

Thank you for completing this fillable form. The best way to fill this out is to open this file using one of the programs below, fill in all the applicable fields, and export the document as a PDF. The completed document can then be printed out. It is important that you use a program that allows you to sign, as some programs don't allow you to sign documents.

#### Free Online Options:

- DocFly: Offers a straightforward interface for filling out PDF forms directly in your browser.
- PDFescape: Provides both online and desktop versions for editing and form filling.
- Xodo: Allows you to fill out, sign, and annotate PDFs online.
- PDF Buddy: A free online tool for merging and editing PDFs, including form filling.
- pdfFiller: Offers online editing and form filling capabilities, including the ability to convert PDFs to fillable forms.
- Adobe Acrobat Online: Provides free access to a PDF form filler and editor.
- Jotform: Offers a free fillable PDF form creator.



# ENROLLMENT APPLICATION FORM

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

**Legal Name of Child:** \_\_\_\_\_ **Male ( ) Female ( )**  
FIRST NAME MIDDLE NAME LAST 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: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Home Church: \_\_\_\_\_

## MOTHER/ GUARDIAN

Full Name: \_\_\_\_\_

Address (if different from the child): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Employer / School: \_\_\_\_\_

Address of Employer / School: \_\_\_\_\_

Employer Phone (Ext?): \_\_\_\_\_

## FATHER/ GUARDIAN

Full Name: \_\_\_\_\_

Address (if different from the child): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Employer / School: \_\_\_\_\_

Address of Employer / School: \_\_\_\_\_

Employer Phone (Ext?): \_\_\_\_\_

Special instructions for reaching parents or guardians: \_\_\_\_\_

## ALTERNATE EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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



## PRESCHOOL – 8<sup>TH</sup> GRADE TUITION RATES 2025-2026

<b>Preschool</b>			
Registration Fee	\$270		
Enrollment Option 1	3 half days (8:00-12:00)	Monthly Tuition: \$570	Total for Full Year: \$5,970
Enrollment Option 2	4 half days (8:00-12:00)	Monthly Tuition: \$750	Total for Full Year: \$7,770
Enrollment Option 3	3 full days (8:00-4:00)	Monthly Tuition: \$645	Total for Full Year: \$6,720
Enrollment Option 4	4 full days (8:00-4:00)	Monthly Tuition: \$860	Total for Full Year: \$8,870

<b>Kindergarten</b>	
Monthly Tuition	\$570
Registration Fee	\$425
Total for Full Year	\$6,125

<b>Grades 1-8</b>	
Monthly Tuition	\$520
Registration Fee	\$425
Total for Full Year	\$5,625

<b>Available Discounts</b>	
Multiple Children Enrolled	\$25 off per child per month (starting with the second child)
FCSDA Church Member	\$75 off total monthly bill
SDA Church Member (non-Fort Collins)	\$50 off total monthly bill
Full Year Preregistration Discount (must be paid by June 17)	10% off of parents' portion of yearly total
Half Year Preregistration Discount (must be paid by first day of enrollment)	5% off of parents' portion of semester total

The availability of before and after school care is subject to staffing.

If available, before school care will run from 7:30 – 7:50 a.m., and there will be a \$10 charge per child per day. Students dropped off prior to 7:50 will be charged for before school care.

If available, after school care will run from 4:15 – 5:00 p.m., and there will be a \$10 charge per child per day for students remaining at school from 4:15-5:00 p.m.



## FORT COLLINS CHRISTIAN SCHOOL PAYMENT PLAN AND FINANCIAL AGREEMENT

Family: \_\_\_\_\_

### Payment Plan

Please select a payment plan from the options below:

- Preregistration:** If the registration fee is paid by June 17, you will receive 10% off of the registration fee.
- Yearly Payment Plan:** If the entire year's tuition is paid by June 17, you will receive 10% off of the yearly tuition.
- Half Year Payment Plan:** If the registration fee and a semester's tuition is paid at the time of registration, you will receive 5% off of the registration fee and the semester's tuition.
- Monthly Payment Plan:** The registration fee and the first month's tuition are due at the time of registration. Monthly payments for the remainder of the school year will be due on the first of each month from September – May.

### Financial Agreement

- A full month's tuition is required for any portion of a month attended. A statement will be sent on or before the 20<sup>th</sup> of each month (for example, the statement for October's bill will be sent by the 20<sup>th</sup> of September).
- 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 communication requesting a written plan for paying the balance in full as soon as possible. It is the parents' responsibility to make appropriate financial arrangements with the school. A \$10 late fee will be added to each account not paid by the 15<sup>th</sup> (if for example you have 2 children enrolled, and both accounts are unpaid by the 15<sup>th</sup>, you will incur a total of \$20 late charges for that month).
- If payment is not received in full by the 30<sup>th</sup> of the month, and acceptable arrangements have not been made, parents receiving financial aid will lose their financial aid for that month (for example, if the October payment is not received by October 30<sup>th</sup>, and arrangements have not been made, the parent will lose financial aid for October, and will owe the entire balance, including the \$10 late fee).

- If payment is 60 days overdue, the student/s will be suspended until payment is received, or acceptable financial arrangements are made. This applies to all students, whether or not they receive financial aid.
- It is the parents' responsibility to make arrangements with the school for any overdue balance. Unless acceptable arrangements are made, the School Board will enforce the policies above.

**Bill Breakdown**

Student	Registration Fee	Registration Fee Discount	Tuition	Tuition Discount	Sponsor Commitment	Financial Aid	Yearly Total Due	Monthly Total Due
Student 1								
Student 2								
Student 3								
Student 4								
Total due for all students								

I, \_\_\_\_\_, understand and agree to the financial agreement and policies of Fort Collins Christian School as stated above, including the \$10 charge per child per day for before and after school care. By signing this agreement, I accept full responsibility for payment of my account with Fort Collins Christian School and understand that my child's transcripts will be released only upon full payment of my child/ren's account/s.

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

Principal/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## EMERGENCY INFORMATION AND CONSENT TO TREAT

### Emergency Medical Treatment

In the event of an emergency, I hereby give my permission for the school staff or representatives to access emergency medical services for my child (named below) including transport to the nearest medical 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/s: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

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

Alternate Emergency Contact and Phone Number: \_\_\_\_\_

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

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

**Physical Deficiencies (please check any applicable):** Hearing  Heart  Sight  Speech

**Other Physical Deficiencies:** \_\_\_\_\_

**Medically Diagnosed Allergies:** \_\_\_\_\_

**Personal Preferences:** \_\_\_\_\_

**Health History** (please check chronic or recurring issues):

Ear Infections:  Asthma:  Diabetes:  Nosebleeds:  Heart Disease/Defect:  Measles:

Convulsions/Seizures:  Chicken Pox:  Flu:  Mumps:

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

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

**Dietary restrictions/preferences:** \_\_\_\_\_

**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

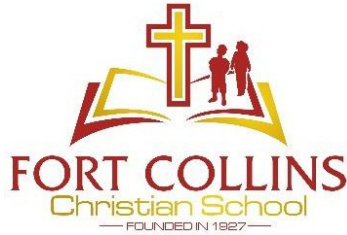
**Hospital Preference:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

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

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





# PERMISSIONS FORM

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

## Activities and Transportation

Yes, I give permission for my child to participate in all activities and programs of Fort Collins Christian School, including, but not limited to, school trips as selected by the principal or classroom teacher. I acknowledge that by attending certain field trips, my child's picture/video may be taken by personnel of the venue and used for the venue's promotional materials. I also give permission for my child to ride in vehicles driven by school staff or volunteers who have undergone and passed a driver's background check through the Rocky Mountain Conference. I acknowledge that these volunteers may be parents of other students.

## Image Release

Yes, I give FCCS permission to use pictures of my child on the school's website, social media pages, and marketing materials. I acknowledge that school and church programs may be livestreamed, and by my child's participation, their likeness may be livestreamed as well.

No, I do not give FCCS permission to use pictures of my child on the school's website, social media pages, and marketing materials. I acknowledge that school and church programs may be livestreamed, and by my child's participation, their likeness may be livestreamed as well. I also acknowledge that FCCS is not responsible for pictures/videos taken and posted by audience members that may include my child.

## Sunscreen and Lotion Application

I acknowledge that I have been given access to see what sunscreen the school provides, and hereby give the following consent to FCCS staff or representatives to apply/allow my child to apply sunscreen to my child's exposed skin: (check only one)

school-provided  parent-provided  no sunscreen application

I acknowledge that I have been given access to see what lotion the school provides, and hereby give the following consent to FCCS staff or representatives to apply/allow my child to apply lotion to my child's exposed skin: (check only one)

school-provided  parent-provided  no sunscreen application

## Video Viewing

Yes, I give permission for my child to view videos/movies selected by his or her teacher at school at the teacher's discretion.

No, I do not want my child to view videos/movies selected by his or her teacher at school and acknowledge that my child will spend the time of the showing with another staff member/volunteer or class.

*\*Please note that short clips from the internet, including media included with school curriculum, that are used for demonstration and teaching purposes, do not fall under this permission form, and your permission for those items is assumed by entrusting your child's education to our school.*

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

\*More information on each of these releases can be accessed through the links in the fillable enrollment packet.



## HEALTH ACKNOWLEDGEMENT FORM

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

### Illness Policy Acknowledgement

If my child has any symptoms of being ill, with COVID-19 or any other illness, I will not send him or her to school and will follow the established protocols for safely returning my child to school when well. Additionally, if my child becomes ill during the school day, and I am contacted by the school to come and pick up my child, I will come pick up my child right away and follow established protocols for safely returning my child to school when well.

Parent Signature: \_\_\_\_\_

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

### Immunization Policy Acknowledgment

I acknowledge that, per Colorado state law, my child must either be up-to-date on vaccines or have an appropriate vaccine exemption on file with the school within two weeks of enrollment. Failure to comply with this requirement will result in my child being excluded from school until the requirement is met.

Parent Signature: \_\_\_\_\_

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

## LINKS

For more information regarding items on permission forms and acknowledgement forms follow these links.

[Image Release, Video Viewing, Illness Policy](#)

[Sunscreen and Lotion](#)

[Immunization Exemption Information](#)

[Immunization Policy - English](#)

[Immunization Policy - Spanish](#)

[General Health Appraisal](#)