School  
 2040 Nancy Gray Ave. Fort Collins, CO 80525  
 (970)893-2925

**Date of Enrollment:** \_\_\_\_\_

**Legal Name of Child:** \_\_\_\_\_ Male ( ) Female ( )  
First Name                      Middle Name                      Family Name

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Child's Nickname:** \_\_\_\_\_ **Child living with** \_\_\_\_\_

**Languages spoken at home:** \_\_\_\_\_

**Child's Home Address:** \_\_\_\_\_

**Last School Attended and Address:** \_\_\_\_\_

	<b>Mother/Guardian</b>
<b>Full Name</b>	
<b>Address (if different from child)</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>Email Address</b>	
<b>Name of Employer/School</b>	
<b>Address of Employer/School</b>	
<b>Phone of Employer (ext.)</b>	

	<b>Father/Guardian</b>
<b>Full Name</b>	
<b>Address (if different from children)</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>Email Address</b>	
<b>Name of Employer/School</b>	
<b>Address of Employer/School</b>	
<b>Phone of Employer (ext.)</b>	

**Special Instruction for reaching parents or guardians:** \_\_\_\_\_

**Alternate Emergency Contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

I have read the **Student Handbook/School Policies, Rules, and Procedures** and agree to support the policies of the Fort Collins Christian School. I will encourage my child to fulfill all the responsibilities expected of him/her as a representative of this school.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Fort Collins Christian School  
**SCHEDULE OF FEES AND TUITION**  
**2022-2023**

**Grades (K-8) Registration Fee** (non-refundable) ..... \$400  
(including a School T-shirt and polo shirt)

**Monthly Tuition for Grades 1-8** (Monday – Thursday 8:00 a.m. – 4:00 p.m.) ..... \$460

**Monthly Tuition for Grades 1-3 (5 days option)** ..... \$570  
(Monday-Thursday 8:00 a.m. – 4:00 p.m. and Friday 8:00 a.m. – 3:00 p.m.)

**Monthly Tuition for Kindergarten** (10 months)

- (Monday – Thursday 8:00 a.m. – 3:00 p.m.) ..... \$475
- (Monday – Thursday 8:00 a.m. – 4:00 p.m.) ..... \$505
- (Monday – Thursday 8:00 a.m. – 4:00 p.m. and Friday 8:00 a.m. – 3:00 p.m.) ..... \$665

**Preschool Registration Fee** (non-refundable) ..... \$245 (\$230)

**Preschool Monthly Tuition** (10 months) Please check all that apply.

- Monday    Tuesday    Wednesday    Thursday    Friday

**Preschool Half-day Program**

- 3 half days       \$400 (8:00 a.m. – 12:00 p.m.) (only ages 2 ½ and 3)
- 4 half days       \$485 (8:00 a.m. – 12:00 p.m.)
- 5 half days       \$585 (8:00 p.m. – 12:00 p.m.)

**Preschool Half-day & Full-day Combo Program**

- 2 half days & 2 full days    \$575 (8:00 a.m. – 12:00 p.m.) & (8:00 a.m. – 4:00 p.m.)
- 3 half day & 1 full day     \$615 (8:00 a.m. – 12:00 p.m.) & (8:00 a.m. – 4:00 p.m.)

**Preschool Full-day Program**

- 4 full days    \$645 (8:00 a.m. – 3:00 p.m.)       \$685 (8:00 a.m. – 4:00 a.m.)
- 4.5 days       \$745 (8:00 a.m. – 4:00 p.m. + Friday 8:00 a.m. – 12:00 p.m.)
- 5 full days    \$795 (\$780) (8:00 a.m. – 4:00 p.m. + Friday 8:00 a.m. – 3:00 p.m.)

**Tuition Discount:** the following discount is given if more than one child in the family is enrolled,

2nd child - \$25 off, 3rd child - \$50 off, 4th child - \$75 off discount

**Tuition Discount for our Church Members:** \$70 off a month

**Before and After School Care** (Monday – Friday)

- Before School Care: \$8.50 per hour       After School Care: \$8.50 per hour

**Payment Plan:**

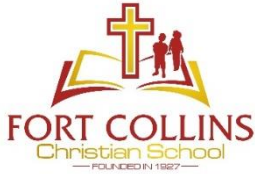
- Pre-registration:** If you pay the registration fee **by June 15**, you get 10% off on the registration fee.
- Yearly Payment Plan:** If you pay the registration fee and the entire year's tuition by June 14, you will get 10% off on the registration fee and the entire year's tuition.

- Half-Year Payment Plan:** If you pay the registration fee and the half-year tuition (5-month tuition) at the time of registration, you will get 5% off on the registration fee and half-year tuition.
- Quarterly Payment Plan:** If you pay the registration fee and a quarter of the entire year's tuition at the time of registration, you will get 2.5% on the registration fee and quarterly tuition.
- Monthly Payment Plan:** The registration fee and first month's tuition (August) are paid at the time of registration. Nine remaining monthly payments will be due on the first of each month from September through May.

1. \_\_\_\_\_ Grade: \_\_\_\_\_
2. \_\_\_\_\_ Grade: \_\_\_\_\_
3. \_\_\_\_\_ Grade: \_\_\_\_\_

By signing below, I understand and agree to the terms specified in the selected plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FORT COLLINS CHRISTIAN SCHOOL**  
**Financial Agreement**  
**2022-2023**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

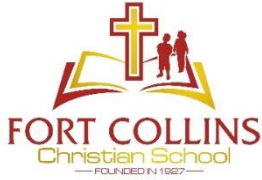
1. Tuition is due on the first day of each month. A full month's tuition is required for any portion of the month attended. A monthly statement will be sent on or before the 20<sup>th</sup> day of the prior month. For example, the statement for October will be sent on or before the 20<sup>th</sup> of September along with a receipt for September's payment.
2. Tuition is due on the first day of each month. There is a 15-day grace period. If tuition is not received by the 15<sup>th</sup> of the month, the parent will receive a letter requesting a written plan for paying the balance in full as soon as possible.
  - a) It is the parent's responsibility to make appropriate financial arrangements.
  - b) A \$10 late charge will be added to each account not paid by the 15<sup>th</sup>.
3. If payment in full is not received by the 30<sup>th</sup> of the month and acceptable arrangements are not made, parents receiving financial aid will lose the financial aid for that month. For example, if the October payment is not received by October 30<sup>th</sup>, the parent will lose financial aid for October and will owe the entire balance, including the \$10 late fee.
4. If payment is not received by the 30<sup>th</sup> of the next month (if the balance is 60 days overdue) the student(s) will be suspended until payment or acceptable arrangements are made. This applies to any student, whether or not he or she receives financial aid.
5. It is the parent's responsibility to make payment arrangements for any overdue balance. Unless acceptable arrangements are made, the Finance Committee and the School Board will enforce the aforementioned policies.

Registration Fee: _____	Tuition _____
Additional Student: _____	Sponsor Commitment _____
Additional Student: _____	Parent Responsibility _____

I (print name) \_\_\_\_\_, understand and agree to the financial agreement and policies of Fort Collins Christian School as stated above. By signing this agreement, I accept full responsibility for payment of my account with the Fort Collins Christian School and understand that a transcript will be released only upon full payment of the account.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# EMERGENCY INFORMATION AND CONSENT OF TREATMENT

Fort Collins Christian School

**Child's Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Physical Deficiencies:** Hearing ( ) Heart ( ) Sight ( ) Speech ( ) Other ( )

**Allergies/Reactions:** \_\_\_\_\_

**Health History** (Chronic or recurring issues):

Ear Infections _____	Asthma: _____
Diabetes: _____	Nosebleeds: _____
Heart Disease/defect _____	Measles: _____
Convulsions/Seizures: _____	Chicken Pox: _____
Flu or Flu shot: _____	Mumps: _____

**Operations or serious injuries (dates)** \_\_\_\_\_

**Is the child on any medications? (Explain)** \_\_\_\_\_

**Dietary limitations:** \_\_\_\_\_

**Are there any activities that you prefer that your child NOT participate in?**

**If so please list:** \_\_\_\_\_

**Person to be notified in case of an accident:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

If the school cannot contact parents, name a friend or relative who may be called upon if the child is ill. Please name a doctor and a dentist the school may call.

Friend or Relative	Address	Phone
Doctor	Address	Phone
Dentist	Address	Phone

**Hospital Preference:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Hospital Address:** \_\_\_\_\_

**Insurance/Health Care Information:** \_\_\_\_\_

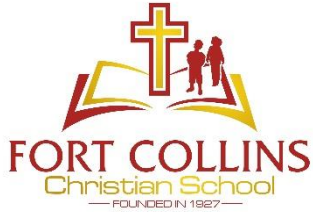
**Authorization for Emergency Medical Care and Transportation:**

In the event of an emergency, I hereby give my permission for the school staff to access emergency medical services for my child, including transport to the nearest care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

**Parent/Guardian Signatures:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_



## CHILD PICK-UP INFORMATION

Fort Collins Christian School  
2040 Nancy Gray Ave. Fort Collins, CO 80525

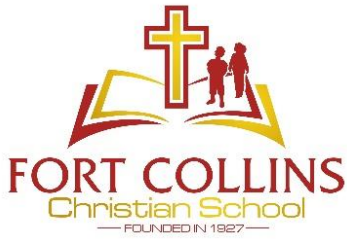
### Persons Authorized to Pick up Your Child

For the \_\_\_\_\_ school year, the following people have permission to pick up my child. This list may only be changed in writing by the child's parents/guardians. My child, \_\_\_\_\_ may only leave school with the people listed below.

Name	Phone	Address	Relationship

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Fort Collins Christian School will release your child from our school only to the persons on the list above.
- In an emergency, your child may also be released to an adult for whom you have given verbal authorization. Please let us know if a person who is not on the list above has to pick up your child.
- If the staff member who releases the child does not know the adult, identification will be required to ensure that the adult is authorized to pick up the child.
- Any student planning to go home with another student whose parent/guardian is not listed above must submit written verification from the parents of both students.



## Fort Collins Christian School

2040 Nancy Gray Ave.  
Fort Collins, CO 80525  
970-893-2925

### Activities and Transportation Consent

I give consent for my child \_\_\_\_\_ to participate in all activities and programs of the Fort Collins Christian School, including but not limited to school trips as selected by the Principal or classroom teacher.

I also consent to the transportation of my child by such means of transportation as is deemed necessary by the school or duly authorized member of staff.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Medical Treatment Consent

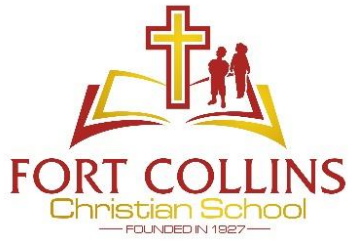
In the event of an emergency I hereby give my permission for the school staff to access emergency medical services for my child, \_\_\_\_\_, including transport to the nearest care facility to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Emergency Contact Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

A copy of this form will be placed in a folder and carried in the vehicle with the driver for each off Campus trip. The original will remain at school.



**Fort Collins Christian School**

2040 Nancy Gray Ave.  
Fort Collins, CO 80525  
970-222-6347

[www.fcchristianschool.com](http://www.fcchristianschool.com)

**Image Release Form**

Dear Parent,

We are constantly updating our school website and social media posts. We also use marketing materials such as brochures and flyers to promote our school. This material includes information about our school and pictures of our students doing interesting things such as science projects or instrumental performances.

Please consider granting permission for the use of your child's image in the school's marketing materials.

\*\*\*\*\*

I give Fort Collins Christian School permission to use pictures of my child or children on the school's website as well as in marketing materials for the 2022-2023 school year unless otherwise indicated.

Child(ren)'s Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



